THE EFFECT OF STIGMA ON THE SOCIAL WELLBEING OF CHILDREN AFFECTED BY HIV/AIDS IN BAYLOR-UGANDA

ANABEL AMANDU NITANI

S21B15/032

A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL WORK IN PARTIAL FULFILLMENT FOR THE REQUIREMENT OF THE AWARD OF A DEGREE OF BACHELOR OF SOCIAL WORK AND SOCIAL ADMINISTRATION OF UGANDA CHRISTIAN UNIVERSITY

September, 2024

UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

DECLARATION

I Amandu Anabel Nitani declare that this is my genuine work which has never been published in any Learning institution of Uganda. It has been composed completely on my own and where any opinions or conclusions offered are attributed to others there is proper acknowledgement inform of citation. All source materials have been accompanied by citations, and I have not plagiarized any material. Any other contributions in the work are indicated in the reference list.

Signature..... Date..23/9/2024.....

APPROVAL

This dissertation has been submitted to University department of Social Work and Social Administration with approval from the supervisor;

Signature..... Date 23/9/24.....

MADAM NAGADYA EDITH

DEDICATION

I dedicate this paper to my loving and generous parents especially my father who tirelessly supported me during my academic journey and has truly inspired me to achieve my goals and succeed. Furthermore, I want to extend my gratitude to my research supervisor who was very understanding towards me and was always willing to sacrifice time to guide me academically.

ACKNOWLEDGEMENT

All Glory to GOD, who has enabled me to survive this season alive and well. My parents, supervisor and course mates deserve special recognition for enabling me to complete this work successfully despite the various challenges I faced.

TABLE OF CONTENTS

DECLARATION i

APPROVAL ii

DEDICATION iii

ACKNOWLEDGEMENT iv

ABSTRACT ix

CHAPTER ONE 1

INTRODUCTION 1

1.0 Introduction 1

1.1 Background of the Study 1

1.2 Problem statement 4

1.3 Purpose of the study 5

1.4 Objectives of the study 5

1.5 Research questions 6

1.6 Scope of the study 6

1.6.1 Content scope 6

1.6.2 Geographical scope 6

1.6.3 Time scope 6

1.7 Justification of the study 7

1.8 Significance of the study 7

1.9 Conceptual framework 8

CHAPTER TWO 9

LITERATURE REVIEW 9

2.0 Introduction 9

2.1 Theoretical review 9

2.2 Effect of family stigma on the social wellbeing of children affected by HIV/AIDS 10
2.3 Effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS 12
2.4 Effect of community stigma on the social wellbeing of children affected by HIV/AIDS 14
2.5 Summary of literature review 16
CHAPTER THREE 17
METHODOLOGY 17
3.0 Introduction 17
3.1 Research design 17
3.2 Study area and population 18
3.3 Sample size determination 19
3.4 Sampling methods 20
3.5.2 Key Informant Interviews 20
3.6 Data collection tools 21
3.6.1 Questionnaire 21
3.6.2 Key informant interview (KII) guide 21
3.7 Quality/Error Control 22
3.7.1 Validity 22
3.7.2 Reliability 22
3.8 Procedure of data collection 22
3.9 Data analysis 23
3.9.1 Analysis of quantitative data 23
3.9.2 Analysis of qualitative data 24
3.10 Ethical considerations 24

3.11 Limitations and delimitation 24

CHAPTER FOUR 26

PRESENTATION, INTERPRETATIONAND DISCUSSION OF RESULTS 26

4.0 Introduction 26

4.1 Response rate 26

4.2 Descriptive analysis of the demographic characteristics of respondents 27

4.4 The effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda 31

4.5 The effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda 37

CHAPTER FIVE 42

SUMMARY, CONCLUSION AND RECOMMENDATIONS 42

5.0 Introduction 42

5.1 Summary of the findings 42

5.2 Conclusions 43

5.3 Recommendations 44

5.4 Areas for further research 45

REFERENCES 46

APPENDICES 49

APPENDIX 1: QUESTIONNAIRE 49

APPENDIX2: Interview Guide 57

APPENDIX 3: INTRODUCTORY LETTER 59

LIST OF TABLES

Table 1: Population, sample size and sampling methods 18

Table 2: Response rate 26

Table 3: Demographic characteristics of respondents 27

Table 4: The effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda.....29

Table 5: The effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda 33

Table 6: The effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda 37

ABSTRACT

This study examined the effect of stigma, with a particular focus on stigma within the family, institution, and community, on the social wellbeing of children impacted by HIV/AIDS at Baylor-Uganda. Using a mixed-approaches strategy, 66 individuals in total were included in the sample: 43 children between the ages of 12 and 18, 13 parents, and 10 key informants, including social workers and the director of Baylor-Uganda. According to the research, 14.4% of children strongly agreed that family members treat them differently according to their status. In particular, 5% of respondents strongly agreed that stigma within their families was a major hindrance to their emotional and social welfare, which resulted in feelings of isolation and unworthiness. Regarding the second research objective, which was institutional stigma, 20% of participants shared their experiences with prejudice and insufficient assistance in healthcare environments. According to key informants' qualitative insights most of them stressed the need of community education in reducing institutional stigma and enhancing service delivery. In the third objective, which examined community stigma, 29% of respondents stated that societal perceptions caused social isolation and had a detrimental effect on the self-esteem of children who were affected. The qualitative results made clear that children's sentiments of isolation were exacerbated when they were excluded from social activities due to community stigma. The study found that low social wellbeing for children impacted by HIV/AIDS is substantially influenced by stigma at all levels—family, institutional, and community. To create a more welcoming atmosphere for these kids, thorough community-based awareness campaigns should be put into place, and support networks should be strengthened. Overall, this study emphasizes how critical it is to combat stigma in order to enhance the social wellbeing of children living with HIV/AIDS and foster their social integration and acceptance.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study was about investigating the impact of stigma on the social wellbeing of children affected by HIV/AIDs in Baylor-Uganda. This chapter therefore presents the background of the study, problem statement, purpose of the study, objectives of the study, scope of the study, research question, significance of the study, and the conceptual framework

1.1 Background of the Study

Human immunodeficiency virus (HIV) has been a major health issue worldwide since the disease was first recognized in 1981 (Fauci et al., 2019). Although the prevalence of HIV has been steadily declining in recent years due to advances in research and treatment, 38 million people were still reported to be living with HIV in 2019, with 1.8 million of those being children aged 0–14 years (UNAIDS & Global HIV, 2020) and 1.7 million being adolescents aged 15–19 years (UNAIDS, 2021). The presence of HIV can have many adverse consequences on an individual's health and wellbeing, with people living with HIV (PLHIV) individuals more likely to be diagnosed with depression, have a lower quality of life, lower physical and psychological wellbeing and lower wellbeing overall when compared with the general population (Sherr et al., 2011).

Stigma is another one of the major challenges associated with HIV. Stigma refers to the social process of labeling, stereotyping and prejudice causing separation, devaluation, and discrimination of specific people in a population (Asrina et al., 2023). In the early years of the HIV epidemic, the growing stigma towards PLHIV was highlighted as being an equivalent challenge to the disease itself. Despite the prevalence of HIV, stigma is one of the major barriers in its prevention and treatment (Wilandika & Yusuf, 2023). Lower levels of health and wellbeing associated with individuals living with HIV may be in part due to their experience of HIV-related stigma. Stigma can manifest as many types of stigma is experienced by people living

with HIV, including enacted stigma (e.g., discrimination), anticipated stigma and internalized stigmas Robison et al.

HIV related stigma still is a worldwide challenge and mostly affects individuals' psychological wellbeing (Brennan-Ing, 2019) Stigma is often rooted in false beliefs about how it spreads, judgments of moral character and contagion. As a consequence, most individuals with HIV/AIDS are discriminated which further increases their probability of becoming vulnerable) (Stangl et al., 2019). Children touched by this epidemic, whether they themselves are infected or their family members are impacted in some way, face perhaps a greater challenge. These range from peer group ostracism, low self-esteem to educational and healthcare barriers (Obeagu & Obeagu, 2024).

Social wellbeing is the ability to have positive relationships, take part in activities and share experiences with those around you (Jolly et al., 2021) When the individual is a child, however - and affected by HIV and AIDS - stigma may disrupt many of these domains completely affecting regular activities leading to social withdrawal and feelings of shame or anxiety. Stigma can also restrict their ability to access basic services such as education and healthcare, exacerbating social distress and emotional pain. Christiansen, A., et al (2024) stresses the importance of removing stigma so that positive social wellbeing and quality of life can improve for these children.

Stigma associated with HIV/AIDS affects globally, including but not limited to regions such as the United States, parts of Europe and Asia. In the US, despite significant advances in treatment and public knowledge of AIDS stigma persists - especially within certain communities (Brown & Adeagbo 2021). Studies show that children with HIV positive family members even are bullied and isolated in schools. The United Kingdom and France, for example have stringent anti-discrimination laws on the books but their sociocultural attitudes toward foreigners still need significant time to evolve together with an improved social integration of impacted children (Schweitzer et al., 2023). In Asia, India and Thailand have made head ways in public health education but

cultural conservatism still put limits on the social experiences of children living with HIV/AIDS (Ullah & Huque 2024)

The stigma around HIV/AIDS is compounded in Africa, and sub-Saharan Africa in particular by high prevalence rates, cultural beliefs. Thus, States like South Africa as well wonder how best to combat stigma being faced with huge challenges in dealing the epidemic (Obeagu & Obeagu 2024) Not surprisingly, in South Africa as well, children affected by HIV/AIDS tend to suffer social rejection and discrimination despite governmental as well as non-governmental efforts against stigma (Embleton et al., 2023). Stigma remains a significant barrier to seeking treatment and support services in Kenya, especially within rural settings. Similarly, in Nigeria as well the stigma related to this disease affects not merely those living with it but their family members and tribes other people (Cort et al., 2023).

Worldwide, HIV/AIDS is a significant public health problem with global approaches reporting 38 million people living with this disease as a background (UNAIDS,2020). In Uganda, the national Aids prevalence is high with almost 1.4million people living with the disease. Children are disproportionately affected including stigma, discrimination and social exclusion due to their HIV status (Kibirige et al., 2019). Stigma is a complex phenomenon that Goffman has defined as the negative attitudes, beliefs and behavior toward individuals or groups perceived to be different or deviant (Goffman). The most challenging and harmful form of stigma is HIV-related stigma that causes exclusion from society, psychological burden, curtailing access to health care along with support services (Muganzi et al., 2020). Stigma and discrimination are challenges that seriously affect the social well-being of children living with HIV/AIDS in Uganda (Kibirige et al., 2019).

