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Resilience and stigma among children with HIV, tuberculosis, and stunting: A literature review

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Abstract

Background: Health-related stigma is a social phenomenon closely linked to inequality and marginalization. Children living with HIV, tuberculosis (TB), and stunting are particularly vulnerable to intersecting forms of stigma, including discrimination related to illness, poverty, and family background. These overlapping stigmas often restrict social participation, affect mental well-being, and hinder access to health services, thereby reinforcing cycles of vulnerability.
Purpose: This literature review aims to synthesize existing evidence on the manifestations of stigma and resilience among children affected by HIV, TB, and stunting within the Indonesian and broader Asian contexts.
Method: A literature review was conducted using databases including Google Scholar, PubMed, and ScienceDirect. Articles published between 2019 and 2024 were screened based on predefined inclusion criteria. Eighteen relevant studies were selected and analyzed using a thematic approach to identify recurring patterns related to stigma and resilience.
Results: The findings indicate that stigma operates across multiple levels. At the intrapersonal level, caregivers often experience self-stigma, shame, and psychological distress, which negatively influence health-seeking behaviors. At the interpersonal level, children encounter social exclusion, peer discrimination, and community stigma that reduce their quality of life. At the structural level, stigmatizing attitudes among some health workers and discriminatory practices within health systems create barriers to equitable care. These forms of stigma are frequently intensified by socioeconomic factors such as poverty and limited educational access.
Conclusion: Stigma affecting children with HIV, TB, and stunting is a multi-dimensional issue shaped by personal, social, and structural determinants. Addressing this problem requires comprehensive strategies, including community education, strengthening family and social support, and ensuring that health services are delivered in a non-discriminatory and child-centered manner.

Keywords: Children; HIV; Resilience; Stigma; Tuberculosis.

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INTRODUCTION

Health-related stigma does not emerge in isolation, but is deeply embedded within broader social structures that reflect inequality, power imbalances, and entrenched hierarchies. These structures shape how certain groups are perceived, treated, and positioned within society, often resulting in systematic marginalisation of those already facing social and economic disadvantage (Rai, Peters, Syurina, Irwanto, Naniche, & Zweekhorst, 2020). In this sense, stigma operates not merely at the individual level but as a socially produced process that reinforces exclusion and limits access to resources, including healthcare, education, and social support.

Within this broader framework, the concept of intersecting stigma becomes particularly relevant. Intersecting stigma refers to the coexistence and interaction of multiple stigmatized identities or conditions that compound vulnerability and intensify social exclusion. For children living with Human Immunodeficiency Virus (HIV), stigma is rarely confined to their health status alone. Many of these children simultaneously experience poverty, loss of parental care, social displacement, ethnic marginalisation, or disability. When HIV is accompanied by other health and social challenges, such as tuberculosis (TB) and chronic undernutrition, the burden of stigma becomes even more pronounced. In such contexts, children may be labelled as "dirty," "contagious," or socially undesirable, perceptions that not only damage their self-worth but also restrict their participation in everyday social life and reduce their access to essential health services.

Empirical evidence consistently shows that children living with HIV face layered vulnerabilities that extend beyond medical concerns. Studies have documented how orphanhood, street involvement, and disadvantaged socioeconomic conditions intersect with HIV status to deepen experiences of stigma and marginalisation (Deacon & Stephney, 2007). Children affected by HIV, TB, and chronic malnutrition are frequently subjected to negative social labelling, being viewed as morally compromised, unproductive, or a burden on families and communities. These stigmatizing perceptions often translate into concrete forms of discrimination, including exclusion from formal education, rejection or blame within family settings, and exposure to physical or emotional violence in both domestic and community environments (Deacon & Stephney, 2007).

Socioeconomic position further shapes children's vulnerability within these stigmatizing environments. Families with higher economic status tend to seek better health services and facilities than families with lower economic status (Fantay Gebru, Mekonnen Haileselassie, Haftom Temesgen, Oumer Seid, & Afework Mulugeta, 2019). For children living in economically constrained households, limited access to quality healthcare intersects with stigma to exacerbate health risks and delay timely treatment. From a public health standpoint, the co-occurrence of HIV, tuberculosis, and malnutrition represents a classic example of a syndemic, in which biological vulnerability and social disadvantage interact in ways that mutually reinforce poor health outcomes. HIV-related immune suppression increases susceptibility to opportunistic infections, particularly tuberculosis, which remains the leading cause of mortality among people living with HIV. At the same time, chronic undernutrition manifesting as stunting, wasting, or underweight further weakens immune function, accelerates disease progression, and undermines the effectiveness of treatment. These interrelated conditions disproportionately affect children in resource-limited settings, where prevention, diagnosis, and continuity of care remain unevenly distributed.

Despite notable global progress in child health over the past decade, significant challenges persist. New HIV infections among children declined by approximately 62% between 2010 and 2023, reflecting the impact of expanded prevention and treatment efforts. However, recent trends suggest that this progress has begun to stagnate.

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Concurrently, childhood undernutrition continues to pose a serious global problem, with an estimated 149 million children under the age of five experiencing stunting in 2022, alongside substantial levels of wasting and overweight. Tuberculosis remains a major public health threat, affecting an estimated 10.6 million people worldwide in 2022, including 1.3 million children (The Joint United Nations Programme on HIV/AIDS, 2015; World Health Organization, 2023; World Health Organization, 2025).

Previous reviews of the literature have drawn attention to the overlapping experiences of street-connected children, children living with HIV or Acquired Immunodeficiency Syndrome (AIDS), and orphaned children, particularly in relation to stigma, discrimination, and social exclusion. Across diverse settings, these children commonly report persistent fear, social isolation, feelings of contamination, and exposure to harsh or punitive treatment. Those experiencing multiple layers of stigma, for instance, children who are both street-involved and HIV-positive are often labelled as criminals or sex workers, labels that further entrench their marginalisation and severely limit their opportunities to access health services, education, and long-term social support.

RESEARCH METHOD

This study adopted a literature review design aimed at systematically mapping and synthesising existing empirical and conceptual studies addressing stigma and resilience among children affected by Human Immunodeficiency Virus (HIV), Tuberculosis (TB), and stunting. A literature review was considered appropriate given the multidimensional nature of stigma and the need to integrate evidence from diverse disciplinary perspectives, including public health, social sciences, and child studies. By drawing on previously published research, this approach enabled a comprehensive understanding of how intersecting health and social vulnerabilities shape children's lived experiences across different contexts.

Relevant studies were identified through structured searches of several electronic databases, namely Google Scholar, PubMed, ScienceDirect, and Perplexity. These databases were selected to ensure broad coverage of peer-reviewed literature from both biomedical and social science fields. To maintain the relevance and timeliness of the evidence, the search was restricted to articles published between 2019 and 2024. This time frame was chosen to capture recent developments in research on HIV, TB, childhood undernutrition, and stigma, particularly in relation to evolving public health responses and social dynamics.

Following the retrieval of articles, a thematic analysis was employed to examine and synthesise the findings of the selected studies. This analytical approach facilitated the identification of recurring themes, dominant patterns, and conceptual linkages related to stigma, discrimination, coping mechanisms, and resilience among affected children. Through iterative reading and comparison of the literature, themes were refined and organised to reflect both individual-level experiences and broader structural factors influencing stigma. Thematic analysis was particularly suitable for this study as it allowed for flexibility in integrating qualitative and quantitative findings while maintaining analytical depth.

The literature review process followed a series of structured stages, beginning with the identification of relevant keywords, followed by systematic screening and thematic categorisation of the selected articles (Andarini, Yeni, Ermi, Etrawati, Rosyada, Ardillah, Utama, Razak, Najmah, Idris, & Sari, 2021). Keywords were deliberately chosen to encompass a wide range of concepts related to children, stigma, HIV, tuberculosis, stunting, resilience, and social determinants of health. During the screening stage, articles were assessed for relevance based on their focus, population, and conceptual alignment with the objectives of the study. The final set of articles was then organised into thematic categories to support coherent analysis and interpretation.

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Employing a literature review design offered several methodological advantages. It reduced the likelihood of redundancy with existing studies, supported theory development grounded in accumulated evidence, enhanced methodological rigor through systematic synthesis, and enabled broader generalisation of insights across different research settings. In the context of this study, this approach was especially effective in examining intersecting stigma related to HIV, TB, and stunting, as it allowed for the integration of diverse perspectives and highlighted gaps that warrant further empirical investigation.

