

Stigma mediates the relationship between HIV/AIDS-orphanhood and symptoms of anxiety and depression in South African children: A four year follow-up study

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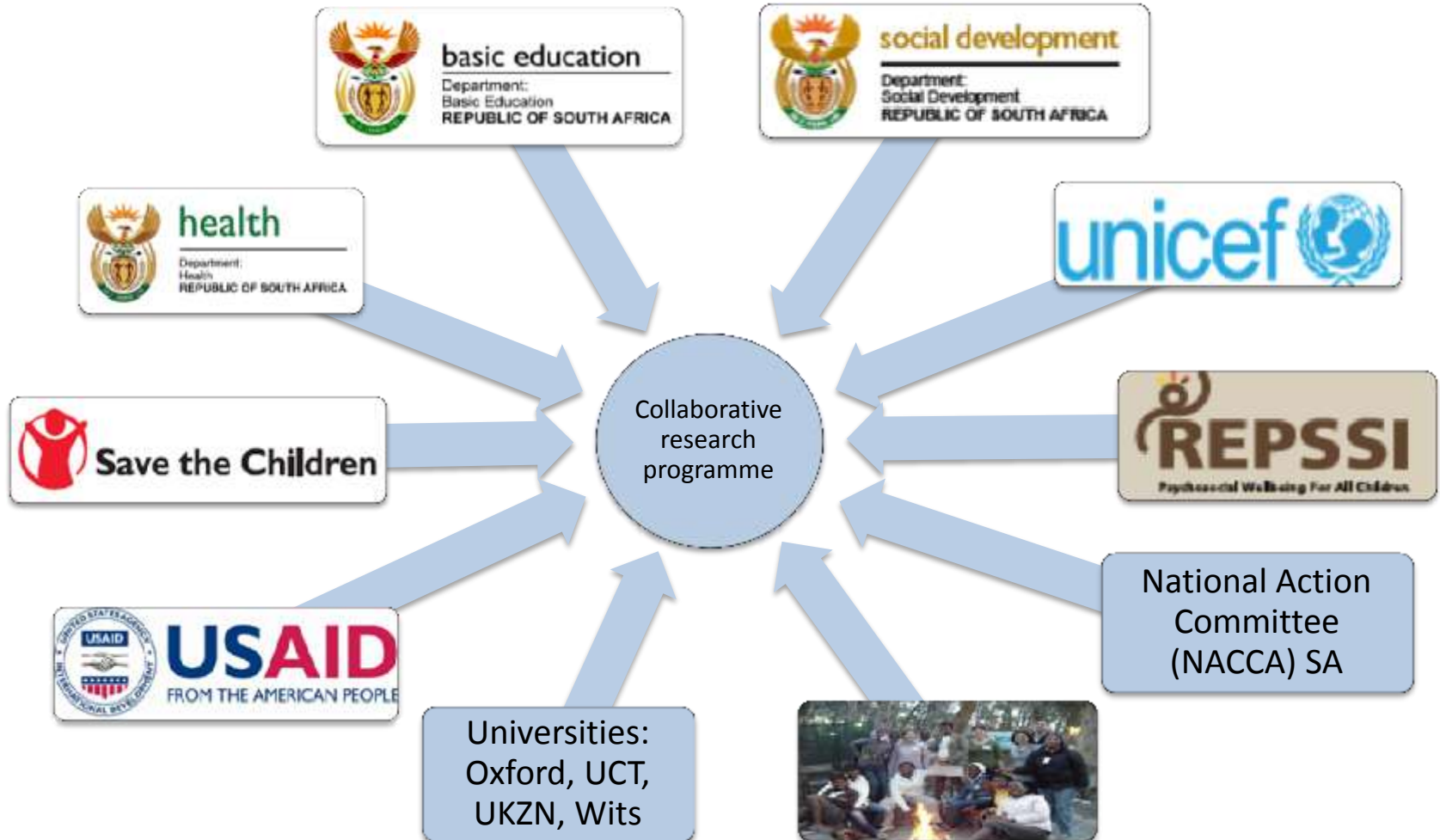
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HIV/AIDS and orphanhood

- UNICEF estimates that by 2020, 40 million children will have lost one or both parents to AIDS (UNICEF, 2013)
- ~ 80% of children orphaned by AIDS live in sub-Saharan Africa
- An estimated 2.5 million in South Africa (UNAIDS, 2013)
- Familial HIV/AIDS is also associated with stigma, poverty, family conflict, and multiple bereavements (Booyesen 2004; Sherr 2008; Skovdal 2010)

Collaborative research: Science to inform Policy



Longitudinal study of HIV/AIDS-orphanhood (Nuffield Foundation)

Questions

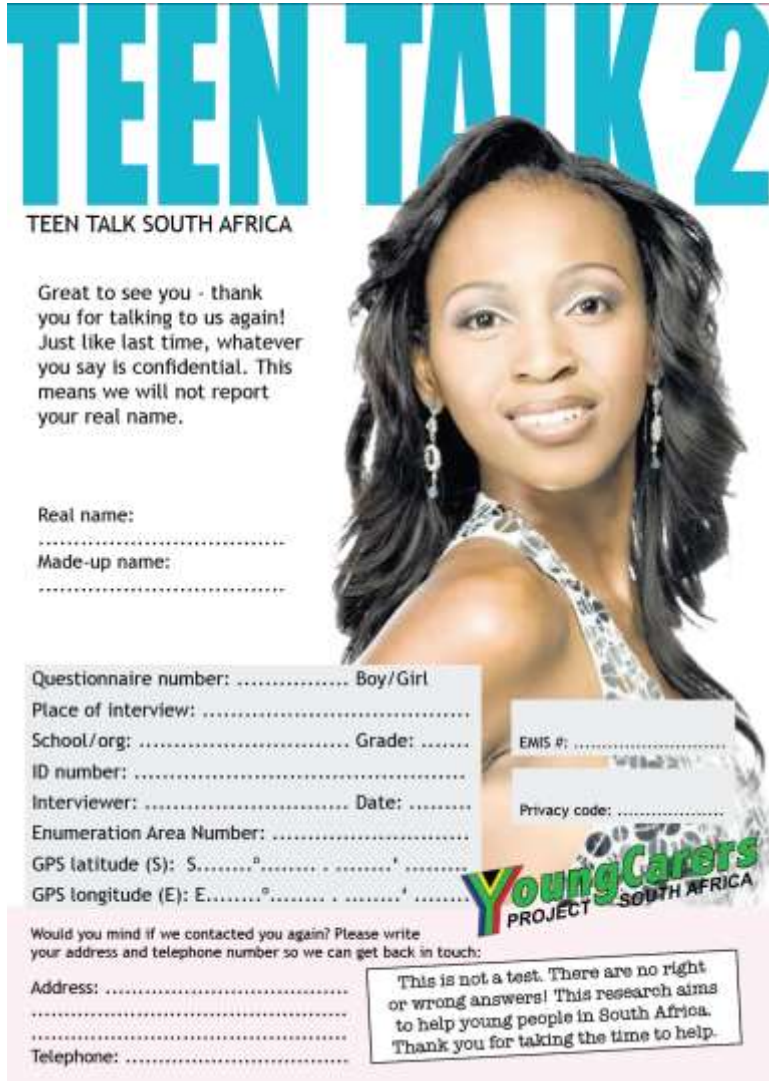
- What are impacts of AIDS-orphanhood on child mental health, education and sexual health?
- Are these maintained over time?

Sampling

- 2005: N=1021 (aged 10-18) in Western Cape
- 2009: 71.5% follow-up
- Western Cape, Gauteng, Eastern Cape
- Comparing AIDS-orphaned/other-orphaned/non-orphaned children

Measures

- Standardised psychological scales, national surveys (census, Demographic Household Survey etc)
- Verbal autopsy method (sensitivity 83%, specificity 75%)



TEEN TALK 2
TEEN TALK SOUTH AFRICA

Great to see you - thank you for talking to us again! Just like last time, whatever you say is confidential. This means we will not report your real name.

Real name:
Made-up name:

Questionnaire number: Boy/Girl
Place of interview:
School/org: Grade:
ID number:
Interviewer: Date:
Enumeration Area Number:
GPS latitude (S): S.....°.....'
GPS longitude (E): E.....°.....'

EMIS #:
Privacy code:

Young Carers PROJECT SOUTH AFRICA

Would you mind if we contacted you again? Please write your address and telephone number so we can get back in touch:

Address:
.....
Telephone:

This is not a test. There are no right or wrong answers! This research aims to help young people in South Africa. Thank you for taking the time to help.

