

Table 1: Description of the included studies in alphabetical order (n=20)

Author/Year	Study location	Study design/study aim	Number of participants/ type of participants	Analysis	Main themes related to HIV impacts on WLHIV and their families
1. Ashaba. et al., 2017	Uganda	<p>Qualitative:</p> <ul style="list-style-type: none"> • In-depth interview <p>Aim</p> <ul style="list-style-type: none"> • To explore experiences of depression among WLWH during pregnancy and postpartum. 	<p>20 postpartum WLWH</p> <p>Marital status:</p> <ul style="list-style-type: none"> • Not reported <p>Participants' age:</p> <ul style="list-style-type: none"> • Median age: 33 years • Inter-Quartile range (IQR): 28-35 years. <p>Recruited using purposive sampling technique</p> <p>Study participants were recruited from the Uganda AIDS Rural Treatment Outcomes (UARTO) cohort study</p>	Content analysis	<p><i>HIV impacts on WLHIV</i></p> <ul style="list-style-type: none"> (i) Stigma and discrimination <ul style="list-style-type: none"> • From health professionals • From community members (ii) Intimate partner violence (iii) Psychological impacts <ul style="list-style-type: none"> • Distress and fear related to maternal and children's health and future

<p>2. Bauman, et al., 2006</p>	<p>Zimbabwe and New York, USA</p>	<p>Quantitative:</p> <ul style="list-style-type: none"> • Cross-sectional study <p>Aim</p> <ul style="list-style-type: none"> • To measure personal assistive care the child provided; other household responsibilities; hours/day children spent on chores; and parental/child mental health. 	<p>50 WLHIV and 50 children (one child of mother)</p> <p>Marital status of the mothers:</p> <ul style="list-style-type: none"> • 88% of mothers in Zimbabwe were single mothers (mostly widowed) <p>Participants' age:</p> <ul style="list-style-type: none"> • Children were 8 to 16 years of age • Mean age of children in Zimbabwe: 12.4 • Mean age of mothers in Zimbabwe: 38 <p>Participants were recruited through FACT, a community-based AIDS counselling and educational organization</p> <p>Only the results in Zimbabwe setting are used</p>	<p>χ^2 tests; t-tests; Pearson correlations; and both linear and logistic regression</p>	<p><i>HIV impacts on families of WLHIV</i></p> <p>(i) Children took too much responsibility for household chores</p> <ul style="list-style-type: none"> • Laundry, grocery shopping, cooking, household cleaning <p>(ii) Social impact on children</p> <ul style="list-style-type: none"> • Inability to participate in after-school activities • Inability to do homework at least once in a while • Missing socializing with friends. <p>(iii) Child-parent relationship conflict (negative communication and conflict that child-parent experienced)</p>
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3. Bennetts, et al., 1999	Thailand	<p>Quantitative</p> <ul style="list-style-type: none"> Prospective cohort study <p>Aim</p> <ul style="list-style-type: none"> To assess the impact of HIV on the family. 	<p>129 postpartum WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> Married <p>Participants' age:</p> <ul style="list-style-type: none"> 33% of the women were less than 20 years of age <p>Participants were recruited using convenient sampling technique</p> <p>Participants were part of a prospective cohort study of mother-to-child transmission among 295 HIV-infected pregnant women and their newborn children</p>	Multivariate logistic regression analysis	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Psychological impacts (depression and worry)</p> <ul style="list-style-type: none"> <i>Sociodemographic and health-related factors</i> <ul style="list-style-type: none"> Factors associated with depression: advanced stage of HIV disease, a reduction in family income, no longer in a relationship with their partner and those who reported their husbands to be deceased or in poor health factors associated with worry: lower education attainment, primary caretaker for children, HIV infection status of the child, having HIV-infected children, not yet disclose to HIV status to others. The feeling that HIV status is something that family would be ashamed of was associated with HIV-related worry: feelings of shame were associated with a high level of worry
4. Britain, et al 2017	South Africa	<p>Quantitative</p> <ul style="list-style-type: none"> Cross-sectional study 	623 HIV-infected pregnant WLHIV initiating ART	Multivariable linear regression models	<p><i>HIV impacts on WLHIV</i></p> <p>(i) HIV-related stigma</p>

