

A INFLUÊNCIA DA SITUAÇÃO CONJUGAL NO SUPORTE SOCIAL EM PESSOAS INFECTADAS PELO HIV

THE INFLUENCE OF MARITAL STATUS IN SOCIAL SUPPORT IN PEOPLE INFECTED BY HIV

LA INFLUENCIA DE ESTADO CIVIL EN EL SOPORTE SOCIAL EN PERSONAS INFECTADAS POR EL VIH

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RESUMO

Objetivo: Avaliar a influência da situação conjugal no suporte social percebido por pessoas infectadas pelo vírus da imunodeficiência humana (HIV). **Método:** Estudo de delineamento transversal, realizado com 179 participantes. Para coleta de dados, utilizou-se a Escala de Suporte Social para pessoas infectadas pelo HIV. Como variável dependente, o suporte social percebido, e como variáveis independentes, as características sociais, demográficas e clínicas. Realizada análise descritiva das variáveis, Teste de Jonckheere-Terpstra e regressão logística. **Resultados:** Conviver com esposo(a) ou companheiro(a) é fator de proteção quando comparado a ser solteiro(a) ou separado(a), divorciado(a) ou viúvo(a), de forma que a chance de proteção é de 8,84 vezes (IC: 3,43 – 14,25) para o suporte social geral, 5,54 vezes (IC: 2,54 – 8,54) para suporte social emocional, e 4,31 vezes (IC: 0,97 - 7,65) para suporte social instrumental. **Conclusão:** Ter companheiro(a) é fator de proteção para manutenção do suporte social. Essa avaliação contribui para identificar dificuldades na adesão ao tratamento antirretroviral e elaborar estratégias de enfrentamento da doença e manutenção de comportamentos favoráveis à adesão.

Descritores: HIV; Apoio social; Estado conjugal; Adesão à medicação; Adulto.

ABSTRACT

Objective: To evaluate the influence of the conjugal situation on the social support perceived by people infected by the human immunodeficiency virus. **Method:** A cross-sectional study with 179 participants. To collect data, the Social Support Scale was used for people infected with HIV. As a dependent variable, perceived social support, and as independent variables, social, demographic and clinical characteristics. Descriptive analysis of the variables, Jonckheere-Terpstra test and logistic regression. **Results:** Living with a spouse or partner is a protective factor when compared to being single or separated, divorced or widowed, so the chance of protection is 8,84 times (CI: 3.43 - 14.25) for general social support, 5.54 (CI: 2.54 - 8.54) times higher for social emotional support, and 4.31 (CI: 0,97 - 7.65) times greater for social instrumental support. **Conclusion:** Having a partner is a protective factor for maintaining social support. This evaluation contributes to identify difficulties in adherence to antiretroviral treatment and to develop coping strategies and maintenance of adherence behaviors.

Descriptor: HIV; Social support; Marital status; Medication adherence; Adult.

RESUMEN

Objetivo: Evaluar la influencia del estado civil en el apoyo social percibido por personas infectadas por el virus de inmunodeficiencia humana (VIH). **Método:** Estudio transversal, realizado con 179 participantes. Para la recolección de datos se utilizó la Escala de Soporte Social para las personas infectadas por el VIH. Como variable dependiente, el soporte social percibido y como variables independientes, las características sociodemográficas y clínicas. Realizado análisis descriptivo de las variables, prueba de Jonckheere-Terpstra y regresión logística. **Resultados:** Convivir con su cónyuge o pareja es un factor protector en comparación con ser soltero(a) o separado(a), divorciado(a) o viudo(a), por lo que la probabilidad de protección es de 8,84 (IC: 3.43 a 14.25 veces) por el apoyo social general, 5.54 (IC: 2.54 a 8.54) veces para el apoyo social y emocional, y 4.31 (IC: 0.97 a 7.65) veces para el apoyo social instrumental. **Conclusiones:** Tener pareja es factor de protección para mantenimiento del soporte social. Esa evaluación contribuye para identificar dificultades en la adhesión al tratamiento antirretroviral y elaborar estrategias de enfrentamiento de la enfermedad e mantenimiento de comportamientos favorables a la adhesión.

Descritores: VIH; Apoyo social; Estado conyugal; Cumplimiento de la medicación; Adulto.