Stigma may result in social isolation, decreased self-worth and increased emotional symptoms which could be distressing for the children to manage their diseases 2- 4 (Muganzi et al., 2020). Equally, stigma can restrict children to receive care services and support thus worsening their health - physical as well as mind (Uganda AIDS commission, 2020). For children, social support is a requirement for their overall

wellbeing with regards to HIV/AIDS issues (Harrison et al., 2019). On the other hand, stigma can reduce children's access to social support which is a risk factor in terms of loneliness and being alone (Muganzi et al., 2020). For children to benefit from social support, they should be able to know of their HIV status; however, many may not disclose due and fear exposure stigma or discrimination (Kibirige et al., 2019).

The Baylor-Uganda, an NGO providing holistic care and support to children living with HIV/AIDS is key in addressing these challenges. Even still, attempts to address HIV/AIDS-related stigma in efforts to improve the lives of children who have been affected by this disease are not having an impact on their ability to lead healthy social lives (Mugerwa, 2023). These children suffer social isolation and mental health problems due to stigmatizing attitudes in schools and communities (Ngabirano, 2022). Baylor-Uganda further supports efforts against stigma by addressing it through community wide activities, psychosocial support, and advocacy while creating a conducive environment for the affected children to thrive. Akello & Nabukenya (2024) suggest that the work of this organization demonstrates how a multi layered approach is necessary in addressing stigma and improving child outcomes within HIV/AIDS centered populations like Uganda.

1.2 Problem statement

Ideally, the Vulnerable children affected by HIV/AIDS in Baylor-Uganda should be socially included, accepted, and supported within their community in living positively despite the health condition (Mugerwa, 2023). However, that presents a far cry from what obtains as stigma has persisted to threaten the social wellbeing of the target child population in Uganda. Evidence indicates that stigma leads to social isolation, bullying, and discrimination in schools and communities. According to a Uganda AIDS Commission Report (2023), 62% of children affected by HIV/AIDS in Uganda experience significant social exclusion, with many reporting feelings of loneliness and depression. The Uganda Demographic and Health Survey (UDHS) [1] also report a dropout rate of 45% for these children, with the main reason being stigma against them. Their social wellbeing is declining in a very worrisome fashion that we need to do something about

it. This all is attributable to lack of knowledge, cultural practices and weak support system (Akello & Nabukenya 2024).

If not tackled, this is likely to result in the intergenerational transfer of poverty and under-development with poor health outcomes & ongoing marginalization. On the other hand, orphans increase node of HIV/AIDS is determine and so much research conducted also on those factors that influence vulnerability levels amongst children who affect from this epidemic in Uganda (Ngabirano 2022). What is studied the most in previous research are medical and psychological factors, little attention tends to be given to social dimensions. Scholars like Obeagu & Obeagu (2024) have explored the stigma associated with HIV/AIDS but have not delved deeply into its impact on children's social interactions and community participation. This study aimed to fill this gap by providing a comprehensive analysis of how stigma affects the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda.

1.3 Purpose of the study

The purpose of the study was to investigate the effect of stigma on the social wellbeing of children affected by HIV/AIDs in Baylor-Uganda.

1.4 Objectives of the study

i. To evaluate the effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda.
ii. To examine the effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda.
iii. To assess the effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda.

1.5 Research questions

i. What is the effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda?
ii. What is the effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda?
iii. What is the effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda?

1.6 Scope of the study

The scope of the study covered three dimensions that is; content, geographical and time and these are discussed in detail below.

1.6.1 Content scope

This study specifically focused on; examining the effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda, establishing the effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda and exploring the effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda.

1.6.2 Geographical scope

The study was conducted in Baylor College of Medicine Children's Foundation located on Block 5 Mulago Hospital, P.O Box 72052, Kampala-Uganda. Baylor-Uganda was selected as an example because of its extensive support programs for HIV/AIDS orphans and other children infected by this disease, which makes it a key organization to investigate the effect of stigma on these children's social wellbeing.

1.6.3 Time scope

The study addressed the research gap through a focus on scholarly material between 2019 and 2024. The study was also conducted for 2 weeks from 28th August 2024 to 10th September 2024.

1.7 Justification of the study

The importance of this study was based on the existing research gap on the social wellbeing of children affected by HIV/AIDS in the country. The current research on the matter focuses more on the medical and psychological perspectives of the disease and less on the social perspective. Especially, there are limited studies examining the extent of the impact of stigma on children's interactions as well as participation in the community home based on the research that has been conducted by Arinaitwe & Corbett 2022. This study will help bridge this research gap and from the basis for a more comprehensive understanding in the development and implementation of relevant interventions.

1.8 Significance of the study

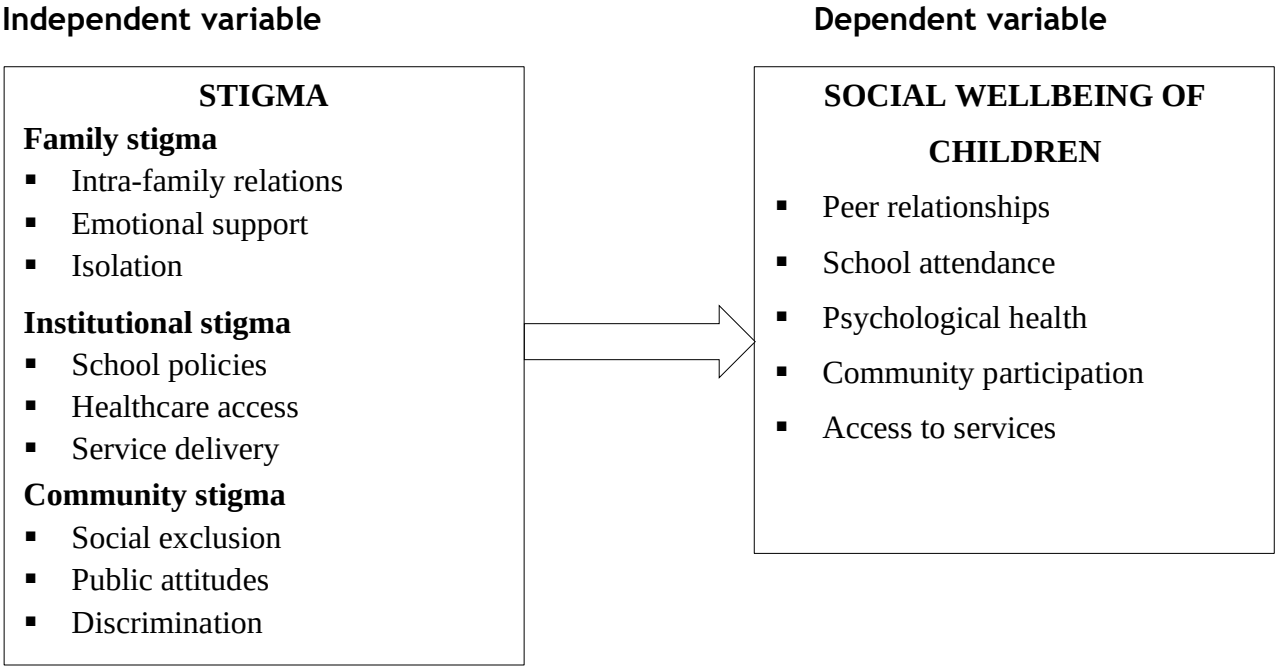
Better Support: Identifying how stigma impacts on children with HIV/AIDS will enable institutions like Baylor-Uganda to provide improved health care programs that are responsive, non-stigmatizing and child centered so as they feel accepted or valued.

The more that this is understood in terms of how stigma impacts social wellbeing, the greater awareness can be built at all levels and community based interventions adopted to tackle stigmas and foster an environment where children affected by these diseases feel included.

Improving interventions: The results will help in designing tailored anti-stigma interventions that aims to tackle stigma and improve the social life of vulnerable children affected by HIV/AIDS which can contribute towards reduction of their overall wellbeing.

1.9 Conceptual framework

Figure 1: Conceptual Framework



Source: Adopted from, Robinson et al. (2023) and modified by the researcher (2024)

The conceptual frame work was built to show relationship between stigma and social wellbeing of children affected by HIV/AIDS in Baylor- Uganda four dimensions were considered; family, institutional and community. Stigma within the family including general lack of communication, emotional support and isolation may lead to tension between relations in a family and health emotions. Institutional stigma, for example in school policies, such access to and quality of health care services can also prevent children from enjoying educational opportunities or better healthcare service provision. However, community stigma - in the form of social exclusion and public attitudes or discrimination - may serve to isolate children from their peers and community activities. These types of stigma are collectively associated with how children fare socially (e.g., relationships amongst peers due to prejudice), educational circumstance (schooling limited as a result of being stigmatized which affects stress levels and reduces the likelihood that their caregivers will engage in interventions) psychological health, community life, access to quality services.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews the existing literature put forward by different scholars and personalities on the impact of stigma on the social wellbeing of children affected by HIV/AIDs as well as critically analyzing the deviations in the explanations to find out the research gap in the study variables. Literature will be reviewed objectively by starting with definition of a concept followed by reviewing of objectives. Sources like newspaper articles, magazines, encyclopedia and books related to the people will be used.

2.1 Theoretical review

This study employed Goffman's Stigma Theory, which is fundamentally credited to Erving Goffman in the 1960s. Williams (2022) explains that Goffman's theories comprehend stigmatization experienced by persons as a process by which society renders certain people unworthy by negating them based on selective characteristics. This theory has also been used and elaborated on in a number of different domains including but not limited to health, psychology, or sociology, in relation to stigma and its effects on individuals or society (Bos et al., 2013).

According to Goffman stigmatization is computed as family stigma, institutional/ organizations of learning institutions/schools and communities etc. hence children affected by HIV/AIDS are experiencing the structure of stigma referring to above mentioned forms like this stereotype This exclusion, in turn makes them subject to stigmatization and prejudice which limits their access to social resources thereby influencing the construction of strands related with Social Wellbeing. One of the ways we can recognize these children as marginalized groups is to unpack stigma by viewing it through Goffman´s (1963/1986) theory, which would enable us make sense how societal responses and interactions with disabled people precipitate their marginalization (Şamar et al., 2022). Given that this is a theoretical framework,

interventions designed to decrease stigma and promote the social welfare of children affected by HIV/AIDS in Uganda are viewed specifically through Baylor-Uganda.

2.2 Effect of family stigma on the social wellbeing of children affected by HIV/AIDS

Smith et al. (2019) Study of Muchara and Swartz (2019) focused on effects of family stigma in psychological health among HIV/AIDS affected children in South Africa. Children who perceived the highest levels of family stigma reported significantly more anxiety and depression, according to researchers. This also aligned with findings from Johnson & Corbett (2020) who reported that family stigma in their study conducted in Kenya contributed to psychological effects which resulted into feelings of unloved, alienation and rejection because the children thought they were stigmatized on account of their own parents' HIV status. Both papers drew attention to impacts of family-level stigma on children's mental health (often with indirect effect through the social environment), further magnifying overall psychological life quality.

Williams & Harris (2020) studied the association of family stigma and school attendance in children affected by HIV/AIDS in Nigeria. Findings suggest that the fear of discrimination and bullying during school hours due to stigmatized backgrounds leads these children with low attendance rates they tend not go as much. Garvis & Morales (2021) similarly explored this issue in Uganda and found that children stigmatized at home were often bullied by their classmates, which contributed to high rates of absenteeism as well as low academic output. Indeed, these studies help indicate the central importance of family stigma on children being 'able to' succeed and are leading social lives.

Nyabigambo et al (2020). In Rwanda studied the impact of family stigma on community engagement in children infected with HIV / AIDS Children from stigmatized families were found to be less likely to participate in community activities because they thought that people would judge them and exclude instead. It is also confirmed by Eze et al. (2021) This was also reported by Gombachim when they reported family stigma as a reason for restriction of social interaction and community activities, in their study among caregivers on the mainland Tanzania (2021). The lack

of community engagement inhibits social development for these children and limits their ability to establish connections with networks or supports that could help them.

Case Study 2: Arinaitwe & Williamson (2022) studied family stigma and healthcare seeking among children affected by HIV/AIDS in Uganda. Stigma in families contributed to delays of medical consultations due to the fear and shame associated with attending services. Nodding, Datnow (2020) conducted a study in Zimbabwe where the availability of timely and efficient healthcare improved their health status that ultimately impacts on social wellbeing. In this way, the fear of stigma further serves to prevent those children from accessing necessary health care services and contributes to worse outcomes in their course.

Bertram (2021) explored the impact of family stigma on the emotional support for children in Ethiopia who are living with HIV/AIDS. Children from stigmatized families reported feeling emotionally unsupported, which contributed to feelings of abandonment and low self-worth. Hanaysha et al., also substantiated the notion, (2023) also support in their Ghana research, demonstrating how family shame detrimentally impacts approximate care network safety/ security for children and mental status / social wellness. The lack of a supportive family setting puts these kids at more social risks that prevent them from attaining decent relations with their cohorts.

Fraser & Lockheed (2021) investigated how family stigma for children with HIV/AIDS impacts peer relationships – Zambia. When they were re-assessed at 17 years, the children in stigmatized families had more peer relationship problems and spent less time doing enjoyable activities. This was comparable to the study by Hornby & Lafaele (2023) in Malawi, showing that children often have rigid peer relationships as a result of family stigma and can be excluded from social groups and activities. These results demonstrate that stigma in the family is observed what appears to be outside and has various other interactions, including with peers (e.g. they accept me or reject) as well as on a social integration level for the children.

Eze et al. However, Angella Nyamusore & Sarah Ssali in Uganda considered wider societal consequences of familystigma on the social health and well-being about children affected by HIV/AIDS (2020). The researchers discovered that family stigma further disseminated stereotypes and discrimination, contributing to social exclusion. For example, Wilder (2023) in Botswana describes how family stigma not only impacts on families of the index child but extends to communities via marginalization whereby children affected live under severe social exclusions. Highlighting the implications of family stigma for injustice in the macroenvironment may place additional burdens on children who would otherwise be free to integrate fully into social life.

2.3 Effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS

One recent study by Parker & Aggleton (2019) explored the impact of institutional stigma within healthcare settings on children living with HIV/AIDS in South Africa. They observed that health care professionals' negative attitude and discriminatory practices impaired children's reduction in medical facilities, which they avoided. The findings were also confirmed in a study of Dorsch et al. [In Kenya, children enduring stigma in healthcare facilities were often plagued by these shortcomings leading to delayed interventions and atrocious health outcomes widening up their social isolation render them more susceptible (Groves et al., 2021).

Newman et al. Second, the study by (2019) examined The effect of institutional stigma in schools on academic performance and social integration among Children affected with HIV/AIDS. The research found that students experienced lower academic outcomes and connectedness because of discriminatory school policies, decoration practices like segregation and labeling. A study by Samuel-Okoyel (2021) in Nigeria also examined the situation there, with children who experience stigma within their school being motivated to stop going due to bullying and lack of support, which was found to reduce future perspectives for such students and jeopardize their social welfare.

Walters et al. (2023) conducted a study on institutional stigma in community organizations and its implications for social participation of children affected by HIV/AIDS in Uganda. The research revealed that the stigma associated with such programs meant many of these children were left out of important social and play activities, preventing their development. Similarly, Garvis et al. Institutional stigma of community services were shown to be a barrier for schools seeking support in Tanzania (2021), leading children stigmatabilisation and exclusion from their peers as well as the local community.

Kiggundu et al. This sub-study (2023) explored institutional stigma in healthcare and its impact on the mental health of children impacted by HIV/AIDS. They found that children who reported healthcare stigma had more anxiety and depression in part from worrying about being judged or mistreated by medical professionals. This was evidenced by previous study of Hanaysha et al. (2023), Ghana, Institution stigma was found to be dominant in the health sector which apparently had a relationship with children's psychological well-being as far physical stress over time (SJCS)

Eze et al. (2020) explored the impact of institutional stigma at schools on peer relationships in children affected by HIV/AIDS in Uganda. Social exclusion and bullying resulted from stigmatizing policies of schools, depriving the ability to make trusting friendships. Accordingly, a study by Datnow (2020) in Malawi showed how institutionalised anti-stigma actions within educational settings sometimes lead to children being rejected from their classmates and deepened their social problems making them even less healthy.

Maisule et al. (2023) examined the consequences of institutional stigma in social welfare services for service accessibility and uptake among children with HIV/AIDS in Zambia. The researchers also discovered that stigma within social services agencies can contribute to practices discriminatory against children, such as denying them access to needed assistance like counseling and financial help. Similarly, a study in Mozambique (Morales 2020) revealed that institutional stigma from the social service sector toward members of sample groups impeded children's potential to healthy

childhood development since they could not access full care thereby exposing them more vulnerable aspects and harm their welfare status.

Kidega et al. Mugisha and Shafer (2024) explored larger social consequences of institutional stigma in Rwanda and how that affected the warriors. It led the researchers to conclude that institutional stigma encouraged negative stereotypes, which in turn validated societal discrimination and enabled widespread social exclusion of such children. This is evidenced by a study conducted by Nyabigambo et al. It was further added that institutional stigma had ripple effects beyond the immediate institutions, affecting community perceptions and help-seeking behavior which alienated children from a salient social network needed for their well-being (Ethiopia 2023).

2.4 Effect of community stigma on the social wellbeing of children affected by HIV/AIDS

Wilder, 2023 analysed the effects of stigma felt within communities by children living with or affected HIV/AIDS in Nigeria on their social wellbeing. The study found significant social exclusion among these children, which resulted from both community-level discrimination and negative attitudes at a structural level that minimized the potential for relationships with other local kids or involvement in communal activities. Bertram, (2021) in Kenya also reported higher levels of anxiety and depression among some children who were stigmatized by their communities for fear they might be being ostracised or publicly humiliated.

Garvis et al. Finally, Conway et al.(2021) examined the association between community stigma and schooling for children impacted by HIV/AIDS in Tanzania. The researchers found that children who experienced community stigma were bullied and harassed, sometimes leading to absenteeism and even dropping out. In Uganda, study demonstrates that children affected by HIV/AIDS were almost always excluded from education due to high level of community stigma leaving them with low performance at schools hence affecting their future (Harris 2023)

For example, Fafunwa (2022) investigated the Community stigma and mental health problems of children infected with HIV/AIDS in South Africa. The results suggested that feelings of worthlessness, low self-esteem and chronic stress in these children were due to community stigma. Furthermore, a study by Morales (2020) in Mozambique showed that children who suffered from stigma within the community tend to be more likely experienced mental health problems such as depression and anxiety thus negatively impacting overall wellbeing.

Datnow (2020) examines how community stigma affects the social participation of children infected/affected by HIV/AIDS in Malawi. In many communities, the stigmatized children also faced exclusion from social activities and events curtailing their chances of interacting socially with other people. Extending this, Frazer & Lockheed (2021) in Zimbabwe argued that due to community stigma these children were marginalized and excluded from participating in the life of a community or obtaining necessary social support.

Sifuna 2020 Searched how community stigma have an impact on the access to services for children affected by HIV/AIDS in Ethiopia It found that children were often left at risk because stigma within communities denied them access to healthcare, education and social services. Similarly, Walters et al. According to the Mazingira Foundational Network (MZFON) in Uganda, community stigma created “a lot of bottlenecks” getting children into care — either they were denied services or treated differently after being discovered HIV positive.

York et al. The Bhavnani et al. (2019) study assessed community stigma and the effects of such stigmatization on peer relationships among Rwandan children impacted by HIV/AIDS. What the researchers noted was that students that were stigmatized often experienced loneliness because their peers had arranged themselves in groups and this led to social isolation, a limited supportive group of friends. This was confirmed by Kidega et al. [(2024) in Botswana contended that community stigma marginalizes children and weakens the networks of friendships between peers in their social lives.

Nyabigambo et al. The wider societal implications of community-level stigma on the social welfare of children affected by HIV/AIDS has been investigated and reported in (2023) for those living middle ranges in Uganda. The results showed that the wider societal stigma (with associated stereotypes and discrimination) resulted in massive exclusion of these young people. Similarly, Newman et al. Researchers in Zambia (2019) found that community stigma resulted not only from the immediate social environment provided to these children, but also influenced broader societal attitudes thereby leaving them less well integrated into necessary social networks and support systems.

2.5 Summary of literature review

The review of the literature that follows in this paper is comprehensive and incorporates various dimensions identified as critical contributors to the experience of stigma amongst children affected by HIV/AIDS, encompassing both family-level norms/attitudes about people living with HIV (PLWH), kindergarten/school-related experiences, faith-based community involvement/significance and surrounding educational awareness or lack thereof. Despite the known psychological, educational and social sequelae of stigma that are reflected in existing research there is paucity in literature regarding long term effects as well as information on effective intervention strategies aimed at reducing the impact of stigmatization on these children's lives. Future research is warranted, especially in designing and testing multifaceted stigma-reduction interventions at different social contexts that promote the overall well-being of children affected by HIV.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methodology employed for conducting this research. It shall set out the methodology of this enquiry. These included the study design, site of data collection, sources of information for identifying cases and controls, populations studied and rationale used to determine sample size. It also describes sampling methods, variables included in the study data collection forms and definition keys as well as how to measure this information, validation and calibration for all equipment used during interviews including a diagram inspecting process (if apply), quality control measures utilized by fieldworkers when collecting data analysis plan/statistical examination of planned outcomes; ethical approval considerations result reporting strategy and limitations on undertaking science restrictions.

3.1 Research design

The research design used in this study was a cross-sectional survey format. Cross-sectional survey research design is conducted by collecting data at one-time point on a diverse set of participants to explore relationships between variable or describe population (Wang & Cheng, 2020). Within the foundation of this study commonly known about stigma and social wellbeing in children affected by HIV/AIDs, such as Baylor-Uganda can provide an excellent design to collect quantitative data on all eligible children. For children aged 12-18 years, the researcher administered questionnaires in order to reliably assess amount and size of stigma on social wellbeing among HIV/AIDs affected children within Baylor-Uganda. The researcher employed a cross-sectional survey design since this allowed the respondents to provide information at approximately one point in current time – which according to Pieper et al., (2021) is useful for getting rich perspectives about an ongoing issue.

Besides employing the quantitative research approach above, this study used qualitative means by conducting in-depth interviews with senior management at Baylor-Uganda such as director and social workers to enhance insights into the intricate factors of stigma and implications on social well-being among children affected by HIV/AIDS (Timans et al., 2019).

Thus, a combination of quantitative and qualitative methods in this study provided an inclusive picture of the phenomenon through multiple sources overcome threats to validity by triangulating data results. In the end, this mixed-methods helped strengthen rigor and credibility of study aimed at mitigation stigma on children social well-being affected by HIV/AIDs in Baylor-Uganda (Dawadi et al., 2021).

3.2 Study area and population

This was conducted in Baylor College of Medicine Children's Foundation located on Block 5 Mulago Hospital, PO Box 72052, Kampala Uganda. I selected this area to study the social wellbeing of children affected by HIV/AIDS because Baylor-Uganda has community based care and support programs for them and stigma is central in their psychosocial functioning.

The study population also included key informants such as; the top management of Baylor-Uganda like the director, social workers and counselors totaling to 10.

These are distributed in the table below;

Table 1: Population, sample size and sampling methods

Categories of respondents	Population	Sample size	Sampling method
Children 12-18 years	50	43	Simple random sampling
Parents of these children	20	13	Simple random sampling
Director of Baylor-Uganda	1	1	Purposive sampling
Social workers and counselors from Baylor-Uganda	9	9	Purposive sampling
TOTAL	80	**66**	

Source: *Baylor-Uganda (2024)*

3.3 Sample size determination

Sample size referred to the number of observations or data points included in a study or survey. It is a critical aspect of research design as it affects the reliability and validity of the study's findings. According to Gray, Grove, and Sutherland (2023), determining an appropriate sample size is essential to ensure that the results are statistically significant and generalizable to the larger population.

The sample size was determined using Krejcie and Morgan (1970) table as shown below;

Table 3.1

Table for Determining Sample Size of a Known Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

Figure 1: Krejcie and Morgan (1970) table

3.4 Sampling methods

The sample size was selected using simple random sampling. Simple random sampling was used because it ensured fairness and minimized bias in the selection process, allowing for a representative sample of the teenagers to participate in the study (Noor et al., 2022). The key informants were purposively selected on the basis that they are the ones that deal with these children with HIV/AIDS by offering them social support in the bid to improve their overall social well-being. Therefore, purposive sampling was used to select this category of people because they were few in number and they have the expertise and the knowledge concerning the topic under study.

3.5 Data collection methods

3.5.1 Questionnaire survey

A set of questions developed by the researcher with the goal of obtaining data is called a questionnaire survey (Katamba & Nsubuga, 2014). Open-ended questions in the survey require the respondent to supply more details about the topic and hence they give respondents the chance to express their opinions in a free-flowing manner and prevent personal contact, they give respondents time to consider their responses before responding. This means that, whether you are asking for semi-structured or close-ended question with the answers auto filled; respondents only have to click on a box next to the best response appropriate for topics. Since the researcher was using questionnaires, she also took charge of guiding the respondents so that relevant information was collected from respondents who have been benefiting from Baylor-Uganda within a period of six months.

3.5.2 Key Informant Interviews

Face-to-face interviews with director of Baylor-Uganda and the social workers working with the foundation were conducted using key informant interviews. To get in-depth information from the key informants, an unstructured informant interview guide was employed as a tool. The interview guide provided a summary of current events and questions that were investigated during the interviews. The questions in the guide

were designed to elicit opinions regarding the topic under study. Key informant interviews were used because they offered detailed information that could not be possible to gather when utilizing a questionnaire (Mugenda, 2003).

3.6 Data collection tools

The study employed two different kinds of data collection tools. They comprised interview and questionnaire guides, which are briefly detailed in the subsection that follows.

3.6.1 Questionnaire

Here, a questionnaire was used to gather data. The chosen population was polled using questionnaires to gather quantitative data from the children aged 12-18 years that have been receiving support from Baylor-Uganda in the last six months. To save time as there are a lot of respondents in this group who need to be interviewed, questionnaire guides will be employed. The typical survey asks respondents to choose the response that best fits the circumstance from a range of potential answers. For each of the three objectives, a closed-ended question included in the survey, and the respondents will be asked to tick the best since a Likert scale of 5 will be used where; 5 (strongly agree), 4 (agree), 3 (not sure), 2 (disagree) and 1 (strongly disagree).

3.6.2 Key informant interview (KII) guide

This instrument was used to collect data on topics that are not immediately visible and was helpful for the research problem, which w only identified based on the respondents' answers. Also, the research had control over the course of inquiry, which was advantageous and saved time. The information gathered during the interview will enhance the information gathered through the questionnaire. The key informants were subjected to interviews and these are; director of Baylor-Uganda and the social workers working with the foundation who were purposively selected since they are the ones that deal with these children with HIV/AIDS by offering them social support in the bid to improve their overall social well-being.

3.7 Quality/Error Control

3.7.1 Validity

According to Cohen, Manion and Keith (2007), Validity is ensured by; choosing an appropriate scale, ensuring that there are adequate resources for the required research to be undertaken, selecting an appropriate methodology for ensuring the research questions, avoiding having too long or too short an interval between pre-test and post-test, ensuring standardized procedures for gathering data or for information administering tests, and tailoring the instruments to the concentration span of the respondents. Validity was done in order to find out whether the questions are capable of capturing the intended data. Instruments are supposed to measure what they are supposed to measure, the researcher ensured the validity of the tools to be used in data collection first by carrying out pre-test where questionnaires were distributed to 5 people, the researcher tried all means to be highly involved in data collection and analysis so as to avoid number of errors in her research.

3.7.2 Reliability

Mugenda and Mugenda (2003) defined reliability as a measure of the degree to which a research instrument yields consistent results or data after repeated trials. An instrument is reliable if it measures consistently what it is supposed to measure even if other researchers administer it, it should be able to produce the same results to ensure reliability. A pilot study was carried out on the same few respondents on this research topic before the questionnaire was sent to different respondents.

3.8 Procedure of data collection

The researcher obtained an introductory letter from the School of Social Sciences in Uganda Christian University, after which she sought for permission from management of Baylor-Uganda to use as a case study. The researcher then approached various respondents to conduct interviews and distribute the questionnaires after the respondents had consented.

3.9 Data analysis

Data analysis is the act of converting raw data into usable information, usually provided in the form of a published analytical piece, in order to increase the value of the statistical output (Amin, 2005). Two distinct analyses one quantitative and one qualitative were carried out. The following subsections provided a detailed explanation of the analyses.

3.9.1 Analysis of quantitative data

This was done through classification of respondents into categories called codes. It involved sorting, editing questionnaires and coding responses after which data will be tabulated and analyzed using a computer program known as Statistical Package for Social Sciences (SPSS) version 20. It was used because it provides a wide range of tools from basic tabulation to sophisticated multivariate analysis. It was widely used to analyze quantitative data, meaning that data in form of tables and figures. It is also commonly used in both academic and commercial spheres (Mubazi, 2008). This software will also be used by the researcher because it saves time of analyzing and it interprets complicated figures. The process of data processing involved editing in order to check for errors and omissions, coding was employed to reduce the data to a meaningful pattern of responses and tabulation of the findings was done in order to prepare data, analyzed and compile the research report.

Data editing: This required the researcher to edit the data by examining the collected raw data to detect errors and omissions. Therefore, the researcher undertook careful scrutiny of the completed questionnaires. Editing was of help to ensure that the data is accurate, consistent with other facts gathered, uniformly entered, and well arranged to facilitate coding and tabulation.

Coding refers to the process of assigning numerals or other symbols to answers so that responses can be put into a limited number of categories or classes. The researcher ensured exhaustiveness and mutual exclusiveness (a specific answer is placed in only one cell in a given category set). Coding was necessary for the efficient analysis, as

several replies were reduced to a small number of classes, which contained critical information required for analysis.

3.9.2 Analysis of qualitative data

To create relevant phrases, qualitative data will be altered and rearranged. In order to identify themes, categories, and patterns, a thematic method will be utilized to evaluate qualitative data. The findings will be presented together with a few direct quotations from participants to provide examples of the recurring themes that were identified in relation to each of the interview's guiding questions.