		<p>Aim</p> <ul style="list-style-type: none"> To examine factors associated with social support and stigma among pregnant women initiating antiretroviral therapy in the Western Cape, South Africa; and explore associations with depressive symptoms 	<p>Marital status:</p> <ul style="list-style-type: none"> 256 married/cohabiting 367 single <p>Participants' age:</p> <ul style="list-style-type: none"> Median age: 28 years Inter-quartile range (IQR): 24–32 years <p>Participants were recruited through a large primary care antenatal clinic in the former township of Gugulethu in Cape Town, South Africa.</p>		<ul style="list-style-type: none"> Internalised shame Social rejection <ul style="list-style-type: none"> Higher levels of both social rejection and internalized shame were significantly associated with lower perceived availability of instrumental and emotional support Increased availability of both instrumental and emotional support were significantly associated with lower reported levels of social rejection and internalized shame Women reported the highest levels of stigma on items assessing secrecy around their HIV-infection and on the item assessing concern around who will take care of their baby if they become sick. <p>(ii) Psychological impact: depression</p> <ul style="list-style-type: none"> <i>Sociodemographic factors associated with depression</i> <ul style="list-style-type: none"> single marital status, an unintended pregnancy, and higher levels of social rejection and internalized shame
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5. Chi, et al., 2010	Vietnam	<p>Qualitative:</p> <ul style="list-style-type: none"> In-depth interview <p>Aim</p> <ul style="list-style-type: none"> To explore their reflections, concerns and dilemmas related to reproductive decisions 	<p>13 WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> 7 married 6 widowed <p>Participants were 30 years old and older</p> <p>Participants were recruited using convenient sampling technique</p> <p>Participants were part of a larger research project that investigated reproductive decisions among WLHIV</p>	Thematic analysis	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Psychological impacts</p> <ul style="list-style-type: none"> Fear of not living longer leading to abortion Worried about transmitting HIV to unborn baby Worried about poor economic condition and inability to take care of the child <p>(ii) Perceived stigma</p> <ul style="list-style-type: none"> Imagining that the child would be discriminated against, Nobody would dare hold the child and communicate with the child The child would not be allowed to go to school Fear that he child would be stigmatised and excluded in the community <p><i>HIV impacts on families of WLHIV</i></p> <p>(i) Stigma and discrimination against children at school</p> <ul style="list-style-type: none"> Teacher told the other children not to play with them. They are placed at a separate desk by teacher and isolated from friends
6. Conserve, et al., 2014	Haiti	<p>Qualitative:</p> <ul style="list-style-type: none"> In-depth interview <p>Aim</p>	25 HIV-positive mothers and 26 children (HIV-negative)	Thematic analysis	<p><i>HIV impacts on families of WLHIV</i></p> <p>(i) Psychological impacts on children</p> <ul style="list-style-type: none"> Emotional reactions: feeling or looking sad, hurt, upset, cried

		<ul style="list-style-type: none"> To identify the factors influencing maternal HIV serostatus disclosure, examine the breadth of maternal HIV serostatus, and understand the impact of disclosure on mothers and the children. 	<p>Marital status of the mothers:</p> <ul style="list-style-type: none"> Not reported <p>Participants' age:</p> <ul style="list-style-type: none"> Children were 10 to 17 years of age Age of the mothers is not reported <p>Participants were a part of a larger feasibility study of a psychosocial support intervention for youth affected by HIV and their caregiver</p>		<p>(ii) Social impact (stigma) on children</p> <ul style="list-style-type: none"> Teased by friend about HIV status of the mother Labelled as "little HIVer" Humiliated by friend due to mother HIV status
7. Conserve, et al., 2015	Haiti	<p>Qualitative:</p> <ul style="list-style-type: none"> In-depth interview <p>Aim:</p> <ul style="list-style-type: none"> To examine mothers' experiences of impact of HIV illness on their children's well-being and development in Haiti. 	<p>25 HIV-positive mothers</p> <p>Marital status:</p> <ul style="list-style-type: none"> Not reported <p>Participants' age:</p> <ul style="list-style-type: none"> Not reported <p>Participants were a part of a larger feasibility study of a</p>	Thematic analysis	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Physical impact</p> <ul style="list-style-type: none"> Women's poor physical strength leading to inability to take of children <p>(ii) Stigma and discrimination by community members</p> <p><i>HIV impacts on families of WLHIV</i></p> <p>(i) Economic impacts</p>

