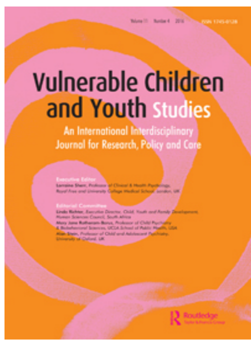

Taylor & Francis
Taylor & Francis Group

Vulnerable Children and Youth Studies

An International Interdisciplinary Journal for Research, Policy and Care

ISSN: 1745-0128 (Print) 1745-0136 (Online) Journal homepage: https://www.tandfonline.com/loi/rvch20

The impact of HIV-related stigma on the psychological well-being of children who have been orphaned by AIDS

Zeenat Yassin & Charlene Jennifer Erasmus

To cite this article: Zeenat Yassin & Charlene Jennifer Erasmus (2016) The impact of HIV-related stigma on the psychological well-being of children who have been orphaned by AIDS, Vulnerable Children and Youth Studies, 11:4, 297-323, DOI: 10.1080/17450128.2016.1214769

To link to this article: https://doi.org/10.1080/17450128.2016.1214769

Published online: 10 Aug 2016.

Submit your article to this journal

Article views: 126

View related articles

View Crossmark data

Citing articles: 1 View citing articles

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=rvch20

VULNERABLE CHILDREN AND YOUTH STUDIES, 2016
VOL. 11, NO. 4, 297–323
http://dx.doi.org/10.1080/17450128.2016.1214769

Taylor & Francis
Taylor & Francis Group

The impact of HIV-related stigma on the psychological well-being of children who have been orphaned by AIDS

Zeenat Yassin and Charlene Jennifer Erasmus

Department of Child and Family Studies, Social Work, University of the Western Cape, Bellville, Cape Town, South Africa

ABSTRACT

This study aimed to evaluate and report on the effects of HIV-related stigma on the psychological health of AIDS orphans. The study used a systematic review methodology to search electronic databases, including Academic Search Complete, SA ePublications, MEDLINE, PubMed, BioMed Central, CINHAHL and PsychARTICLES from January 2004 to September 2015. Inclusion criteria included: studies of a qualitative, quantitative or mixed methodology which focused on the effects HIV-related stigma of the psychological well-being of AIDS orphans, studies were required to be open access, peer reviewed, full text articles in English medium. The study extracted findings four systematic steps: (1) identification; (2) screening; (3) eligibility; (4) inclusion. The study used a meta-synthesis for the extraction and amalgamation of findings. Nine studies were included in the final review and showed consistent evidence of HIV-related stigma contributing to the increased level of psychological distress and poor mental functioning among AIDS orphans. This study was limited by low levels of disclosure among AIDS orphans and the omission of grey literature. However, it does shed light on the effects of HIV-related stigma on the psychological well-being of AIDS orphans.

ARTICLE HISTORY
Received 2 February 2016
Accepted 15 July 2016

KEYWORDS
AIDS orphans; HIV/AIDS; HIV-related stigma; psychological distress

Background

Since the inception of the human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS), millions of individuals, including children have been affected of whom more than 32 million have died (Tran & Mwanri, 2013). A large population have lost one or both parents to HIV/AIDS, resulting in a substantial increase in orphanhood worldwide (Boyes & Cluver, 2013; UNICEF, 2006). 17 million children are believed to be orphaned by AIDS-related causes in 2010, with an expected to increase of 40 million orphans by the year 2020 (Chi & Li, 2013). AIDS orphans are regarded as a vulnerable population who have been overlooked as much research has been placed on the adult population and the transmission and treatment of HIV/AIDS (Boyes & Cluver, 2013; Delva et al., 2009). However, AIDS orphans are critically

CONTACT Zeenat Yassin 3119420@myuwc.ac.za

© 2016 Informa UK Limited, trading as Taylor & Francis Group

affected by parental HIV/AIDS. Recent literature has indicated that AIDS orphans often present with poor psychological well-being and elevated levels of distress (Cluver, Gardner, & Operario, 2007; Thupayagale-Tshweneagae & Benedict, 2011). This may be the result of innumerable risk factors associated with AIDS orphanhood. Though, when compared with other orphaned youth, AIDS orphans display elevated levels of psychological distress and poor mental functioning (Thupayagale-Tshweneagae & Benedict, 2011; Zhao et al., 2009). As AIDS orphans are associated with a highly stigmatised disease, HIV-related stigma resulting from parental HIV infection and death has been identified as a risk factor affecting the psychological well-being of AIDS orphans (Boyes & Cluver, 2013; Pomeroy, Rubin, & Walker, 1995). Only a few existing studies (Adejuwon & Oki, 2011; Bogart et al., 2008; Boyes & Cluver, 2013; de Witt & Lessing, 2010; Kheswa & Duncan, 2011; Louw, Mokhosi, & van den Berg, 2012; Zhao et al., 2009) have set out to examine the effects of HIV-related stigma on the psychological health of AIDS orphans. There is an apparent need for the investigation of the role of associative stigma in the formation of psychological distress for AIDS orphans (Deacon, 2006). Together with insufficient information and much uncertainty, one cannot adequately understand or address the manner in which HIV-related stigma has contributed to the evaluated levels of psychological distress and poor psychological functioning displayed by AIDS orphans (Cluver et al., 2007; Lin et al., 2010). An initial search of studies revealed that this is the first systematic review to be conducted on this topic. The present study aimed to examine and report on the effects of HIV-related stigma on the psychological well-being of AIDS orphans through the amalgamation of existing evidence. It provides a base of pragmatic information needed to address the identified issue. Suck knowledge shall contribute to the psychological well-being of AIDS orphans, allow for the restructuring and development of lasting interventions aimed to bring about a reduction in HIV-related stigma and may inform future research studies.

Methods

Study design

A systematic review methodology was used to determine the effects of HIV-related stigma on the psychological well-being of AIDS orphans who have lost one or both of their parents to HIV/AIDS.

Inclusion criteria

Included studies were required to: (1) be published between 2004–2015; (2) embody a qualitative, quantitative or mixed-method methodology; (3) be published in English Medium; (4) are full text and peer reviewed; (5) study HIV-negative children between 6–18 years of age and (6) examine and report on the effects of

associative stigma on the psychological health of AIDS orphans. Studies were excluded if they had not been published between the designated time period, if they were not open access or available in the selected databases and are not present within the public domain. Studies were further excluded if they were not peer reviewed or full text. Studies failing to report on the relationship between HIV-related stigma and the psychological health of AIDS orphans were excluded. Intervention studies and reviews were excluded, as the study aimed to examine the effects of HIV-related stigma on the psychological well-being of AIDS orphans rather than effective ways in which HIVs-related stigma may be reduced or how the psychological well-being of AIDS orphans may be improved.

Search strategy

The search strategy was adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) (Moher, Liberati, Ttzlaff, & Altman, & The PRISMA Group, 2009). The primary researcher conducted searches of electronic databases: Academic Search Complete, MEDLINE, PubMed, BioMED Central, SA ePublications, CINAHL and PsychARTICLES from 2004 to 2015. A comprehensive search was conducted using Boolean strings of suitable keywords and search terms. Currency (2004–2015) and language (English medium), peer reviewed and full-text limiters were applied.

