Researchers use social media to increase HIV testing among men

12 April 2016

In high-income countries today a significant proportion of people with HIV do not know their infection status. Here are estimates of these proportions in a few high-income countries:

- Canada – 21%
- France – 19%
- UK – 17%
- U.S. – 13%

Not knowing one’s infection status complicates efforts to reduce the spread of HIV and bring more people into care and treatment.

Studies have found that the initiation of potent combination anti-HIV therapy (commonly called ART) as early as possible after HIV infection helps to preserve the immune system and overall health. This means that people who start ART early in the course of HIV disease are at significantly reduced risk for developing serious illness and dying. Furthermore, by continuing to take ART every day, exactly as directed, the amount of HIV in a person’s blood falls to very low levels and stays there. This tremendously decreases their risk for transmitting HIV.

Engaging populations through social media

Social media are important electronic or virtual spaces for some people that allow them to meet friends, build communities and find sexual partners. Therefore, it is important to provide information about HIV prevention education via social media.

Researchers in North Carolina have deployed a program called “CyBER/testing,” which they describe as “an intervention designed to promote HIV testing among men who have sex with men and transgender persons who use social media designed for social and sexual networking.” They found that implementation of CyBER/testing led to a marked increase in HIV testing.

Study details

Researchers conducted their study in two communities of similar population size, several hundred kilometres apart. One community received the intervention (described later) and the other did not. The intervention was delivered 9 am to 5 pm, Monday through Friday in 2013 and 2014. In justifying this time deployed online, the researchers cited other studies that found the majority of people who are engaged in social media on the weekend and late at night are also online (on social media) during the weekday.

The researchers chose the following social media platforms in which to intervene:

- Adam4Adam
- BlackGayChat
- Craigslist
- Gay.com

According to the study team, in each social media platform, a health educator created a public profile and did the
following:
- posted about HIV on his profile
- posted about the importance of HIV testing
- made users aware of his availability to answer questions about HIV testing, including the testing process, and provide the locations of testing sites
- posted about “additional opportunities” for testing, including non-clinical sites such as events at bars and clubs

These profiles and posts were available to anyone who chose to view them. The health educator communicated with clients via instant messaging.

Researchers asked online volunteers who viewed the health educator’s profile to participate in the study and offered a small amount of money ($10 US) for participants who completed surveys. These surveys—validated in a previous study—collected information about participants so that researchers could assess their sexual, drug-using and HIV testing behaviours.

A total of 1,292 people chose to participate in the study. On average, participants were 40 years old and while many (about 50%) identified as gay, 36% identified as bisexual and 13% identified as straight. About 2% identified as transgender.

Participants were randomly assigned to receive the intervention or no intervention.

**Results**

Immediately after participants were recruited, researchers enquired about their past HIV testing behaviour to find out whether they had ever been tested for HIV. The researchers found that there was no initial, or baseline, difference in past HIV testing rates between participants who were assigned to receive the intervention and those who were not.

However, after the intervention, testing rates changed significantly in one group—those who received the intervention. The rates of HIV testing were as follows:

**CyBER/testing intervention**

- initial proportion ever tested for HIV - 35%
- proportion at end of study tested for HIV - 64%

**No intervention**

- initial proportion ever tested for HIV - 39%
- proportion at end of study tested for HIV - 42%

When researchers adjusted their findings—taking into account sexual orientation, ethno-racial identity, specific social media platforms—they found that people who received the intervention were almost three-fold more likely to engage in HIV testing compared to people who did not receive the intervention.

**Worth noting**

The researchers stated that their intervention had “several positive characteristics,” which they listed as follows:

- “The intervention was implemented among users in [virtual communities], at a time when many of them may be thinking about sex.”
- The health educator “had a presence within social media and was available as needed.” He responded when users needed him “based on their priorities.”
- The project’s intervention reached men who have sex with men “who may be more difficult to reach in physical spaces.” This is particularly important “given that nearly half of the [participants] self-identified as bisexual or straight.” The researchers stated that such men might not necessarily be reached and educated through “gay-oriented venues.”
- The researchers also noted that their intervention was relatively “easy to implement, and only required a trained health educator with Internet access.” Therefore, this type of intervention may be of interest to other
health departments and agencies that wish to enhance interest and access to HIV testing and education. It is noteworthy that more than 75% of participants declined compensation for the study.

**Now and for the future**

The research team stated that the results from its study might be “transferrable to current...GPS-based mobile ‘hook-up’ applications such as Radar, Grindr, Jack’ed and Scruff.”

Furthermore, the researchers added: “The next generation of global messaging apps [such as WhatsApp and WeChat] are predicted to have advertising capabilities that potentially may be harnessed for health promotion.”

In concluding their report, the research team said that its study “highlights the value of using existing social media to address the unique challenges faced by [some] communities to increase HIV testing and support sexual health.”

—Sean R. Hosein

**REFERENCES:**


Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV- and hepatitis C-related illness and the treatments in question.

CATIE provides information resources to help people living with HIV and/or hepatitis C who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible. We strongly urge users to consult with a qualified medical practitioner prior to undertaking any decision, use or action of a medical nature.

CATIE endeavours to provide the most up-to-date and accurate information at the time of publication. However, information changes and users are encouraged to ensure they have the most current information. Users relying solely on this information do so entirely at their own risk. Neither CATIE nor any of its partners or funders, nor any of their employees, directors, officers or volunteers may be held liable for damages of any kind that may result from the use or misuse of any such information. Any opinions expressed herein or in any article or publication accessed or published or provided by CATIE may not reflect the policies or opinions of CATIE or any partners or funders.

Information on safer drug use is presented as a public health service to help people make healthier choices to reduce the spread of HIV, viral hepatitis and other infections. It is not intended to encourage or promote the use or possession of illegal drugs.

Permission to Reproduce

This document is copyrighted. It may be reprinted and distributed in its entirety for non-commercial purposes without prior permission, but permission must be obtained to edit its content. The following credit must appear on any reprint: This information was provided by CATIE (the Canadian AIDS Treatment Information Exchange). For more information, contact CATIE at 1.800.263.1638.

© CATIE

Production of this content has been made possible through a financial contribution from the Public Health Agency of Canada.

Available online at: