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Effects of Social Support on Health-Seeking Behaviors Among African-American Men Who Have Sex With Men

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MA, Walden University, 2013

BS, University of Southern Mississippi, 2010

Dissertation Submitted in Partial Fulfillment

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Abstract

The rate of HIV/AIDS infections among African American men who have sex with men (MSM) is alarming. There has been a challenge in reducing HIV/AIDS among the African American MSM population due to internal and external factors that affect their decision making. The theory of social support and reasoned action were applied to gain knowledge on the lived experiences and perceptions of African American MSM as related to social support and seeking health care, which can help fight the heavy impact HIV/AIDS has placed on this population. Data was collected from 14 African American men who openly identified as MSM. Following the in-depth face-to-face interviews, themes were developed using Miles and Huberman's 6-step analytical process to gather a better understanding from this population's perspective. The participants' responses yielded that, although they felt support should come from family, most judgement came daily from family. Participants indicated that judgement tended to cause them to shy away and hide their sexuality from family and turn to people who were more like themselves whom they could trust. Social support has an impact on positive behaviors and choices as related to health among the African American MSM population. Social support can encourage regular testing among this population as well as provide comfort in discussing risky behaviors to ones' health. Knowing ones' health status helps promote HIV/AIDS awareness which helps decrease the prevalence of HIV/AIDS within the African American MSM population as a whole.

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Table of Contents

List of Tables iii

Chapter 1: Introduction to the Study 1

Background 1

Problem Statement 2

Purpose of the Study 3

Research Questions 4

Theoretical Framework 4

Rationale for Qualitative Research 5

Outline of Dissertation 6

Chapter 2: Literature Review 7

Literature Search Strategy 7

Health-Seeking Behaviors and Barriers 8

Theory of Reasoned Action 15

History of Social Support and Health 16

Social Support and Health-Seeking Behaviors 19

Social Support and African American MSM 21

Summary 23

Chapter 3: Research Method 24

Research Methodology 24

Sample 25

Instrumentation and Collection 26

Analysis....28
Summary....28
Chapter 4: Results....29
Setting and Demographics....29
Data Collection....30
Interviews....30
Themes....35
Evidence of Trustworthiness....37
Findings as Related to Research Questions....37
Research Question 1....37
Research Question 2....38
Research Question 3....38
Summary....39
Chapter 5: Discussion, Conclusions, and Recommendations....40
References....41
Appendix A: Participant E-mail....51
Appendix B: Interview Protocol....52
Appendix C: IRB Approval....55

List of Tables

Table 1. Interview Question 1: Tell me about when and how you announced your sexuality to your family and friends 31

Table 2. Interview Question 2: Describe your relationship with family and friends before and after you revealed your sexuality 32

Table 3. Interview Question 3: How do you define social support? 32

Table 4. Interview Question 4: Who are the individuals or groups that comprise your social support network? 33

Table 5. Interview Question 5: Are you able to discuss your health and health-seeking behaviors with your social support network? 33

Table 6. Interview Question 6: How has social support encouraged your health-seeking behaviors? 34

Table 7. Interview Question 7: How has lack of social support discouraged your health-seeking behaviors? 34

Chapter 1: Introduction to the Study

African American men, particularly those who have sex with men (MSM), are at high risk for contracting HIV/AIDS. According to the Centers for Disease Control and Prevention (CDC, 2015), African American men experienced the most new infections in 2010. Challenges to reducing HIV rates remain high due to unawareness, risky behaviors, homophobia, stigma, and discrimination (CDC, 2015). The CDC (2015) has directed significant funding toward HIV testing in this vulnerable population of young, African American MSM to identify unrecognized HIV infections as one key preventative effort. Various campaigns, interventions, and initiatives have been launched under this organization to address persistent concerns in this population (CDC, 2015).

Researchers have noted a positive link between social support and wellbeing. This study was necessary to explore ways to close the gap among African American MSM and their relevance to the HIV epidemic. This study contributed to social change by providing research-based findings that enhances awareness through which intervention efforts can be implemented to help prevent HIV, starting from a local level. In this chapter, I explored the background literature associated with the topic, explained the research problem, stated the main purpose of the study, identified the research questions, described the theoretical framework, and provided a rationale for the research method of choice.

Background

Previously published scholars have reviewed the African American population in several ways, but gaps indicated the need for further research among this population.

Researchers have continually pointed to the high incidents of HIV within the population. Many researchers, such as Peterson (2009), pointed to how social support is beneficial to people living with the HIV virus. Chen et al. (2015) also revealed the need to improve quality of health among men who have sex with men and women (MSMW) and have low social support. Chen et al. noted that improving their quality of health could be a beneficial factor in their health behaviors related to HIV. Delayed testing, however, as discussed by Scott et al. (2014), influenced researchers to recommend further research to influence and increase HIV testing among the MSM population. Due to social and cultural stressors that MSM are faced with, the "coming out" transition has seemingly caused higher suicide rates among MSM (Paul et al., 2002). The literature included the idea of the benefits of social support, the needed influences on testing, and the stresses that this population faces, but researchers have yet to address the perspectives of African American MSM on the effects social support has on their health-seeking behaviors.

Problem Statement

Currently, the population of African American MSM has been understudied and remains the group least impacted by current HIV/AIDS prevention efforts (Mays, Cochran, & Zamudio, 2004). As of 2004, rates of new HIV infections in African American MSM approached those of new infections in developing countries (Mays, Cochran, & Zamudio, 2004). In fact, the CDC (2015) noted that since 2005, there had been a 22% increase in diagnoses among African American MSM. Diagnoses continuing at this rate have led the CDC to believe that without successful interventions, 1 in every 2 African American MSM will be diagnosed with HIV (CDC, 2015). Scholars noted the

multitude of problems within this population, yet failed to explore the roles social support may play on Black MSM health-seeking behaviors, particularly for prevention of HIV/AIDS (Buttram, Kurtz, & Surratt, 2015. Researchers have found that the use of social support interventions served as a beneficial method of addressing HIV/AIDS in this population (Buttram & Kurtz, 2015; Qiao, Li, & Stanton, 2014; Scott et al., 2014).