			<p>psychosocial support intervention for youth affected by HIV and their caregivers</p>		<ul style="list-style-type: none"> • Loss of job and couldn't work due to poor physical strength leading to inability to provide food, family hunger and food insecurity • Burden extended family (mother) economically to feed the children, and to take care of the children • Selling house <p>(ii) Children's enrolment, school attendance, and performance were also affected by their mother's illness.</p> <ul style="list-style-type: none"> • School attendance and performance was affected due to <ul style="list-style-type: none"> ○ Taking care of sick mother ○ Lack of food to eat before going to school or going to school without eating any food leading to children coming back home earlier ○ Poor economic condition leading to inability to send children to school ○ Mother's HIV status affects children's focus on studying <p>(iii) Stigma and discrimination against children due to their mothers' HIV status</p> <p>(iv) Family separation</p> <ul style="list-style-type: none"> • Left by husband due to HIV status
8. Cuca, et al., 2012	Kenya	<p>Quantitative:</p> <ul style="list-style-type: none"> • Cross-sectional study <p>Aim</p>	411 women	Bivariate logistic, linear regression analysis and multivariable models	<p>HIV impacts on WLHIV</p> <p>(i) Experienced stigma</p> <ul style="list-style-type: none"> • Verbal abuse • Healthcare neglect • Social isolation

		<ul style="list-style-type: none"> To examine factors associated with anticipating and experiencing HIV-related stigma among pregnant women attending antenatal care clinics in rural Kenya 	<p>154 WLHIV, 165 HIV-negative women, 90 women with unknown HIV status</p> <p>Marital status:</p> <ul style="list-style-type: none"> Most were married and currently living with a male partner <p>Participants' age ranged between 18 and 49 years old.</p> <p>Mean age: 23.6</p> <p>No specific information on marital status and age of WLHIV</p> <p>Only results about WLHIV were used.</p> <p>Participants were part of a larger longitudinal study conducted by the University of California, San</p>		<ul style="list-style-type: none"> Fear of contagion and Workplace stigma Women experiencing probable major depression at the postpartum visit tended to be more likely to have experienced any HIV-related stigma
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			Francisco (UCSF) and the Kenya Medical Research Institute (KEMRI), who jointly run the Family AIDS Care and Education Services (FACES) program in Kenya		
9. Dane, 2002	Thailand	<p>Qualitative</p> <p>Aim</p> <ul style="list-style-type: none"> Semi-structured interview To examine the extent of disclosure and its effects on the women in three areas: children, family and friends. 	<p>26 WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> All Widowed and one remarried <p>Participants' age:</p> <ul style="list-style-type: none"> Ranged between 23 and 47 years old Median age was 33.1 years <p>Participants were recruited using convenient sampling technique</p>	Content analysis	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Felt isolated</p> <p>(ii) Stigma and discrimination from family members</p> <ul style="list-style-type: none"> Not allowed to cook for other or use others' utensils Told to hide HIV status from other people <p><i>HIV impacts on families of WLHIV</i></p> <p>(i) Perceived stigma and discrimination against children</p> <p>(ii) Stigma and discrimination against other family members of WLHIV</p>
10. de Souza, 2010	India	<p>Qualitative:</p> <ul style="list-style-type: none"> In-depth Interviews 	<p>Two WLHIV</p> <p>Marital status:</p>	Content analysis	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Stigma and discrimination</p> <ul style="list-style-type: none"> From parents and siblings From parent in-law