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INTRODUCTION

The human immunodeficiency virus (HIV) epidemic is marked in its history by prejudice and discrimination, which configures these behaviors as challenges in coping with the epidemic⁽¹⁾. Thus, prejudice in the family and social contexts stands out as an obstacle experienced by people carrying the virus. This may imply situations such as serological silencing, interference in the maintenance of treatment adherence, and difficulty in establishing affective/sexual relationships⁽²⁾.

The use of strategies is necessary to overcome these difficulties. These strategies are: social support, which can be conceptualized as information, material assistance, and/or protection offered by a person or group whose objective is to facilitate the subject's adaptation to adverse situations such as chronic health conditions that require recovery and continuous treatment⁽³⁾.

People infected with this virus need a complex network of care to achieve satisfactory results in monitoring their health. Thus, social support can influence the treatment, impacting its adherence⁽⁴⁻⁵⁾.

This influence permeates social interactions, which, when limited, are associated with delayed treatment initiation. People are more likely to initiate antiretroviral therapy (ART) when social support is expanded in the form of having someone to provide emotional social support⁽⁶⁾.

The partner is recognized as one of the main sources of social support in the context of HIV. The support received within the marital status reflects, mainly, in a positive way on treatment adherence. It also points out to the importance of this support in a scenario of social vulnerability. It indicates, therefore, that investing in health actions that contemplate the couple and not just the individual can strengthen relationships and encourage the availability of social support⁽⁷⁻⁸⁾.

Therefore, the development of this study corroborates the need to broaden the research on the social and clinical characteristics of people infected with HIV from the perspective of social support, seeking to identify factors that strengthen social support as a strategy in coping with the disease⁽⁸⁾.

Among the social characteristics, the influence of the marital status on the social support perceived by people infected with HIV is

questioned. This study aims to evaluate the influence of the marital status on the social support perceived by people infected with HIV.

METHODS

This was a cross-sectional study carried out at the University Hospital of Santa Maria (HUSM), linked to the Federal University of Santa Maria (UFSM) in Rio Grande do Sul. The research complied with ethical precepts and was approved by the Research Ethics Committee of the UFSM under process number 23081.015120 / 2011-15.

The study population consisted of adults (20 years old and older) infected with HIV, in ART for three months, and attending the HU medication distribution unit. Individuals with cognitive or mental limitation, in prison, and pregnant women were excluded from the study; pregnant women were excluded because the treatment may have been initiated in order to prevent mother-to-child transmission of HIV.

The sample size was calculated with a precision of 5.7% and 95% confidence interval, starting from a population of 432 individuals, and resulting in a minimum sample of 179 participants. The development of the study's field stage was conducted from March to July of 2012.

The Social Support Scale was used for data collection, which was validated and adapted in Brazil specifically for the population infected with HIV⁽⁹⁾. This is a two-dimensional scale composed of 24 items in which the first dimension is related to emotional support (12 items) and the second to instrumental support (12 items). The responses were considered in a five-point Likert Scale for support availability (1 = never, 2 = rarely, 3 = sometimes, 4 = frequently, 5 = always) and support satisfaction (1 = very unsatisfied; 2 = dissatisfied, 3 = neither satisfied nor dissatisfied, 4 = satisfied, 5 = very satisfied) with an overall score range of 24 to 130 points; the higher the score, the better the perceived social support.

The perceived social support was considered a dependent variable. The independent variables were gender, race, age, educational level, annual income, time from diagnosis, treatment time, CD4+ T cell count, viral load, adherence to antiretroviral treatment, and evaluation of the easiness or difficulty in maintaining follow-ups in the health service.

A descriptive analysis was conducted for the presentation of the baseline characteristics of the population, and the Jonckheere-Terpstra test was performed for the distribution of the

dependent variable according to the independent variables. Logistic regression was used to obtain estimates of OR and their respective confidence intervals (95% CI) for the set of intervening factors. The significance level was set at $p < 0.05$ in all analyzes. The data organization was performed in the Epi Info 6.04 program, with double independent data input. After checking and correcting for inconsistencies, the IBM SPSS version 21 software was used to analyze the data.