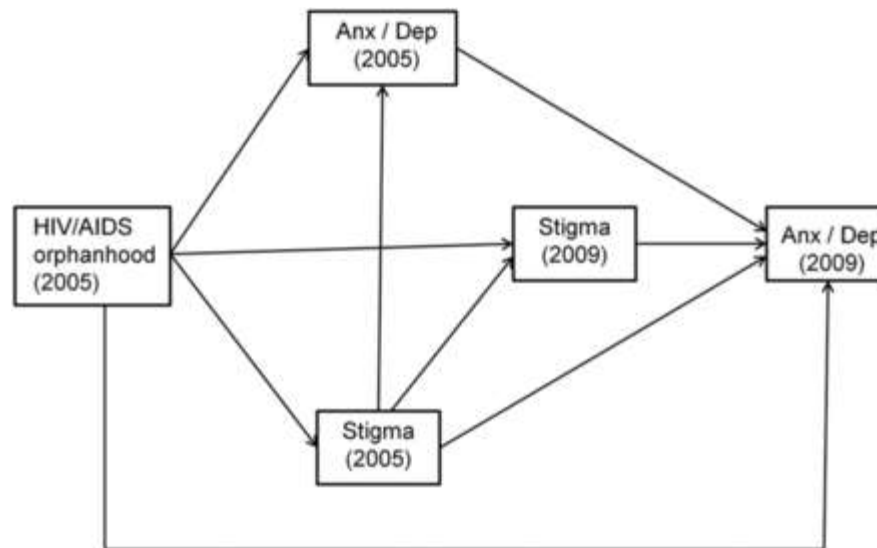
HIV/AIDS-orphanhood and HIV/AIDS-related stigma

- HIV/AIDS-orphanhood is consistently associated with poor mental health outcomes across a number of contexts - developed world, sub-Saharan Africa, and China (Forehand et al., 2002; Bhargava, 2005; Fang et al., 2009)
- In South Africa, HIV/AIDS-orphanhood has been associated with symptoms of anxiety, depression, and posttraumatic stress both cross-sectionally (Cluver, Gardner, & Operario, 2007) and prospectively (Cluver, Orkin, Gardner, & Boyes, 2012)
- South Africa has particularly high levels of HIV/AIDS-related stigma
- Ranging from subtle rejection to physical assault and even murder (Skinner & Mfecane, 2004).
- Some evidence that family members are also stigmatised because of their association with the sick individual – and that this stigma by association is a risk factor for worse outcomes (Cluver & Orkin, 2009).
- But all data is cross-sectional – no information on whether stigma-by-association persists across time and whether it is prospectively associated with mental health?

Aims

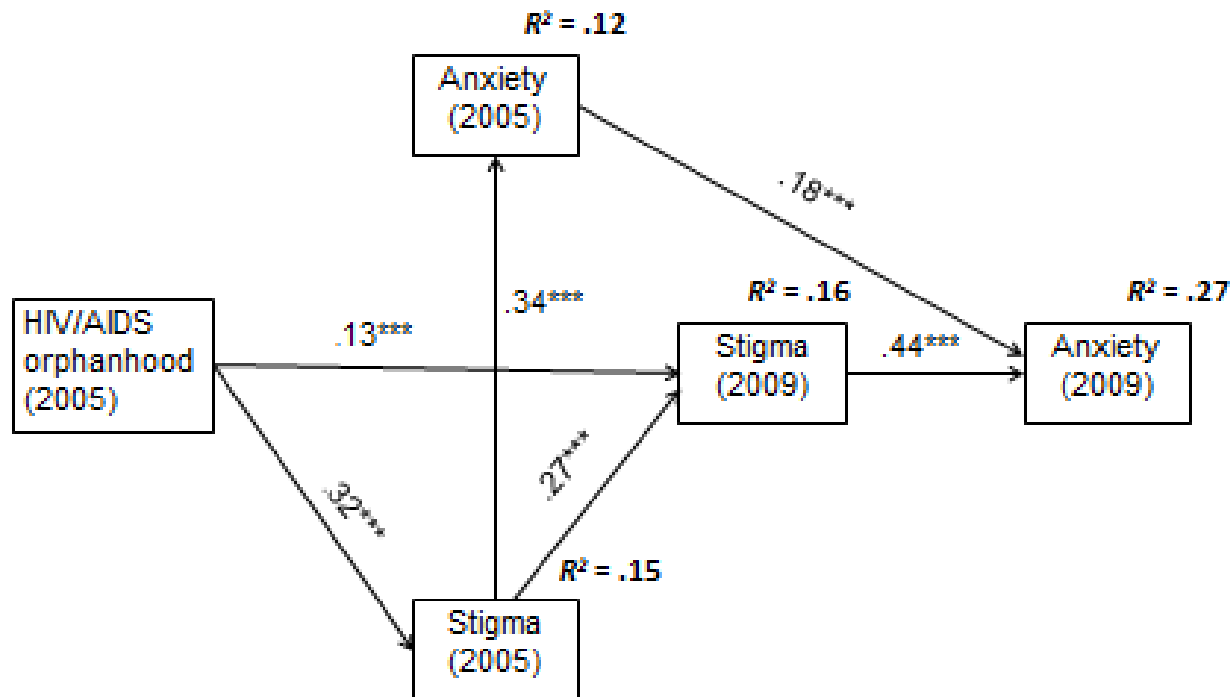
- Determine whether stigma experienced by HIV/AIDS-orphaned youth persists over time
- Empirically test if relationships between HIV/AIDS orphanhood and symptoms of anxiety and depression measured 4 years later operate indirectly through perceived stigma