Search terms

The following Boolean strings of search terms and keywords were entered into respective databases:

(1) 'HIV' AND 'stigma' AND 'orphans'
(2) 'HIV' AND 'stigma' AND 'orphans' AND 'distress'
(3) 'AIDS orphans' AND 'stigma'
(4) 'HIV' AND 'children' AND 'stigma'
(5) 'mental health' AND 'stigma' AND 'orphans' AND 'HIV'
(6) 'AIDS related stigma' AND 'orphans' AND 'distress'
(7) 'discrimination' AND 'HIV' AND 'orphans'

Method of review

Titles and abstracts of prospective studies were screened by the primary researcher. Full texts of abstracts deemed pertinent to the purpose if the study was retrieved. Full-text studies were critically appraised for eligibility for inclusion by two independent researchers. All disagreements were discussed until a consensus was reached.

Study quality

The Critical Appraisal Skill Program (CASP, 2014) was adjusted along the guidelines proposed by Law et al. (1998) for the evaluation of methodological rigor and suitability of prospective qualitative and quantitative studies such as study purpose, study design, methods of analysis and ethical considerations. The Evaluative Tool for Mixed Method Studies (Long, 2005) was similarly adapted for the assessment of mixed-method studies. Rating scale rubrics were adjusted to provide a composite score resulting in an overall percentage representing the quality of studies under review (Law et al., 1998; Tierney & Marielle, 2004).

Data extraction and analysis

The primary researcher extracted data from all included studies using a self-constructed data extraction sheet. The data extraction sheet was constructed along the guidelines outlined in the Cochrane Data Extraction and Assessment Form (Higgins & Green, 2011). The following information was extracted from each study: the aim, problem statement, target population, geographical location, study design, theoretical underpinnings, sampling method, sample size, data collection methods and instruments, methods of data analysis, findings and author's conclusions. The data extraction sheet was piloted by the primary researcher to reduce bias. The study uses a meta-synthesis to critically discuss the various themes that emerged from the findings of included studies. The meta-synthesis was divided into two parts, a descriptive meta-synthesis and theory explication.

Ethical considerations

Permission to conduct the current study was obtained from the Senate Research Committee at the University of the Western Cape. All published studies were considered to be available in the public domain to ensure transparency. The study remained sensitive to the ethical shortfalls of systematic reviews identified by Vergnes, Marchal-Sixou, Nabet, Maret, and Hamel (2010) increasing the trustworthiness and reliability of all findings and data analysis.

Process of results

The initial search yielded a total of 5473 prospective titles. After the removal of duplications 5207 titles were screened for relevance to the current study resulting in the exclusion of 5111 titles. The abstracts of the remaining 96 titles were screened for eligibility. From the 96 studies, 37 studies were deemed eligible for the purpose of this study. The full text of these studies were retrieved and subjected to critical appraisal conducted by the primary researcher and the first reviewer. Twenty-eight (n = 28) studies were excluded from the final review as they failed to meet the predetermined threshold score for inclusion (n = 14), report on the psychological outcomes of HIV-related stigma for AIDS orphans (n = 9) and utilised inappropriate study designs (n = 3) and target populations (n = 2). The remaining nine (n = 9)

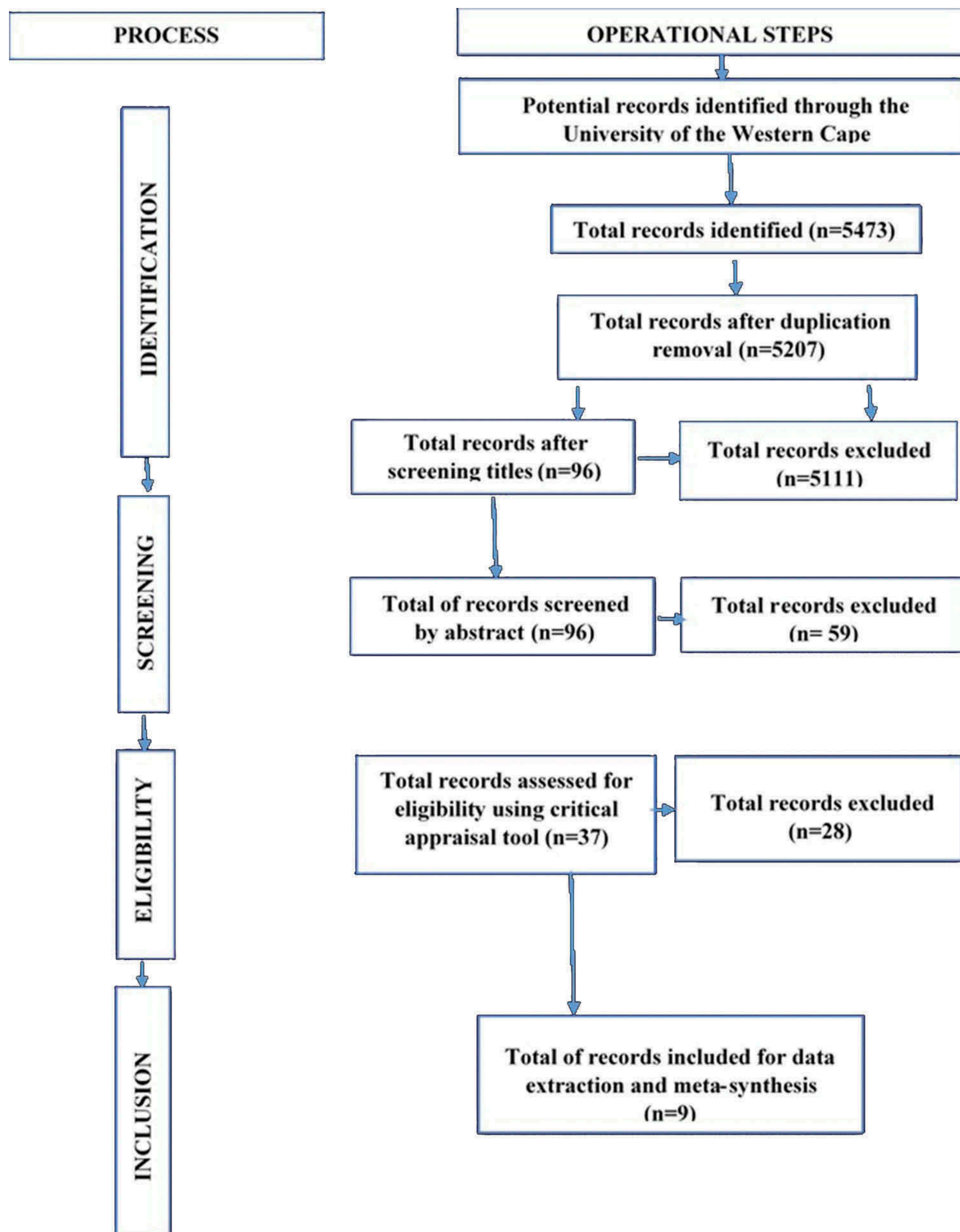

Figure 1. Levels of review and results.

studies (Boyes & Cluver, 2015; Chi, Li, Zhao, & Zhao, 2014; Cluver & Gardner, 2007; Cluver, Gardner, & Operario, 2008; Cluver & Orkin, 2009; Harms, Jack, Ssebunnya, & Kizza, 2010; Mo, Lau, Yu, & Gu, 2015; Xu et al., 2009; Zhao, Li, Zhao, Zhang, & Stanton, 2012) have met the inclusion and quality criteria resulting in their inclusion in the final review. Figure 1 provides a detailed summary of the screening process conducted at each level of review.

General description of studies reviewed

The nine included studies constituted a quantitative (6) or qualitative (3) methodology. The geographical locations of included studies were divided across South Africa (4), Uganda (1) and China (4). Unvaryingly, all included studies have aimed to explore, determine and understand the effects of HIV-related stigma and AIDS orphanhood on children either directly or indirectly. A general description, the methodological aspects and findings of included studies are depicted in Tables 1–3, respectively.

HIV-related stigma among AIDS orphans

All included studies have indicated the presence of HIV-related stigma among AIDS orphans as a result of their association with parental HIV/AIDS rather than socio-economic and demographic factors associated with orphanhood. There is considerable evidence indicating higher levels of stigmatisation and discrimination among AIDS orphans than children orphaned by other causes and non-orphaned youth (Cluver et al., 2008; Boyes & Cluver, 2015; Cluver & Orkin, 2009; Zhao et al., 2012). One study (Xu et al., 2009) found that despite the presence of HIV-related stigma, AIDS orphans did not experience significant amounts of HIV-related stigma. Xu et al. (2009) reported that over 60% of their sample population indicated a culture of non-discrimination within extended family structures and the general community. Included studies presented different measures of HIV-related stigma experienced by AIDS orphans. Enacted stigma being the most reported measure of HIV-related stigma among AIDS orphans was found in all included studies (Boyes & Cluver, 2015; Chi et al., 2014; Cluver & Gardner, 2007; Cluver et al., 2008; Cluver & Orkin, 2009; Harms et al., 2010; Mo et al., 2015; Xu et al., 2009; Zhao et al., 2012). The study conducted by Cluver and Gardner (2007) found the presence of vicarious stigma while several studies (Cluver et al., 2008; Harms et al., 2010; Mo et al., 2015; Xu et al., 2009) reported high levels of felt stigma among AIDS orphans. Internalised stigma was unanimously reported by three included studies (Chi et al., 2014; Mo et al., 2015; Xu et al., 2009).

HIV-related stigma & psychological distress

Three studies (Chi et al., 2014; Cluver & Orkin, 2009; Zhao et al., 2012) reported a direct relationship between HIV-related stigma and anxiety disorders and depressive symptoms among AIDS orphans. Xu et al. (2009) found that AIDS orphans experience of HIV-related stigma led to a direct increase in the development of emotional and internalising problems. HIV-related stigma has also been identified to indirectly result in psychological distress for AIDS orphans by mediating bullying victimisation, low self-esteem and low levels of optimism (Boyes & Cluver, 2015; Cluver & Gardner, 2007; Mo et al., 2015). Across included studies, AIDS orphans apparent experience of HIV-related stigma was associated with increased levels of depression, anxiety, post-traumatic stress and conduct and delinquency problems (Boyes & Cluver, 2015; Chi et al., 2014; Cluver & Gardner, 2007; Cluver et al., 2008; Cluver & Orkin, 2009; Harms et al., 2010; Mo et al., 2015; Xu et al., 2009; Zhao et al., 2012). The study conducted by Zhao et al. (2012) has indicated that the various measures of HIV-related stigma functions differently in the development of psychological distress for

Table 1. Description of studies.

Author/s	General description			
	Target population (single/ double orphans)	Geographical location	Aim	Problem statement
Harms et al. (2010)	Single and double AIDS orphans	Uganda, Kampala	To explore the youth's narratives related to the orphaning experience	The individual experience of orphanhood as expressed through the personal perspectives of orphaned youth has been comparatively neglected, resulting in a current body of literature that is somewhat unbalanced. The experiences of youth who have lost parents to the HIV/AIDS epidemic provide an important insight into this complex, evolving, multi-dimensional phenomenon
Zhao et al. (2012)	Vulnerable children Single and double AIDS orphans Non-orphans	Central China	To assess the relative importance of four measures of HIV-related stigma in predicting psychological problems among children affected by HIV	Few studies have examined the relative importance of various measures of HIV-related stigma in predicting psychological outcomes. Few studies have focused on secondary stigma upon children affected by HIV, and limited data are available in regions where HIV-related stigma continues to be a barrier to HIV prevention, treatment and care efforts
Boyes and Cluver (2015)	Vulnerable children (AIDS orphans and children living with sick parents) Non-orphans	Western Cape and Mpumalanga, South Africa	To determine whether prospective relationships between familial HIV/ AIDS and both anxiety symptoms and depressive symptoms operate indirectly via bullying victimisation	To date, no studies have examined whether relationships between familial HIV/AIDS and both symptoms of anxiety and depressive symptoms may operate indirectly via experiences of bullying victimisation
Chi et al. (2014)	Single orphans Double orphans Vulnerable children	Rural China	Explore the longitudinal reciprocal effects of depressive symptoms and stigma, specifically enacted stigma and perceived stigma among children affected by HIV/AIDS	Perceived stigma and enacted stigma were reported as robust predictors to internalising and externalising problems not only among children affected by HIV/AIDS but also among HIV-free family in the same community. Limited data were available regarding the impact of different forms of stigma on children's mental health in a longitudinal perspective and in resource limited settings
Cluver et al. (2008)	AIDS orphans Orphans Non-orphans	Cape Town, South Africa	• To examine associations between orphanhood and community risk factors • To examine associations between community risk factors and psychological outcomes, and • To examine the extent to which community risk factors mediate associations between AIDS orphanhood (compared with other orphanhood and non-orphanhood) and psychological outcomes	Research in South Africa shows that AIDS orphanhood is independently associated with heightened levels of psychological problems. The present study is the first to explore the mediating effects of stigma and other factors operating on a community level

(*Continued*)

Table 1. (Continued).

Author/s	General description			
	Target population (single/ double orphans)	Geographical location	Aim	Problem statement
Mo et al. (2015)	Vulnerable children AIDS orphans	Rural Central China	To examine the relationship between associative stigma, optimism, self-esteem and depression and anxiety among children of HIV-infected children in China	Since the outbreak of the HIV pandemic, PLWH have been subjected to high levels of stigmatisation and discrimination. Stigma has also been found to be significantly associated with adverse mental health outcomes among PLWH. Despite this, relatively few studies have been conducted to explore how stigma affects the children of PLWH
Cluver and Orkin (2009)	AIDS orphans Orphans Non-orphans	Cape Town, South Africa	To assess how food insecurity, bullying, and AIDS-related stigma interact with each other and with the likelihood of experiencing clinical-range disorder	If appropriate services for AIDS-affected children are to be developed, we need reliable evidence concerning factors which mediate risks of clinical-level disorder. However, few studies to date have investigated interactions of AIDS-orphanhood in particular with risk factors and child mental health. To our knowledge, the present study is the first known study to explore cumulative or interactive effects in relation to child mental health in the developing world
Xu et al. (2009)	AIDS orphans Caregivers Community informants	Longchuan, County Yunnan Province, China	To explore the psychosocial problems experienced by these children, including emotional problems, interpersonal relationships, and stigma and discrimination	More research is needed to profoundly understand the psychosocial impact of HIV/AIDS on children and appropriately indicate the need for interventions. Our study takes the first step towards understanding the psychosocial well-being of children in HIV/AIDS-affected families in rural China
Cluver and Gardner (2007)	AIDS orphans Caregivers Health professionals	Cape Town, South Africa	To explore the perceptions of orphaned children, their caregivers and care professionals about factors contributing to well-being in orphaned children	The psychological well-being of children orphaned by HIV/AIDS is under-researched. Even less is known about factors in these children's lives that can affect their mental health. Psychological 'risk factors' are defined as variables that increase the likelihood of psychological difficulties and 'protective factors' as variables that improve outcomes, despite environmental hazards

Table 2. Methodology.