RESULTS AND DISCUSSION

A total of 179 participants were evaluated, of whom 50.8% (n = 91) were males, 73.2% (n = 131) were self-identified as white, 13.4% (n = 24) as black, 11.2% (N = 20) as brown, 1.7% (n = 3) as indigenous, and 0.6% (n = 1) as Asians; the average age was 43.21 years (standard deviation of 10.47 years). Other population characteristics are presented in Table 1.

Table 1 - Baseline characteristics of adults infected with HIV, assisted at the University Hospital of the Federal University of Santa Maria, 2012. Santa Maria, RS, Brazil.

Variable	n = 179 (%)
Education, in percentages (n)	
No education	3.9 (7)
Incomplete middle school	43.0 (77)
Complete middle school	9.5 (17)
Incomplete high school	12.8 (23)
Complete high school	12.3 (22)
undergraduate education	9.5 (17)
undergraduate education	6.7 (12)
Incomplete graduate education	1.1 (2)
Complete graduate education	1.1 (2)
Marital status, in percentages (n)	
Lives with spouse or partner	48.6 (87)
Single	25.1 (25)
Separated, divorced, or widowed	26.3 (47)
Children, median (minimum – maximum)	1 (0 – 8)
Employment status, in percentage (n)	
Officially employed	24.0 (43)
Unofficially employed	10.6 (19)
Unemployed	65.4 (117)
Annual income in Reais (R\$), median (minimum-maximum)	800 (100 –12.440)
HIV infection mode, in percentage (n)	
Vertical transmission	0.6 (1)
Blood transfusion	2.2 (4)
Needle and syringe sharing	3.4 (6)
Sexual contact	68.2 (122)
Unknown	25.7 (46)

Source: Data from the study, 2012.

Participants who have two to four children have lower values of social emotional support compared to the others. It can be inferred that those participants who do not have/had children received greater emotional support. This evidence is important in the anamnesis because the help of close relatives, such as husbands and children, is important for people living with HIV not to feel alone in coping with the demands of the infection⁽⁵⁾.

In this study, the evaluation of the perception of social support in 179 people

infected with HIV showed that the marital status interferes with the received support. Separated, divorced, or widowed participants presented worse perception of general social, emotional, and instrumental support. Therefore, living with a partner strengthens the relationships between the couple and increases mutual support with the care of their health. This support highlights the positive aspects of the relationship such as love, commitment, and trust⁽⁷⁾.

The overall score of the median (minimum-maximum) social support scale was 90 (25 - 120)

points. The median (minimum-maximum) for the dimensions of the scale were the following: 48 (12 - 60) for emotional social support and 43 (13-60) for instrumental social support. The

distribution of social support scores according to the outcomes of HIV-infected adults is presented in Table 2.

Table 2 - Distribution of social support scores according to the outcomes of HIV infected adults, assisted at the University Hospital of the Federal University of Santa Maria, 2012. Santa Maria, RS, Brazil.

Outcomes	Social support		Emotional		Instrumental	
	General Median (min-max)	p*	Median (min- max)	p*	Median (min- max)	p*
Marital status		0.003		0.001		0.012
Spouse or partner	94 (34 – 120)		51 (18 – 60)		43 (16 – 60)	
Single	91 (37 – 119)		46 (15 – 60)		44 (15 – 59)	
Separated, divorced, or widowed	85 (25 – 117)		45 (12 – 60)		37 (13 – 60)	
		0.258		0.044		0.866
Children						
None	93 (54 – 116)		52 (21 – 60)		43.5 (25 – 57)	
1 child	94 (48 – 115)		50.5 (15 – 60)		42 (23 – 56)	
2 – 4 children	84 (25 – 120)		44 (12 – 60)		41.5 (13 – 60)	
5 or more children	95 (63 – 115)		50 (32 – 60)		49 (31 – 56)	
		0.031		0.020		0.114
Maintenance of follow- ups						
Easy	93 (48 – 119)		49.5 (15 – 60)		43 (24 – 60)	
Difficult	85 (25 – 120)		45 (12 – 60)		41 (13 – 60)	
		0.032		0.004		0.380
Adherence						
Low/insufficient	85 (34 – 120)		45 (18 – 60)		40 (16 – 60)	
Good/adequate	96 (34 – 120)		51 (12 – 60)		44 (13 – 60)	
Excellent	89.5 (37 – 115)		49.5 (22 – 60)		41.5 (15 – 56)	

*Jonckheere-Terpstra test.

