

# SOCIAL SUPPORT AMONG AFRICAN-AMERICAN ADULTS WITH DIABETES, PART 1: THEORETICAL FRAMEWORK

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Diabetes mellitus affects African Americans in disproportionate numbers relative to whites. Proper management of this disease is critical because of the increased morbidity and mortality associated with poor diabetes management. The role of social support in promoting diabetes management and improved glycemic control among African Americans is a little-explored area. This article, the first in a two-part series, provides a theoretical framework for examining the relationship between social support and glycemic control among African-American adults. (*J Natl Med Assoc.* 1998;90:361-365.)

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*Editor's Note: This article is the first part of a two-part series examining social support among African-American adults with diabetes. The second part will appear in next month's issue.*

**Key words:** African Americans ♦ diabetes  
♦ social support

Proper management of diabetes is a critical issue for many African Americans. The age-adjusted incidence of diabetes is about 50% higher in African-American men than in white men, and more than twice as high in African-American women as in white women.<sup>1</sup> Poor diabetes management is linked to complications such as blindness due to retinopathy, kidney failure, neuropathy, peripheral vascular

disease, and amputations.<sup>2</sup> Moreover, diabetes contributed to the deaths of more than 169,000 persons in 1992.<sup>3</sup> Social support may play a role in helping people properly manage their diabetes, thus helping to prevent disease-related complications.

This review defines social support and discusses the role played by social support in chronic illness, factors influencing social support, and social support among African Americans. Attention is paid to heterogeneity among African Americans, including gender differences, and the effects of this heterogeneity on social support among members of this population. Finally, the role of social support among African-American adults with diabetes is examined and suggestions for future research are offered.

## DEFINITION OF SOCIAL SUPPORT

Social support consists of interpersonal transactions and includes emotional support, instrumental support, and informational support.<sup>4-10</sup> Emotional support includes expressions of liking, admiration, respect, or love.<sup>4,7,11</sup> Instrumental support, the use of relationships as the means to achieve a goal, often refers to providing money, labor, or time or modifying the physical environment for others, while informational support refers to providing advice, suggestions, directives, or information.<sup>4,6-9,11</sup>

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Informal support is provided through groupings such as family members and friends.<sup>4,7,11-13</sup> In contrast, formal social support involves support provided through more formal groupings, such as professional organizations.<sup>14</sup> A social network refers to individuals in a person's environment who provide various types of social support.<sup>4,14</sup> Social support networks may include family members, friends, neighbors, acquaintances from church affiliations and community organizations, and professional caretakers.<sup>4,9,11,12,14-18</sup>

### THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND HEALTH

Social support can have a direct effect or a buffering effect on health, and supportive relationships are key factors in promoting physical and emotional health.<sup>4,6,12,14,16,19-34</sup> The stress-buffering hypothesis asserts that social support lessens the impact of stress on well-being when high levels of stress are experienced but does not affect well-being in the absence of stress.<sup>6,35</sup> In other words, according to this hypothesis, high levels of stress predict distress in people receiving low levels of social support but not in people receiving high levels of social support. Recently, the stress-buffering hypothesis of social support was critically examined by Krause,<sup>36</sup> who found evidence to support the contention that the relationship between social support and stress may actually be curvilinear. Krause<sup>36</sup> postulated that initially, the provision of social support may function to alleviate stress, but beyond a certain level, social support may actually serve to exacerbate symptoms of stress.

A chronic illness such as diabetes often results in an increased need for social support to manage the illness.<sup>5,9,28,37</sup> Social support is a leading factor in adaptation to the stress associated with physical illness.<sup>22-25</sup> The major social needs of individuals with the chronic disease of diabetes include assistance with the day-to-day management of diabetes as well as managing other life stressors that may exacerbate this disease.

### FACTORS INFLUENCING THE SOCIAL SUPPORT-HEALTH RELATIONSHIP

Several factors influence the strength of the relationship between social support and health. These factors include satisfaction with social support received, the size of the social support network, perceptions of the availability of social support, socioe-

conomic status, and race.<sup>4,6,14-16,27,29</sup>

Among inner-city African-American women with diabetes, positive health outcomes associated with adherence to diabetes treatment regimens appear to be related to satisfaction with the social support received.<sup>39</sup> Satisfaction with support depends on the manner in which it is perceived by the recipient.<sup>39</sup> The health-enhancing effects of support among women may be balanced by the fact that through their heavy involvement in social networks, women are exposed to more interpersonal conflicts and disputes than men.<sup>40</sup> There is some evidence to suggest that among women, there is a high personal cost associated with using the social support provided by others because women are often then expected (and expect) to assist the people who previously provided them with support.<sup>41</sup> Thus, there appear to be social demands placed on the women who are recipients of social support. These expectancies, which stem from women's traditional roles as the nurturers and caretakers of others, can lead to stress, which in turn can have a negative effect on health.<sup>41</sup>