RESEARCH RESULTS

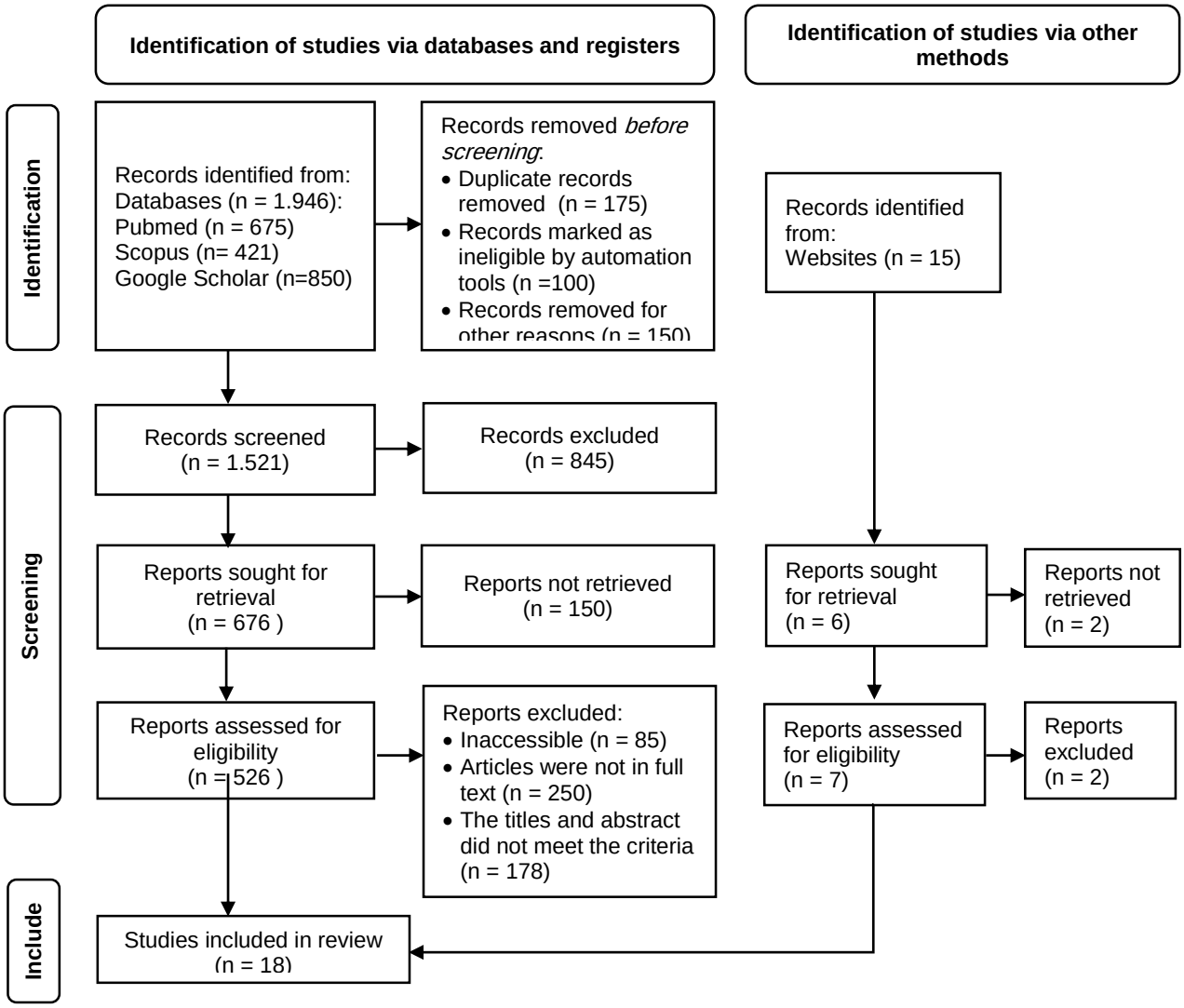

Figure 1. Prisma Flowchart

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Based on a thematic analysis of 18 articles published between 2019 and 2024, the findings reveal that children with stunting, HIV, and Tuberculosis (TB) in Indonesia and Asia face complex, intersecting layers of stigma. This stigma is not monolithic; it operates at intrapersonal, interpersonal, and structural levels, creating profound barriers to health and well-being. The analysis of the literature, summarized in the subsequent tables, is organized around four key themes that emerged from the data.