The marital status is an indication of higher social support scores because the family support improves the individual's psychological and social conditions⁽⁵⁾. Having a lifelong partner is important for people living with HIV because it is a source of positive support in addition to contributing to the quality of life and longevity⁽¹⁰⁾.

Similar results were found in other chronic disease situations. A study using the same scale adapted for renal patients identified partners, spouse, partner or boyfriend and friends as the most frequent sources of instrumental and emotional social support⁽¹¹⁾. A study conducted with couples living with HIV in South Africa demonstrates the important role of the positive dynamics of the relationship and the partner in supporting adherence. Out of the 18 ART patients who were questioned about social support during their treatment, 50% reported that the partner was their primary treatment support⁽⁷⁾. Such evidence implicate in clinical practice based on the patient's anamnesis when the sociodemographic characteristics are questioned

in addition to those that make up the clinical issues of the health condition.

Linear logistic regression models were created to adjust the baseline characteristics to evaluate associations with social support; however, only the marital status variable presented significant results. In this perspective, living with a spouse or partner is a protective factor when compared to being single, separated, divorced, or widowed because they presented 8.84 (CI: 3.43 - 14.25) times higher scores for general social support; 5.54 (CI: 2.54 - 8.54) times higher scores for emotional social support; and 4.31 (CI: 0.97 - 7.65) times higher scores for instrumental social support. Thus, regardless of the scale factor, participants living with spouses have a greater chance of having higher values of social support.

Participants who found it difficult to maintain ambulatory follow-up presented significantly lower values in all domains of the social support scale as well as in the overall value. The low or inefficient frequency of use of resources offered by health services negatively

influences the perception of the social support received. Thus, it is understood that health professionals can be one of the sources of social support for this population, reflecting positively in coping with the disease.

This reveals the importance of valuing the link between health professionals and the assisted population with a view to strengthening supportive relationships, which may favorably affect adherence to health monitoring. However, if this practice is performed inappropriately by health services, it will be a reducing factor in social emotional support⁽⁶⁾. The relevance of the health professional as a source of support can be observed in some situations such as the revelation of the HIV diagnosis, in which health professionals are the only type of social support that provides comfort to the health condition⁽¹²⁾.

Low or insufficient adherence to ART is associated with lower values of perceived social support. This connection has shown important evidence that can be evaluated through the use of specific scales in the clinical practice. It can be applied by the professional nurse in individual consultations or in multi-professional consultations to obtain the predictive factor for low adherence, indicating strategies for improved assistance.

Low adherence is sometimes related to economic difficulties that need correction with actions that promote financial support, transportation assistance, increased access to medication distribution sites, and relationships of trust with care providers⁽¹³⁻¹⁴⁾. Health institutions should carry out interventions that promote social support and treatment adherence such as sending telephone messages. In this study, the development of future research with the inclusion of other secondary variables that have an indirect relation with ART adherence, such as perceived social support, quality of life, and self-efficacy in relation to treatment are indicated⁽¹⁵⁾.

Finally, social support plays an essential role in the moderation of stress related to the health/disease process, involving questions related to social responses to HIV infection. The main source of perceived stress among people living with HIV is discrimination, which can be reduced with the social support offered by the family, since subjects who feel satisfied and with received support have higher levels of adherence⁽¹⁶⁻¹⁷⁾.

This study presents limitations. Social support was the only measure for the evaluation,

which indicates the need for a qualitative deepening of this perception. The non-probabilistic collected sample, made up of individuals belonging to a specific region in the country who have access to public health services, has to be considered in the generalization of the results for populations that are different from those described in this study.

CONCLUSION

Having a partner is a protective factor for maintaining social support in people infected with HIV. Health professionals should involve family members, especially partners, in the process of caring for patients, because they play a fundamental role in developing a more positive attitude towards life, improving treatment adherence rates and quality of life. Communication with the spouse or partner should be encouraged, because it implies behaviors of empathy and care for the infected person, which reflects on clinical improvement.

The evaluation of emotional support can contribute to the detection of individuals who will have greater difficulties in adhering to ART, allowing the development of individual and collective care strategies for this population.

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