Social support has been associated with increased mindfulness and self-realization of behaviors among this population (Buttram & Kurtz, 2015). Davis and Hayes (2012) described mindfulness as a psychological state of awareness. These authors also stated there are health benefits, such as improvement to wellbeing, as a major benefit to mindfulness (Davis & Hayes, 2012). Additional research is necessary to explore the impact of social support on health-seeking behaviors, such as preventative care among Black MSM (Yang, Latkin, Tobin, Patterson, & Spikes, 2013). Research that explores a connection between social support and positive health-seeking behaviors in this population can contribute to the literature by providing research-based findings that enhance intervention methods for decreasing the prevalence of HIV.

Purpose of the Study

The purpose of this study was to explore the impact social support has on African American MSM's health-seeking behaviors. It was necessary to understand the perspectives held by this population regarding the role social support plays in behavior choices, specifically those tied to the promotion of health and wellness. A better understanding of experiences with social support was a key identifier to barriers in

seeking health. The findings also contributed new information to the literature for reducing HIV prevalence in this population and as a whole.

Research Questions

The central research question that this study addressed was whether social support has any effects on health-seeking behaviors of African American MSM. This study included the following subquestions in efforts to answer the research question:

1. How do African American MSM define social support from family and friends?
2. How do African American MSM perceive social support in their lives?
3. How do African American MSM perceive support in relation to their health-seeking behaviors?

Theoretical Framework

Durkheim first explored the roles of social support among uprooted populations and their tendencies to cause behavior problems and even suicide (Jones, 1986). The social support theory reemerged in the 1970s, gaining interest of many scientists across multiple disciplines after research in the mental health discipline pointed at a possible association between social relationships and health (House, Landis, & Umberson, 1988). Programs and interventions have since been developed and proven successful in altering the wellness state, recovery, and lifespan of individuals whose social environment was altered (Cohen, Underwood, & Gottlieb, 2000).

Cohen et al. (2000) defined social support as the "social resources that persons perceive to be available or that are actually provided to them by nonprofessionals in the

context of both formal support groups and informal helping relationships" (p. 4). Glanz, Rimer, and Viswanth (2008) asserted that the theory of social support is based on support that is emotional, instrumental, informational, and appraisal. Sarason and Sarason (1985) agreed, stating that supporting others can provide "information and cognitive guidance, tangible resources and aid, and emotional sustenance in times of need" (p. 4). These support principles are all beneficial to an individuals' wellbeing.

The authors noted the critical role social relationships play in an individual's life in respect to health and coping ability (Glanz et al., 2008). Furthermore, Reblin and Uchino (2008) stated that social support can be a protective factor for health. In Chapter 2, I detail social support benefits indicated throughout the literature. This information provides guidance to the possible roles social support can play, negatively or positively, in the lives of African American MSM.

Rationale for Qualitative Research

The purpose of qualitative research is to allow exploration and understanding of group and individual perceptions based on a common phenomenon (Creswell, 2009). Qualitative data gathered through interviews yield "direct quotations from people about their experiences, perceptions, feelings, opinions, and knowledge" (Patton, 2002, p.342). Qualitative data collection in this study allowed the benefits of understanding the African American MSM population perceptions on how social support affected their lives. Qualitative data yielded direct quotations from the participants to describe experiences and feelings in depth. This allowed me as the researcher to gather a better glance into the lives of African American MSM in relation to perceived social support.

Outline of Dissertation

This dissertation includes five chapters. In the first chapter, I have provided a brief introduction, background, purpose, research questions, theoretical framework, and rationale for qualitative research. In Chapter 2, I present a comprehensive review of the literature as related to the topic. The methods used to perform this study, including sample selection, interview questions, and data analysis, appear in Chapter 3. Chapter 4 includes a presentation of findings from analyzed data. In Chapter 5, I discuss the results, strengths and limitation of the study, recommendations for future research, and a conclusion.

Chapter 2: Literature Review

This chapter presents literature related to health status of African American MSM in rural settings, barriers that impact their health-seeking behaviors, external and internal stigma and discrimination experienced by this population, and the roles of social support. While there is limited literature available with specific reference to this topic, a thorough investigation of relevant literature was performed to support this study. For the first dimension, I examined the African American MSM population and barriers associated with this population that likely influence their health-seeking behaviors. This dimension also involved examining feelings and attitudes among African American MSM towards stigma and discrimination and how it affects health-seeking behaviors. The second dimension is a review of the literature for the history of social support and health. In the third dimension, I explored social support as related to health-seeking behaviors and social support and MSM. These dimensions were addressed in greater depth for this chapter through literature retrieved from multiple search engines for the support of the study.

Literature Search Strategy

The following databases were used to gather literature related to the topic: Google Scholar, MEDLINE, and Academic Search Complete. The following search terms were used solo or in partner with other terms in the search engines: *gay black men, African-American MSM, social support, social support history, attitudes, stigma, discrimination, homophobia, perception, health, health behaviors, health choices, barriers to health,* and

barriers. Peer-reviewed academic journals were selected with publication dates from 2012 to 2016. Article selection was complete when articles were being repeated.

Health-Seeking Behaviors and Barriers

The CDC (2016) has remained interested in the African American MSM population due to their relationship with increased risk for HIV/AIDS. Particularly, African American MSM accounted for 38% of HIV diagnoses and 39% of AIDS diagnoses in 2014, placing them higher than any other population group (CDC, 2016). The CDC associated several factors that specifically place this population at higher risk for transmission and acquisition of HIV/AIDS. These factors include but are not limited to socioeconomic factors, smaller and exclusive networks, sexual relationships with older men, and lack of awareness of HIV status, stigma, discrimination, and homophobia (CDC, 2016).

The CDC (2016) has reported that African American MSM have less education, lower income, and limited access to health care compared to MSM of other races or ethnicities. Men in this population tend to mate with men of their same African American descent, causing higher risk of exposure to HIV, as the population size is very small (CDC, 2016). Also, the lack of awareness of status coupled with the tendency of older-younger male relationship among African American MSM also increases risk of HIV and unknowingly passing of the virus (CDC, 2016). These barriers are created when African American MSM are the group least involved in HIV care. Viral suppression is incapable of being achieved when discrimination, stigma, and homophobia are blocking African American MSM from seeking appropriate care (Peters et al., 2014).

