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## The Buddy Volunteer Commitment in AIDS Care

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**Abstract:** Buddy volunteers provide crucial assistance to people with HIV-related illnesses. Based on volunteers' self-administered questionnaires, our study describes the nature of buddy work. Volunteers indicated their satisfaction with both personal performance and buddy program administration. Several factors were associated with volunteer satisfaction. This report is a first attempt to describe this special relationship created in response to the human immunodeficiency virus (HIV) epidemic. (*Am J Public Health* 1990; 80:1378–1380.)

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### Introduction

Since the onset of the AIDS (acquired immunodeficiency syndrome) epidemic a decade ago, community-based support for people living with AIDS has increased. Formation of community-based organizations to help people with AIDS (PWAs) has taken place across the United States. Services provided range from food distribution to information hotlines to legal and political advocacy. The size of these organizations ranges from a few dozen active volunteers to several hundred.

This report focuses on programs that establish a special relationship between volunteer and client. "Buddy programs" pair a volunteer from the community with a PWA. The buddy volunteer gives his/her client companionship and basic assistance in living with AIDS, and performs tasks

ranging from housekeeping to providing emotional support.<sup>1,2</sup> Thousands of volunteers across America have entered into this profound commitment which often lasts through the death of the person with AIDS.<sup>3</sup>

We attempted to investigate the work done by volunteers at one intermediate-sized AIDS project to determine the nature of the contact existing between the volunteers and the project and between the volunteers and their PWA clients.

### Methods

#### Study Populations

To be eligible for this study, women and men must have completed a buddy training program offered by Rhode Island Project/AIDS prior to February 1989. This process included completion of an application and participation in a multiphase training program. One hundred forty-three past and present buddy volunteers were eligible for the study. To be in the study, active and former volunteers returned a self-administered questionnaire. This report is based on information from the 67 volunteers who completed the questionnaire.

#### Data Collection

An anonymous, self-administered questionnaire was distributed to all active and inactive buddy volunteers. Initially, questionnaires were coded to be matched with the volunteers' initial applications to the program so comparisons could be made between questionnaire and application data. Buddy support group leaders distributed the questionnaires. Inactive volunteers were mailed a questionnaire, along with a cover letter and a self-addressed stamped envelope, to their last known address.

To improve response, a second batch of questionnaires was distributed to group leaders with instructions to mail them back directly to the investigators. Inactive volunteers

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who had not previously returned a questionnaire were sent another one with a second cover letter.

#### Data Analysis

Active and inactive populations were examined together. Satisfaction with various aspects of program administration and with personal performance as a buddy volunteer was the conceptual outcome of interest. A satisfaction score was devised to classify respondents as satisfied, dissatisfied, or indeterminate. To quantify an individual's satisfaction, we created a five-point scale relating to a volunteer's levels of satisfaction with program administration and personal performance as a buddy; among these items were queries into the nature and perception of typical requests clients made to buddy volunteers, such as help with cleaning, transportation, or meal preparation. Other questionnaire items were examined in relation to this scaled outcome.

Most differences between the two groups were observed through the comparison of proportions. Satisfaction prevalence ratios were examined for certain determinants, namely lag time between becoming a buddy and being assigned a client, number of the client's total requests for specific buddy services per week, and volunteer's assessment of client's supportive relationships. Confidence intervals for these measures were calculated using Miettinen's test-based procedure.<sup>4</sup>

To evaluate whether the segment of the buddy volunteer population responding to the questionnaire was representative of the buddy volunteer population as a whole, data from the applications of buddies known to have responded to the questionnaire (in the first mailing) were compared to data collected from applications of the nonrespondents.

#### Results

##### Volunteer and Client Profiles

Fifty-three percent of buddies responding to the questionnaire were male, and most volunteers (73 percent) were 26 to 45 years old. Of 61 buddies identifying with a specified race category, only five (8 percent) reported themselves as other than White. When compared with AIDS cases in Rhode Island or with the client population, minorities were underrepresented among the volunteers. According to Rhode Island Project/AIDS, their buddy program serves 63 percent of the state's IV (intravenous)-drug-related AIDS cases.