Author	Methodology				
	Study design	Theoretical underpinnings	Sampling method	Sample size	Data collection methods/instruments
Harms et al. (2010)	Fundamental qualitative descriptive research design	Not specified	Convenience sampling	13 AIDS orphans (single/double orphan status not explicitly specified)	• Individual in-depth semi-structured interviews • Predetermined open-ended questions were used to explore the phenomenon under study • Short written questionnaire for collecting demographic data • Interviews were recorded. Permission to do so was obtained from participants
Zhao et al. (2012)	Quantitative cross-sectional design	Not specified	Not specified	775 AIDS orphans (consisting of single/double orphans; however, percentages not explicitly identified) 404 non-orphans	Each participant completed an assessment inventory consisting of: • Detailed measures of demographic information • Perceived public stigma against PLWHA 10-item scale • Stigma against children affected by AIDS scale (SACAA) • Personal stigmatisation attitudes against PLWHA scale • Enacted stigma scale • Centre of Epidemiology Studies Depression Scale for Children (CES-DC) • Child rating scale (CRS)
Boyes and Cluver (2015)	Quantitative longitudinal study design	Not specified	Simple random sampling	• 1318 participants were vulnerable children • 2197 participants were non-orphans • 3401 retention of participants • 114 loss of participants	• Questionnaire booklet designed in the style of a teen magazine and including pictures or popular music and television stars. Questionnaire booklets contained the following scales: • Children's depression inventory-short form (CD-SF) • Social and health assessment peer victimisation scale • Stigma-by-association scale • South African school attitudes survey

(*Continued*)

Table 2. (Continued).

	Methodology				
Author	Study design	Theoretical underpinnings	Sampling method	Sample size	Data collection methods/instruments
Chi et al. (2014)	Quantitative longitudinal study design	Not specified	Convenience sampling	• 272 AIDS orphans • 249 vulnerable children • 7.5 % loss of participants	Assessment consisted of four measures, namely: • Demographic characteristics • Centre for Epidemiological Studies Depression Scale for Children (CES-DS) • Stigma against children affected by AIDS • Self-constructed enacted Stigma scale
Cluver et al. (2008)	Quantitative study design (not further specified)	Not specified	Non-probability purposive sampling	• 425 AIDS orphans • 241 orphans by other causes • 278 non-orphans	• Anonymous self-report questionnaires • Interviews with participants • Psychometric measurement tools were: • Child depression inventory • Children's manifest anxiety scale – revised • Strengths and difficulties questionnaire (peer problems and conduct problems subscales) • Child PTSD checklist • Child behaviour checklist (delinquent subscale) • Demographic factors measuring individuals and household factors such as age, gender, migration, age at orphanhood, dwelling type and household size. • Social and health assessment peer victimisation scale • Self-reports of past year experience of witnessing or having been a victim to establish exposure to community trauma • A brief 4-item scale was devised from the Berger stigma scale for HIV-positive youth. Revised for assessing the presence of HIV-related stigma

(*Continued*)

Table 2. (Continued).

Author	Methodology				
	Study design	Theoretical underpinnings	Sampling method	Sample size	Data collection methods/instruments
Mo et al. (2015)	Quantitative study design (not further specified)	Not specified	Non-probability purposive sampling	• Total of 195 participants • (Children living in selected villages, between the ages of 9–15, whose family had HIV infections or had died from HIV. Children who were HIV positive were excluded from the study)	Self-administered structured questionnaires consisted of the following psychometric tools: • Affiliate stigma scale • Rosenberg self-esteem scale • Life orientation test revised scale • Children depression inventory (CDI) • Screen for child anxiety related emotional disorders
Cluver and Orkin (2009)	Quantitative research design (not further specified)	Not specified	Non-probability sampling – purposive sampling	• 425 AIDS orphans • 241 orphaned by non-AIDS causes • 278 non-orphaned • (A further 81 participants were excluded as cause of orphanhood could not be confirmed.)	With interviewers, children completed anonymous self-report questionnaires consisting of the following psychometric measures: • Child depression inventory • Children's manifest anxiety scale-revised (R-CMAS) • Child PTSD checklist • Social and health assessment peer victimisation scale (adapted from the multidimensional peer victimisation scale) • No standardised instruments currently exist to measure HIV-related stigma amongst non-infected orphans. A brief 4-item stigma scale was devised, based on items from the Berger stigma scale for HIV youth – revised • Food insecurity was measured using self-report of 0–7 days without food in the past week

(*Continued*)

Table 2. (Continued).

	Methodology				
Author	Study design	Theoretical underpinnings	Sampling method	Sample size	Data collection methods/instruments
Xu et al. (2009)	Qualitative study design (not further specified)	Not specified	Non-probability purposive sampling and convenient sampling	● 11 AIDS orphans (five paternal ● orphans, two maternal orphans and four double orphans) ● five non-orphans ● 16 caregivers (seven grandparents, five mothers, ● three fathers and one uncle) Five key community informants (one village leader, one local health service provider, one principal of a local middle school, one director of the local Women's Federation and one vice-director of the local civil affairs bureau)	● Semi-structured interviews (duration of each interview ranged from 30 minutes with the younger children to 1.5 hours with the older children and the caregivers) ● Drawings regarding their feelings were obtained from children but were not analysed
Cluver and Gardner (2007)	Qualitative study design (grounded theory approach)	Not specified	Convenience sampling	● 60 AIDS orphans ● 42 caregivers of orphaned children ● 20 are professionals	● Worksheet-based semi-structured interviews featuring popular cartoon characters (children opted to answer in relation to themselves (first person) or the cartoon character (third person), and chose to respond in writing, drawings, or verbally, independently or with interviewer assistance) ● Caregivers participated in Xhosa and English focus groups

Table 3. Findings and analysis.

Author	Findings and analysis		
	Method of data analysis	Study's findings	Author's conclusions
Harms et al. (2010)	The computer software package, QSR NVivo 2.0 was used to manage and code data. All transcripts, memos and case summary data were analysed using qualitative content analysis	Research results suggest the following: ● All participants experienced a loss of their child-hood, exposure to extended family conflict and experiencing social stigmatisation. These losses combined contributed to their loss of childhood as they experienced prolonged absence from school, increased manual labour, financial responsibilities and caring for younger siblings. ● The experience of orphanhood commences during parental illness rather than death. ● Youth experienced exploitation and conflict with clan/family members over much-needed resources and property. ● All participants reported their experience of 'oku-langira'. This is a verbal exchange where one person is reminded in a derogatory manner about his/her inferior societal position. This form of stigmatisation led to isolation, conflict and heighted levels of psychological distress for AIDS orphans.	The consequences of parental death by HIV/AIDS led to several struggles for AIDS orphans, namely poverty, lost educational opportunities and living with extended family systems characterised by difficulty and exploitation. AIDS orphans experience culturally specific forms of stigma related to their HIV/AIDS orphan status, making this youth twice and thrice more vulnerable. More needs to be done to understand and address the difficulties experienced by AIDS orphans in order to offer adequate support

(*Continued*)

Table 3. (Continued).