Table 1. Intersecting Layers of Stigma

Condition	Key Stigma Effects	Impact on children
Stunting	Sel-stigma among mothers; reluctance to seek care	Poor growth; development delays
HIV	Social isolation; caregiver stress	Emotional challenges; reduced support systems, excluded from school; Blamed, deprived mistreaded; neglected by their parents
Tuberculosis	Fear of contagion; discrimination	Delayed treatment; social exclusion

Table 1 summarises the intersecting layers of stigma identified across the reviewed studies, highlighting how different health conditions are associated with distinct yet overlapping stigma experiences and their impacts on children.

Figure 2. Thematic Analysis for Resilience and Stigma of Children with HIV, TB and Stunting

Figure 2 highlights that stigma affecting children with HIV, tuberculosis (TB), and stunting is shaped by overlapping socio-economic conditions, parental responses, community attitudes, and health system factors. Together, these elements influence children's access to care, social experiences, and overall well-being.

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Table 1. Summary of the Included Studies

(Author, Year) (Country)	Title of Research	Method	Main Themes / Key Findings
(Widiastuti et al., 2022) (Indonesia)	Description of Stigma in Stunted Children	Descriptive quantitative study using purposive sampling (n=113)	Negative stigma, unfavorable peer treatment, social isolation, withdrawal behavior
(Widiastuti et al., 2022) (Indonesia)	Stigma on Stunted Children and Mental Health Risks	Analytical survey with cross-sectional design (n=113)	Stigma negatively affects children's mental health and parental perceptions
(Putri et al., 2024) (Indonesia & Global)	Self-Stigma, Experiences, and Psychological Conditions of Mothers with Stunted Children: A Literature Review	Qualitative literature review following PRISMA guidelines	Maternal self-stigma, psychological distress, reduced health-seeking behavior
(Hastuti et al., 2022) (Indonesia)	Psychosocial Problems of Mothers with Stunted Children	Qualitative descriptive exploratory study	Emotional burden, shame, anxiety, and economic pressure
(Giyaningtyas & Hamid, 2019) (Indonesia)	The Effect of Thought Stopping Therapy on Anxiety among Mothers of Children with Stunting	Case report with therapeutic intervention	Psychological distress, anxiety reduction through cognitive therapy
(Saripah, 2022) (Indonesia)	Children with Stunting and Parental Psychological Experiences in Teluk Village	Qualitative descriptive study	Parental stress, environmental stigma, limited social support

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(Author, Year) (Country)	Title of Research	Method	Main Themes / Key Findings
(Delima & Ahmad, 2023) (Indonesia)	Socio-Cultural Factors Influencing Stunting Incidence: A Literature Review	Literature review	Sociocultural beliefs, parenting practices, and community norms
(Marni et al., 2022) (Indonesia)	Stunting Prevention and Intervention: A Literature Review	Literature review	Health education, preventive strategies, and community interventions
(Trisilawati et al., 2024) (Indonesia)	Social Perceptions of Stunting in Rural Communities of Central Java	Qualitative study with social phenomenological approach	Community stigma, resistance to medical interventions
(Melati et al., 2023) (Indonesia)	Parents' Stigma toward Childhood Tuberculosis: A Multicenter Survey	Descriptive quantitative multicenter study	Low stigma levels, fear of transmission, parental support enhances treatment
(Septiyono & Wahyudi, 2020) (Indonesia)	Stigma Experienced by Children with Pulmonary Tuberculosis in Jember	Qualitative study (n=5)	Emotional distress, peer discrimination
(Setiawan et al., 2023) (Indonesia)	Parental Attitudes toward Childhood Tuberculosis	Cross-sectional study using total sampling (n=50)	Positive parental attitudes support treatment adherence
(Putera et al., 2020) (Indonesia)	Quality of Life of Children Living with HIV: The Role of Caregiver Stigma and Burden	Quantitative analytical study (n=53 caregivers)	Caregiver stigma, social isolation, reduced quality of life

