

HELP-SEEKING BEHAVIOR FOR HIV-RELATED SOCIAL SERVICES AMONG THE URBAN POOR*

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ABSTRACT

This article examines the factors affecting the help-seeking behavior for HIV-related social services among a sample of HIV+ urban poor individuals. In particular, the article examines how financial transfers from friends and family affect the decision to seek HIV social services from public and community organizations. The effect of transfers on the help-seeking behavior is examined while controlling for sociodemographic factors, Acquired Immunodeficiency Syndrome (AIDS) status, and HIV-transmission mode. The determinants of help-seeking behavior were estimated by conducting nine logistic regressions on a sample of 501 HIV+ individuals. The results showed that financial transfers from friends and family had a negative effect on individual's help-seeking behavior for social HIV-services, especially for supportive services. The results also showed that sociodemographic factors and HIV-transmission mode were significant determinants in the help-seeking behavior for HIV-services.

One of the central issues surrounding public health policy is how to meet the increasing demand for social services from individuals living with the Human Immunodeficiency Virus (HIV) and with the Acquired Immunodeficiency Syndrome (AIDS). Diagnosis of HIV and AIDS makes many individuals more

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vulnerable to losing their jobs, health insurance, and experiencing extreme financial hardships (Kass et al., 1994). In addition to the financial hardships resulting from an HIV/AIDS diagnosis, many individuals also lose family support (Hart, Fitzpatrick, McLean, Dawson, & Boulton, 1990). Beset by these factors and limited incomes, many individuals seek HIV services from public and community organizations. Most of the public and community organizations that provide HIV-services use federal funds from the Ryan White CARE (Bonuck, et al., 1996; Marx, Katz, Park, & Gurley, 1997).

There is substantial evidence that strong social support networks are associated with positive outcomes in terms of health and well-being among HIV+ individuals and among People Living with AIDS (PWA) (Turner, Hays, & Coates, 1993). Researchers agree that understanding the factors that determine help-seeking behavior among HIV+ individuals and PWAs is a critical step to accomplish public health objectives. Demas, Schoenbaum, Wills, Doll, and Klein (1995) found that among HIV+ injection drug users (IDUs), social stigma, uncertainty about the future, and disclosure of seropositivity status forces many IDUs to withdraw from society as a way of dealing with the disease. Such persons do not turn to social service agencies for their needs. Gala et al. (1992) found that, among HIV+ individuals seeking psychological assistance, those who believed they were affected by a serious physical illness were single, had higher levels of education, and did not have a substance abuse problem, and were more likely to seek help. Power, Hartnoll, and Chalmers (1992) compared the help-seeking behavior among drug users in treatment to drug users not in treatment. They found that drug users in treatment expressed a greater need for help than those not in treatment. However, one of the factors that has received little attention in help-seeking literature is the role financial transfers from friends and family play in determining the help-seeking behavior among HIV+ individuals. The goal of this article is to examine this issue.

Support from friends and family plays a significant role in the lives of people with HIV and PWAs. Transfers from friends and family are crucial to satisfying their needs (Turner & Catania, 1997). Johnston, Stall, and Smith (1995) found that HIV+ gay men relied more on friends for care than HIV+ IDUs; and neither group relied primarily on their families for care. In a study of 224 PWAs, Smith and Rapkin (1996) found that the average number of people who provided close support to PWAs was only two. In addition, they reported that women, more than men, relied on children for support. Turner and Catania (1997) reported that the largest group of caregivers to PWAs were the male friends of the PWAs—a group not typically found acting as caregivers to persons with other types of illnesses. Simon (1993) argues that HIV+ individuals feel some degree of altruism toward other members of the community that face the same predicament. This may be particularly significant among gay populations since they have been found to exhibit a greater altruistic behavior than their heterosexual counterparts (Salais & Fischer, 1995).

People with HIV and PWAs have their own networks from whom they receive the support they need. Stowe, Ross, Wodak, Thomas, and Larson (1993) examined social support among IDUs. They found that the majority of IDUs “hang around” with other IDUs, lived with other IDUs, and were satisfied with the support they received from their friends. Friends were a more important source of support than were the biological families. In this study, the respondents said that if they were to become HIV infected, they would be more open about their HIV status with friends than with family. Where family members were involved in support, it was likely to be provided by mothers and siblings who also knew about the respondent’s drug use. Rodgers (1995) found that maintenance of a certain level of social support affected the individual’s adjustment to AIDS. Individuals who perceived they had a good social support reported better adjustment than persons who perceived that they did not have such support.

Kadushin (1996) found that the family’s lack of acceptance of homosexuality, the stigma associated with AIDS, the lack of skills in dealing with HIV issues, and the over-protecting, infantilizing behavior of parents were some of the reasons why the family of PWAs were less involved in the PWAs’ social support network. He found that a sibling, often a sister, is the family member to whom gay men feel closest and from whom he is more likely to seek financial and emotional support.