##### The Buddy Experience

Tables 1 and 2 show distributions of experiences as buddy volunteers: Table 2 focuses on the weekly requests that are made to volunteers from their clients; Table 1 shows most buddies responding had been assigned at least one client; over 20 percent had been assigned two or more. Over one-third of buddies had experienced the death of a client. Few buddies had requested reassignment while their clients were alive. Over half of buddies reported that being a buddy had increased the stress in their lives.

The most significant problems faced in working with PWAs were the time commitment and emotional investment (Table 1). Dissatisfied buddies reported more requests for certain kinds of tasks than satisfied volunteers, such as cleaning and preparing meals (Table 2). Almost all the buddy volunteers visited their client at least once weekly. Over half provided transportation at least once per week. Shopping, cleaning, and preparing meals were done less often. Table 3 shows a distribution of the hours spent per week by buddy volunteers according to satisfaction status. Over 60 percent of volunteers spent six or more hours weekly providing buddy services.

**TABLE 1—Distributions of Factors in Buddy Experience According to Satisfaction Status [number reporting factor/number reporting satisfaction status (percent)\*]**

	Satisfied N (%)	Dissatisfied N (%)	Overall*** N (%)
Total Clients			
none	1/20 (5)	6/36 (17)	12/65 (18)
one	12/20 (60)	23/36 (64)	39/65 (60)
two	6/20 (30)	6/36 (17)	12/65 (18)
three	1/20 (5)	1/36 (3)	2/65 (3)
Total Deceased Clients			
none	12/20 (60)	23/36 (64)	41/64 (64)
one	6/20 (30)	10/36 (28)	18/64 (28)
two	2/20 (5)	3/36 (8)	5/64 (8)
Requests for Reassignment	1/20 (5)	3/36 (8)	6/66 (9)
Major Problem Cited			
time commitment	**	12/36 (33)	22/55 (40)
emotional investment	**	8/36 (22)	15/55 (27)
other	**	12/36 (33)	18/55 (33)
Stress Change Since Becoming a Buddy			
increased	12/20 (60)	18/33 (55)	36/66 (55)
decreased	3/20 (15)	4/33 (12)	17/66 (28)
same	5/20 (25)	11/33 (33)	13/66 (20)

\*All percents are rounded to the nearest whole number; totals may not equal 100%.

\*\*None of the "satisfied" respondents reported a major problem.

\*\*\*"Overall" includes all respondents to the question: "satisfied," "dissatisfied," and intermediate.

Buddy volunteers were twice as likely to report feeling satisfied if assigned to their first PWA one to five months after acceptance to the Buddy Program at Rhode Island Project/AIDS (prevalence ratio = 2.0; 95% confidence interval = 0.8,

**TABLE 2—Frequency of Weekly Requests According to Satisfaction Status [number reporting request/number of respondents in satisfaction category (percent)\*]**

Number of Requests/Week	Satisfied N (%)	Dissatisfied N (%)	Overall** N (%)
Personal Visits			
0	1/19 (5)	1/28 (3)	2/52 (4)
1	7/19 (37)	8/29 (28)	18/52 (35)
2 or more	11/19 (58)	20/29 (69)	32/52 (62)
Shopping			
0	11/19 (58)	15/29 (52)	44/49 (90)
1	6/19 (32)	10/29 (35)	17/51 (33)
2 or more	2/19 (11)	4/29 (14)	6/51 (12)
Cleaning			
0	17/18 (95)	24/28 (86)	44/49 (90)
1	1/18 (6)	3/38 (11)	5/49 (10)
2 or more	0/18 (0)	1/28 (4)	1/49 (2)
Preparing Meals			
0	16/18 (89)	22/28 (79)	41/49 (90)
1	2/18 (11)	3/28 (11)	5/49 (10)
2 or more	0/18 (0)	3/28 (11)	3/49 (6)
Transportation			
0	7/19 (37)	13/29 (45)	22/52 (42)
1	2/28 (11)	7/29 (24)	16/52 (31)
2 or more	4/19 (21)	9/29 (31)	14/52 (27)
Telephone Calls			
0	2/18 (11)	3/29 (10)	6/51 (12)
1	5/18 (28)	7/29 (24)	13/51 (26)
2 or more	11/18 (61)	19/29 (66)	32/51 (63)

\*All percents are rounded to the nearest whole number; totals may not equal 100%.

\*\*"Overall" includes all respondents to the question: "satisfied," "dissatisfied," and intermediate.