Author	Findings and analysis		
	Method of data analysis	Study's findings	Author's conclusions
Zhao et al. (2012)	• Chi-square and ANOVA were employed to assess the group differences in key demographic variables, stigma measures and child psychological problems • Post-hoc comparison was performed using the least significant difference (LSD) criterion to identify pairwise differences for those continuous variables that show an overall significant difference among three groups. • Pearson product moment correlation coefficients were employed to assess the relationship among various stigma and psychological measures among the entire sample. • Multiple regression analysis was employed to assess the relative contribution of various forms of stigma measures to both internalising and adjustment problems.	There were significant group differences in key demographic characteristics, stigma measures and psychological problems among orphans, vulnerable children, and comparison children, namely: • Comparison children reported a higher family socio-economic status (SES) than both orphans and vulnerable children. • Orphans reported a higher family SES than vulnerable children. • Orphans scored higher than vulnerable children, who scored higher than comparison children on two forms of perceived public stigma (stigma against PLWHA and stigma against children affected by HIV). • Orphans reported higher levels of psychology problems than vulnerable children who reported higher levels of psychological problems than comparison children. • The correlation coefficients among measures of stigma and psychological problems were similar for orphans and vulnerable children. • Comparison children displayed lower correlations except a higher correlation between depression and adjustment. • The correlations among the first three stigma measures were in general higher among orphans and vulnerable children than comparison children. • The highest correlations were between two measures of perceived public stigma, followed by enacted stigma and depression. • The weakest correlations were those between personal stigma against PLWHA and depression followed by the correlations between personal stigma and enacted stigma.	Various measures of stigma lead to internalising and adjustment problems independent of key demographic factors. All stigma measures do not equally contribute to child psychological problems. There is a need to consider the effect of various forms of HIV-related stigma on these children's psychosocial well-being and effectively utilise community resources to mitigate the negative effect of HIV-related stigma on AIDS orphans

(Continued)

Table 3. (Continued).

Author	Findings and analysis		
	Method of data analysis	Study's findings	Author's conclusions
		• Higher scores on perceived public stigma measures are predictive of depression. • Results of regression analysis show that an older age, being an orphan, perceived public stigma and enacted stigma are predictive of depression among children affected by HIV.	
Boyes and Cluver (2015)	Analysis was conducted in four stages in SPSS 22 and Mplus 6, namely. • Differences in socio-demographic factors, mental health scores and experiences of victimisation and bullying were assessed between study participants. • Anxiety symptoms, depressive symptoms, bullying victimisation, poverty and HIV-related stigma were assessed at baseline and follow-up assessment. • Correlational analysis outlined the strength of the relationships between anxiety and depressive symptoms and being HIV affected, bullying victimisation and HIV-related stigma. • Correlation analysis acts to detect whether there is a relationship between HIV-affected and anxiety and depressive symptoms operate via bullying victimisation, HIV-related stigma and mental health.	The study's findings indicated that: • Children and adolescents affected by familial HIV/AIDS experience higher levels of anxiety and depression and an increase in poverty and HIV-related stigma. • There is a significant correlation between familial HIV/AIDS and bullying victimisation resulting in a significant increase in anxiety, depression, poverty and HIV-related stigma scores at baseline assessment. • Baseline assessment HIV/AIDS familial association was correlated with follow-up anxiety and depressive scores, bullying victimisation, HIV-related stigma and mental health. • Familial HIV/AIDS was not directly correlated with anxiety scores but indirectly associated with anxiety via bullying victimisation and HIV-related stigma.	Familial HIV/AIDS was associated with symptoms of anxiety and depression both cross-sectionally and longitudinally. Children with familial HIV/AIDS experienced significantly higher levels of anxiety and depression. There is a call for more systematic research on group differences in anti-bullying programmes and programme components and their effectiveness, as there is much uncertainty regarding which intervention components are successful and for whom

(*Continued*)

Table 3. (Continued).

Author	Findings and analysis		
	Method of data analysis	Study's findings	Author's conclusions
Chi et al. (2014)	Data analysis was performed using SPSS 11.0 Cross-lagged path models were tested with Mplus Version 5.1 Data were analysed in three steps, namely: ● Basic stability models were tested. Autoregressive effects of depressive symptoms, perceived stigma and enacted stigma was estimated. ● The hypothesised models were tested: perceived stigma – depressive symptoms; depressive symptoms – perceived stigma; enacted stigma – depressive symptoms; perceived stigma – enacted stigma and enacted stigma – perceived stigma. ● Several goodness-of-fit indices were applied to assess the fit of hypothesised models: chi-square, root mean square error of approximation, *p*-value and comparative fit index.	The research findings suggest that: ● Autoregressive effects are stable over time for depressive symptoms, perceived stigma and enacted stigma. ● Cross-lagged effects depicted a cycle among enacted stigma, depressive stigma, perceived stigma and enacted stigma in a linear direction and demonstrate that perceived and enacted stigma affects the well-being of vulnerable children and AIDS orphans in a variety of ways. ● Enacted stigma directly predicted symptoms of depression, aggravating the negative effects of perceived stigma on later symptoms of depression. ● Children's depressive symptoms may be the result of experiences of discrimination, isolation and threatening actions by others and various measures of HIV-related stigma. ● Feelings of shame/embarrassment are caused by enacted stigma inhibiting a child's psychological adjustment, causing AIDS orphans and vulnerable children to remain focused on negative aspects of living with familial HIV/AIDS.	An increase in both enacted and perceived stigma results in an increase in depressive symptoms. The findings suggest a longitudinal and bidirectional relationship between enacted stigma, perceived stigma and depressive symptoms. Such findings suggest the need for multilevel interventions to effect a reduction in HIV-related stigma. Further interventions need to emphasise the interrelations of these facets while calling for a rigorous programme evaluation in terms of capacity for stigma reduction to increase the well-being of HIV/AIDS-affected families and children

(*Continued*)

Table 3. (Continued).

Author	Findings and analysis		
	Method of data analysis	Study's findings	Author's conclusions
Cluver et al. (2008)	Data were analysed using SPSS Version 14.0. All tests were two-tailed and significance was set at $p < 0.01$ level. Data were analysed in four steps, namely: • Using chi-square tests and one-way analysis of variances (ANOVA) to establish differences between orphanhood groups, demographic characteristics and community factors. • Bivariate correlations examined associations between community factors and psychological outcomes. • Associations between orphan status and each psychological outcome were assessed using multivariate linear regression analysis. • Indirect effects associated with stigma were examined using the Sobel test for all psychological outcomes.	Findings of the study suggests that: • General levels of bullying and experience of community traumas were highly associated but displayed no group differences. • Significant group differences were observed for stigma and positive activities; AIDS orphans experienced higher levels of stigmatisation than other orphans; however, other orphans experienced higher levels of stigmatisation than non-orphans. • Victimisation bullying and stigma are associated with higher scores of depression, anxiety, peer problems, post-traumatic stress, delinquency and conduct problems which are in turn associated with community violence except for peer problems. • Positive activities acted to bring about the reduction in scores of depression, anxiety, peer problems, post-traumatic stress but not conduct problems. • AIDS orphans displayed higher levels of psychological problems than other orphans and non-orphans. • AIDS orphanhood was highly correlated with depression, peer problems, post-traumatic stress, conduct problems and delinquency. However, no correlation between anxiety and AIDS orphanhood was found. All of the correlations previously discussed are fully mediated by HIV-related stigma.	It is of vital importance that policies are developed to address the psychological distress experienced by AIDS orphans. AIDS-related stigma has shown to be significantly relevant to AIDS orphans, having strong predictive outcomes on psychopathology. Some factors need to be introduced at a community level such as bullying, victimisation and stigma, and there needs to be an increase in positive activities to bring about the reduction of psychological distress experienced by AIDS orphans

(*Continued*)

Table 3. (Continued).

