

**HIV IN A RELATIONAL CONTEXT:  
UNDERSTANDING SOCIAL SUPPORT AMONG  
HIV-INFECTED AFRICAN AMERICAN DYADS**

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**BACKGROUND & SIGNIFICANCE**

- Social support is an important resource that has been associated with:
  - Better engagement in health promoting behaviors
  - Better management of medical uncertainty
  - Improved medication adherence
  - better mental and physical health outcomes
- Examinations of dyadic-level support suggest more complicated relationships.

Ammassari et al., 2002; Brashers, et al., 2004; Edwards, 2006; Gielen, et al., 2001; Gonzalez et al., 2004; Ironson & Hayward, 2008; Johnson, et al, 2002; Johnson, et al., 2012; Knowlton, et al., 2012; Koenig et al., 2008; Nachega et al., 2006; Peterson, et al., 2012; Savetsky, et al., 2001; Serovich, et al., 2001; Simoni et al., 2007

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**BACKGROUND & SIGNIFICANCE**

- Researchers have not adequately explored how social support functions among HIV-positive African Americans.
- A more nuanced understanding of social support within close social networks is needed to develop effective culturally relevant interventions.
- The purpose of the current study was to understand whether HIV-related support resources are associated with relational functioning and HIV-related problems among HIV-infected African American dyads.

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## HYPOTHESES

H1: In relation to the assessment of participants' own context, those who perceive their partners as more supportive will report having fewer HIV-related problems and less HIV symptom intrusiveness than those who perceive their partners as being less supportive.

H2: In relation to the assessment of participants' shared context, those who perceive their partners as more supportive will report having talked about more HIV-related problems with their partners, will report having more HIV-related problem equity, and will report less relational conflict than those who perceive their partners as being less supportive.

H3: In relation to the assessment of participants' evaluations of their partners' context, those who perceive their partners as more supportive will report that their partners have fewer HIV-related problems than those who report that their partners are less supportive.

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## METHODS

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## METHODS: DYADIC STUDY

- HIV-positive African American adults (i.e., "patients") and their HIV-positive adult "supporters"
- Flyers used to advertise the study; potential participants were invited to call to be screened
- Patients were screened over the phone for initial eligibility.

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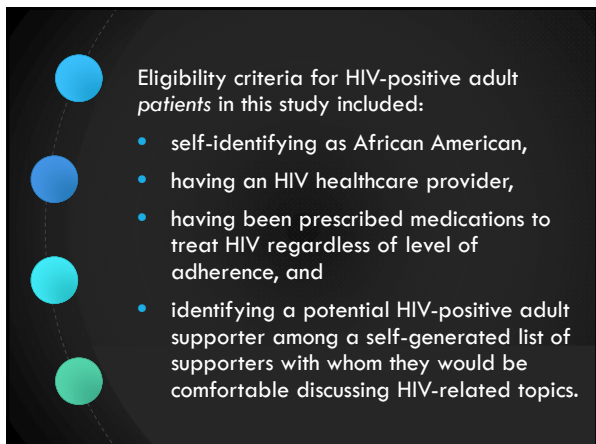
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Eligibility criteria for HIV-positive adult *patients* in this study included:

- self-identifying as African American,
- having an HIV healthcare provider,
- having been prescribed medications to treat HIV regardless of level of adherence, and
- identifying a potential HIV-positive adult supporter among a self-generated list of supporters with whom they would be comfortable discussing HIV-related topics.

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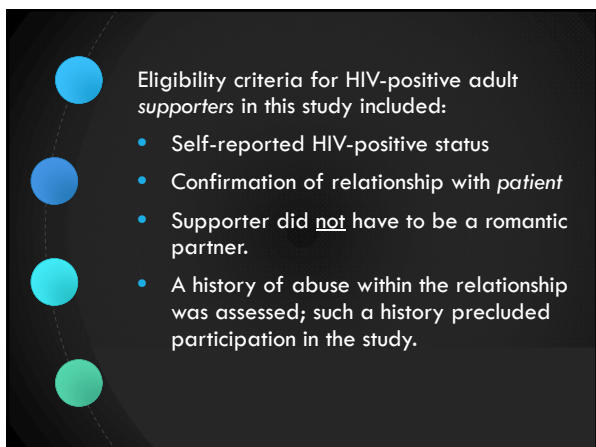
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Eligibility criteria for HIV-positive adult *supporters* in this study included:

- Self-reported HIV-positive status
- Confirmation of relationship with *patient*
- Supporter did not have to be a romantic partner.
- A history of abuse within the relationship was assessed; such a history precluded participation in the study.