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(Author, Year) (Country)	Title of Research	Method	Main Themes / Key Findings
(Qur'aniati et al., 2024) (Indonesia)	Diagnosis, Disclosure, and Stigma: Perspectives of Children with HIV and Their Families	Qualitative grounded theory study (n=20)	Concealment of HIV status, social discrimination
(Nawangwulan, 2020) (Indonesia)	Stigma toward Children with HIV/AIDS in Society	Cross-sectional study using purposive sampling (n=108)	Prejudice, stigma from community and health workers
(Sugiharti et al., 2019) (Indonesia)	Stigma and Discrimination among Children with HIV/AIDS in Indonesia	Mixed-methods cross-sectional study (n=201)	Discrimination, self-stigma, unequal health services
(Anggara & Firmansyah, 2024) (Indonesia)	Community Stigma toward Children with AIDS	Social analysis and field study	Social fear, discrimination, reduced well-being
(Latipah & Milanda, 2021) (Indonesia)	Social Stigma and Quality of Life among Children with HIV/AIDS	Quantitative cross-sectional study (n=30)	Activity restriction, perception of HIV as fatal disease

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DISCUSSION

The findings of this literature review highlight stigma as a central issue affecting children with stunting, Human Immunodeficiency Virus (*HIV*), and tuberculosis (*TB*). As summarized in Table 2, stigma operates across multiple levels *intrapersonal*, *interpersonal*, and *structural* and consistently influences children's health outcomes, access to healthcare, and overall quality of life. Across the reviewed studies, parental stigma, particularly maternal self-stigma, emerged as a dominant factor shaping health-seeking behavior and caregiving practices.

Maternal self-stigma was frequently reported among mothers of children with stunting and infectious diseases. Mothers experienced feelings of shame, guilt, fear, and anxiety, which often led to emotional distress and hesitation in seeking healthcare services for their children. This finding aligns with evidence that parental stigma is not merely an emotional response but a protective mechanism aimed at shielding the family from social judgment and discrimination (Parmar, Modi, & Godara, 2018). However, this protective behavior may paradoxically limit children's access to timely diagnosis, treatment, and follow-up care. Similar patterns were observed among parents of children with *HIV* and *TB*, where fear and sadness prompted families to conceal the child's health condition, sometimes even from the child themselves (Rahakbauw, 2018; Redwood, Mitchell, Nguyen, Viney, Duong, Phạm, Nguyen, Nguyen, & Fox, 2022). This pattern is consistent with earlier findings indicating that parental stigma and secrecy significantly affect caregiving practices among families of children living with HIV (Chingono, Mebrahtu, Mupambireyi, Simms, Weiss, Ndlovu, Charasika, Tomlinson, Cluver, Cowan, & Sherr, 2018)

Children affected by stunting, *HIV*, and *TB* were also found to experience stigma directly from their social environment. Studies reported that children with stunting often received unfavorable treatment from peers and were subjected to social isolation, which contributed to withdrawal and reduced social participation (Widiastuti, Ulkhasanah, Sani, 2022). These experiences place children at risk of mental health problems, including low self-esteem and emotional distress. Comparable findings were reported among children living with *HIV*, whose quality of life was negatively affected by community prejudice, restricted social interaction, and persistent discrimination (Nawangwulan, 2020). Likewise, children with *TB* experienced labeling, exclusion, and discriminatory behavior from peers, siblings, and school environments (Septiyono & Wahyudi, 2020). Collectively, these findings demonstrate that stigma is not condition-specific but manifests similarly across different childhood health conditions.

Structural stigma within healthcare systems further compounds these challenges. Several studies documented discriminatory attitudes among healthcare workers toward children with *HIV*, which resulted in differential treatment compared to other patients. This form of *institutional stigma*defined as stigma embedded within policies, practices, or norms of institutions can discourage families from accessing healthcare services and undermine treatment adherence. In cases of *HIV–TB co-infection*, stigma among healthcare providers was identified as a contributing factor to treatment failure, as fear of contagion and negative perceptions influenced the quality of care delivered (Nawangwulan, 2020). When healthcare settings become a source of stigma, they significantly restrict access to testing, treatment, and long-term care.

