

Geo-Social Networks: An Opportunity for Reaching Hidden and High-Risk Populations

Miguel Alarcón Gutiérrez*

**Public Health Agency of Barcelona, Epidemiology, Barcelona, Spain.*

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Social networks have expanded exponentially throughout the world. Currently, a large part of our social activity is developed through them and it is already difficult to conceive the world without their presence. The search for couples is among the social activities that are most often performed in them, especially in the group of men who have sex with other men (MSM) [1]. Numerous mobile applications (Apps) such as Grindr use the geolocation of the mobile phone, facilitating the meeting between people.

The use of this type of Apps has been associated in several studies to higher risk practices, such as the non-use of condoms, increase in the number of sexual partners and high consumption of drugs for sex [2]. On the other hand, it has also been found that they are an opportunity to develop interventions related to the promotion and prevention of HIV and other sexually transmitted infections (STIs).

Between December 2015 and March 2016, a pilot study was carried out in the city of Barcelona, Spain [3]. The purpose of the cited work was to evaluate the feasibility and acceptability of the offer of rapid tests of HIV and other STIs through Apps designed to facilitate sexual and social encounters. The results showed a high response rate and acceptability, as well as a high risk profile for the acquisition of STIs among the participants.

This experience is in addition to other demonstrations that suggest the usefulness of social networks to reach at-risk populations and also poses future challenges in the development of prevention interventions and promotion of sexual health in certain groups.

The success of the intervention can be due to several factors that interact with each other. For example, the advantage of using platforms already created and that bring together the target population. In the city of Barcelona, where the pilot intervention was carried out, 130 thousand active users are estimated in only one of the Apps used (data provided by Grindr).

Otherwise, we must remember that this is a highly vulnerable population, which scarcely uses available health

services. In this context, a confidential intervention is necessary, also free, geographically close, with flexible schedules and with competent and expert professionals, as highlighted by the ECDC in 2014 [4].

Another important factor is the ability of direct interaction with the user. By creating a profile in the Apps and sending messages directly to users, we offer the opportunity to “chat” with them and not only offer the intervention, but also give them the opportunity to make questions about sexual health issues, drug use, vaccinations and mental health.

Nowadays, the program remains active in two (Grindr and Wapo), covering most of the districts of the city. The response rate has increased and acceptability among its users is similar. While users who have been tested so far (more than 400) maintain similar characteristics to that described in the pilot study. What reinforces the results previously obtained. In that sense, it continues to provide an opportune intervention to the population at risk.

The intervention in Barcelona opens up a range of doubts and challenges for the future. Despite the success that can be achieved, the viability of interventions of this type depends directly on the will of the developers of these Apps. Within their user policies, they prevent the creation of institutional profiles, so the activity of the pilot project had to be limited to a personal profile of the researcher and taking care not to violate the restrictive conditions of use. At the present time, the Grindr App has added the option for the user to receive a test reminder periodically. However, even more efforts and close collaboration between the developers of these Apps and Public Health authorities are needed.

Corresponding author: Dr. Miguel Alarcón Gutiérrez, Public Health Agency of Barcelona, Epidemiology, Barcelona, Spain, E-mail: malarcon@aspb.cat

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Among the challenges we face is reaching those who have least responded to the intervention. They are the youngest users, who tend to respond less to preventive activities [5] and can represent a hidden population of greater risk. So we must multiply the efforts to get their attention, and social networks are a great opportunity to do it.

Another question that remains to be resolved in this type of intervention is how cost effective it is. Profile creation and sending of messages are free, but other factors such as professional time and used materials must be considered. Although achieving more than 1% of HIV cases is considered a successful screening intervention for the WHO, it is necessary to carry out some study that demonstrates the cost-effectiveness of it.

In the future, this type of intervention may be useful for recruiting people at high risk for prevention interventions such as pre-exposure prophylaxis (PrEP), health education and linkage to local health services.

In summary, we consider that the use of Apps is an opportunity for public health to develop a knowledge tool for the high risk population in different contexts, such as places with less testing offerings or with greater discrimination towards the LGBTIQ+population. It is likely that in these places an intervention of this type will be more successful due to a lower supply of tests or due to the existence of barriers to access to the health system.

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