Hypothesized Model:



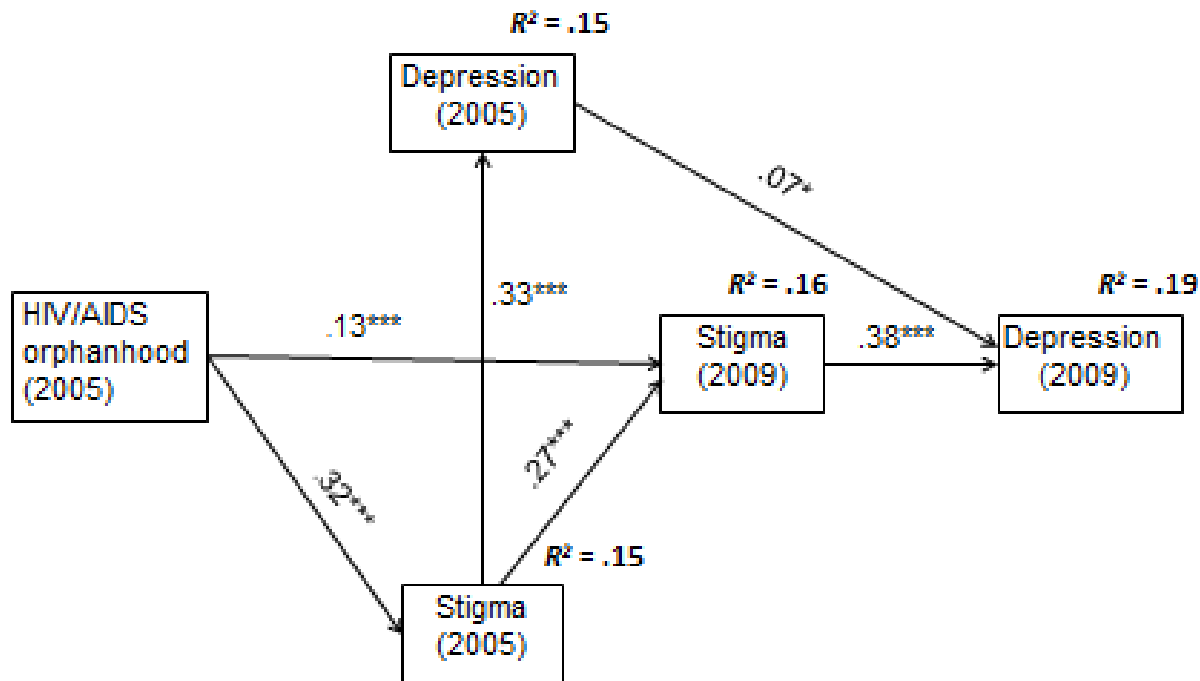
HIV/AIDS-related stigma and anxiety

($\beta = .12$, 95% CI = .08–.16, $p = .001$)



HIV/AIDS-related stigma and depression

($\beta = .09$, 95% CI = .06–.13, $p = .001$)



Conclusions

- Children orphaned by HIV/AIDS experience HIV/AIDS-related stigma, which persists across time
- Relationships between HIV/AIDS-orphanhood operate *indirectly* through experiences of HIV/AIDS-related stigma
- Implications for intervention:
 - Interventions attempting to reduce stigma directed at HIV/AIDS-orphaned children need to be designed and rigorously tested
 - Reducing HIV/AIDS-related stigma at a community level is complex and difficult and there is a dearth of high-quality research on stigma reduction (Klein, Karcher, & O'Connell, 2002; Stangl et al., 2013)
 - Identify factors associated with the promotion of youth resilience in the context of exposure to HIV/AIDS-related stigma, as possible intervention targets
- Multilevel strategies are required to support HIV/AIDS-affected children; however, stigma reduction should be an essential component of future intervention efforts.

Extending findings to younger children?

- Children orphaned by AIDS experience stigma which persists across time. When does this start?
- Longitudinal research should examine outcomes associated with early exposure to HIV/AIDS-related stigma
- Adolescence is a risk period for the development of mental health problems. Reducing HIV/AIDS-related stigma exposure in earlier years may buffer against the development of mental health problems
- Stigma is also associated with other family level risk factors - including poverty and abuse - that are associated with poor mental health outcomes for both children and adolescents.
- Socioecological models posit cumulative and counterbalancing effects of different risk and protective factors
- Early intervention on other risk factors may protect against negative outcomes associated with exposure to HIV/AIDS-related stigma

Thanks



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