		<p>Aim</p> <ul style="list-style-type: none"> To understand women's experience of power and powerlessness 	<ul style="list-style-type: none"> Remarried and widowed <p>Participants' age:</p> <ul style="list-style-type: none"> 31 and 33 years of age. <p>Participants were purposively selected.</p> <p>Participants were recruited from or part of a larger study identifying NGO practices to mobilize communities for HIV/AIDS prevention.</p>		<ul style="list-style-type: none"> From community members
11. Halli, et al., 2017	India	<p>Quantitative:</p> <ul style="list-style-type: none"> Cross-sectional study <p>Aim</p> <ul style="list-style-type: none"> To examine HIV/AIDS-related stigma and discrimination in a high-HIV-prevalence district in India 	<p>633 married WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> Married <p>Participants' age:</p> <ul style="list-style-type: none"> Ranged between 15 and 29 years old. 	<p>Bivariate analysis and multivariate logistic regression models</p>	<p><i>HIV impacts on WLHIV</i></p> <p>i) Stigma and discrimination</p> <ul style="list-style-type: none"> From parents and siblings From husband and husband's family members From community members (friends and neighbours) <p><i>Sociodemographic factors associated with stigma and discrimination by husband and husband's family members</i></p> <ul style="list-style-type: none"> Occupation and age of the husband WLHAs engaged in cultivation

			Participants were randomly selected from a unique cross-sectional quantitative study conducted among HIV-positive women in Bagalkot District of Karnataka, India.		<ul style="list-style-type: none"> ○ Higher age gap between spouses and poor household status ○ Older age of the husband and lower household economic status
12.Manopaiboon, et al., 1998	Thailand	<p>Quantitative:</p> <ul style="list-style-type: none"> • Prospective cohort study <p>Aim</p> <ul style="list-style-type: none"> • Impact of HIV on families of HIV-infected women who just gave birth 	<p>129 postpartum WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> • Married <p>Participants' age:</p> <ul style="list-style-type: none"> • 33% of the women were less than 20 years of age <p>Participants were recruited using convenient sampling technique</p> <p>Participants were part of a prospective cohort study of</p>	<p>Comparisons were made using 2x2 X² test and X² was used to compare paired results</p>	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Psychological impacts</p> <ul style="list-style-type: none"> • Depression and worry: related to children's health and family's future and children growing up without their mother <p>(ii) Stigma and discrimination</p> <ul style="list-style-type: none"> • Perceived stigma <ul style="list-style-type: none"> ○ women believed that HIV was a disease about which their family would be ashamed ○ It led to women hiding HIV status from other • Experienced stigma from community members <ul style="list-style-type: none"> ○ Women were ostracised by their neighbour <ul style="list-style-type: none"> ▪ Neighbour refused to share food ▪ Friends stopped visiting • Experienced stigma from family members <ul style="list-style-type: none"> ○ Separation of women's personal items from those of other family members

			<p>mother-to-child transmission among 295 HIV-infected pregnant women and their newborn children</p>		<p><i>HIV impacts on families of WLHIV</i></p> <p>(i) Family separation (mother-child separation)</p> <p>(ii) Impacts of children</p> <ul style="list-style-type: none"> • Children were responsibilities for household chores • Children were not allowed to play with other children from the neighbourhood <p>(iii) Economic impacts</p> <ul style="list-style-type: none"> • Reduced family income <ul style="list-style-type: none"> ○ Due to husbands being sick or died, separation of husbands, unemployment, job instability • Women decided not to apply for a job once they knew that a company requested HIV test for applicants
13. Nguyen, et al., 2009	Vietnam	<p>Qualitative:</p> <ul style="list-style-type: none"> • In-depth interview <p>Aim</p> <ul style="list-style-type: none"> • To explore the experience of 30 HIV infected women in Vietnam in accessing HIV-related postnatal care, the role of felt and enacted stigma in 	<p>30 married WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> • Married <p>Participants' age:</p> <ul style="list-style-type: none"> • Ranged between 25 and 35 years. 	Thematic analysis	<p><i>HIV impacts on WLHIV</i></p> <p>(i) stigma and discrimination</p> <ul style="list-style-type: none"> • From husband's family (mother and sister) • From community members • From healthcare professionals <p><i>HIV impacts on families of WLHIV</i></p> <p>(i) stigma and discrimination</p> <ul style="list-style-type: none"> • From husband's family (mother and sister)

		accessing services, and the effects of participation in a self-help group on utilization of available services.	<p>Participants were recruited using convenient sampling technique</p> <p>Participants were recruited through healthcare facilities and referral of healthcare professionals</p>		<ul style="list-style-type: none"> ○ Bowls and chopsticks were boiled by sister in-law <p>(ii) Economic impacts</p> <ul style="list-style-type: none"> ● Loss of job/business
14. Paxton, et al., 2005	India, Indonesia, Thailand, the Philippines	<p>Quantitative:</p> <ul style="list-style-type: none"> ● Cross-sectional study <p>Aim</p> <ul style="list-style-type: none"> ● To develop an understanding of the nature, pattern and extent of AIDS-related discrimination in several Asian countries 	<p>764 PLHIV in four countries (India 302; Indonesia 42; Thailand 338; the Philippines 82)</p> <p>348 respondents were female:</p> <ul style="list-style-type: none"> ● 40% married ● 50% widowed ● 10% single <p>394 were male, six were transgender and for five sex was not recorded</p> <p>Participants' age:</p> <ul style="list-style-type: none"> ● Not reported 	Chi square test	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Stigma and discrimination</p> <ul style="list-style-type: none"> ● In healthcare setting <ul style="list-style-type: none"> ○ Refusal of treatment or a delay in the provision of health care ○ Being coerced into an HIV test ○ Undergoing mandatory testing while they were pregnant or because of the illness of a child ○ Advised not to have children after diagnosis without giving information about prevention of mother-to-child transmission. ○ Women were coerced into an abortion or sterilization after diagnosis ○ Losing or being denied private insurance once their HIV status was known and discriminated in relation to private insurance ● Within community <ul style="list-style-type: none"> ○ Being refused entry to, asked to leave or removed from a public establishment (including

Participants were recruited using snowball sampling technique.

Only results about WLHIV were used.

- places of religious worship) due to their HIV status.
- Changing their place of residence due to their HIV status
 - Being excluded from social functions due to their status
 - Physically assaulted because of their status
 - Being required to disclose their HIV status in order to enter another country
 - Being excluded from usual activities, social functions, refused entry to or removed from a public establishment, forced to change residence or be physically assaulted
 - Excluded from associations or clubs due to their status and/or restricted in their ability to meet with other people living with HIV
 - Within family
 - Excluded from usual household activities such as cooking, sharing food or eating implements and sleeping in the same room as others.
 - Lost financial support from their spouse or other family members due to HIV status
 - Chased her out of her home by mother in-law due HIV status
 - At workplace
 - Loss of jobs
 - Change in job description or duties
 - Loss prospects for promotion

HIV impacts on families of WLHIV

					<p>(i) Impact of children's education</p> <ul style="list-style-type: none"> • children were denied admission into schools <p>(ii) Family separation</p> <ul style="list-style-type: none"> • Children involuntarily taken away from them due to their HIV status • Desertion/abandonment by their spouse because of their diagnosis
15. Qin, 2018	China	<p>Quantitative:</p> <ul style="list-style-type: none"> • Cross-sectional study <p>Aim</p> <ul style="list-style-type: none"> • To explore the psychological distress of HIV-infected pregnant women who continue pregnancy, and analyze the possible influencing factors. 	<p>194 pregnant WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> • Married <p>The average age of the participants was 25.1 ± 5.8 years</p> <p>Participants were recruited using convenient sampling technique</p>	Multiple linear regression analysis	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Psychological impacts</p> <ul style="list-style-type: none"> • Anxiety and depression <p><i>Factors associated with psychological distress</i></p> <ul style="list-style-type: none"> • Husband and wife, family misfortune, Medicaid, chronic disease or high-risk pregnancy, viral load, CD4 βT cell count, infection and confidentiality
16. Ruffell, 2017	Uganda	<p>Qualitative:</p> <ul style="list-style-type: none"> • Case study: Interview 	<p>One WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> • Remarried 	Content analysis	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Stigma and discrimination</p> <p><i>Experienced stigma</i></p> <ul style="list-style-type: none"> • By parent in-law <ul style="list-style-type: none"> ○ Being chased away from home by mother in-law