The determinants of support have piqued the interest of social scientists for a long time. The literature on private transfers tends to differentiate between two transfer motives: exchange and altruism (Laitner, 1997). Social exchange theory assumes that what people do for others is the result of their desire to maximize their outcomes and minimize their costs. People will help only when the rewards outweigh the costs. Thus, people will perform transfer or altruistic behaviors because they increase the probability that the help will be returned in the future and because people gain social approval and increased self-worth. This theory is particularly popular among sociologists (Coleman, 1990; Elster, 1989). An altruistic transfer, on the other hand, is any act that benefits another person but does not benefit the helper, often involving some personal cost to the helper. Under this approach, the beneficiary’s welfare is incorporated into the altruist’s welfare without specifying any biological, psychological, or social process by which such incorporation might occur. Most economists follow this approach (Becker, 1991; Bergstrom & Stark, 1993; Blackbory & Donaldson, 1988; Coate, 1995; Pollak, 1988).

Psychologists argue that altruism may be explained by the following four theories. First, altruism is due to an altruistic personality that makes a person more likely to help others in a wide variety of situations. Second, a person’s mood affects altruistic behavior. That is, people are more likely to help when they are in a good mood rather than in a bad mood. Third, people are more likely to perform altruistic behaviors when they feel empathy for the person in need. And fourth, people are more likely to help when they feel guilty (Baston, 1995; Kohn, 1990; Schroeder, Penner, Dovidio, & Piliavin, 1995).

Although the determinants of altruistic behavior are important, the goal of this article is to examine the effect of transfers on the help-seeking behavior of HIV+ individuals. The effect of altruistic transfers on the help-seeking behavior of HIV+ individuals can be empirically estimated by examining whether transfers increase or decrease the probability of seeking HIV-services. The model includes sociodemographic variables (such as race, gender, education, income, and age), HIV/AIDS status, and HIV-transmission mode as controls.

The controls for race factors are important because researchers have suggested that, as a group, ethnic and racial minorities are less likely than Whites to seek assistance from formal organizations (Ceballos-Capitaine, Szapocznik, Blaney, Morgan, Milton, & Eisdorfer, 1990; Dalton, 1989; Herek & Cpitanio, 1993; Marin, 1989; Morales, 1990; Piette, Mor, & Mayer, 1993; Singer, Castillo, Davison, & Flores, 1990). Controls for mode of HIV-transmission have also been found to affect the individual's decision to seek help. Individuals who contracted HIV by having unprotected male-to-male sex are more likely to seek help because the gay-male community is more experienced in confronting AIDS in a systematized manner. The Gay Men's Health Crisis Organization is a prime example of a direct response to AIDS in the gay-male community. Researchers have also found that these support mechanisms functioned well enough to result in significant differences in access to AIDS-related medical services between homosexual and heterosexual clients (McKenzie, 1991). IDUs, on the other hand, do not possess the same visible advocacy structures which support gay men's efforts to organize around AIDS prevention and service utilization (El-Bassel & Schilling, 1991; Magura et al., 1991; Patton, 1990; Wiebel, 1990).

METHODS

The data used in this article were collected from a survey of HIV+ individuals in Houston, Texas. The survey was required by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services to serve as a measurement of needs for the distribution of funds under the Ryan White CARE Act. The sample was selected from a cumulative monthly registry of HIV+ individuals in the Houston area. Proportional sampling procedures were used to select the respondents. The respondents were selected from 12 different types of community and public organizations providing HIV-services. Respondents were selected to ensure sufficient representation of HIV transmission-mode, race/ethnicity, and gender were included in the sample. Each respondent was paid \$20 for participation.

Individuals were administered an HRSA-approved standard questionnaire by trained interviewers. The questionnaire addressed HIV/AIDS health status, HIV-transmission mode, sociodemographic variables, and financial transfers. Transfers were assessed by asking individuals whether they had received financial support from friends, family, or both during the previous year. Because the sample is constructed

only of individuals seeking HIV-services, it cannot be regarded as random. However, the sample insures proportional representation among those seeking treatment, and of cross-sectional differences among urban-poor HIV+ individuals.

In addition, the questionnaire asked individuals whether they had sought help for any of nine social services within the previous year. The social services were paying for housing, support groups for HIV+ individuals, buddy program, case management, transportation, food assistance, legal assistance services, substance abuse treatment, and psychological or emotional counseling.