The size of the social support network mediates the relationship between social support and health; inner-city African-American men who have more people providing social support show greater adherence to diabetes treatment regimens and improved health outcomes than inner-city African-American men with fewer people in their social support networks.<sup>38</sup> African-American women with more social ties are more likely to get a routine mammogram than African-American women with fewer social ties, even after controlling for health status, education, type of health insurance, and primary source of health care.<sup>27</sup>

Perception of the availability of social support during times of stress influences health outcomes. Women who perceive greater availability of someone to talk to about problems adjust better to mastectomy than other women.<sup>43</sup> Women also tend to perceive greater availability of social support than men and may be more skilled in seeking support when it is needed.<sup>9,15,44</sup>

Socioeconomic status and race also appear to influence the social support-health relationship. Racial differences have been found in the social support received by African-American and white professional and managerial women of working-class and middle-class backgrounds in response to job-related stress.<sup>35</sup> African-American women from middle-class backgrounds report receiving much

higher levels of family support (which did not include spousal/partner support) than any other group of women.<sup>35</sup> In general, across racial groups, women from middle-class backgrounds who do not have spouses or partners receive higher levels of family support than other women.<sup>35</sup>

### **SOCIAL SUPPORT AMONG AFRICAN AMERICANS**

While there are no measurement instruments designed specifically to assess social support in African Americans, the research literature shows a positive relationship between social support and mental and physical health outcomes in African Americans.<sup>37</sup> African Americans seem very receptive to social support for disease management.<sup>44</sup> For example, African Americans place greater value than whites on social support in quitting smoking.<sup>44</sup> Involvement in familial support networks, which often act as buffers against adverse life events, appears to maintain well-being among African Americans.<sup>11,13,45,46</sup>

Some factors related to social support are of primary importance for African Americans.<sup>21</sup> For example, informal social support may be particularly relevant for members of this population, who are often somewhat isolated due to economic or cultural factors from the types of formal social support provided by professionals.<sup>12,45,47,50</sup> Economic difficulties may result in residence-sharing among members of African-American families, thus potentially creating a larger pool of people within the home to provide social support.<sup>7</sup> African Americans use their informal networks to a greater degree than whites.<sup>13,51,52</sup>

Church-based social support has a significant influence on health and health-seeking behavior among African Americans, many of whom have a strong religious orientation and are involved with their local churches.<sup>20,21,45,53</sup> For example, churchgoers are more likely than nonchurchgoers to make preventive visits for health care.<sup>20,54</sup>

### **HETEROGENEITY AMONG AFRICAN AMERICANS AND ITS EFFECTS ON SOCIAL SUPPORT**

The black population in the United States is heterogeneous in religion, geographic origin, and socioeconomic status. Although blacks represent a heterogeneous group, they share the experience of being a small proportion of the overall population in

the United States and of having a common history of discrimination.<sup>55</sup>

Afro-Barbadians tend to be more highly educated than African Americans of southern US origin, who tend to be better educated than Afro-Haitians.<sup>56</sup> In terms of religious differences, African Americans of southern US origin are primarily Baptist, Afro-Barbadians tend to be Episcopalian, and Afro-Haitians are predominantly Catholic.<sup>56</sup> The three ethnic groups do not differ in terms of social support received from family, the quality of the social support received, or network size.<sup>56</sup> However, Afro-Barbadians tend to have significantly more spousal support and informal support than members of the other two groups, and are more likely to be married and living with their spouse.<sup>56</sup> Thus, ethnic variations in types of social support exist within blacks as a racial group, and the availability of specific types of support depends on ethnicity.

### **GENDER DIFFERENCES IN SOCIAL SUPPORT**

Gender differences are seen in the effects of frequency of contact with providers of social support and health-seeking among African Americans. African-American women are more likely to have contact with a physician and to spend more days in the hospital when they do not get together with relatives, while the opposite has been found for African-American men.<sup>20</sup> For African-American women, interacting with relatives apparently substitutes for seeing a physician, whereas for African-American men, such interaction seems to encourage physician contact.<sup>20</sup>

In their investigation of contacts with friends, Bryant and Rakowski<sup>12</sup> found that older African-American men were more likely than older African-American women to have an increased risk of mortality when contact with friends was minimal, and they concluded that social contacts provide a greater health benefit for African-American men than for African-American women. Brown and Gary<sup>57</sup> found a similar gender effect in their examination of the buffering role of social support in the mental health of African-American men and women.

Widowhood, due in part to the high rate of mortality among African-American men, occurs more frequently among African-American women than men and more frequently than among white women.<sup>39</sup> For women without spousal support, support from other sources, such as children, siblings, and friends, is often substituted.<sup>40</sup>

## SOCIAL SUPPORT AND DIABETES MANAGEMENT AMONG AFRICAN-AMERICAN ADULTS

Given the significance of social support in the lives of many African Americans, it is important to examine the relationship between social support and diabetes among members of this population with diabetes. Part 2 will explore some of the current literature in this area and provide suggestions for future research.

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