			<p>Participant's age was 58 years old</p> <p>Recruitment method</p> <ul style="list-style-type: none"> • Not reported 		<ul style="list-style-type: none"> • By friends <ul style="list-style-type: none"> ○ Woman's possessions were burnt by friends <p><i>Perceived stigma</i></p> <ul style="list-style-type: none"> ○ Believed that people are talking or singing about her <p>(ii) Psychological impacts</p> <ul style="list-style-type: none"> • Extreme paranoia • Less sleep • Panic attack • Dreams of drowning • Depression
17.Subramaniyan, et al., 2013	India	<p>Qualitative:</p> <ul style="list-style-type: none"> • In-depth interview <p>Aim</p> <ul style="list-style-type: none"> • To explore the difficulties faced by rural HIV positive mothers during the intra-natal period. 	<p>21 WLHIV who were mothers</p> <p>Marital status:</p> <ul style="list-style-type: none"> • Not reported <p>Participants' age:</p> <ul style="list-style-type: none"> • Ranged between 20 and 39 years. <p>Recruitment method:</p> <ul style="list-style-type: none"> • Not reported 	Content analysis	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Stigma and discrimination by healthcare providers</p> <ul style="list-style-type: none"> • Avoidance of physical examination, rude behaviour like throwing of records on the face, discriminatory comments, unnecessary referrals and even refusal to provide intra-partum services <ul style="list-style-type: none"> ○ Leading to women concealing their HIV status, not accessing healthcare services or looking for healthcare services in other places to where their HIV status is unknown to healthcare providers

18. Withell, 2000	Uganda	<p>Qualitative:</p> <ul style="list-style-type: none"> Semi-structured interview <p>Aim</p> <ul style="list-style-type: none"> To explore what assisted them to cope and identify their future concerns 	<p>Seven WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> 4 widowed 2 married 1 separated <p>Participants' age:</p> <ul style="list-style-type: none"> Ranged between 26 and 43 years <p>Participants were recruited using convenient sampling technique</p>	Thematic analysis	<p><i>HIV impacts on WLHIV</i></p> <p>(i) Psychological impacts</p> <ul style="list-style-type: none"> Worry and fear of the health and future of the children <p>(ii) Stigma and discrimination by family, relatives and friends (social isolation and rejection)</p> <p>(iii) Physical impact</p> <ul style="list-style-type: none"> Pain and suffering <p>(iv) Economic impacts</p> <ul style="list-style-type: none"> Loss of job <p><i>HIV impacts on families of WLHIV</i></p> <p>(i) Economic impacts</p> <ul style="list-style-type: none"> Increased family health-related expenditure
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19 Yang, 2015	Cambodia	<p>Qualitative:</p> <ul style="list-style-type: none"> In-depth interview <p>Aim</p> <ul style="list-style-type: none"> To explore women's perspectives on their life changes after being infected with HIV by their husbands. 	<p>15 WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> Married <p>Participants' age:</p> <ul style="list-style-type: none"> Ranged between 30 and 42 years <p>Participants were recruited using snowball sampling technique</p>	<p>(i) thematic analysis,</p> <p>(ii) analysis of episodes, and</p> <p>(iii) identification of paradigm cases</p>	<p>HIV impacts on WLHIV</p> <p>(i) Intimate partner violence</p> <p>(ii) Poor physical strength</p> <ul style="list-style-type: none"> Inability to work <p>HIV impacts on families of WLHIV</p> <p>(i) Family separation</p> <ul style="list-style-type: none"> Children live with other families for better housing and due to mother's sickness <p>(ii) Economic impact</p> <ul style="list-style-type: none"> Food insecurity, hunger and poverty Increased family health expenditure Selling of family properties
20. Yator, et al., 2016	Kenya	<p>Quantitative:</p> <ul style="list-style-type: none"> Cross-sectional study <p>Aim</p> <ul style="list-style-type: none"> To determine the prevalence and severity of postpartum depression (PPD) among women living with HIV and to further understand the impact of stigma and other 	<p>123 postpartum WLHIV</p> <p>Marital status:</p> <ul style="list-style-type: none"> 84 married 29 single 2 divorced 7 separated 2 co-habiting <p>Participants' age:</p>	<p>Bivariate analyses using chi-square/Fisher's exact and Kendall's tau-b tests, and multivariate regression model</p>	<p>HIV impacts on WLHIV</p> <p>(i) Psychological impacts</p> <ul style="list-style-type: none"> Depression <p><i>Sociodemographic factors associated with depression among WLHIV</i></p> <ul style="list-style-type: none"> Lower level of education Lack of family support Negative self-perceived stigma <p>(ii) Stigma</p>