3.10 Ethical considerations

The researcher sought ethical clearance from the School of Social Sciences. However, administrative approvals will be obtained from the management of Baylor-Uganda. Informed consent was obtained from respondents after explaining adequately the aim, procedures and anticipated benefits of the study. It also explained to the study participants that their participation was voluntary with no payment involved and they were free to withdraw consent at any time during the study. Finally, confidentiality where the information got from the field would only be used for academic purposes.

3.11 Limitations and delimitation

First and foremost, the research tools developed by the researcher was not standard. Hence, in order to create a reliable assessment of the research variables, a validity and reliability test was performed.

Second, when research assistants are used, there may be inconsistencies in the way questionnaires are administered in terms of timing, comprehension of the questions asked, and justifications given to the respondents. To lessen this concern, the research assistants got training and instruction on the protocols to be followed in data collecting.

Ultimately, some surveys were not even commenced or returned due to situations present for the responder like sickness, travel time, time spent in hospital and denial from participation. The researcher accounted for this probability by using a larger sample size to set aside rounds of additional responders. The responses were also reminded not to leave a question unanswered and the date of retrieval were rigorously monitored.

CHAPTER FOUR
PRESENTATION, INTERPRETATION AND DISCUSSION OF RESULTS

4.0 Introduction

This chapter sets to outline and analyze the findings of the research by the use of SPSS software for analyzing quantitative data. Data was collected from the selected children, parents, social workers and director at Baylor-Uganda over the years including their parents using questionnaires and interviews with key informants who are director of Baylor-Uganda, the counselors and the social workers working with the foundation and their responses are presented and interpreted as follows;

4.1 Response rate

A total of 66 questionnaires were distributed and 66 were fully filled and returned. The response rate for the questionnaires was therefore 100.0% as shown in the table 1 below;

Table 2: Response rate

Response Rate Sample Size

	Frequency	**Percentage (%)**
Received	66	100.0%
Non Response	0	0
Expected Response	66	100.0%

Source: Primary data

Table 1 above shows a summary of the response rate, indicating data was collected from a reasonable number of respondents, hence, the collected data and the findings are sufficiently representative of the population, based on Creswell (2017) indication that a response rate of 50% is adequate for analysis and reporting. Therefore, the response rate of 100% was excellent and sufficient enough. The reason as to why the research was able to get 100% response rate was due to the fact that most of the respondents were willing to participate.

4.2 Descriptive analysis of the demographic characteristics of respondents

The researcher established the demographic characteristics of respondents who are the owners/ managers of the selected children aged 12-18 years that have received support from Baylor-Uganda over the years and these included; gender, age and level of education.

Table 3: Demographic characteristics of respondents

Item	Description	Frequency	Percentage (%)
Gender	Male	38	56.9
	Female	28	43.1
	Total	**66**	**100.0**
Age	12-14 years	6	9.2
	15-18 years	8	10.8
	19 and above years	52	80.0
	Total	**66**	**100.0**
Level of education	Primary	9	12.3
	Secondary	5	7.7
	Tertiary	52	80.0
	Total	**66**	**100.0**
Occupation	Children	**13**	**18.4**
	Employed in government sector	**10**	**15.4**
	Employed in private sector	**43**	**66.2**
	Total	**66**	**100.0**

Source: Primary data

Table 2 above illustrate the gender distribution of respondents: male (56.9%) and female (43.1%). This suggests that most of the respondents were male, comprising over half of the sample. The percentage is smaller for the female respondents, but still a decent amount of those polled.

A study from the University of Montana in April 2018 reported that, age wise data showed only (80%) respondent aged between19 years and above which was highest portion. Thereafter, respondents aged 15-18 years follow at count of 10.8%. The children aged 12-14 years are the least represented age group, constituting a mere 9.2% of all counts. This distribution indicates that the majority of children supported by Baylor-Uganda are between about 1–14 years old.

As for the level of education, most respondents (80.0%) attended tertiary; 7.7% attended or were attending secondary school The implication of this age-distribution is that majority of the children supported by Baylor-Uganda should be teenagers like those who were accessed and only a small fraction should still be found in primary level.

Lastly, the occupation of the respondents indicates that the largest proportion (66.2%) worked in the private sector, reflecting a significant number of self-employed individuals. 15.4% worked with government, while 18.4% were children studying. This suggests a diverse employment background among the respondents, with a strong representation of government employees and private sector involvement.

4.3 Research question one:

Finding out the effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Table 3 summarizes respondents' responses on the effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 4: The effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Statements	Extent of agreement & disagreement					Mean	Std. Dev.
	SA	A	NS	D	SD		
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)		
Family members of children affected by HIV/AIDS may treat them differently due to their status.	10 (14.4)	13 (20)	8 (12.3)	22 (33.8)	12 (18.4)	3.72	1.03
Discussions about HIV/AIDS are often avoided within families of children affected by the disease.	9 (13.8)	12 (18.4)	7 (10.8)	14 (21.5)	23 (35.4)	2.65	1.09
Children affected by HIV/AIDS feel supported by their families in managing their condition.	20 (30.7)	34 (52.3)	9 (13.8)	2 (3.1)	00	3.88	1.07
Families may limit the involvement of children affected by HIV/AIDS in family activities.	23 (35.4)	34 (52.3)	5 (7.7)	3 (4.6)	00	3.68	1.10
Children affected by HIV/AIDS experience feelings of isolation because of family attitudes.	16 (24.6)	12 (18.4)	13 (20)	11 (16.9)	13 (20)	2.70	1.06
Families offer emotional and social support to children living with HIV/AIDS.	5 (7.7)	12 (18.4)	13 (20)	20 (30.7)	15 (23.1)	2.67	0.98

Source: Primary data

According to the study in table 3 above, the results show that family members of children affected by HIV/AIDS may treat them differently due to their status (mean=3,72). Discussions about HIV/AIDS are often avoided within families of children affected by the disease (mean=2.65). Children affected by HIV/AIDS feel supported by their families in managing their condition (mean=3,88). Families may limit the

involvement of children affected by HIV/AIDS in family activities (mean=3.68). Children affected by HIV/AIDS experience feelings of isolation because of family attitudes (mean=2,70). Families offer emotional and social support to children living with HIV/AIDS (mean=2.67).

From the interviews conducted with the key informants who are the top management of Baylor-Uganda like the director, counselors and social workers, they were asked for their views on the effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda and their responses were as follows;

The key informants who are the top management of Baylor-Uganda, including directors, counselors, and social workers, provided a comprehensive view on the effect of family stigma on the social wellbeing of children affected by HIV/AIDS. There was strong concern that family stigma is affecting children's social and emotional wellbeing. This stigma from family members can result in isolation and neglect - the affected children should be treated differently, or may even cast out by their own houses. Stigma of this kind has a direct effect on mood and, that is the worst — it influences their capacity to socialize with anyone (any friends) or/and perform at school which leads to deterioration in self-belief, humiliation and feeling psycologically-disordered.

The informants also explained that the experience of children from HIV/AIDS-infected families was overwhelmed by a combination with family stigma, leading to shame and self-terrailed behaviors. This can make it difficult for them to engage with their peers or feel included in local life, as children who experience stigma from within the home a likely to be dealing with internalised negative beliefs about how they are seen by others. The internalized stigma causes these children to avoid social interactions and intellectual experiences, for fear of being judged or rejected by others. The additional psychological burden of family stigma can complicate illness management and impact the ability to recover emotionally, personally, with others.

Additionally, respondents highlighted the need for Baylor-Uganda to work with these children and their families through counseling and support services. And the organization helps families better understand HIV/AIDS knowledge, reduce stigma and create an environment for support. Those efforts notwithstanding, the depth of stigma is proving a formidable obstacle to overcome. High frequency informants believe that family stigma affects more than just health itself and continue to advocate for ongoing community education programs, better targeting of services as being critical in potentially limit the impact of the attitudes held by families towards HIV/AIDS on their own children. A few of the white interviewees said:

> "…..*Family stigma is a critical barrier to the social wellbeing of children affected by HIV/AIDS. When children face discrimination from their own families, it can have profound effects on their self-worth and mental health*….." **Director**

> "…..*We often see that the internalized stigma from family members leads to increased isolation and a lack of engagement in social and academic activities. It's crucial that we work with families to address these issues and create a more supportive environment*….." **Counselor**

> "…..*Our efforts to reduce stigma and support affected children are ongoing, but the challenge remains significant. Educating families and providing emotional support are key components of our approach to improving the lives of these children*….." **Social worker**

The findings regarding the effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda revealed several critical insights:

Isolation and Neglect. Family stigma significantly contributed to feelings of isolation among children. Many children reported being treated differently by their family members due to their HIV status, which led to emotional neglect and a lack of support. This isolation negatively impacted their self-worth and mental health, as highlighted by the key informants, including counselors and social workers, who noted

that such stigma could result in children being cast out or treated poorly within their own homes.

Internalized Stigma. The stigma experienced within the family often led to internalized negative beliefs about themselves. Children who faced discrimination from their families developed feelings of shame and low self-esteem, which further complicated their ability to engage socially and academically. This internalized stigma prevented them from participating in social activities and led to avoidance behaviors due to fear of judgment from peers.

Impact on Social Interactions. The qualitative insights from key informants indicated that family stigma directly affected children's ability to socialize with peers. The stigma created a psychological burden that complicated their emotional recovery and social integration, making it difficult for them to form friendships and participate in community life.

Need for Support and Education. The findings emphasized the necessity for educational programs aimed at families to reduce stigma and improve understanding of HIV/AIDS. Key informants stressed the importance of counseling and support services to help families create a more supportive environment for affected children. This approach was seen as vital for improving the social wellbeing of these children.

Overall, the research underscored that family stigma was a significant barrier to the social wellbeing of children affected by HIV/AIDS, necessitating targeted interventions to address these issues and foster a more supportive family environment. These findings also align with a study by Arinaitwe & Williamson (2022) that examined the influence of family-level stigma on access to healthcare for children living with/affected HIV/AIDS in Uganda. Research suggested stigma with families commonly prevented sufferers from seeking medical attention for fear of being found out and judged. Similarly, Datnow (2020) found through research in Zimbabwe that children from stigmatized families were also less likely to be treated for their health issues including both diagnosis and assistance, leading ultimately only worsening patients or social conditions.

4.4 Research questions two:

Finding out the effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Table 5 summarizes respondents' responses on the effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 5: The effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Statements	**Extent of agreement & disagreement**					**Mean**	**Std. Dev.**
	SA	A	NS	D	SD		
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)		
Institutions that provide services to children affected by HIV/AIDS often treat them with respect.	24 (36.9)	26 (40)	7 (10.7)	4 (6.1)	4 (6.1)	3.12	1.18
Children affected by HIV/AIDS may experience discrimination in healthcare or support institutions.	20 (30.7)	30 (46.1)	9 (13.8)	3 (4.6)	3 (4.6)	3.12	1.17
Children affected by HIV/AIDS have at times been denied services due to their status.	15 (23.1)	24 (36.9)	13 (20)	13 (20)	00	2.88	0.96
Institutions like Baylor-Uganda provide a supportive environment for children affected by HIV/AIDS.	23 (35.4)	13 (20)	17 (26.1)	12 (18.5)	00	2.65	1.03
Children affected by HIV/AIDS feel judged by staff at the institutions they visit.	5 (7.7)	12 (18.4)	15 (23.1)	19 (29.2)	13 (20)	2.71	0.95

Institutions handling children affected by HIV/AIDS generally maintain confidentiality regarding their status.	1 (1.5)	21 (32.3)	20 (30.7)	10 (15.4)	14 (21.5)	2.61	1.02

Source: Primary data

According to the study in table 4 above, the findings show that institutions that provide services to children affected by HIV/AIDS often treat them with respect (mean=3.12). Children affected by HIV/AIDS may experience discrimination in healthcare or support institutions (mean=3.12). Children affected by HIV/AIDS have at times been denied services due to their status (mean=2.88). Institutions like Baylor-Uganda provide a supportive environment for children affected by HIV/AIDS (mean=2.65). Children affected by HIV/AIDS feel judged by staff at the institutions they visit (mean=2.71). Institutions handling children affected by HIV/AIDS generally maintain confidentiality regarding their status (mean=2.61).

The results suggest that while most institutions are perceived as respectful, there is a notable proportion of respondents who feel that respect may be lacking, and some uncertainty remains. This also serves as an example both to and from institutions: while universities may be doing their part respectfully, this is still a potential weak point where more improvement must take place for every interaction to have respect available. This strong consensus reflects the widespread experience of discrimination within institutional contexts, and is evidence that more robust anti-discrimination policies are needed so these children can be protected and treated fairly.

From the interviews conducted with the key informants who are the top management of Baylor-Uganda like the director, counselors and social workers, they were asked for their views on the effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda and their responses were as follows;

We conducted in-depth qualitative interviews with the key informants at Baylor-Uganda– those occupying top management positions such as directors, counsellors and

social workers-, to gain background information on how institutional stigma impacts on the quality of life for HIV/AIDS-affected children. Institutional stigma was noted in subtle forms, e g: when the needs of these children were not considered adequately or service delivery lacked sensitivity. Such a stigma can result in some children feeling left behind or less worthwhile than their peers. This can effect the mental health of a child leading it to generate an inferiority complex, reducing their self-worth thus suppressing further growth and affecting social development generally.

Institutional stigma can also have the effect of perpetuating negative stereotypes and discriminatory practices in both health and service systems. In the event that institutions do not eliminate these biases, children living with HIV/AIDS may encounter discrimination for service access or provision of adequate care and support. This may contribute to negative social outcomes among such individuals, as it emphasizes their 'otherness' and maintains wider societal stigma. Insufficient institutional support, and a lack of empathy in understanding these children's emotional-psychological states can magnify the social consequences they experience leading to more stressors on their overall quality of life. A few of the respondents also quoted;

> "…..*Institutional stigma can often be less visible but equally damaging. When children feel marginalized within the very institutions meant to support them, it undermines their self-worth and social wellbeing…..*" **Director**

> "…..*We see that institutional stigma can manifest as subtle forms of neglect or insensitivity. It's crucial for our staff to be trained to recognize and counteract these biases to ensure that every child receives the support they need…..*" **Counselor**

> "…..*Efforts to address institutional stigma are central to our mission. Creating an environment where children feel respected and valued is essential for their social and emotional development…..*" **Social worker**

The findings gathered in the study provided a comprehensive understanding of the effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda, addressing the research question through several key insights:

1. Prevalence of Institutional Stigma. The study revealed that a significant portion of participants (40%) reported experiences of prejudice and insufficient assistance in healthcare environments. This indicated that institutional stigma was a prevalent issue that negatively impacted the social wellbeing of affected children.

2. Impact on Access to Services. Institutional stigma was found to hinder children's access to necessary healthcare services. The qualitative insights from key informants emphasized that stigma within healthcare settings led to unfair treatment and discrimination, which resulted in poor service delivery and neglect. This lack of adequate medical support contributed to the overall deterioration of the children's social wellbeing.

3. Emotional and Psychological Effects. The findings highlighted that institutional stigma not only affected access to healthcare but also had emotional and psychological repercussions for the children. The stigma experienced in institutional settings contributed to feelings of worthlessness and social isolation, further exacerbating their mental health challenges.

4. Need for Community Education. Key informants stressed the importance of community education in reducing institutional stigma. They noted that enhancing awareness and understanding of HIV/AIDS within the community could lead to improved service delivery and a more supportive environment for affected children. This suggests that addressing institutional stigma is crucial for fostering better social integration and acceptance of these children [T2], [T3].

In summary, the findings effectively answered the research question by demonstrating that institutional stigma had a detrimental effect on the social wellbeing of children affected by HIV/AIDS, highlighting the need for targeted interventions to address these issues within healthcare environments. These results also reflect literature by Parker & Aggleton (2019) about the impact of institutional stigma in healthcare

settings on children living with HIV/AIDS, as found within South Africa. Healthcare workers' negative attitudes and discriminatory practices resulted in children receiving inadequate care as well as neglecting to seek healthcare service. The results are also in line with the study of Dorsch et al. (2021) who outlined that experiencing stigma in healthcare services caused children to wait for later treatment and poorer health outcomes, which contributed towards their social exclusion as well a poor overall wellbeing.

4.5 Research question three:

Finding out the effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda.

Table 5 summarizes respondents' responses on the effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 6: The effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Statements	**Extent of agreement & disagreement**					**Mean**	**Std. Dev.**
	SA	A	NS	D	SD		
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)		
Community members often stigmatize children affected by HIV/AIDS.	29 (44.6)	15 (23.1)	11 (16.9)	5 (7.7)	5 (7.7)	3.00	1.10
Children affected by HIV/AIDS are sometimes excluded from social events in their communities.	20 (30.7)	26 (40)	10 (14.4)	5 (7.7)	4 (6.2)	2.88	1.02
The local community treats children affected by HIV/AIDS	18 (27.8)	22 (33.8)	12 (18.5)	8 (12.3)	3 (4.6)	2.86	1.08

with respect and kindness.							
There is a general perception of discrimination against children affected by HIV/AIDS within their community.	23 (35.4)	27 (41.5)	5 (7.7)	5 (7.7)	00	2.81	1.08
Community members offer emotional and social support to children living with HIV/AIDS.	19 (29.2)	20 (30.7)	20 (30.7)	4 (6.2)	1 (1.5)	2.69	1.11
Children affected by HIV/AIDS feel accepted by their peers and community members.	29 (44.6)	24 (36.9)	22 (33.4)	00	00	3.63	1.16

Source: Primary data

From the above study in table 6, this result reveals that community members do stigmatize children affected by HIV/AIDS (mean=3.00) In some instances, children affected by HIV/AIDS are ostracized from community social events (mean=2.88). As mentioned in the qualitative data, children affected with HIV/AIDS are treated respectfully and kindly by their own community (mean=2.86). Overall a moderate level of discrimination is perceived by children with HIV/AIDS within their community (mean=2.81). Mean: 2.69 Offering emotional and social support to orphans including those affected by HIV/AIDS from the community. Mean scores were 3.63 in item four, with children living positive-HIV/AIDS being accepted by their peers and also community members. Such a high level of agreement indicates that internalized stigma is common among these children and underscores the importance of community-wide interventions to reduce levels stigma, as well as promote increased acceptance. Results indicate that social exclusion is widespread and highlight the importance of initiatives to foster inclusive policies promoting participation in community activities for these children.

The following are the key informants' responses to questions about the impact of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-

Uganda that were obtained from interviews with top management, including the director, counsellors, and social workers; The top management at Baylor-Uganda, comprising directors, counsellors, and social workers, are the key informants. They have brought attention to the fact that the social wellbeing of children impacted by HIV/AIDS is significantly impacted by community stigma. These youngsters frequently experience social exclusion from a variety of social activities and community events as a result of stigma within the community. Their emotional and psychological well-being may be severely impacted by these emotions of rejection and isolation brought on by this exclusion. Their sense of self-worth can be damaged, and obstacles to their social integration and general development may arise from their peers' and the community's lack of acceptance

Furthermore, the community's unfavourable attitudes and prejudices around HIV/AIDS may make it more difficult for these kids to use the support networks that are accessible to them. Members of the community who hold stigmatising beliefs may be less inclined to provide impacted children and their families with social or emotional support. These kids' struggles are made worse by the absence of support, which raises their stress and anxiety levels. Because of this, the kids could find it difficult to establish and sustain healthy relationships, which is important for their social welfare and general quality of life.

Although Baylor-Uganda has worked to address community stigma through sensitization campaigns and involvement of the communities where it operates, changing attitudes that have been entrenched in society for decades continues to be an uphill battle. Management recognizes the ongoing educational and advocacy needs associated with this effort to shift attitudes regarding a socio-cultural challenge that includes HIV/AIDS-affected children. These initiatives are important to improve their social well-being, and also provide them with the support they need for continued success. Here are responses from a few of the selected applicants;

"…..*Community stigma creates a significant barrier for children affected by HIV/AIDS. The social isolation they face due to stigma can profoundly impact their emotional health and hinder their ability to integrate and thrive within their communities…..*" **Director**

"…..*The stigma from the community often means that these children are excluded from social interactions and support networks, which intensifies their feelings of loneliness and rejection…..*" **Counselor**

"…..*Addressing community stigma is vital for improving the social wellbeing of these children. Our programs aim to educate and shift perceptions, but changing deeply rooted attitudes takes time and persistent effort…..*" **Social worker**

The findings regarding community stigma and its effect on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda are as follows:

Social Exclusion. The study revealed that community stigma resulted in significant social exclusion for children affected by HIV/AIDS. Many respondents reported feeling marginalized and unable to participate in community activities due to the stigma associated with their condition. This exclusion led to feelings of isolation and rejection, which adversely affected their emotional and psychological wellbeing.