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**PRIMARY COMMUNITY PARTNERS**

AIDS Resource Center of Wisconsin, Milwaukee  
AIDS Resource Center of Ohio, Columbus

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### DATA ANALYSIS

Using the actor-partner interdependence model (APIM), we analyzed dyadic data to determine whether there were actor and/or partner effects on measures of conflict and HIV-related problems, communication about these problems, and health symptoms.

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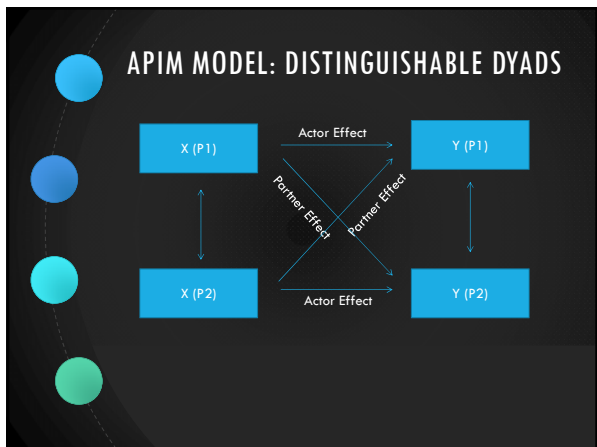
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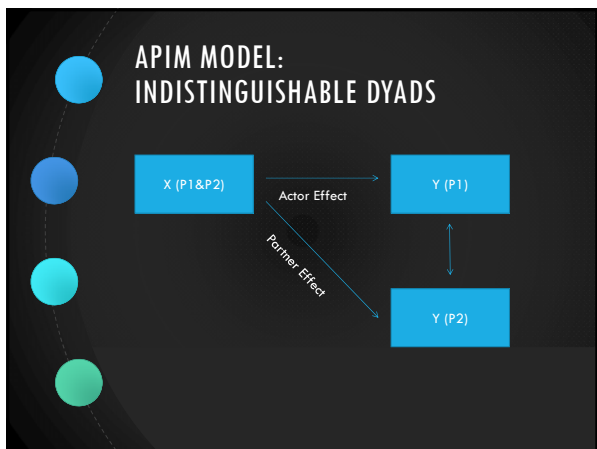
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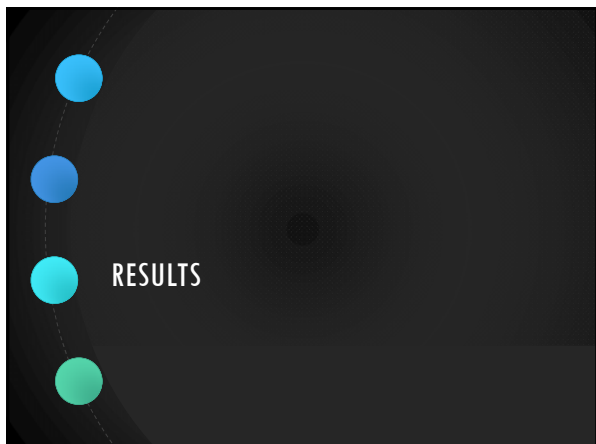
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# RESULTS

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*H1: Those whose partners are more supportive will have fewer problems and symptom-intrusiveness*

| Outcome                           | Social Support Measure | Actor Effect |      |         | Partner Effect |      |         |
|-----------------------------------|------------------------|--------------|------|---------|----------------|------|---------|
|                                   |                        | b            | SE   | $\beta$ | b              | SE   | $\beta$ |
| HIV-related problems              | SPS_SS                 | -1.5*        | .08  | -.22*   | -.02           | .08  | -.02    |
|                                   | QRI_SS                 | -.61         | .63  | -.11    | -1.23*         | .63  | -.26*   |
|                                   | PCA_SS                 | -.01         | .06  | -.01    | -.05           | .06  | -.09    |
| HIV-related symptom intrusiveness | SPS_SS                 | -.53         | .43  | -.17    | .04            | .43  | .01     |
|                                   | QRI_SS                 | .12          | 3.34 | .01     | 3.11           | 3.34 | .13     |
|                                   | PCA_SS                 | .17          | .33  | .07     | .51            | .33  | .22     |