		psychosocial factors in 123 women living with HIV attending prevention of mother-to-child transmission (PMTCT) clinic at Kenyatta National Hospital located in Nairobi, Kenya.	<ul style="list-style-type: none">• Ranged between 19 and 48• Mean age: 31 years Recruitment method <ul style="list-style-type: none">• Not reported		
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<p>Psychological impacts on families:</p> <ul style="list-style-type: none"> On children of WLHIV 	<p>“When I told him [about HIV status] he cried and said that he is going to lose his mother.” <i>Woman participant, a mother, Haiti (11).</i></p> <p>“When I told her that (I had HIV), she became sad in front of me. You understand? Then I saw tears coming out of my eyes.” <i>Woman participant, a mother, Haiti (11).</i></p>
<p>POOR PHYSICAL HEALTH AND INTIMATE PARTNER VIOLENCE AGAINST WLHIV</p>	
<ul style="list-style-type: none"> Poor physical health of WLHIV leads to inability to work and take care of the children Intimate partner violence against WLHIV 	<p>“I did not feel anything wrong with my body. It is now I have a problem because I don’t feel my strength at all. Yes, there are times I feel like I cannot take care of them [her children]. I would wake up in the morning and would not feel any strength so I would stay in bed.” <i>Woman participant, a mother with six children, Haiti (12).</i></p> <p>“When I went to work at the factory, I felt dizzy, getting more and more exhausted. It is more difficult than before, as my husband didn’t work anymore as a teacher, he now is working as a construction worker. He lost his memory.” <i>Woman participants, 31 years old, Cambodia (14).</i></p> <p>‘The most disturbing problem affecting me is the burning...it burns as if like fire. I don’t sleep. At first it was the hands and shoulders...now it is the whole body.’ <i>Woman participant, Uganda (34).</i></p> <p>“After giving birth he started treating me badly he knew that he had finished me off because he had already infected me with HIV. I no longer had anywhere to go. He stopped me from working and stopped me from coming to hospital to pick my medications [ARVs]”. <i>Woman participant, 26 years old, 6 years living with HIV, Uganda (23).</i></p> <p>“He said that he would do badly to me until I died. And he also said, “I won’t go anywhere, I will treat you badly until you die. “[He] hit on my arms, and scratched my eyes, boxing and slapping, and hit my head, so my head was cut. Never stitches after he hit my head, kept it like that. People asked me to divorce, but I did not. Since I have tolerated it from that time, I don’t want to divorce. I agree, even alive or dying, we are patients to live with each other like this; Hmmm, how often he did like this... too many times, that is, I can’t count, almost every day. When he beat our kid’s head heavily that nearly burst the kid’s brain. He beat her badly.” <i>Women participant, 30 years old, Cambodia (14).</i></p> <p>“Yes, he beat again and again for long time, and then it was adapted. He always beat me and I always resisted. I couldn’t do anything because I have a child; I remind myself that, if I take drug [to kill myself], my child will live with whom? I decided to live according to my fate [sobbing].” <i>Women participant, 30 years old, Cambodia (14).</i></p>

SOCIAL IMPACTS OF HIV ON WLHIV AND THEIR FAMILIES

Stigma and discrimination against WLHIV

- From family members
 - Siblings and parents

“Don't cook for us anymore and don't use our utensils.” *Woman participant, Thailand (37).*

“Don't tell anyone about your disease. People who get AIDS will die soon. Our society doesn't like AIDS.” *Woman participant, Thailand (37).*

“My father told me to get out of the house. For four years, I stayed with my family, in a room. Nobody touched me and nobody talked to me for four years.” *Women participant, 33 years old, husband died from AIDS, India (38).*

- Parent in-law and sister in-law

“Since my husband died and I cannot work to provide food for my family-in-law, they treat me with a cold heart. I cannot live there anymore. My mother-in-law sold the house that my husband and I built because it was not yet registered in our names.” *Woman participant, India (39).*

“Not only did they blame me, they started beating me! And a few days later, they threw me out of the house. They said ‘You do not have good character so you go away’.” *Women participant, 33 years old, husband died from AIDS, India (38).*

“After the death of her husband, the patient was forced to leave their family home. With her HIV status now more widely known among the villagers, the reputation of her former husband’s family was at risk.” *Woman participant, 58 years old, Uganda (4).*

- From community members (friends, relatives, neighbours)

“Now I don’t feel comfortable with the people in my community who criticize me. Whenever I talk to them, they say that ‘you are a sick person” *Woman participant, a mother with two children, Haiti (12).*

“Everyone in the neighborhood knows. Stigma is big. My mother–in-law doesn’t care about me, only about my baby. Neighbors visited out of curiosity. Some kept a distance, used bad words, and asked, “How could an HIV-infected person become a parent?” *Women participant, 28 years old, India (39).*

“The food seller did not want to sell food to me with her bowl and asked me to go home and take my bowl, because she was afraid that I would sit there and affect her customers.” *Women participant, 27 years old, India (39).*

‘...people were fearing me, no-one would even come to see me...I was just neglected...by even the clan, even my relatives, even my friends. I was just alone...” *Women participants, Uganda (34).*

<ul style="list-style-type: none"> From healthcare professionals 	<p>“Sometimes when you get to the facility and they look at your documents and they realize you are infected [HIV+], they do not handle you”. <i>Woman participant, 34 years old, 7 years living with HIV, Uganda (23).</i></p> <p>“The doctors treated me well when they didn’t know my status. But right after my delivery they found that I was infected, and then they became rude. They did not tie the umbilical cord immediately. I was in so much pain”. <i>Women participant, 24 years old, India (39).</i></p> <p>“When they knew my HIV status, they shouted at me and did not allow me to sit, even when I was bleeding and weak. They asked other patients to keep away from me. Then they transferred me to a special room. When I gave birth, there was no staff with me.” <i>Women participant, 32 years old, India (39).</i></p> <p>“The ANM and staff nurse threw the records on my face and asked me to go to JIPMER for delivery. During that time my membranes ruptured. So I went to JIPMER, throwing my records (in frustration) and delivered there without disclosing my HIV status.” <i>Woman participant, pregnant woman, India (40).</i></p>
<p>Stigma and discrimination against HIV-affected family members</p> <ul style="list-style-type: none"> Against HIV-affected family members as a whole 	<p>“The day after I learned of my HIV-positive status, my younger sister-in-law escorted all our other family members to go to VCT [voluntary counselling and testing] to get blood tests. She boiled all our bowls and chopsticks. After that, she sold her house and moved away; she doesn’t want to live with my husband and me.” <i>Woman participants, 24 years old, India (13).</i></p> <p>“People do not join us in eating and they discriminate against my children.” <i>Woman participant, Thailand (37).</i></p>
<ul style="list-style-type: none"> Against children of WLHIV by other children within community 	<p>“My neighbour would not let her child play with my daughter.” <i>Woman participant, Thailand (37).</i></p> <p>“He [her son] always says that what makes him sad is that if a child is talking to him and they tell him that [your mother has HIV]. When he was younger if a child cursed him he would come and ask me if I was really sick and tell me that the kids are cursing at him. Now, the way it affects him is that there are times the children curse him saying ‘look at you <i>ti sidayis</i> (little HIVer) -- your mother has HIV.” <i>Woman participant, a mother with two children, Haiti (12).</i></p> <p>“They were teasing him, telling him that his mother is sick.” <i>Woman participant, Haiti (11).</i></p>

<ul style="list-style-type: none"> Against children by other children and teachers at school 	<p>“He tells me that what makes him sad is that sometimes other children tell him that (your parent has HIV).” <i>Woman participant, Haiti (11).</i></p>
<p>Impacts of mothers’ HIV status on children’ education</p>	<p>“Also, what creates another little problem is that when she goes to school. