
Relationships Between Stigma, Social Support, and Depression in HIV-Infected African American Women Living in the Rural Southeastern United States

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This cross-sectional study examined relationships between HIV-related stigma, social support, and depression in a sample of 340 HIV-infected African American women living in rural areas of the Southeastern United States. Three aspects of social support (availability of different types of support, sources of support, and satisfaction with support) and two aspects of HIV-related stigma (perceived stigma and internalized stigma) were measured. Perceived availability of support ($p < .0001$), sources of support ($p = .03$), satisfaction with support ($p = .003$), perceived stigma ($p < .0001$), and internalized stigma ($p < .0001$) were all significantly correlated with depression. Social support variables were negatively correlated and stigma variables were positively correlated with depression. HIV-related perceived stigma and internalized stigma were found to mediate the effect of sources of available support on depression. Study findings have implications for designing and implementing interventions to increase social support and decrease HIV-related stigma in order to decrease depression among African American women with HIV disease.

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Since the beginning of the HIV epidemic, HIV disease has been associated with stigma, mental stress, and psychiatric morbidity (Morrison et al., 2002; Prachakul, Grant, & Keltner, 2007). Although overt expressions of stigma have decreased considerably since the early years of the epidemic, more covert forms are still pervasive and result in avoidance or discriminatory behaviors directed toward persons living with HIV (PLWH; Herek, Capitano, & Widaman, 2002). Universal existence of HIV-related stigma compromises public health efforts toward prevention, treatment, and the provision of the support needed for effective management of the disease (Parker & Aggleton, 2003). A significant body of research suggests that social support plays a key role in managing stress associated with having HIV, resulting in better psychological outcomes among persons with HIV disease. Although much is known about HIV-related stigma and social support, a review of published literature reveals a lack of understanding of the mechanisms through which they influence depression. Therefore, the purpose of this study was to explore the relationships between HIV-related stigma, social support, and depression in a sample of African American women with HIV disease living in the rural Southeastern United States.

Background

Previous research has indicated that estimated prevalence rates (lifetime and current) for depression are much higher in PLWH compared with general community samples (Ciesla & Roberts, 2001). Further, many studies of depression in PLWH have shown consistently higher rates of depression among women (Moneyham, Sowell, Seals, & Demi, 2000; Morrison et al., 2002). Evidence has suggested that African American women with HIV disease living in rural areas are at a particularly higher risk of depression compared with other PLWH. Unique characteristics of rural areas, including geographic distance and lack of transportation, isolate rural women from support services and resources (Moneyham et al., 2000). In addition, conservative values and social norms favor stigmatization of HIV-infected women, making them reluctant to disclose their HIV status, which further isolates them from much

needed social support (Hudson, Lee, Miramontes, & Portillo, 2001; Moneyham et al., 1996). Consequently, these women experience extreme psychological stress that exceeds their limited resources and coping abilities, which may result in adverse psychological outcomes such as depression.

HIV-related stigma still exists in American society (Herek, Capitano, & Widaman, 2002), particularly in rural communities (Hudson et al., 2001). Evidence has also suggested that it is more prevalent, serious, and intense among women (Sandelowski, Lambe, & Barroso, 2004). Further, HIV-related stigma is found to be significantly higher among African Americans compared with Whites (Emler, 2007). HIV-related stigma is a complex concept that lies within a person's perceptions and attitudes and often leads to discriminatory behaviors toward PLWH (Morrison, 2006). Sometimes individuals who are stigmatized by others accept and internalize the lived experiences of stigma and discrimination over time, resulting in internalized stigma (Morrison, 2006). Perceived stigma and internalized stigma have several consequences that compromise the psychological, physical, and social health of PLWH, including feelings of loneliness, social withdrawal, isolation (Brouard, 2006; Sayles, Ryan, Silver, Sarkisian, & Cunningham, 2007), and depression, particularly among women (Clark, Lindner, Armistead, & Austin, 2003; Prachakul, Grant, & Keltner, 2007).

Social support is a useful resource that helps minimize psychological stress. It also plays a key role in buffering the negative effects of HIV-related stigma (Brouard, 2006). Research has also indicated that social support is particularly important for women as they rely more on social relationships compared with men in similar situations (Hurdle, 2001). There is a well-documented inverse relationship between social support and depression in PLWH (Catz, Gore-Felton, & McClure, 2002; McDowell & Serovich, 2007).

Despite being important predictors of depression, HIV-related stigma and social support have not been thoroughly examined for possible ways in which they operate among the growing population of rural African American women with HIV. A better understanding of how stigma and social support affect depression is critical to develop future programs designed to reduce depression, and thereby improve quality of life among rural HIV-infected women.

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