A logistic regression was estimated for each of these services. Seeking services was the dependent variable and it was coded as being equal to one if the individual had sought that particular service, and coded zero if the individual had not. All the independent variables were dummy variables. Transfers included the ones from friends, family, or both. The control variables included: whether the individual had been diagnosed with AIDS by a physician (using CDC's AIDS definition), two types of HIV-transmission mode (male-to-male unprotected sex and sharing needles), and sociodemographic variables such as age, gender, education, and income. Age, education, and income were dichotomized in the logistic regressions.

RESULTS

Table 1 presents the descriptive statistics of the sample. A total of 169 African-Americans, 253 whites, and 72 Hispanics were interviewed. In the 12 months prior to the study, 22% reported receiving financial transfers from friends. Thirty-three percent reported altruistic transfers from family and 12% reported receiving transfers from both friends and family. Over half (55%) of the sample reported having contracted HIV by unprotected male-to-male sex. Eleven percent reported contracting HIV by sharing needles. Forty-eight percent of the sample reported being diagnosed with AIDS. Thirty-six percent of the sample were high-school graduates. Almost half of the sample had income below \$500 per month. Eighty five percent of the sample was male and most of the respondents were between 25 and 44 years of age.

Table 2 presents the percentage of individuals who sought HIV-related social services. A large percentage of individuals sought housing assistance (77%), support groups (80%), buddy programs (78%), and case management (89%). A moderate percentage of individuals sought transportation (75%), food (65%), psychological services (71%), and substance abuse treatment (42%). Only a small percentage had sought legal services (34%).

The results of the logistic regressions are presented in Table 3. In general, the results showed that transfers affected the decision of the individual to seek some of the services noted. In particular, the results showed that individuals who received transfers from friends and family were less likely to seek help with housing, support groups, buddy programs, transportation, food, and psychological counseling than individuals who did not receive transfers from friends and family.

Table 1. Sociodemographic Characteristics of the Sample

Variables	N = 501	Percent
Received Transfers		
From friends	110	22.0
From family	166	33.1
From friends and family	52	12.3
AIDS Status		
Has AIDS	241	48.1
No AIDS	260	51.9
HIV Transmission Mode		
Male-to-male sex (MSM)	276	55.1
IDU	54	10.8
MSM & IDU	67	13.4
Male-to-female sex (MSF)	91	18.2
MSF & IDU	29	5.8
Other	19	3.8
Race/Ethnicity		
White	253	50.5
African-American	169	33.7
Hispanic	72	14.4
Other	6	1.2
Gender		
Male	425	84.8
Female	76	15.2
Age		
18-24	48	9.5
25-44	354	70.7
45-64	93	18.6
65 and over	6	1.2
Monthly Income		
\$0-\$500	248	49.5
\$501-\$1000	155	30.9
\$1,001 and over	90	17.9
Education		
Less than high school	63	12.5
High school	181	36.1
Beyond high school	257	51.3

Table 2. Individuals Seeking HIV-Services

Service sought	N = 501	Percent
Housing	385	76.8
Support groups	402	80.2
Buddy	390	77.8
Case management	445	88.8
Transportation	374	74.7
Food	327	65.3
Legal	170	33.9
Substance abuse	210	41.9
Psychological	355	70.9

In addition, the results showed that HIV-transmission mode and AIDS status played a significant role in determining help-seeking behavior. In particular, individuals who contracted HIV by sharing needles (IDUs) were less likely to seek buddy program, case management, food, and legal services. On the other hand, individuals who contracted HIV by unprotected male-to-male sex were more likely to seek support group, buddy program, psychological counseling, and substance abuse treatment services. In addition, individuals with an AIDS diagnosis were more likely to seek transportation and legal services but less likely to seek substance abuse services than individuals without an AIDS diagnosis.

Sociodemographic variables were also found to determine help-seeking behavior. The results showed that minorities were more likely to seek assistance for housing but less likely to seek help with support groups, case management, and transportation. Males were more likely than females to seek assistance for transportation and psychological counseling. Individuals who graduated from high school were more likely to seek only housing and legal services. Younger individuals were less likely to seek support groups, but more likely to seek case management services and substance abuse treatment. Finally, individuals with income below \$500 a month were less likely to seek support group, buddy program, and transportation services than individuals with incomes higher than \$500 per month.

