Hispanic Women's Health

The Influence of Relationship Power and Partner Communication on the Syndemic Factor among Hispanic Women

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ABSTRACT

Background: This study expands research on the substance abuse, intimate partner violence, human immunodeficiency virus (HIV), and depression syndemic theory for Hispanic women. We hypothesized relationship power and partner communication would be related to the syndemic.

Methods: Data were used from the baseline assessment of an effectiveness trial of SEPA (Salud/Health, Educación/Education, Prevención/Prevention, and Autocuidado/Self-care), an HIV/sexually transmitted infection risk reduction program for Hispanic women. Hispanic adult women (n = 320) completed measures (in Spanish or English) of relationship power, partner communication about HIV, and acculturation. The syndemic was defined with a factor model of substance abuse, intimate partner violence, risk for HIV/sexually transmitted infection, and depression using structural equation modeling.

Results: Controlling for acculturation and education, relationship power was inversely related to the syndemic factor (β = −0.49, p < .001), but partner communication was not (β = 0.14, p = .054). Acculturation and education were also related to the syndemic factor. These variables combined accounted for more than one-half (53%) of the variance in the syndemic factor.

Conclusions: Findings suggest the need to develop and test interventions that address the power dynamics of intimate relationships as a means of reducing health disparities among Hispanic women.

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effects on health outcomes (Singer, 1996; Singer & Clair, 2003). There is increasing empirical support for the substance abuse, violence, HIV and AIDS, and depression (SAVA) syndemic among women (Gilbert et al., 2015; Koblin et al., 2015; Meyer, Springer, & Altice, 2011). Although several risk and protective factors contributing to this syndemic have been identified, less is known about the effects of the quality of intimate relationships. Understanding this dynamic is important given the influential role that intimate relationships play in the sociology of multiple health outcomes for women (Campbell, 2002; House, Landis & Umberson, 1988). The purpose of this study is to test the hypothesized relationships between characteristics of intimate relationships (i.e., relationship power and partner communication) and the SAVA syndemic among community-dwelling Hispanic Women.

The SAVA Syndemic

Syndemic Theory

Understanding how certain environmental, social, and biological health conditions impact populations experiencing health disparities is central to improving health. Syndemic theory seeks to explain the co-occurrence of overlapping epidemics which are mutually enhancing (Singer, 1994, 1996). A syndemic occurs when two or more epidemics interact synergistically, and the result of this interaction is an increased burden of disease in a population (Frumkin, 2002; Homer & Milstein, 2002). When applied to behavioral health issues, a syndemic moves beyond the mutually enhancing disease interactions at the biological level, to mutually enhancing disease interactions at the biological, environmental, and social levels (Singer & Clair, 2003). Adverse environmental and social conditions such as violent social environments, lack of access to social resources, and oppressive relationships are found to propagate negative health outcomes such as substance abuse, depression, and stress (Singer & Clair, 2003).

The SAVA Syndemic

The SAVA syndemic was first coined to describe the intertwined nature of substance abuse, violence, and AIDS among marginalized inner-city women (Singer, 1994, 1996). Researchers have expanded on the initial description SAVA to describe the complex relationships among alcohol and drug use, abuse experiences as a child and in adulthood, sexual risk taking, history of HIV or other sexually transmitted infections (STIs), and mental health among women in community-based or high-risk settings such as in the criminal justice system (Meyer et al., 2011). For example, Koblin et al. (2015) recently completed a longitudinal study examining the risk factors for HIV among a racially and ethnically diverse group of women across three cities in the United States. Women who reported heavy alcohol and drug use and IPV were at greater odds of reporting unprotected vaginal and anal sex and exchanging sex for money, drugs, or other resources. Despite the progress that has been made in describing the mechanisms of the SAVA syndemic, significant gaps remain in describing the social determinants of this syndemic in certain geographical regions such as Latin America and the Caribbean (Gilbert et al., 2015) and subpopulations in the United States.

Gonzalez-Guarda, Florom-Smith, and Thomas (2011) developed a syndemic model specific to Hispanics in the United States and later empirically tested various aspects of this model. First, various measures used to assess the substance abuse, violence, HIV, and depression (SAVA) syndemic were reduced to a single latent variable, the syndemic factor (Gonzalez-Guarda, McCabe, Florom-Smith, Cianelli, & Peragallo, 2011). Later, these investigators identified various socioeconomic and cultural risk and protective factors for this syndemic among a diverse sample of community-dwelling Hispanic women. Risk factors included socioeconomic disadvantage, the percent of their lifetime they had lived in the United States, and acculturation as risk factors. Conversely, family support and the maintenance of Hispanic practices such as the reliance of Spanish in communications with family and friends were identified as being protective (Gonzalez-Guarda, McCabe, Vermeesch, Cianelli & Peragallo, 2012).

Intimate Relationship Level Predictors of SAVA: Power and Communication

Despite the progress that has been made in SAVA research including women and Hispanic communities, there is a gap in the literature regarding how intimate relationship-level factors, such as relationship power and partner communication, influence this syndemic. Relationship power is defined as the extent in which a partner controls the relationship and how much he or she can make decisions against their partner’s wishes (Emerson, 1981). Cultural ideologies disempowering women in intimate relationships contribute to a woman’s lack of power in a relationship and can help facilitate abuse (Raj & Silverman, 2002). Machismo, the conceptualization of masculinity in Hispanic culture, emphasizes the importance of Hispanic men having power and control over intimate relationships (Gonzalez-Guarda, Vasquez, Urrutia, Villarruel, & Peragallo, 2011). Studies that have examined the role of male dominated decision-making powers have identified it to be a risk factors for IPV (Sugihara & Warner, 2002), and HIV (Pulerwitz, Gortmaker, & DeJong, 2000). The fact that men traditionally have held power for when and how sex will occur may inhibit women from discussing sexual matters with their partners and negotiating safer sexual practices (Pulerwitz et al., 2000; Weeks et al., 2010). Among Hispanic women specifically, feelings of powerlessness and the inability to affect safer sexual decisions have been identified as influencing their risk for HIV (Harvey, Beckman, Browner & Sherman, 2002; Pulerwitz, Amaro, Jong, Gortmaker & Rudd, 2002). Notably, Hispanic women participating in a study conducted in community health centers with higher relationship power were five times more likely to engage in condom use than women with lower relationship power (Pulerwitz et al., 2002).

The nature and quality of communication among intimate partners is also emerging in the literature as an important predictor of the SAVA syndemic. Researchers have documented that observed patterns of poor communication among couples—characterized by hostility, low warmth, and low problem description—are associated with a recent history of aggression (Cordis, Margolin, & Vickerman, 2005). Similarly, the quality of partner communication has been associated with HIV risk. For example, in a meta-analysis exploring the relationship of partner communication and safer sexual behaviors, researchers reported that communication that was more specific to managing risks (e.g., condom use and sexual history) had a stronger effect on HIV prevention behaviors than more general communications about sex (Noar, Carlyle, & Cole, 2006). For this reason, HIV prevention programs for women often address partner communication as it relates to safer sex negotiation. Indeed, in an HIV prevention
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