Author	Findings and analysis		
	Method of data analysis	Study's findings	Author's conclusions
Mo et al. (2015)	Analysis was performed using AMOS version 6.0. Descriptive statistic was conducted to establish demographic variables. ● Goodness-to-fit of measurement models was established by a confirmatory factor analysis. ● The hypothesised relationship between variables was tested using structural equation modelling. ● To examine the indirect effect of associative stigma on depression and anxiety, two paths were added to the model. ● X^2 index, the root mean square of approximation, was used to evaluate the overall model fit.	The results of the study indicated that: ● Participants scored higher than the cut-off for depressive and anxiety disorders such as panic disorder, generalised anxiety disorder, separation anxiety disorder, social anxiety disorder and school avoidance. ● Associative stigma is positively correlated with depression and anxiety and negatively correlated with self-esteem. However, self-esteem and optimism has a negative correlation with depression and anxiety disorders. ● The structural model for testing indirect effects depicts that direct paths of associative stigma on anxiety and depression were non-significant. Therefore, full mediation of self-esteem and optimism on the relationship between associative stigma and depression and anxiety. There were significant indirect effects of associative stigma on depression and anxiety.	Associative stigma indirectly affects depression and anxiety through lower levels of self-esteem and optimism. This observation may be explained by higher levels of associative stigma that lead to the internalisation of the negative views of others. This leads victims to believe that the delinquent label is personally relevant to themselves and that they drain society. The acceptance of negative beliefs and views harmfully affects their view of themselves and their future. Feelings of inadequacy towards oneself and the future may lead to poor mental health. The study recommended that support given to children must address associative stigma and its potential consequences on psychological and mental health

(*Continued*)

Table 3. (Continued).

Author	Findings and analysis		
	Method of data analysis	Study's findings	Author's conclusions
Cluver and Orkin (2009)	Analysis was performed using SPSS Version 14.0. All tests were two-tailed and significance was set at $p < 0.01$ levels for regression. • Hierarchical log-linear modelling was conducted using an unweighted set of data. Significance for log-linear modelling was set more stringently at $p < 0.005$. • Automatic backwards selection provided by SPSS yielded eight variables with associations. • Potential risk and protective factors were entered into multivariate logistic regressions alongside orphanhood status, age and gender, and with the dependent variable of any internalising disorder.	Findings suggest that: • Poverty and HIV-related stigma are risk factors for the development of psychopathology in AIDS orphans. • No differences were present in the median score for bullying among AIDS orphans, non-orphans and other orphans. • Clinical levels of psychological distress ranged from 9.8% for anxiety, 9.7% for depression, 27% for PTSD and 31% for internalising disorders. • Risk factors for the development of psychological disorders for AIDS orphans and vulnerable youth have been identified as: quality of care, stigma, bullying and poverty. • The highest level of psychopathology was caused by stigmatisation and poverty, when controlling for demographic factors.	The risk factors identified interact to produce a cumulative negative effect on child mental health. AIDS-related stigma, bullying and poverty combine to intensify the vulnerability of AIDS-orphaned and vulnerable children. Youth reported higher levels of distress and social isolation. These findings hold theoretical understanding of the impact of the interacting effects of the factors impinging on child mental health. Implications for further research have been drawn from research findings. This research may contribute to the ongoing debate whether interventions should target orphans or AIDS orphans within the wider group of vulnerable children. Policy and programming increasingly recognise risks associated with targeting orphans such as isolation and re-stigmatisation of children. The findings of the present study suggest that AIDS orphanhood and the experience of AIDS-related stigma interact with factors of more general child vulnerability such as quality of care, bullying and economic vulnerability, to impact on child mental health

(Continued)

Table 3. (Continued).

Author	Findings and analysis		
	Method of data analysis	Study's findings	Author's conclusions
Xu et al. (2009)	Data were analysed using ATLAS ti Version 5.0. The following procedures were conducted: • All interviews were transcribed by one research staff member. • The quality of the transcription was double-checked by another staff member. • A local research staff member, who is fluent in the local dialect, transcribed the interviews in a local dialect. • The transcripts were coded and analysed by the first author. • After careful and repeated examination of the transcripts, categories and subcategories of analysis were developed and defined.	The findings of the study suggested that: • Demographic factors varied according to gender, school attendance and time of orphanhood. • Three themes were identified to represent children's psychosocial problems, namely emotional issues, interpersonal issues and stigma and discrimination. • All participants were found to suffer from emotional problems such as fear, anxiety and a loss of confidence and self-esteem. • These emotional issues were found to influence participants' interpersonal relationships with both peers and caregivers. • Stigma and discrimination has been identified as the leading cause of participants' emotional issues and associated changes in interpersonal relationships. • Emotional issues were divided into various categories namely: fear and anxiety, sadness and grief, confidence and self-esteem, and stigma and discrimination. • Participants experienced fear and anxiety because of their uncertainty regarding parents' health, illness and future prospects after parental death. • Participants reported feelings of sadness and grief when discussing parental death; however, three children reported their ability to express their feelings. • Participants experienced low confidence as they were sensitive to the opinion of others.	AIDS orphans and vulnerable children suffer from a number of psychological problems, consistent with findings from studies conducted in other countries. The participants of our study did not report serious stigma and discrimination. This was beyond their expectations and inconsistent with previous studies conducted in other countries

(*Continued*)

Table 3. (Continued).

Author	Findings and analysis		
	Method of data analysis	Study's findings	Author's conclusions
		• Children relied heavily on extended family/adult caregivers to gain economic, emotional and social security. • Peer relationships differed between participants who attended school and drop-outs. Children who dropped out of school were withdrawn, isolated and less involved in peer activities. • All participants experienced stigmatisation by their peers because of the reason of parental illness and death leading to a sense of rejection. Participants reported self-stigma, self-hatred, shame and isolation.	
Cluver and Gardner (2007)	Content analysis was conducted along the following procedures: • Written data, interviewer notes, participant writings and drawings were read and significant statements were extracted. • Meanings from statements were produced to create clusters of themes. • Themes were compared within and across categories to establish consistency. • After comparison, all themes were referred back to original interviews for validation.	Key themes were identified across findings and factors were identified as eliciting both emotional and behavioural difficulties. The key findings and themes of the study are as follows: • Bereavement is identified as a key risk for emotional/behavioural problems as AIDS orphan's experiences substantial anger and grief. • The primary caregiver was identified as a significant risk/protective factor for AIDS orphans. Protective factors included support, honesty, praise and closeness, help with homework, reading and stories, advice on education and attending school meetings. Risk factors included multiple moves, caregiver changes, caregiver illness, family conflict, separation, domestic violence and alcohol abuse.	The study reported on factors that are perceived to affect the psychological well-being of AIDS orphans. Many factors remain congruent with the findings outlined in previous studies. Regarding HIV-related stigma, AIDS orphans reported experiences of gossip and teasing which suggests a possible connection to HIV/AIDS-related stigma that has been supported by examples of gossiping and shouting at surviving parents. The authors have recognised the potential to test identified factors in future research. They also suggest that larger-scale studies would allow exploration of findings in a wider geographical area, with larger samples of AIDS-affected sub-groups

(*Continued*)

Table 3. (Continued).