As of 2006, roughly 20% of the U.S. population was considered to live in rural areas (Center for AIDS Prevention at University of California San Francisco [UCSF], 2006). The southern part of the United States and African Americans were particularly consistently disproportionately affected by HIV/AIDS, causing the South to represent 68% of AIDS infections in all U.S. rural areas (UCSF, 2006). African American men and women covered 50% of the 68% of rural AIDS cases, with the African American male population filling majority of the 50% (UCSF, 2006). In fact, there are challenges specific to the rural population that put them at a higher risk for infection. These challenges, such as lack of proper intervention and intervention programs, have caused rural communities to fall behind the urban counterparts (UCSF, 2006). Stigmatizations to the HIV virus and groups who are at higher risk to the infection, as well as geographic factors, are consequently challenges to securing finances and practically implementing the necessary prevention programs (UCSF, 2006).

Rural populations are at increased risk due to their lack of access to proper health care, education, and prevention services (UCSF, 2006). However, even if access were granted to these necessary resources, the African American MSM population is still challenged with the issue of stigma related to HIV and homosexuality. This tends to cause rural MSM to hide their sexuality within the heterosexual culture (UCSFF, 2006). Lack of rural social venues within the MSM population contributes negatively to the impact of HIV on individuals within this population (UCSF, 2006).

Knowledge of the causes of ill health and subsequently making health choices can be defined as an individual's health-seeking behavior. While personal education appears

to be a straightforward solution to stimulate health-seeking behavior, in fact a variety of complex factors influences one's behavior (MacKian, 2003). Therefore, theories and concepts for improving the wellbeing of individuals have leaned heavily towards intervention at a community level rather than a personal level (MacKian, 2003).

The CDC (2016) has stressed in recent years how barriers to health such as homophobia, stigma, and discrimination can majorly impact the community as a whole. Within the MSM population, these barriers to seeking health care are very common to day-to day-life. However, the African American MSM population and their experiences with barriers are understudied in the literature. The literature that exists has demonstrated access to care, discrimination, homophobia, and stigma as the most commonly discussed health-seeking barriers (CDC, 2016). MacKian (2003) stated the importance in understanding how populations engage with health systems rather than using health-seeking behaviors as a determinant tool in how individuals engage with health systems. The barriers associated with this particular population affect their health-seeking behaviors negatively. McKirnan, DuBois, Alvy, and Jones (2012), in their analysis of MSM, found limited access to health care as the barrier to health-seeking behavior. Wirtz et al. (2014) revealed similarities in findings, demonstrating a lack of available educational resources within this population and fear of seeking resources due to sexual orientation.

This finding was supported by a study by Dahlhamer, Galinsky, Joestl, and Ward (2016), who showed that gay men have greater difficulty finding health care providers in comparison to straight men. Levy et al. (2014) added to the discussion by stating that

structural barriers such as lack of resources, stigma and discrimination, and correctional institutions deficiency of health services are all factors that play into this affected population's disadvantage. As result, McKirnan et al. (2012) suggested that such barriers as homophobia and unhealthy behavior choices contribute to limited access to health care.

"Triply cursed" was the phrase used by an African American gay male participant in a study performed by Arnold, Rebchook, and Kegeles (2014). Terms such as *stigma*, *discrimination*, and *homophobia* defined the participant's experiences with his own community and family. Arnold et al. stated that several forms of rejection caused men in this study to separate from family and friends. Racism-related rejections contributed to unhealthy coping methods among the participants. Researchers accounted multiple forms of discrimination that would place barriers on helping combat the HIV epidemic (Arnold et al., 2014). Smit et al. (2012) drew similar conclusions to Arnold et al., stating that these same barriers influence daily life and decisions among gay men, creating a more difficult problem to overcome.

Some African American MSM have developed attitudes and perceptions towards health due to their experiences with stigma and discrimination. The literature showed how feelings of stigma and discrimination can negatively influence the health-seeking behaviors of this population through discouragement of seeking proper health care. Smit et al. (2012) stated that stigma-related experiences can impact the wellbeing, moods, testing behaviors, or overall general health of this population. Mutchler et al. (2015) performed a study to determine the perceptions of Black MSM on preexposure

prophylaxis (PrEP), and results demonstrated misconceptions and mistrust among the participants. Participants developed negative attitudes towards a beneficial medication due to concerns over stigma that may occur from its use (Mutchler et al., 2015). Lawrence et al. (2015) witnessed similar results when researchers wished to examine results of using voluntary counseling and testing among Black MSM. Confidentiality, stigma concerns, and medical mistrust were common founding factors among individuals who questioned using the service (Lawrence et al., 2015).

As being out is such a stressful situation for most men in this population, community settings in which gay men reside also affect their attitudes on being open. Harrell (2015) sought to determine how cultural attitudes determine sexual orientation attitudes among African Americans. The author discovered that culture's religious beliefs and values often cause a negative perception of this population, which encourages resistance among the men (Harrell, 2015). Health care setting stigma and discrimination has also played roles in discouraging the use of available care. Eaton et al. (2015) surveyed Black MSM within a community event and revealed 29% of the participants experienced both racial and sexual orientation stigma from health care providers. Findings also revealed mistrust in providers among 48% of the participants (Eaton et al., 2015). The experiences of stigma within a health care setting showed associations with participants not going to follow-up appointments. Eaton et al.'s findings correlated with other literature indicating how stigma pushes the individuals away from care rather than encouraging continuation of seeking care. for the authors recommended interventions that

target “support” on stigma and discrimination awareness within health care settings (Eaton et al., 2015).

Studies showed that homophobia served as a barrier due to the impact it created in the African American MSM population behaviors. Jeffries, Marks, Lauby, Murrill, and Millett (2012) performed a logistic regression analysis that showed an increase in men having unprotected intercourse and men who were aware of their HIV status continually partaking in risky sexual behaviors. Homophobic events were the driving force behind the risky actions. Homophobia has been viewed as a promotion for possible transmitting or acquiring the HIV virus. (Jeffries et al, 2012). Huebner et al. (2014) described homophobia as a social oppression that creates an unstable environment for young Black MSM, causing them to be vulnerable in various situations. African American MSM were recently studied against other MSM races/ethnicities; Mansergh et al. (2014) noted that homophobia towards African American MSM was significantly associated with risky sexual behaviors compared to other races/ethnicities. Within this population, homophobia discourages health-seeking behaviors because of discrimination in health care settings and discouragement due to alienation. Lack of social support to seek proper care was also noted as a barrier to this population (Cange et al., 2015).