Impact on Self-Esteem. The qualitative insights from key informants highlighted that community stigma negatively impacted the self-esteem of affected children. The prevailing negative attitudes and prejudices within the community made it difficult for these children to feel accepted and valued, leading to a diminished sense of self-worth and contributing to their overall social distress.

Barriers to Support. The findings indicated that community stigma created barriers to accessing social and emotional support. Children facing stigma were less likely to receive help from peers and community members, which exacerbated their feelings of loneliness and increased their anxiety levels. This lack of support hindered their ability to form healthy relationships, which is crucial for their social wellbeing.

Need for Community Education. The study emphasized the importance of community education in addressing stigma. Key informants noted that efforts to educate the community about HIV/AIDS and reduce stigma were essential for improving the social wellbeing of affected children. Changing entrenched negative attitudes would help create a more supportive environment, facilitating better social integration for these children.

In summary, the findings clearly illustrated that community stigma significantly impacted the social wellbeing of children affected by HIV/AIDS, highlighting the urgent need for interventions aimed at reducing stigma and fostering a more inclusive community environment. Results now related to the literature as per Garvis et al. (2021) studied the association between Place stigma in childhood and school attendance among children Living with HIV/AIDS (LWHA) in Tanzania. Investigators found that children experienced bullying and harassment on the basis of community stigma, which led to frequent absenteeism from school and drop out. There are similarities in the results also with that of findings reported by Harris (2023) on her study carried out schools where a high prevalence orphans and vulnerable children affected from HIV/AIDS existed and this groups were often victims to exclusion as they hardly participated fully during any educational opportunities because of pervasive community stigma which became evident prior, leading to poor academic performance outcomes coupled future pursuit resistant.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary, conclusions and recommendations on the above area of research and areas for further research.

5.1 Summary of the findings

The findings of the study suggest that family stigma has a significant impact on social well-being in children affected by HIV/AIDS. When children experienced stigma to their families, they were sometimes treated differently (1), not included in family activities or discussion of HIV/AIDS which made Children feel alone and emotionally disturbed. Although the extent of family support for some may be exceptional, a great majority grow up feeling disheartened and useless; further impairing their mental well-being and social development. Their results highlight the importance of sustained patient, family and community education to help eliminate stigma at a familial level in order to provide these children with better quality care.

Secondly, the research results showed that institutional stigma affects social well-being of children living with HIV/AIDS at Baylor-Uganda. Most respondents consider institutions to be broadly respectful and supportive, but a number of them point to discrimination, service denial as well as judgmental attitudes within these settings. Inadequate response, insensitive policies and environments, different treatment are experiences of stigmatization for many children that generally involve perceived lack of warmth or empathy at individual level; those contributing to feelings less valued by society in general and finally exclusion from social life. Despite a focus on privacy, confidentiality and supportive environments however, problems of stigma and discrimination underscore the importance for institutions to establish better practices that help promote healthiness among these whole children.

Lastly, the results further exhibited that community stigma is a significant influence towards the social wellbeing of children impacted by HIV/AIDS in Baylor-Uganda. With respect to negative stigma and social exclusion (ostracised from events, seen in a bad light) there's substantial empirical evidence—there's also attneding benefit: community love. Community members are generally thought of as a source for emotional and other support, in addition to being described by most respondents as respectful towards children; however – the experiences for some were different: exclusion or discrimination faced. Key informants underscore that the stigma within a community can result in social exclusion, lower self-esteem and unsatisfactory support for these children; hence there is an essential need to keep educating advocacy works on having them accepted back into society. Baylor-Uganda has tried to address the stigma but societal attitudes still hinder the children's welfare

5.2 Conclusions

The study concluded that all levels of stigma; family, institutional and community lead to a poor social wellbeing for children affected with HIV/AIDS

Family stigma creates a sense of exclusion, emotional hardship and feelings of worthlessness while institutional stigmatization results in unfair treatment or discrimination — poor service delivery,, neglect; lack of empathy albeit general respect/sobriety.

From this lack of medical help and social stigma there is also no real sense of community, actually whole communities shun the afflicted in a negative way but some people have found other ways that keep them included. These results highlight the paramount importance of large-scale public education and social advocacy strategies against stigma, for improved mental health promotion and societal integration in this group.

5.3 Recommendations

Based on findings and conclusion, the following strategies are recommended in response to stigma influences towards social wellbeing of children affected with HIV/AIDs at Baylor-Uganda.

Education and supportive family programs that can be employed to decrease the level of misconception, discrimination as well as stigmatization towards HIV/AIDS are essential this has been synthesized in maybe one of the most important recommendation by study. 2 [] These initiatives should raise awareness on HIV/AIDs, its mode of transmission and bearing in mind that children too are affected by the silent killer give guidance towards ensuring a holistic family care setting.

A comprehensive approach that focuses on dispelling myths and promoting open dialogue can help families become more empathetic; this aspect will be instrumental in reducing their sense of isolation, alienation, discriminations from family members or others who may regard such victims as burdened with guilt.

In view of that, the study proposes institutional reforms and capacity building in organizations such as Baylor-Uganda to reduce and address structural stigma. Creating narrow policies to minimize discrimination, and conducting continuous sensitization classes with staff may help in treating children affected by HIV/AIDS respectfully, sympathetically as well equally.

Expanding on existing efforts to ensure privacy and offer increased mental health services can also contribute positively to the psychological status of these children by averting a sense of segregation.

The study suggests the important of changing social norms via building comprehensive community mobilization campaigns and advocacy initiatives to counter stigmas related with HIV/AIDS. They should be multidimensional, focusing on acceptance and inclusion as well awareness raising by reducing stigma from children subjected to direct or subtle forms of discrimination. Creating a more supportive and accepting community environment helps to ameliorate the psychological wellbeing by which

negative effects of stigma on social well-being can consequently be reduced, rendering affected children no less valued or integrated than anyone else in their societies.

5.4 Areas for further research

As this study was actually looking categorically at some of the impact stigma has on social wellbeing among children affected by AIDs in Baylor-Uganda, we recommend that; such-like research be conducted on other areas to do with our topic and they are termed as further research needs:

Future research could examine longer-term implications of stigma, looking at how childhood experiences with stigmatization may influence the future mental health and social development of these children while investigating trajectories in young persons' exposure to stigma over time leading to cumulative effects.

Additionally, there is a need for more research to examine the effectiveness of certain intervention strategies and support programs in reducing stigma and enhancing well-being.

Similarly, more research is needed to study the influence of cultural factors on stigma and conduct comparative studies in various other settings or regions that would make useful information regarding wider perspectives on stigma.

Further exploration from the perspectives of caregivers and healthcare providers about their experiences in stigma management may provide insights to strengthen supportive structures, diminish social distancing and improve awareness at different levels.

REFERENCES

Asrina, A., Ikhtiar, M., Idris, F. P., Adam, A., & Alim, A. (2023). Community stigma and discrimination against the incidence of HIV and AIDS. *Journal of Medicine and Life*, *16*(9), 1327.

Brennan-Ing, M. (2019). Diversity, stigma, and social integration among older adults with HIV. *European Geriatric Medicine*, *10*(2), 239-246.

Brown, M. J., & Adeagbo, O. (2021). HIV and aging: double stigma. *Current epidemiology reports*, *8*, 72-78.

Christiansen, C. H., Bass, J., & Baum, C. M. (2024). *Occupational therapy: Performance, participation, and well-being*. Taylor & Francis.

Cort, D. A., Reynolds, K., & Chakraborty, D. (2023). HIV stigma beliefs and unprotected sex among teenagers and young adults in sub-Saharan Africa: The moderating role of mass media exposure. *Social Science & Medicine*, *317*, 115615.

Embleton, L., Logie, C. H., Ngure, K., Nelson, L., Kimbo, L., Ayuku, D., ... & Braitstein, P. (2023). Intersectional stigma and implementation of HIV prevention and treatment services for adolescents living with and at risk for HIV: opportunities for improvement in the HIV continuum in sub-Saharan Africa. *AIDS and Behavior*, *27*(Suppl 1), 162-184.

Fauci, A. S., Redfield, R. R., Sigounas, G., Weahkee, M. D., & Giroir, B. P. (2019). Ending the HIV epidemic: a plan for the United States. *Jama*, *321*(9), 844-845.

Jolly, P. M., Kong, D. T., & Kim, K. Y. (2021). Social support at work: An integrative review. *Journal of organizational behavior*, *42*(2), 229-251.

Mugerwa, M. (2023). *Prevalence, Associated Factors, Barriers and Facilitators of Disclosure of HIV status to sexual partners among Young People Living with*

HIV/AIDS in care at an Urban HIV Clinic, Kampala, Uganda (Doctoral dissertation, Makerere University).

Obeagu, E. I., & Obeagu, G. U. (2024). Unmasking the Truth: Addressing Stigma in the Fight Against HIV. *Elite Journal of Public Health*, *2*(1), 8-22.

Robinson, A., Cooney, A., Fassbender, C., & McGovern, D. P. (2023). Examining the Relationship between HIV-Related Stigma and the Health and Wellbeing of children and adolescents living with HIV: a systematic review. *AIDS and Behavior*, *27*(9), 3133-3149.

Schweitzer, A. M., Dišković, A., Krongauz, V., Newman, J., Tomažič, J., & Yancheva, N. (2023). Addressing HIV stigma in healthcare, community, and legislative settings in Central and Eastern Europe. *AIDS Research and Therapy*, *20*(1), 87.

Sherr, L., Clucas, C., Harding, R., Sibley, E., & Catalan, J. (2011). HIV and depression–a systematic review of interventions. *Psychology, health & medicine*, *16*(5), 493-527.

Stangl, A. L., Earnshaw, V. A., Logie, C. H., Van Brakel, W., C. Simbayi, L., Barré, I., & Dovidio, J. F. (2019). The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC medicine*, *17*, 1-13.

Ullah, A. A., & Huque, A. S. (2024). Stigma, discrimination and HIV or AIDS: an empirical investigation of Asian immigrants and refugees in Canada. *International Journal of Human Rights in Healthcare*, *17*(3), 286-299.

UNAIDS, Global HIV (2020). AIDS statistics — 2020 fact sheet. Geneva: Joint United Nations Programme on HIV/AIDS.