Author	Findings and analysis		
	Method of data analysis	Study's findings	Author's conclusions
		• Abuse was a perceived risk factor for emotional and behavioural problems and included: shouting, beating with a stick or belt, neglect and sexual abuse. • Poverty was identified as a substantial risk factor and included: homelessness, unemployment, no medical care, housing problems. Extreme poverty has led to feelings of social exclusion by AIDS orphans, among others. • Stigma and discrimination has been identified as a cause of significant distress among AIDS orphans. Stigma and discrimination manifested through various acts such as gossiping, verbal abuse, being teased and shouted at in public.	

AIDS orphans. For instance, felt stigma may contribute to the arousal of psychological distress. However, in the presence of enacted stigma felt stigma loses it predictive power as enacted stigma is a greater predictor and risk for the development of psychological distress among AIDS orphans (Chi et al., 2014). Similarly, several included studies concluded that manifestations of enacted stigma – bullying victimisation, rejection and abandonment by extended family, peers and members of the community, social abuse, sexual and verbal abuse and exploitation – played a dominant role in the development of psychological distress for AIDS orphans (Boyes & Cluver, 2015; Chi et al., 2014; Cluver & Gardner, 2007; Cluver et al., 2008; Cluver & Orkin, 2009; Harms et al., 2010; Mo et al., 2015; Xu et al., 2009).

Discussion

The aim of this study was to examine and report on the effects of HIV-related stigma on the psychological well-being of AIDS orphans who have lost one or both of their parents to HIV/AIDS. Included studies (Boyes & Cluver, 2015; Chi et al., 2014; Cluver & Gardner, 2007; Cluver et al., 2008; Cluver & Orkin, 2009; Harms et al., 2010; Mo et al., 2015; Xu et al., 2009; Zhao et al., 2012) have identified the presence of HIV-related stigma in the lives of AIDS orphans and acknowledged its contribution to their experiences of psychological distress. Enacted stigma plays a crucial role in the development of psychological distress in AIDS orphans. It acts to inhibit the psychological adjustment of AIDS orphans as they remain focused on the negative aspects of their lives originating from parental HIV/AIDS such as isolation, discrimination, social exclusion, devaluation and rejection. These negative aspects caused by manifestations of enacted stigma and leads to an increase in psychological distress (Chi et al., 2014; Harms et al., 2010). This is largely because of the limitation of social, financial and mental health support offered to devalued and socially excluded individuals, thus limiting AIDS orphans' access to opportunities needed to meet their basic needs and for their mental well-being (Kheswa & Duncan, 2011; Louw et al., 2012). Vicarious stigma has led to an increase in psychological distress in orphans by increasing their perceptions about the norms and prevalence of enacted stigma. The anticipation of enacted stigma has resulted in AIDS orphans feeling anxious and fearful about experiences of hostility, rejection and discrimination (Cluver & Gardner, 2007; Steward et al., 2008). Felt stigma's contribution to psychological distress operates through AIDS orphans' use of disclosure avoidance mechanisms (Steward et al., 2008). Although the disclosure regarding the nature of parental illness and death may result in experiences of enacted stigma, the culture of silence employed by AIDS orphans acts to increase psychological distress by placing them beyond the reach of social, psychological and medical support (Burris, 1997; Chi et al., 2014; Gupta, 2013; Harms et al., 2010; Steward et al., 2008; Xu et al., 2009). AIDS orphans' internalisation of felt stigma contributes to their experience of psychological distress (Steward et al., 2008). Feelings of self-hatred, shame, embarrassment, inferiority and disgrace are held by AIDS orphans as a consequence of their belief that they are tainted and devalued (Chi et al., 2014; Mo et al., 2015; Xu et al., 2009). These negative feelings represent the psychological suffering of AIDS orphans caused by HIV-related stigma. HIV-related stigma has adversely affected the psychological health of AIDS orphans and is, therefore, recognised as a risk factor

for the development of psychological distress among AIDS orphans (Mo et al., 2015). Significant experiences of HIV/AIDS-associated stigmatisation and discrimination were not reported by AIDS orphans and are inconsistent with the findings of previous studies (Bogart et al., 2008; de Witt & Lessing, 2010; Ishikawa, Pridmore, Carr-Hill, & Chaimuangdee, 2010; Kheswa & Duncan, 2011; Louw et al., 2012). AIDS orphans received more assistance from extended family members, neighbours and peers. Xu et al. (2009) justified these findings by claiming that there has been an increase in empathy towards AIDS orphans within their community.

Additionally, the low prevalence of HIV-related stigma may be the result of non-disclosure of the cause of parental illness and death (Xu et al., 2009). Consistent with these findings, Harms et al. (2010, p. 8) stated that the '[c]inderella myth' which refers to the exploitation of AIDS orphans in their adopted homes is yet to be empirically validated. HIV-related stigma remains the chief distinction between AIDS orphans and children or youth orphaned by other causes of parental death.

Although this study sheds light on the role of HIV-related stigma in the lives of AIDS orphans, it is not without limitation. The study failed to evaluate grey literature and was limited to studies which were open access and in the public domain, thus, omitting unpublished studies and limiting the pool of included studies. However, this ensured that all studies included were peer reviewed and of a high methodological standard. Low levels of disclosure among AIDS orphans and caregivers acted to limit the current study as failure to distinguish the HIV status of AIDS orphans resulted in the exclusion of the study under review. The studies included in the review were mainly conducted in Africa and China. Consequently, the findings are not generalizable. This may be the result of high prevalence rates of HIV/AIDS reported in Africa and China and highlights a gap in the current body of literature.

Conclusion

This review has identified the manner in which HIV-related stigma contributes to increased levels of distress and poor psychological functioning among AIDS orphans. Future research need to make use of adequate control groups to produce insightful findings explaining the true nature of psychological distress experienced by AIDS orphans as a result of HIV-related stigma. Support structures and programmes need to assist AIDS orphans in addressing their experiences of HIV-related stigma and its potential consequences. Cognitive behavioural therapy may be used to address the psychological needs of AIDS orphans by reinforcing positive attitudes and increasing levels of self-esteem and optimism among AIDS orphans. The lack of the following services, quality care arrangements, mental health services, education, legal protection and stable support, may be implemented to minimise distress among AIDS orphans.

Acknowledgements

The following study was funded by the National Research Foundation under grant no. 94429.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by the National Research Foundation under: [Grant Number 94429].

References

Adejuwon, G., & Oki, S. (2011). Emotional well-being of orphans and vulnerable children in Ogun State orphanages Nigeria: Predictions and implications for policy. *Life Psychology*, *19*(1), 1–18.

Bogart, L., Cowgill, B., Kennedy, D., Ryan, G., Murphy, D., Elijah, J., & Schuster, M. A. (2008). HIV-related stigma among people with HIV and their families: A qualitative analysis. *AIDS and Behavior*, *12*, 244–254. doi:10.1007/s10461-007-9231-x

Boyes, M., & Cluver, L. (2013). Relationships among HIV/AIDS orphanhood, stigma, and symptoms of anxiety and depression in South African youth: A longitudinal investigation using a path analysis framework. *Clinical Psychological Science*, *1*(3), 323–330. doi:10.1177/2167702613478595

Boyes, M., & Cluver, L. (2015). Relationships between familial HIV/AIDS and symptoms of anxiety and depression: The mediating effect of bullying victimization in a prospective sample of South African children and adolescents. *Journal of Youth and Adolescence*, *44*, 847–859. doi:10.1007/s10964-014-0146-3

Burris, S. (1997). Driving the epidemic underground? A new look at law and the social risk of HIV testing. *AIDS and Public Policy Journal*, *12*, 66–78.