DISCUSSION AND CONCLUSION

Identification of factors that determine help-seeking behavior for HIV-related services can provide important information to accomplish public health policy objectives more effectively. A large body of evidence has shown that financial

Table 3. Odds Ratios Determining Help-Seeking HIV-Related Social Services

Independent variables	Housing	Support groups	Buddy	Case manage.	Trans- portation	Food	Legal	Substance abuse	Psycho- logical
Received transfers from friends and/or family	0.59*	0.27**	0.21**	—	0.33*	0.24*	—	—	0.35**
AIDS diagnosed	—	—	—	—	1.08*	—	1.79*	0.45**	—
HIV by male-to-male sex	—	1.72*	2.43**	—	—	—	—	2.45**	1.82**
HIV by IDU	—	—	0.17**	0.24*	—	0.30**	0.22*	—	—
Minority	1.62*	0.45*	—	0.56**	0.51*	—	—	—	—
Male	—	—	—	—	1.91*	—	—	—	1.25*
High school graduate	1.63*	—	—	—	—	—	1.35*	—	—
Age < 45	—	0.96**	—	1.04*	—	—	—	1.37*	—
Income < \$500 per month	—	0.38**	0.54*	—	0.62*	—	—	—	—
Log-likelihood	483.25	447.41	378.46	289.32	469.91	424.87	100.73	245.21	413.55
R ² (negelkere)	0.09	0.12	0.23	0.21	0.12	0.08	0.23	0.14	0.19

*p < .05. **p < .01.

support from friends and family plays a significant role in the lives of PWAs, however, its impact on help-seeking behavior has not been examined. This article has shown that financial transfers from friends and family are a significant factor in determining help seeking behavior. In particular, the results showed that individuals who receive financial transfers from friends and family are less likely to seek certain HIV-services than individuals who do not receive transfers from friends and family.

Individuals who receive financial transfers may reduce their help-seeking behavior for HIV-services for several reasons. First, the increase in income from these transfers creates an economic income effect. That is, the higher income makes it possible for individuals to afford other services or the same services but of better quality. On the other hand, it is possible that the financial transfers have a psychological effect rather than an economic effect. Receiving financial transfers from friends and family may be a proxy for “social/emotional support” to the recipient. Individuals who receive financial support from friends and family may feel more connected and supported by friends and family than those who do not receive transfers. Thus, they do not have as much of a need to seek supportive services such as support group, buddy program, and psychological counseling from social service agencies. To what extent transfers fill an economic need and to what extent they satisfy a psychosocial need may best be addressed by future research. In addition, future research should examine how transfers differ across socioeconomic groups and over time.

In order to gain a better understanding of the role of transfers in the lives of PWAs and its impact on services, both the donor and recipients’ objectives and preferences must be taken into account. That is, instruments designed to measure preferences and objectives of transfers need to be administered to both donors and recipients to distinguish between altruism and exchange models. Encouragement of altruistic behavior may be sound public policy because it provides the social support mechanisms that are so important to the well-being of PWAs. In addition, altruistic transfers have a public economic benefit because they help decrease the demand for social services among public and community organizations. By understanding how transfers may affect the help-seeking behavior for HIV-services, public resources can be directed toward those HIV-services that transfers do not cover. This would be a significant step toward avoiding duplication of services and result in a greater number of clients being served with the limited resources available.

The results found in this article do not imply that policy makers can rely on transfers from friends and family to meet the demand for HIV-services, however. Bell et al. (1988) argue that social network members of HIV+ individuals will stop transfers once their resources are exhausted. If this occurs, they argue, the HIV+ individual may increase his/her risky behaviors. Thus, an informed public health policy should include the balanced combination of transfers as well as appropriately targeted public funds.

By way of limitations, the sample is composed of poor urban individuals seeking HIV-services. Although methods were used to obtain a representative sample, it is possible that some of the individuals who receive large financial transfers do not seek social services. The findings of this study might be extended only with caution to non-urban or high-income HIV+ individuals. In addition, the study did not allow for the examination of how the psychological functioning of the individual affects his/her help-seeking behavior. Finally, the study of transfers on help-seeking behavior is only the first step in understanding help-seeking behavior for HIV-related services. The next step is to study how transfers affect access and utilization of these services.

In conclusion, an understanding of the factors surrounding the help-seeking behavior for HIV-related social services can help formulate more effective public health policies in a time of limited budgets for offering of HIV social services. The article has shown that there is a direct link between financial transfers and help-seeking behavior. One of the challenges of public health policy is to meet a higher demand for HIV services year after year. This article has shown that by studying transfers, HIV/AIDS public policy makers can make use of some additional tools to understand, and to how best meet, demand for services. However, this article is only a first step in this direction. Specific instruments still need to be developed to study the reasons why people accept and give transfers in the context of HIV/AIDS.

By studying the determinants and effects of these transfers, specific policies, such as tax subsidies, may be developed to encourage such transfers. However, such policies must be developed in a way that indeed encourage help-seeking while preserving people's self-esteem and dignity. The literature shows that often recipients would rather be viewed as inept rather than seek help. In many cases, individuals would rather suffer than ask for assistance. By studying the determinants and effects of transfers, it becomes possible to provide additional tools to improve the lives of people living with HIV/AIDS without threatening their self-esteem, and maximizing limited public resources serving in this field.

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