Socioeconomic factors were consistently linked to stigma and health outcomes in children. Low household income, limited parental education, and food insecurity were repeatedly identified as risk factors for stunting and barriers to healthcare access. Families with lower socioeconomic status often face difficulties in meeting children's nutritional needs, which directly increases the risk of stunting (Wicaksono, Arto, Mutiara, Deliana, Lubis, & Batubara, 2021). In addition, poverty and illiteracy were reported as major challenges in diagnosing and

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treating *TB–HIV* in children, particularly in low-resource settings (Shrestha, Angolkar, Narasannavar, Al-Aghbari, Ritti, & Bhandari, 2023). These conditions not only increase vulnerability to illness but also intensify stigma toward families perceived as poor or uneducated (Artanti & Garzia, 2022; Krishna, Mejía-Guevara, McGovern, Aguayo, & Subramanian, 2018).

Policy and systemic factors also play a critical role in shaping stigma and access to healthcare. Several studies indicated inconsistencies between existing health policies and their implementation, resulting in discriminatory practices toward children with *HIV*. Although some healthcare workers demonstrated non-discriminatory attitudes, others contributed to stigma through unequal treatment, which discouraged families from seeking care (Sugiharti, Handayani, Lestary, Mujiati, & Susyanti, 2019). Research further confirms that stigma and discrimination within healthcare settings remain major barriers to *HIV* testing, treatment, care, and adherence, ultimately worsening health outcomes (Nawangwulan, 2020; Latipah & Milanda, 2021).

Parental stigma was also found to directly influence *health-seeking behavior*, defined as actions taken by individuals or families to address perceived health problems. Parents' knowledge and attitudes toward illness significantly affected their willingness to seek treatment for their children. For example, positive parental attitudes toward *TB* were associated with improved treatment success, while fear and misinformation reduced healthcare utilization (Melati, Rohmatin, Karina, Asri, Apriani, & Rakhmawati, 2023; Setiawan, Rakhmawati, Hendrawati, & Maryam, 2023). Maternal education emerged as a protective factor, as higher educational attainment was associated with better health knowledge, reduced stigma, and more proactive health-seeking behavior.

Community-level stigma was identified as one of the most pervasive forms of stigma affecting children and their families. Children with stunting, *HIV*, and *TB* frequently experienced stereotyping, judgment, and exclusion from neighbors, peers, and even extended family members. Such experiences often resulted in social withdrawal and reduced participation in daily activities (Widiastuti, Ulkhasanah, Sani, 2022; Putera, Irwanto, & Maramis, 2020). Similar patterns were observed among children with *TB*, who reported emotional distress following diagnosis due to discriminatory reactions from their social environment (Septiyono & Wahyudi, 2020). For children with *HIV*, stigma manifested as fear and prejudice rooted in misconceptions about disease transmission (Nawangwulan, 2020).

The impact of stigma extended beyond children to caregivers, who also experienced psychological distress. Caregivers of children with *HIV* reported anxiety, stress, depression, and negative perceptions of the future, highlighting the broader psychosocial burden of stigma within families. These findings are consistent with previous research linking *HIV*-related stigma to mental health problems among both adults and adolescents (Charles, Jeyaseelan, Pandian, Sam, Thenmozhi, & Jayaseelan, 2012).

On the whole, this literature review demonstrates that stigma affecting children with stunting, *HIV*, and *TB* is shaped by structural, interpersonal, and intrapersonal factors. Structural stigma within healthcare systems, parental stigma driven by fear and shame, and community-level discrimination collectively hinder access to healthcare and negatively affect children's physical and mental health. In addition, socioeconomic disparities further exacerbate vulnerability and limit treatment success. Addressing stigma therefore requires comprehensive, multi-level interventions that integrate policy reform, healthcare worker education, community awareness, and family-centered support to improve health outcomes for affected children.

CONCLUSION

Stigma toward children with stunting, Human Immunodeficiency Virus (HIV), and tuberculosis (TB) significantly affects children's health and access to healthcare. Stigma emerges from parents, communities, and healthcare systems, leading to delayed health-seeking behavior, reduced treatment adherence, and negative psychological outcomes for children and their families. Reducing stigma requires strengthening community health education,

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improving counseling and support from health professionals, and ensuring the protection of children's health rights. Family and social support play an essential role in minimizing isolation and discrimination, highlighting the need for collaborative efforts between families, communities, and healthcare providers to create inclusive and stigma-free care for children.

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