Chi, P., & Li, X. (2013). Impact of parental HIV/AIDS on children's psychological well-being: A systematic review of global literature. *AIDS and Behavior*, *17*(7), 2554–2574.

Chi, P., Li, X., Zhao, J., & Zhao, G. (2014). Vicious circle of perceived stigma, enacted stigma and depressive symptoms among children affected by HIV/AIDS in China. *AIDS and Behavior*, *18*(6), 1054–1062. doi:10.1007/s10461-013-0649-z

Cluver, L., & Gardner, F. (2007). Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: A qualitative study of children and caregivers' perspectives. *AIDS Care*, *19*(3), 318–325. doi:10.1080/09540120600986578

Cluver, L., Gardner, F., & Operario, D. (2007). Psychological distress amongst AIDS-orphaned children in urban South Africa. *Journal of Child Psychology and Psychiatry*, *48*(8), 755–763. doi:10.1111/jcpp.2007.48.issue-8

Cluver, L., Gardner, F., & Operario, D. (2008). Effects of stigma on the mental health of adolescents orphaned by AIDS. *Journal of Adolescent Health*, *42*, 410–417. doi:10.1016/j.jadohealth.2007.09.022

Cluver, L., & Orkin, M. (2009). Cumulative risk and AIDS-orphanhood: Interactions of stigma, bullying and poverty on child mental health in South Africa. *Social Science & Medicine*, *69*, 1186–1193. doi:10.1016/j.socscimed.2009.07.033

de Witt, M., & Lessing, A. (2010). The psychosocial well-being of orphans in Southern Africa: The perceptions of orphans and teachers. *The Journal of Transdiciplinary Research in Southern Africa*, *6*(2), 461–477.

Deacon, H. (2006). Towards a sustainable theory of health-related stigma: Lessons from the HIV/AIDS literature. *Journal of Community & Applied Social Psychology*, *16*, 418–425. doi:10.1002/(ISSN)1099-1298

Delva, W., Vercoutere, A., Loua, C., Lamah, J., Vansteeland, S., De Koker, P., … Annemans, L. (2009). Psychological well-being and socio-economic hardship among AIDS orphans and other vulnerable children in Guinea. *AIDS Care*, *21*(12), 1490–1498. doi:10.1080/09540120902887235

Gupta, R. (2013). Differing cultural views on epilepsy and its management. *Paediatric Epilepsy*, *8* (1), 1–13.
Harms, S., Jack, S., Ssebunnya, J., & Kizza, R. (2010). The orphaning experience: Descriptions from Ugandan youth who have lost parents to HIV/AIDS. *Child and Adolescent Psychiatry and Mental Health*, *4*(1), 6–10. doi:10.1186/1753-2000-4-6
Higgins, J., & Green, S. (2011). *Cochrane handbook for systematic reviews of intervention* (Vol. 4). Chichester: John Wiley & Sons.
Ishikawa, N., Pridmore, P., Carr-Hill, R., & Chaimuangdee, K. (2010). Breaking down the wall of silence around children affected by AIDS in Thailand to support their psychosocial health. *AIDS Care*, *22*(3), 308–313. doi:10.1080/09540120903193732
Kheswa, G., & Duncan, N. (2011). The stigmatisation of children affected by HIV and AIDS in a Gauteng township area. *Child Abuse Research A South African Journal*, *12*(1), 38–50.
Law, M., Stewart, D., Pollock, N., Letts, L., Bosch, J., & Westmorland, M. (1998). *Critical review form–quantitative studies*. Hamilton: McMaster University.
Lin, X., Zhao, G., Li, X., Stanton, B., Zhang, L., Hong, Y., … Fang, X. (2010). Perceived HIV stigma among children in a high HIV-prevalence area in central China: Beyond the parental HIV-related illness and death. *AIDS Care*, *22*(5), 545–555. doi:10.1080/09540120903253999
Long, A. (2005). *Evaluative tool for mixed method studies*. Leeds: Schools of Healthcare, University of Leeds.
Louw, D., Mokhosi, M., & van den Berg, H. (2012). Stressors, social resources and coping skills among double aids-orphaned adolescents. *Child Abuse Research: A South African Journal*, *13* (2), 1–12.
Mo, P., Lau, J., Yu, X., & Gu, J. (2015). A model of associative stigma on depression and anxiety among children of HIV-infected parents in China. *AIDS and Behavior*, *19*, 50–59. doi:10.1007/s10461-014-0809-9
Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & The PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Medicine*, *6*(7), 1–6. doi:10.1371/journal.pmed.1000097
Pomeroy, E., Rubin, A., & Walker, R. (1995). Effectiveness of a psychoeducational and task-centered group interventions for family members of people with AIDS. *Social Work Research*, *19*, 142–152.
Steward, W., Herek, G. M., Ramakrishna, J., Bharat, S., Chandy, S., Wrubel, J., & Ekstrand, M. L. (2008). HIV-related stigma: Adapting a theoretical framework for use in India. *Social Science & Medicine*, *67*(8), 1225–1235. doi:10.1016/j.socscimed.2008.05.032
The Critical Appraisal Skill Program, C. (2014, April 10). CASP checklists. Retrieved from critical appraisal skills programme (CASP): Making sense of evidence: http://www.casp-uk.net/#!casp-tools-checklists/c18f8
Thupayagale-Tshweneagae, G., & Benedict, S. (2011). The burden of secrecy among South African adolescents orphaned by HIV and AIDS. *Issues in Mental Health Nursing*, *32*, 355–358. doi:10.3109/01612840.2011.576128
Tierney, R., & Marielle, S. (2004). What's still wrong with rubrics: Focusing on the consistency of performance criteria across scale levels. *Practical Assessment, Research & Evaluation*, *9*(2), 1–8.
Tran, T. T. N., & Mwanri, L. (2013). Addressing stigma and discrimination in HIV/AIDS affected orphans and vulnerable children in Vietnam. *World Journal of Preventive Medicine*, *1*(3), 30–35.
UNICEF. (2006). *Africa's orphaned and vulnerable generations: Children affected by AIDS*. New York, NY: UNICEF.
Vergnes, J., Marchal-Sixou, C., Nabet, C., Maret, D., & Hamel, O. (2010). Ethics in systematic reviews. *Journal of Medical Ethics*, *36*(12), 771–774. doi:10.1136/jme.2010.039941
Xu, T., Yan, Z., Duan, S., Wang, C., Rou, K., & Wu, Z. (2009). Psychosocial well-being of children in HIV/AIDS-affected families in southwest China: A qualitative study. *Journal of Child and Family Studies*, *18*, 21–30. doi:10.1007/s10826-008-9202-5

Zhao, G., Li, X., Kaljee, L., Zhang, L., Fang, X., Zhao, J., … Stanton, B. (2009). Psychosocial consequences for children experiencing parental loss due to HIV/AIDS in central China. *AIDS Care*, *21*(6), 769–774. doi:10.1080/09540120802511943

Zhao, G., Li, X., Zhao, J., Zhang, L., & Stanton, B. (2012). Relative importance of various measures of HIV-related stigma in predicting psychological outcomes among children affected by HIV. *Community Mental Health Journal*, *48*, 275–283. doi:10.1007/s10597-011-9424-7