*For all tables: b = unstandardized regression coefficient, SE = standard error of unstandardized regression coefficient,  $\beta$  = standardized regression coefficient. \* $p < .10$ , \*\* $p < .05$ .*

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*H2: Those whose partners are more supportive will have better relational functioning*

| Outcome                   | Social Support Measure | Actor Effect |     |         | Partner Effect |     |         |
|---------------------------|------------------------|--------------|-----|---------|----------------|-----|---------|
|                           |                        | b            | SE  | $\beta$ | b              | SE  | $\beta$ |
| HIV problem communication | SPS_SS                 | .14          | .09 | .21     | .04            | .09 | .06     |
|                           | QRI_SS                 | 1.31*        | .70 | .24*    | .19            | .70 | .04     |
|                           | PCA_SS                 | .02          | .07 | .04     | .09            | .07 | .18     |
| HIV problem inequity      | SPS_SS                 | -.13**       | .04 | -.38**  | .03            | .04 | .08     |
|                           | QRI_SS                 | -.04         | .35 | -.01    | -.28           | .35 | -.10    |
|                           | PCA_SS                 | -.03         | .03 | -.11    | .02            | .03 | .07     |
| Relational conflict       | SPS_SS                 | -.01         | .01 | -.09    | -.01           | .01 | -.10    |
|                           | QRI_SS                 | -.10         | .11 | -.11    | .08            | .11 | .09     |
|                           | PCA_SS                 | -.00         | .01 | -.03    | .01            | .01 | .15     |

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H3: Those whose partners are more supportive will have partners with fewer problems

| Outcome            | Social Support Measure | Actor Effect |     |         | Partner Effect |     |         |
|--------------------|------------------------|--------------|-----|---------|----------------|-----|---------|
|                    |                        | b            | SE  | $\beta$ | b              | SE  | $\beta$ |
| Partner's Problems | SPS_SS                 | -.09         | .10 | -.12    | -.02           | .10 | -.03    |
|                    | QRI_SS                 | -.80         | .75 | -.13    | -.86           | .75 | -.14    |
|                    | PCA_SS                 | -.06         | .07 | -.10    | -.00           | .07 | -.00    |

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### SUMMARY

- We found significant relationships in the hypothesized directions between relational support and HIV-related problems, communication about these problems, and perceptions of problem inequity within dyads.
- Contrary to our expectations, we found no relationship between social support and HIV symptoms, relational conflict, or perceptions about partners' HIV-related problems.

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### DISCUSSION

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### INTERPRETATIONS OF THE FINDINGS

1. We found a relationship between support and HIV-related problems but no relationship between support and symptom intrusiveness
  - Being able to talk about problems with another HIV-positive person might contribute to the perception of having fewer general problems, even if specific HIV-related physical symptoms persist.

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### INTERPRETATIONS OF THE FINDINGS

2. We found relationships between support and problem communication; support and problem inequity
  - Those with greater social support are better able to discuss their problems.
  - Those with fewer problems are more adept at finding informal supporters who are better able to talk about problems or who themselves have fewer problems.

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### CONCLUSIONS & RESEARCH IMPLICATIONS

- No measure of support consistently predicted outcomes; measure of post-conversation support was not predictive of any outcomes.
- It may be that the mechanisms of support are quite different between partners and non-romantic dyads.
- Further exploration of the nature of social support within non-romantic HIV-positive dyads is needed in order to address the need for support among those who are not partnered or who are not in mutually supportive relationships.

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**CO-AUTHORS, CONTRIBUTORS, AND FUNDING SOURCES**

Patricia Stevens,\* Co-Investigator  
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**Research Assistants, Patient Advocacy Research Lab**

- \* Cami Thomas, project manager
- \* Amanda Brouwer,\* quantitative data manager
- \* Angela Wendorf,\* qualitative data manager
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\*Co-authors

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