

Treatment Compliance and Family Support in HIV infected African American Women

Problem Statement

Evidence indicates that adherence to an antiretroviral therapy (ART) regimen predicts better care outcomes for HIV infected patients (Stricker et al., 2014). Compliance with an ART regimen supports management of the viral load, and delays the progression to acquired immune deficiency syndrome (AIDS) (Bhatti et al., 2016). Failure to adhere to ART treatment is often correlated with social and demographic variables, including mental health (Bhatti et al., 2016). Social support is known to predict better mental health of HIV infected patients, but there is a knowledge gap about the relationship between HIV treatment compliance and social support among African American women with HIV (Mosack et al., 2016). Research regarding non-compliance with ART indicates that medical mistrust is a factor in the African American community (Kalichman et al., 2017). The health care provider and patient relationship impacts motivation and treatment adherence (Hall et al., 2016). Bordin's three-part construct of patient-provider agreement on treatment goals and appropriate interventions required an affective bond (Hall et al., 2016). Family support may be a substitute for the mistrust which affects the health care provider-patient relationship, motivating treatment adherence.

Approach for the study

The data will be collected from publicly available secondary data such as the National HIV Surveillance System at the Centers for Disease Control (CDC). The independent variable will be the level of self-reported social support, and the dependent variables are ART adherence and viral load. Definitions will use the operationalization of the concepts as they are framed in the question. The results will be analyzed for correlative relationships.