**TABLE 3—Distribution of Total Hours Devoted to Buddy Work by Satisfaction Status [number in category/number of respondents (percent)]\***

# Hours per Week Devoted	Satisfied N (%)	Dissatisfied N (%)	Total N (%)
≤5 hours/week	7/19 (36)	12/31 (39)	19/50 (38)
6–10 hours/week	6/19 (32)	6/31 (19)	12/50 (24)
≥11 hours/week	6/19 (32)	13/31 (42)	19/50 (38)

\*All percents are rounded to the nearest whole number; totals may not equal 100%.

5.1). Volunteers with 10 or less requests per week from their clients also reported greater satisfaction (prevalence ratio = 3.2; 95% ci = 1.5, 6.0). Buddies serving PWAs with more supportive relationships (other than buddy-client) in their lives were twice as likely to be satisfied in their work (prevalence ratio = 2.0; 95% ci = 0.8, 4.7).

### Discussion

This study may be the first attempt to describe the work of AIDS volunteer programs such as the buddy program of Rhode Island Project/AIDS. Comparison of buddy/client and client/state AIDS case demographics suggest that minorities are underrepresented in these volunteer populations. While none of the volunteers responding to our questionnaire reported themselves as representing the Latino population, Rhode Island Project/AIDS' proportion of Black and Latino clients (25 percent)<sup>5</sup> is comparable with the state's proportion of Black and Latino cases (29 percent).<sup>6</sup>

This study describes the variety of services performed by buddy volunteers, and their interaction with the agency. Although there was considerable comparability between respondents and nonrespondents with respect to motivation for volunteering and providing support as buddies, we are cautious about generalizing the survey findings because the response rate was low.

The Buddy Program is a valuable, volunteer-based health care service that is critically needed by people with HIV (human immunodeficiency virus)-related illnesses. This description may stimulate increased appreciation of this service as well as promote an understanding of how to organize volunteers' efforts and support their needs.

### ACKNOWLEDGMENTS

The authors wish to thank the following individuals and organizations for their invaluable contributions to this research: Bill Jesdale, Beth Morgan, Michelle Orcutt, and Hallie Stosur, Brown University, Providence, Rhode Island; Bob Hitt, Director, Client Support Services, Julia Carr, Client Support Services, and the Buddy Group Leaders and participating volunteers all at Rhode Island Project/AIDS, Providence, Rhode Island; AID Atlanta, Atlanta, Georgia; New Orleans AIDS Task Force, New Orleans, Louisiana; Shanti Project, San Francisco, California; Whitman-Walker Clinic, Washington, DC; and Barbara S. Bynum, Director, Division of Extramural Activities, National Cancer Institute, Bethesda, Maryland.

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## Epidemiology of Reported Cases of AIDS in Lesbians, United States 1980–89

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**Abstract:** National surveillance data for reported cases of acquired immunodeficiency syndrome (AIDS) were used to assess demographic characteristics and behavioral risk factors in lesbians. From June 1, 1980 through September 30, 1989, 79 women with AIDS reported sex relations only with a female partner; most of these women (95 percent) were intravenous drug users. Prevention of human immunodeficiency virus (HIV) infection in the lesbian community will require efforts to prevent and reduce intravenous drug use. (*Am J Public Health* 1990; 80:1380–1381.)

### Introduction

Very little has been written on the epidemiology of acquired immunodeficiency syndrome (AIDS) and human

immunodeficiency virus (HIV) infection in the lesbian population. Two instances of female-to-female sexual transmission of HIV have been reported,<sup>1,2</sup> and there is some concern that the risk of infection in female homosexuals may be underestimated because of the lack of information about this population group.<sup>3</sup> This report describes various demographic characteristics and behavioral risk factors of lesbians with AIDS in the United States.

### Methods

We used national surveillance data for 9,717 cases of AIDS in adult women reported to the Centers for Disease Control (CDC) between June 1, 1980 and September 30, 1989. Only those that met the CDC surveillance case definition for AIDS were included in our analysis.<sup>4</sup> AIDS patients were grouped according to their reported sexual behavior, using responses to the following two questions:

- "After 1977 and preceding the diagnosis of AIDS, did this patient have sexual relations with a male partner?"
- "After 1977 and preceding the diagnosis of AIDS, did this patient have sexual relations with a female partner?"

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