Social support. Social support can be delivered from a variety of sources. Glanz et al. (2008) defined the theory of social support as the critical role social relationships play in individuals’ lives on health and coping with different issues. Support can provide several benefits such as accountability with following up on medical visits or simply

making good life decisions (Johns Hopkins University, 2016). Glanz et al. agreed that social support is a contributor to the avoidance of negative interactions and behaviors.

Cohen et al. (2000) viewed social support from a stress and coping perspective, social constructionist perspective, and relationship perspective. Each element of the theory can relate directly to the population of interest. For instance, the stress and coping perspective purports that social support protects individuals from experiencing adverse effects of stress. Dentato (2012) developed "a minority stress perspective" theory that expresses stressors related to homophobia, stigma, prejudice, and so forth that are communal among populations such as gay men. The social constructionist perspective suggests individuals' health is directly affected by self-esteem promotion (Cohen et al., 2000). Relationships often come with support and intimacy, which directly affects health outcomes (Cohen et al., 2000).

Uchino, Bowen and Kent (2016) provided a glossary of different types of support that aimed to identify the effects of social support on health. These included belonging support, which provides the recipient with a sense of social integration. The authors identified emotional support as providing empathy and words of affirmation of self-worth. Informational support provides the proper knowledge and advice for coping with different situations (Uchino et al., 2016). Each level supports the theory of social support, emphasizing the critical need for social support in individuals' lives. Successful exploration of social support has allowed researchers to conclude that, depending on the level of social support given, individuals are likely to partake in condom usage, negotiation with sexual partners, and knowing how to prevent acquisition of HIV/AIDS

(Qiao et al., 2014). Individuals who perceive their family members and friends as supportive have shown greater happiness in their lives compared to those who do not perceive they have the support of family and friends (Lakey, 2013). This sense of happiness can be a beneficial factor to health, as the literature provided constant findings of positive health outcomes with proper application of social support.

Theory of Reasoned Action

It is necessary to incorporate the theory of reasoned action in with the theory of social support for maximum recognition and understanding of the roles of social support. Glanz et al. (2008) stated that the theory of reasoned action is concerned with individual motivational factors as determinants of an individual partaking in a specific behavior. The model suggests the best predictor of behavior is that of behavior intention, which is based on attitudes and what people perceive as social norms (Glanz et al., 2008).

For instance, Doswell, Braxter, EunSeok, and Kim (2011) determined that young girls' intention to engage in sexual behavior was predicted by their subjective norms of referent groups. For this study's group, parents and peers served as referents for subjective norms (Doswell et al., 2011). Intention to participate in sexual activity is based off one's attitude towards the behavior, for which referents play parts in development of that attitude. Likewise, African Americans family and friends' referents serve as critical components as supportive figures in affecting the intentional behaviors and attitudes of the population in question.

Ricks et al. (2014) illustrated how the theory of reasoned action generated benefits in the African American MSM population by encouraging condom use. The

authors found that peer support was one of the main influences to encourage other Black MSM to partake in the behavior. This study revealed many positive attitudes towards using condoms for protection. However, wearing condoms in this study was recognized as an "unsupportive social norm" (Ricks et al., 2014). This unsupportive social norm part of using condoms contrasted the goals of the theory of reasoned action. Individuals tend to link condom conversation prior to intercourse as an indicator of one having a positive sexually transmitted infection or HIV status, therefore avoiding it (Ricks et al., 2014). These findings indicated a major disconnect in the African American MSM population between positive attitudes and self-efficacy for condom use and the social norms within this community (Ricks et al., 2014). Therefore, this framework benefitted the current study by supporting the idea that social perspectives from family and friends can possibly impact attitudes and behaviors among the African American MSM population.

History of Social Support and Health

Much has been written on social support and its relationship to health. Social support and its relationship to health are relevant to this study because it reveals the vital role social support can play when applied properly. Gaps in the literature demonstrated that a study on African American MSM is necessary and can reap benefits to health from social support. Many different areas of increased health benefits due to social support ranged in the literature from heart issues, sexually transmitted diseases, and physical wellbeing. Johns Hopkins University (2016) identified several past efforts to eliminate health disparities associated with cardiovascular care that targeted family and friends as critical beings in helping loved ones choose healthy behaviors. Furthermore, DeLongis,

Folkman, and Lazarus (1988) discovered individuals with low social support resources were more vulnerable to illness and mood changes the higher their stress levels navigate upward. Hence, Blake's (1988) research results with family physicians uncovering that people with weak social support were associated with health impairment, called for further investigation into intervening methods associated with social support.

Umberson (1992) observed differences in mortality rates among married versus unmarried folk. The study determined individuals who were married had the social control and support of their mate to help monitor and control their health behaviors, decreasing mortality rates among married people (Umberson, 1992). Social support networks were once viewed by Dean and Lin (1977) as a buffer for stress, hence Umberson mentioning that social supporters have social control over situations that highly influence their mate's wellbeing.

Self-management, according to benefits related to health, inhabits ability to manage every aspect of treatments and possible lifestyle changes (Gayathri et al., 2012). Mental health and physical health disciplines have long accounted social support to effective self-management. Individuals who suffered from chronic diseases were studied by Gayathri et al. (2012) through a meta-ethnography technique. The goal of this study was to review the perceived impact and experiences of peer support among these individuals. There was a concern of uneven of powers among the mentor and mentees threatened asymmetrical relationships in the beginning stages of support delivered. However, this study revealed value among emotional support that does not differentiate hierarchies of power suggesting that there are benefits of social support interventions,

through monitoring possible tension threats due to positions of power (Gayathri et al., 2012). Hence, it is suggested that the use of social support from close family and friends is necessary among African American MSM.

Weisz, Quinn, and Williams (2015) performed a survey on 394 individuals living with stigmatized illness to determine if the relationship of perceived support and health was moderated by how out individuals were. Research added to the understanding of how social support interacts with the individuals living with a concealable stigmatized identity (Weisz, Quinn, & Williams (2015). There were weakened results among social support and health between individuals with low levels of outness. Individuals with a concealable stigmatized identity who were highly open with their condition resulted in strengthened results of perceived social support and health (Weisz et al., 2015).