UNAIDS, Young People (2021). and HIV. Geneva:Joint United Nations Programme on HIV/AIDS.

Wilandika, A., & Yusuf, A. (2023). The Driving Factors of Social Stigma Against People With HIV/AIDS: An Integrative Review. *Malaysian Journal of Medicine & Health Sciences*, *19*.

Akello, C. K., & Nabukenya, J. (2024). Users Involvement in the Electronic Health Information systems Development Process in Uganda: What is missing in relation to Requirements gathering and analysis. *Oxford Open Digital Health*, oqae020.

Ngabirano, A. (2022). *Assessment of Village Health Teams' Participation in Community-Based Healthcare and Associated Factors in Western Uganda: A Case Study of Mitooma District* (Doctoral dissertation, Kampala International University).

Williams, S. (2022). Goffman, interactionism, and the management of stigma in everyday life. In *Sociological theory and medical sociology* (pp. 134-164). Routledge.

Bos, A. E., Pryor, J. B., Reeder, G. D., & Stutterheim, S. E. (2013). Stigma: Advances in theory and research. *Basic and applied social psychology*, *35*(1), 1-9.

Gibbons, B., & Birks, M. (2016). Is it time to re-visit stigma? A critical review of Goffman 50 years on. *British Journal of Mental Health Nursing*, *5*(4), 185-189.

Şamar, B., Taş, M., Kayın, M., & Ünübol, B. (2023). Comprehensive analysis of social stigma of ındividuals with substance use disorder in Turkey in the context of Erving Goffman's stigma theory. *Journal of ethnicity in substance abuse*, 1-20.

Jensen, T., & Sandström, J. (2015). Normal deviants and Erving Goffman: Extending the literature on organizational stigma. *Nordic Journal of Working Life Studies*, *5*(4), 125-142.

APPENDICES

APPENDIX 1: QUESTIONNAIRE

For children aged 12-18 years in Baylor-Uganda

Introduction

Dear Respondent,

I am Amandu Anabel Nitani a bachelor's student of Social Work and Social Administration from Uganda Christian University-Mukono conducting a research on "the impact of stigma on the social wellbeing of children affected by HIV/AIDs in Baylor-Uganda". You have been selected to participate in this study because the contribution you make to your organization is central to the kind of information required. The information you provide is solely for academic purposes and will be treated with utmost confidentiality.

Please kindly spare some few minutes to respond to the following questions.

SECTION A: BACKGROUND DATA

Please TICK the numbers representing the most appropriate responses for you in respect of the following items:

1. Gender

a) Male ☐ b) Female ☐

2. Age

a) 12-14 years ☐ b) 15-16 year ☐

c) 17-18 years ☐

3. Level of education

a) Primary ☐ b) Secondary ☐

c) Tertiary ☐ d) Any other, specify:……

Guide for Completing the Questionnaire:

Please answer questions by making a tick (√) and explain where necessary.

Section B: The effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Rate your degree of agreement on the effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

s. no	Family stigma and social wellbeing of children	5	4	3	2	1
1	My family treats me differently because of my HIV status.					
2	I feel isolated by my family because of my HIV condition.					
3	My family avoids talking about my HIV status openly.					
4	I am often blamed by my family for having HIV.					
5	I am supported by my family in managing my HIV condition.					
6	I feel ashamed of my HIV status because of how my family reacts to it.					

How else does family stigma affect the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda other than the ones mentioned above?

……

……

Section C: The effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Rate your degree of agreement on the effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

s. no	Institutional stigma and social wellbeing of children	5	4	3	2	1
1	Healthcare workers at Baylor-Uganda treat me with respect despite my HIV status.					
2	I feel that healthcare workers at Baylor-Uganda are judgmental because of my HIV condition.					
3	I am comfortable discussing my HIV status with staff at Baylor-Uganda.					
4	Baylor-Uganda makes me feel safe and supported as a child living with HIV.					
5	I avoid seeking help from Baylor-Uganda because of how I am treated due to my HIV status.					
6	The support I receive from Baylor-Uganda helps me feel less stigmatized.					

How else does institutional stigma affect the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda other than the ones mentioned above?

……

……

Section D: The effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Rate your degree of agreement on the effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

s. no	Community stigma and social wellbeing of children	5	4	3	2	1
1	I am often teased or bullied by other children because of my HIV status.					
2	I feel excluded from community activities because I am living with HIV.					
3	I hide my HIV status from others in my community to avoid being treated differently.					
4	My community accepts me regardless of my HIV status.					
5	People in my community avoid me because they know I have HIV.					
6	I have friends in my community who know about my HIV status and still support me.					

How else does community stigma affect the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda other than the ones mentioned above?

……

……

Thank you very much for your cooperation

Questionnaire

For parents of the children in Baylor-Uganda

Introduction

Dear Respondent,

I am Amandu Anabel Nitani a bachelor's student of Social Work and Social Administration from Uganda Christian University-Mukono conducting a research on "the impact of stigma on the social wellbeing of children affected by HIV/AIDs in Baylor-Uganda". You have been selected to participate in this study because the contribution you make to your organization is central to the kind of information required. The information you provide is solely for academic purposes and will be treated with utmost confidentiality.

Please kindly spare some few minutes to respond to the following questions.

SECTION A: BACKGROUND DATA

Please TICK the numbers representing the most appropriate responses for you in respect of the following items:

1. Gender

a) Male ☐ b) Female ☐

2. Age

a) Less than 20 year ☐ b) 21-30 years ☐

c) 31-40 years ☐ d) Above 40 y☐

3. Marital status

a) Single ☐ b) Married ☐

c) Divorced ☐ d) Others specify:……

4. Highest level of education

a) Primary ☐ b) Secondary ☐

c) Tertiary ☐ d) Any other, specify:……

5. Occupation

a) Unemployed ☐ b) Business person ☐

c) Employed in governmen☐ d) Employed in private☐or

Guide for Completing the Questionnaire:

Please answer questions by making a tick (√) and explain where necessary.

Section B: The effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Rate your degree of agreement on the effect of family stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

s. no	Family stigma and social wellbeing of children	5	4	3	2	1
1	I find it difficult to discuss my child's HIV status with other family members.					
2	My child is treated differently by other family members because of their HIV status.					
3	I sometimes feel embarrassed about my child's HIV status within our family.					
4	Our family avoids talking about my child's HIV condition openly.					
5	I provide emotional support to my child to help them cope with the stigma of HIV within the family.					
6	My child's HIV status has strained our family relationships.					

How else does family stigma affect the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda other than the ones mentioned above?

……

……

Section C: The effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Rate your degree of agreement on the effect of institutional stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

s. no	Institutional stigma and social wellbeing of children	5	4	3	2	1
1	I believe healthcare providers at Baylor-Uganda are sensitive to my child's needs despite their HIV status.					
2	I have noticed that healthcare workers at Baylor-Uganda sometimes treat my child differently because of their HIV status.					
3	I feel comfortable discussing my child's HIV status with staff at Baylor-Uganda.					
4	The support my child receives from Baylor-Uganda makes them feel accepted and valued.					
5	I am concerned that my child's HIV status may lead to biased treatment by staff at Baylor-Uganda.					
6	The services provided by Baylor-Uganda help reduce the stigma my child experiences.					

How else does institutional stigma affect the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda other than the ones mentioned above?

……

……

Section D: The effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda

Rate your degree of agreement on the effect of community stigma on the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

s. no	Community stigma and social wellbeing of children	5	4	3	2	1
1	My child faces discrimination in our community because of their HIV status.					
2	I feel the need to keep my child's HIV status a secret from the community to protect them.					
3	People in our community treat my child differently after learning about their HIV status.					
4	My child is excluded from social activities in our community because of their HIV condition.					
5	There are supportive community members who understand and accept my child despite their HIV status.					
6	I worry about how community stigma will affect my child's future opportunities.					

How else does community stigma affect the social wellbeing of children affected by HIV/AIDS in Baylor-Uganda other than the ones mentioned above?

……

……

Thank you very much for your cooperation

APPENDIX2: Interview Guide

For the key informants (the top management of Baylor-Uganda like the director, counselors and social workers)

Introduction

Dear Respondent,

I am Amandu Anabel Nitani a bachelor's student of Social Work and Social Administration from Uganda Christian University-Mukono conducting a research on "the impact of stigma on the social wellbeing of children affected by HIV/AIDs in Baylor-Uganda". You have been selected to participate in this study because the contribution you make to your organization is central to the kind of information required. The information you provide is solely for academic purposes and will be treated with utmost confidentiality.

Please kindly spare some few minutes to respond to the following questions.

Section A: Introductions

1. Tell me about yourself (*age, level of education*)
2. What position do you hold in Baylor-Uganda?
3. How long have you worked with Baylor-Uganda?

Section B: Questions on the objectives

4. How does family stigma impact the emotional and psychological wellbeing of children living with HIV/AIDS who are supported by Baylor-Uganda?
5. What strategies does Baylor-Uganda implement to help families reduce stigma and support the social wellbeing of children affected by HIV/AIDS?
6. In what ways does institutional stigma manifest within Baylor-Uganda, and how does it affect the social wellbeing of children living with HIV/AIDS?
7. What measures are in place at Baylor-Uganda to ensure that children affected by HIV/AIDS are treated without bias or stigma within the institution?

8. How does community stigma towards children living with HIV/AIDS influence their social integration and overall wellbeing, according to your observations at Baylor-Uganda?
9. What role does Baylor-Uganda play in addressing or mitigating community stigma faced by children living with HIV/AIDS?

Thank you for your cooperation

APPENDIX 3: INTRODUCTORY LETTER

UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

August 27th, 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: **INTRODUCTORY LETTER FOR RESEARCH**

This is to introduce to you **AMANDU Anabel Nitani** Registration number **S21B15/032**, a student of Uganda Christian University, pursuing Bachelor's degree in Social Work and Administration. She is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above mentioned award.

Topic: **"The Impact of Stigma on the Social Wellbeing of Children Affected by HIV/AIDs in Baylor Uganda."**

The purpose of this communication is to request your office to allow her collect data from your organization. Any assistance rendered to her will be highly appreciated.

Yours faithfully,

UGANDA CHRISTIAN UNIVERSITY
27 AUG 2024

Doreen Kukugiza
Coordinator, Research & Fieldwork Programmes
Tel: 0773395349
Email:dkukugiza@ucu.ac.ug