
Social Network Structure and Social Support in HIV-Positive Inner City Mothers

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It has been documented that social support influences health outcomes of persons with chronic illnesses. The incidence of HIV and AIDS among minority women is growing at an alarming rate, but little is known about social support in this vulnerable population, and even less is known about the social network conveying that support. Guided by the convoy of social networks model, this study describes the social networks in a sample of HIV-positive, urban-dwelling mothers (N = 147) by stage of disease (i.e., asymptomatic, symptomatic, AIDS) and examines relationships between social network structure and social support. Hierarchical linear modeling showed that women's social networks were disproportionately populated by children, and network members of women with AIDS were significantly older than network members of HIV-positive women with or without symptoms. Profile analyses showed that women's perceptions of the quality of social support differed according to the proportion of family members populating different segments of the social network.

Key words: social support, social network, HIV-positive mothers

An increasing proportion of newly diagnosed HIV and AIDS cases are being reported among minority urban women. The majority of women in the United States with HIV are women of color. African American and Hispanic women account for 80% of the women with HIV, and, in 2000, over 63% of all women with AIDS were African American (Centers

for Disease Control and Prevention [CDC], 2003). AIDS was the third leading cause of death among African American women ages 25 to 44 (CDC, 2003), many of whom are mothers. Consequently, in addition to suffering from a life-threatening condition, many HIV-infected women are faced with additional challenges such as coping with single parenthood, poverty, and racism.

Social support has been found to be a critical factor in coping with HIV (Hays, Chauncey, & Tobey, 1990; Kyle & Sachs, 1994; Rodgers, 1995). However, research examining the importance of social support has focused primarily on White gay/bisexual men, and results may have limited generalizability to poor urban African American women. Hough, Brumitt, Templin, Salzt, and Mood (2003), in a study of HIV-infected African American mothers, found that effective coping (i.e., characterized by a woman's ability to make meaning of her experiences) was positively related to her social support. Mothers with adequate social support were more likely to use effective coping strategies and to exhibit

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decreased mood disturbance. These results point to the importance of social support as a buffer against the deleterious effects of HIV-related stress on a mother's ability to cope with her diagnosis. However, to obtain a more complete picture of the social support system and an understanding of the sources of support, information is needed regarding the characteristics of the social networks of these women.

Social Networks

The term *social networks* refers to the structural characteristics of an individual's informal support network as opposed to a formal network of paid support providers. A model that provides a framework for the study of social networks across the life span is the Social Convoy Model (Kahn & Antonucci, 1980). The social convoy is represented as a series of three concentric circles surrounding an individual. Inclusion of persons in a convoy circle is determined by the individual's emotional attachment to the person as well as by the role of the person in relation to the focal individual. Thus, persons occupying the innermost circle of an individual's social convoy are likely to be important support providers with whom the focal individual feels very close. Membership in the second circle suggests a degree of closeness to the focal individual as well as relationships that are based on more than just fulfillment of a role. Finally, members of the third circle are thought to be close to the focal individual but usually in a very role-prescribed manner. In its entirety, the convoy model evokes an image of a protective layer of family, friends, and others who "surround the individual and help in the successful negotiation of life's challenges" (Antonucci & Akiyama, 1987, p. 516) as the individual moves through life. Changes in the convoy are hypothesized to occur across normative life transitions, in response to nonnormative events, or as a result of individual maturation.

The relationship of social network characteristics to perceptions of social support, psychological well-being, and health-related outcomes has not been studied extensively in HIV-positive persons. However, the literature suggests that the size of one's social network seems to be less important to health outcomes than its composition. For example, re-

searchers incorporating specific providers of social support (e.g., family, friends, partner) have reported that family members are not viewed as particularly helpful to HIV-positive persons. In fact, the majority of studies suggest that friends provide more support than family to HIV-infected individuals (Burgoyne & Saunders, 2000; Friedland, Renwick, & McColl, 1996; Hays, Catania, McKusick, & Coates, 1990; Hays et al., 1990; Hays, Magee, & Chauncey, 1994; Johnston, Stall, & Smith, 1995; Namir, Woolcott, Fawzy, & Alambaugh, 1987; Schwarzer, Dunkel-Schetter, & Kemeny, 1994; Stowe, Ross, Wodak, Thomas, & Larson, 1993). Explanations offered for friends being more supportive than family have included both the social stigma associated with HIV (Barroso, 1997) and issues stemming from problematic life styles before contracting HIV (Owens, 2003). Epidemiological studies (Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997; Flaskerud & Winslow, 1998) suggest that individuals who engage in diverse social networks live longer than those with fewer types of social relationships, and Cohen (1988) proposed that the more isolated HIV-positive women are, the more susceptible they might be to delayed healthcare and disease progression.

To date, no published work details the characteristics of the social networks of poor urban minority HIV-positive mothers. There is a great need for information about the social networks of HIV-infected mothers because of the potential for the illness to exert extreme burdens on a woman's social support system. First, there is the issue of stigma which, despite over two decades of media coverage of the successful treatment of the disease, is still an issue, especially among African Americans. Stigma leads to secrecy and its main consequence: the presence of few knowledgeable people that the person can rely on in times of needed support (Armistead & Forehand, 1995). Additionally, HIV-infected mothers, like HIV-infected gay men, may enter this phase of their life with weakened social networks because of their own past behavior and transgressions (Owens, 2003). Finally, as a mother gets increasingly more ill, the social network may simply become more depleted because of her decreased ability to maintain reciprocal relationships (Hudson, Lee, Miramontes, & Portillo, 2001) leaving the woman with limited and perhaps inadequate sources of social support at a

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