Further research was suggested for generalization to different populations by Weisz et al. (2015). Generalizable MSM in Lesotho were studied in South Africa. Stahlman et al. (2015) examined the roles of social support, sexual identity stigma, and sexual identity disclosure to develop specific themes among this population. Greater verbal abuse, greater stigmatization among the more opened individuals and greater secrecy among MSM relationships were themes after in-depth interviews were performed. Researchers recommended the use of interventions designed towards this population to encourage healthier relationships (Stahlman et al., 2015).

Park et al. (2013) clarified how social support is related to health benefits by narrowing down to three factors: support-approving norms, support-requiring situations, and support-accepting personal style. A cross-cultural study among U.S. and Japanese

adults was conducted to examine the association of perceived support and health. The Perceived Support Scale was used to measure perceived support while perceived health was determined by averaging current health, future health, and control over health via self-reporting. Situational and approved support among individuals with strong support accepting attitudes was the major finding among the study (Park et al., 2013).

Social Support and Health-Seeking Behaviors

The literature that supported the role of social support in helping individuals choose healthy behaviors is useful for the importance of application of social support in more populations. Kim, Kreps, and Shin (2015) found the application of social support to Korean Americans in a qualitative study to reveal several benefits. Friends and family were of the most stated important networks to receive social support from. Findings demonstrated the important role of social support from close networks in the dissemination and seeking of health information (Kim et al., 2015). Social support benefits of promoting wellbeing expand across multiple ages and diverse populations. Kong and You's (2011) study among adolescents suggested social support served as a booster from loneliness to higher satisfaction and self- esteem. Guillory et al. (2014) also identified social support in pregnant women in consistent choices to seek health information. Social support contributed to feelings of love, belonging, and value (Guillory et al., 2014).

An exclusive focus on self-help typically falling short has promoted researchers to better understand the importance of social resourcefulness in favorable outcomes (Zauszniewski, 2016). Zauszniewski (2016) notes that in order to attain, maintain, regain,

and sustain optimal health, outside resources must be incorporated in ones' life. For instance, in a qualitative study performed by Low, Tong, and Low (2016), findings showed significant benefits of social influences on help seeking among individuals who were diagnosed with Type II diabetes. Individuals tended to turn to those around them for help in making additional decisions regarding their diagnoses. The benefits were shown to be more significant based on the level of trust and comfort received from (Low et al., 2016).

The role of social support has not been limited to being effective to one certain population. Social support has proven to have benefits across a variety of populations and disciplines. However, the recordings of lacking social support in the literature has proven to yield negative benefits for ones' health. Chandola, Marmot, and Siegrist (2007) analyzed data from a cross-sectional study that aimed to review the associations of health and social relationships. Nonreciprocal social relationships of close relatives were assessed to determine their impacts on health. Consequently, of nonreciprocal, negative social support from individuals who were viewed as close (partnership, parent-child, etc.), poorer health outcomes were recorded more frequently (Chandola et al., 2007).

Social support's method of impacting an individuals' health-seeking behaviors is based on the influence that is has on ones' attitude. In a study that provided a questionnaire to participants, findings revealed the more available emotional social support was to people, the more recorded positive attitudes towards medical decision making (Brabers, de Jong, Groenewegen, & van Dijk, 2016). Brabers et al. (2016) described creating social norms and providing resources to individuals are mechanisms

for affecting their attitudes and health decisions. Researchers viewed these findings as an excellent route to increase health outcomes across multiple populations. The findings also indicate the need for implementation of programs that target providing social support for individuals.

Social Support and African American MSM

Recent studies in the literature explored social support in its efforts to impact MSM who are HIV positive and improving quality of life among these men. Quality of life has recently been turned to as health outcome measure (Liu et al., 2015). Particularly with MSM, researchers believe that the quality of life (mentally) can be a determinant in HIV-related sexual risk behavior. In one cross-sectional study among two Chinese cities (Zhengzhou and Huludao), researchers aimed to determine the effect social support had on quality of life of MSM. Evidence found that social support had the greatest impact on quality of life although different demographic factors influenced the availability of social support (Liu et al., 2015).

Because the mental state of MSM are generally always at concern, the application of social support to depressive symptoms was explored by Yang et al. (2013) and researchers. African American MSM represented the population with the highest Centers for Epidemiological Studies Depression scores for depression compared to other races. The individuals in this study that received emotional social support showed lower odds of depression symptoms (Yang et al., 2013). This study gave basis for the building of African American MSM personal relationships for purposes of improvement of quality of life.

Similar beneficial results occurred also in low-middle income country of Lesotho. Lack of social support encouraged secrecy and therefore encouraged unhealthy relationships and higher risk sexual practices (Stahlman et al., 2015). The information collected from these 23 in-depth interviews and six focus groups provided researchers with the knowledge to conclude that with greater acceptance (belonging support) healthier relationships could emerge from the MSM population in South Africa (Stahlman et al, 2015). Carlos et al. (2010) supported Stahlman et al. (2015) when their study revealed lower peer social support resulted in lower condom use among African American MSM and Latinos. Buttram, Kurtz, and Surratt (2015) connected the dots with a study among African American MSM revealing lower levels of social support are related to higher levels of risky sexual behaviors and substance abuse among the population.

Garcia et al. (2015) reviewed the role family members and religious groups play in stemming internal homophobia among African American MSM. Homophobia and HIV stigma works against feelings of self and community efficacy, which caused negative acceptance of PrEP. Fostering emotional support within this population was highly recommended to improve HIV prevention (Garcia et al., 2015). Buttram et al. (2015) study that revealed higher substance abuse and buying sex among African American MSM with low social support ropes Garcia et al. study indicating interventions that build social relationships are critical to this population. Social oppression to this population has caused more detrimental impacts to their wellbeing than good (Jeffries et al., 2014).

Summary

Understanding how social support can contribute to African American MSM seeking healthier behaviors is the key to this study. Literature reviewed showed the relationship of African American MSM and their health-seeking behaviors, barriers to health-seeking, and benefits to social support to health, but limited evidence was found on social support as a method in bettering MSM's lives for seeking health. The literature also demonstrated how barriers negatively influenced the African American MSM population's overall health. Literature can also help convey the attitudes of this population through the many barriers they are challenged with. However, the literature has not explored how social support can be beneficial in overcoming these barriers and influencing positive health-seeking behaviors among Black MSM if applied from close friends and family. It is important to understand the perceptions of this population in relation to social support to better grasp how interventions targeted toward health-seeking behaviors can use social support in a collaborative effort to combat HIV/AIDS. This research on the effects of social support application to this population is necessary and can contribute to necessary knowledge needed to help break barriers.

Chapter 3: Research Method

The purpose of this study was to qualitatively examine the effects of social support on health-seeking behaviors among African American MSM. Deriving perspectives from face-to-face semistructured interviews allowed for proper analysis of the effects that social support has on African American MSM. A better glance of the roles social support plays may help with effective solutions to the HIV/AIDS epidemic. In this chapter, I (a) describe the research design, (b) discuss the methods used in sample size selection, (c) explain the methods in instrument selection and data collection, and (d) provide an explanation of data analysis.

Research Methodology

Efforts of this study are targeted towards gathering information on the ways African American MSM define social support, how they perceive social support, and how social support affects their health-seeking behaviors. A phenomenological approach using semistructured interviews (standardized open-ended interviews) was administered to participants in this study. Through this study, I sought to explore the experiences of African American MSM with the phenomenon being social support.

Interviews are typically used when observation cannot provide information that the researcher is trying to obtain. Patton (2002) asserted that feelings, thoughts, and intentions are among the things that cannot be directly observed, and therefore a researcher must ask questions to learn about the things that are being researched. Interviewing allowed me to enter the participants' perspective to help describe the experiences of the individual as related to social support and health-seeking behaviors.

Specifically, standardized open-ended interviews were used to ask multiple participants a set of the same questions. Guided questions were used to help the interview session remain focused on the topic at hand, which provided significant benefits to answering desired research questions (Patton, 2002).

Interviewing as a method of research is familiar to the American society. It is the oldest technique known to social science methodologies (Hamill, 2014). Spradley (as cited by Hamill, 2014) recognized interviewing as a distinct methodology, which led to a boost of released guidance on interviewing and its techniques. Face-to-face interviews have brought researchers other benefits such as being able to pick up on social cues (voices, intonation, and language) that can add to the verbal answers given. Lack of time delay in receiving responses is also a critical benefit of using interviews as an instrument (Opdenakker, 2006).

Sample

For this study, 14 participants over the age of 18 years in Hattiesburg, Mississippi who identified as African American and openly identified homosexuality as their sexual preference were used to gather data. A snowball sample was taken from the African American MSM population who consented participation in the study. I intended this study to involved a discovery about this population as a whole; the World Health Organization (2016) suggested that the use of snowball sampling allows for identification of more individuals who are relevant to the study, from introduction from the originally participants selected. To avoid limitations to this sampling strategy, original selections

were made from African American MSM individuals in different parts of the community. Original selections were recruited by asking a local LGBT organization for first contact.

Instrumentation and Collection

The use of interviews in this study helped provide answers to how African American MSM as a group define *social support*. Interviews also helped determine how members of this population perceived social support and how it affects decisions in seeking health. The overall purpose of using interviews as an instrument was to provide an understanding of the perceptions of this population as related to social support. The interviews yielded detailed information that allowed me to draw conclusions about the effects of social support.

The interview questions were strategically developed and worded the same for each of the participants. The strategy of each question was to carefully navigate within boundaries of the topic's research questions and framework, such as the following: personal definitions of social support, questions related specifically to feelings towards social support, experiences with social support, perceived social support, and effects of social support on health-seeking behaviors. I used the following questions in interviews to gather data from participants:

1. Tell me about when and how you announced your sexuality to your family or friends.
2. Describe your relationship with family and friends before and after your revealed your sexuality.
3. How do you define social support?

4. Who are the individuals or groups that comprise your social support network?
5. Are you able to discuss your health and health behaviors with your social support network?
6. How has your social support encouraged your health-seeking behaviors?
7. How has your social support discouraged your health-seeking behaviors?

Face-to-face interviews were set up and performed with participants of the study after participants were selected. To ensure my reactions as the interviewer did not alter participants' responses, interview questions, tone, and demeanor were practiced prior to conducting the interview with participants. My goal as the interviewer was to remain the same demeanor, tone, and posture throughout all individual interviews. During the interview, an audio-tape recorder, paper, and pen were used to take notes of the responses received from the participants. Markle, West, and Rich (2011) credited audio recording with increased ability for the researcher to analyze and interpret the nuances of participant's exact words, as well as intent. Furthermore, redundancy in collecting interview data was expected to reduce errors. Themes were gathered to demonstrate similarities and differences among the data retrieved.

Constructing a reliable instrument yielded consistent responses and allowed for this study to make fair comparisons between respondents. The use of "rich, thick" descriptions included transcribing verbatim words and phrases directly stated to the interviewer from the participants. This was necessary for a reader to grasp a glance directly into this population's perception, while improving transferability (Creswell, 2009).

Analysis

The data analysis consisted of examining interview data results for common themes. NVivo 10 software was used to assist with the organization for analysis of data. This software has enhanced the ability to play with data, assisted in theory building and constructions, and helped explore a variety of different possibilities of analysis and interpretation (Hesse-Biber, 2010). A redundant process of listening to recordings and ensuring accuracy of data was performed. For this reason, consistent interpretation of the data was recognized.

Summary

The purpose of this chapter was to describe the research methodology, the sample selection, explain the instrument selection and data collection methods, and provide the way the study's data were analyzed.

Chapter 4: Results

A qualitative phenomenological design was applied to the study to determine the effects of social support on health-seeking behaviors among African American MSM. The phenomenological design clarified the lived experiences of African American MSM in relation to social support. The following research questions were used:

RQ1: How do African American MSM describe social support from family and friends?

RQ2: How do African American MSM perceive social support in their lives?

RQ3: How do African American MSM perceive support in relation to their health-seeking behaviors?

Each of the chosen research questions were derived to help better understand African American MSM's perspectives on social support through a phenomenological method. This chapter includes a description of the study, the setting, demographics, data collection and analysis, direct quotations from participants, and emergent themes. In addition, findings were used to answer abovementioned research questions.

Setting and Demographics

The data for this study were collected between May 2017 and July 2017. Each participant resided in rural settings in Hattiesburg, Mississippi. Participants included 14 men who identified as African American, MSM, and over the age of 18. Participants were interviewed face to face at a quiet location of their choice. The participants provided informed consent to participate and be recorded with a SONY digital recorder. The interviews were all conducted during nonworking hours and lasted 30 to 45 minutes. The

participants, who were labeled Participant 1 to Participant 14 to protect their identity, Participants were compensated for their time.

Data Collection

Interviews

The study included 14 participants who were African American MSM. During the initial stages, the local LGBT organization put me in touch with Participant 1, whom I contacted through e-mail. The e-mail (Appendix A) contained information on who I was, explanation of my study, and why I was contacting the participant. Consent forms were sent via e-mail for each participant so that they could read over it and bring a signed copy when the interview was conducted. Snowball sampling was implemented to this study. After Participant 1's interview was complete, I asked him to provide contact information to another individual who may be interested in helping me collect data for my research. Initially, this process was a fast turn around and I obtained another participant within the week and the interview process was repeated. After gaining Participant 7, the response time for e-mailing back and forth to set an interview time was delayed due to participant traveling. This delay put a 2.5-week gap between Participant 6 and 7 and slowed the data collection progress.

Face-to-face interviews were used to gather data from each participant. Field notes and a tape recorder were used to collect the data. The data from the tape recorder and field notes were transcribed verbatim into a Word document. Data were checked for transcription accuracy. Any information that may have made a participant identifiable was eliminated from the transcript. I used NVivo 10 to store all documents, including

field notes. As recommended by O'Connor and Gibson (2003), this data analysis used Miles and Huberman's six-step analytical process to gather results from the data. I gained a good understanding of the data while listening to tape recordings and transcribing the data into Word documents. This initial step in the six-step analytical process gave a good idea of what exactly the participants were saying. In the interview, verbatim direct quotations were taken from the participants. I have randomly selected direct quotations from responses to each interview question to list as examples in Tables 1 through 7.

Table 1

Interview Question 1: Tell me about when and how you announced your sexuality to your family and friends

Participant (P)	Direct Quote
P1	"my mom fully accepted me for who I was and loved me the same"
P4	"rude things were said that were very mean and degrading"
P4	"Someone told my secret"
P14	"A lot of the comments were religion related, such as you're going to hell. God is not going to forgive you"

Table 2

Interview Question 2: Describe your relationship with family and friends before and after you revealed your sexuality

Participant (P)	Direct Quote
P2	"Mom begin to shelter me" "family is really religious, so they prayed for me to change" "I became very distant because of how I was treated"
P10	"My family was disappointed and very judgmental"
P8	"I wasn't who my family wanted me to be" "I could see the hidden disappointment in actions"

Table 3

Interview Question 3: How do you define social support?

Participant (P)	Direct Quote
P3	"It should be intermediate family who are there for you through it all"
P11	"Individuals who you can trust and feel comfortable with that help you through life"
P6	"People who support your choices without judgment"

Table 4

Interview Question 4: Who are the individuals or groups that comprise your social support network?

Participant (P)	Direct Quote
P7	"Family, mentors who have been through similar and have experienced their truth"
P9	"I have had a self-driven journey mainly but I relate more to people who are like me"
P12	"family, friends who are like me"

Table 5

Interview Question 5: Are you able to discuss your health and health-seeking behaviors with your social support network?

Participant (P)	Direct Quotes
P13	"yes they help me through everything"
P3	"absolutely, yes"
P2	"people who genuinely support me are the only ones I feel comfortable with discussing health concerns, etc., so yes"

Table 6

Interview Question 6: How has social support encouraged your health-seeking behaviors?

Participant (P)	Direct Quotes
P1	"It has held me accountable to staying on top of my health"
P4	"yes, being around people who did not make me feel ashamed of who I am helps eliminate the fear of judgment"
P14	"Knowing my mom did not turn her back on me because of who I was was very encouraging to make sure I always know my health status"

Table 7

Interview Question 7: How has lack of social support discouraged your health-seeking behaviors?

Participant (P)	Direct Quotes
P10	"It had left me in an empty, lonely place where I closed off from everything and everyone"
P5	"People can't possibly understand the cause and effect they have on others" "If you aren't surrounded by people who are supportive, you are not near as alert on so much around you" "My environment and people in my social support network made me aware of things such as PrEP"
P9	"I was scared to seek help. I was embarrassed and very secretive"

Themes

The analyzed data yielded several commonalities, which led to the following themes in NVivo:

- African American MSM believe social support should be support from family and close friends
- African American MSM receive a lot of judgement from family and friends
- African American MSM typically hide their sexuality from family and friends from fear of repercussions
- Family members tend to force their opinion (not limited to religion) on members of this population because they did not "support" their sexuality
- Other members of the African American MSM population play a major support role among for one another
- Social support systems encourage positive behaviors, choices, and awareness as related to health
- Lack of social support can produce negative results within population

African American MSM believe social support should be support from family and close friends. All participants in this study had the same general description of what social support was to them. Each participant made mention that family and friends "should be" one's social support system. Over half (60%) of participants reported having social support from family members as of current.

African American MSM receive a lot of judgement from family. This theme was developed based on similarities in responses from the first interview question

regarding the relationship with family and friends prior and after announcing their sexuality. Findings suggested that 100% of participants had experienced some acts of judgement from family or friends after coming out.

African American MSM typically hide their sexuality from family and friends from fear of repercussions. This theme emerged when findings from every participant made mention of initially trying to keep their sexuality away from their family and friends. Participants further indicated that fear stemmed from thoughts of rejection, family relationship separation, and being center of discussions as being "different." One participant stated, "I knew my family would disown me if they knew my truth."

Family members tend to force their opinion (not limited to religion) on members of this population because they did not "support" their sexuality. An overwhelming majority (95%) of participants reported having family members who were very opinionated on their sexuality when they came out. Participants reported family members not wanting to accept or support their decision. At least 60% of the participants' family members applied religion to their stance behind lack of support.

Other members of the African American MSM population play a major support role among for one another. This theme emerged strongly, as 100% of participants referred to men within this population as being their biggest supporters. MSM who had more experience with dealing with discrimination, stigma, and so forth comprised half of the participants' support system when asked the interview question regarding who comprised their social support system.

Social support systems encourage positive behaviors, choices, and awareness as related to health. Findings suggested that social support most definitely affects the behaviors of African American MSM. In relation to the theory of reasoned action, the 60% of participants who stated having received social support from family members also mentioned having family support was a motivational (encouraging) factor to seeking health care on a regular basis. All (100%) participants reported friends within their social support system having encouraged positive health-seeking behaviors.

Lack of social support can produce negative results within population. Many participants made mention of the fact that, when there is lack of support, there is a fear to seek health care. A majority of participants also mentioned the feeling of loneliness that not having a social support network creates.

Evidence of Trustworthiness

The creditability of this study was established by directly following the steps mentioned in Section 12 of the IRB packet. There were no adjustments or changes in how participants were recruited or how data were collected. Data were transcribed verbatim from tape recorder to a Word document. I repeated this process twice to ensure accuracy of data. Thick descriptions were used directly from the data as a method of ensuring transferability.

Findings as Related to Research Questions

Research Question 1

How do African American MSM define social support from family and friends?

Based on the findings, the African American MSM defined social support as individuals accepting their chosen lifestyles without judgment. The majority of African American MSM viewed social support as a trusting and encouraging system behind them, in which they can be themselves. One participant stated, "we look to society and those around us for the extra love and affection, wanting to be accepted for who we are."

Research Question 2

How do African American MSM perceive social support in their lives?

The majority of African American MSM in the study felt that most of their social support comes from people who are similar or in the same population as they are. Only a little over half of the participants felt they are supported by family. Overall, all participants had experienced at some point in their lives different levels of judgment from family and friends. Every participant indicated in their own choice of words in the interviews that fear of judgment and being treated differently were reasons they kept their lifestyle secretive. A few of the African American MSM participants elaborated to discuss names that they recall being called such as *little girl* and *faggot*. These experiences have caused feelings of loneliness, embarrassment, and fear. Therefore, this has left members of this population feeling as they can turn to individuals who are more like them first for support.

Research Question 3

How do African American MSM perceive support in relation to their health-seeking behaviors?

African American MSM participating in this research strongly perceived social support networks as major contributing factors to health-seeking behaviors. One hundred percent of participants shared the same response that having social support has positively influenced their health-seeking behaviors. Social support networks tend to have positive effects on holding African American MSM accountable for their choices in behaviors.

Summary

The findings of this research indicated an imperative role social support plays in the lives of African American MSM. Other members of the MSM population tended to serve as a major support system for MSM in this study. Although some participants indeed received support from family, turning to those who are more like them appeared to be the initial choice for support. Social support has served as a decision-making factor in life choices and health behaviors. In Chapter 5, the interpretations from this study will be discussed, as well as implications for social change and recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Qualitative research among African American MSM was gathered in this study to gain an overall understanding of the perspectives on the effects of social support. The results disclosed that African American MSM counted social support as a beneficial role in their lives, and it did play a role in their health-seeking behaviors. The results yielded accountability as a major effect of social support.

Findings extended the literature with real-life experiences and perspectives of this population. Data gathered confirmed the literature with the described experiences of discrimination and stigma among African American MSM. These findings also extended the historical facts of there being a relationship between social support and health, specifically health-seeking behaviors. Glanz et al.'s (2008) definition of the theory of social support and the critical role social support plays in individuals' lives supported the conclusion of the findings.

Further research recommendations include topics such as the barriers of social support and how they can be eliminated within the African American MSM population and the networks around them. These research-based findings are imperative to social change because of the awareness that they bring to the communities and the population that carries the highest rate of HIV/AIDS. Awareness of the importance of social support is a crucial step towards initiatives, programs, and so on, which will promote change within communities.

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Appendix A: Participant E-mail

To: potential participant
From: XXXXX@waldenu.edu

Subject: Seeking participants for a research study

La'Biaus Moore is looking for participants for a research study. You are receiving this email because you have agreed with a friend that your email be shared with me for contact on possibly participation in a research study and you identify as an African American MSM.

The purpose of this study that you are being asked to partake in is to help determine the effects social support has on health-seeking behaviors among African American MSM. If you agree to participate, you will simply be asked to participate in a face to face interview with me. The face to face interview will take an estimated 30 minutes. Your information and identify will be kept completely confidential throughout this entire process.

If you are interested in participating or have any questions about the study, please email me XXXXX@waldenu.edu or call me at XXXXX.

Best,

La'Biaus Moore, MPH
PhD Candidate
Walden University

Appendix B: Interview Protocol

PART I.

INSTRUCTIONS

Good evening. My name is Chan Moore. I am thankful for your time in sitting down to do this interview. The interview will include 7 questions, that should take no more than 30-45 minutes to complete. Each question is designed in order to get your perceptions on your experiences with social support from family member and friends and how it impacts your health-seeking behaviors. No answer is right or wrong, but simply your viewpoint. Please do not be afraid to say what you really feel or think regarding to any questions asked.

TAPE RECORDER INSTRUCTIONS

I will be using a tape recorder during our conversation, if it is okay with you (directs attention to tape recorder). The tape-recorder is used solely for me to return to later for missed details that may have been said during this interview. I can assure you that your name will remain anonymous and all your comments will be confidential.

CONSENT FORM INSTRUCTIONS

Here is a consent form (hand over consent form). Please read and sign below before we get started. (Begin interview and recording after participant hands consent form back).

PART II.

INTERVIEW QUESTIONS

Q1. Tell me about when and how you announced your sexuality to your family or friends.

Q2. Describe your relationship with family and friends before and after your revealed your sexuality.

Q3. How do you define social support?

Q4. Who are the individuals or groups that comprise your social support network?

Q5. Are you able to discuss your health and health behaviors with your social support network?

Q6. How has your social support encouraged your health-seeking behaviors?

Q7. How has your social support discouraged your health-seeking behaviors?

PART III.

DEBREIFING

(READS ALOUD). Thank you so much for you time in today's interview.

The purpose of this interview was better understand the perceptions of African American MSM social support from family and friends. The study I am conducting is interested in knowing the effects of social support on health-seeking behaviors among African American MSM.

The information you have provided will help further understand the effects of social support among the African American MSM population. This information can possibly be used to help health care professionals implement necessary programs and interventions among the population.

Again, I really appreciate your participation. (Turn tape-recorder off).

APPENDIX C: IRB APPROVAL

Approval number: 2017.03.21

12:16:28 -05 ‘00’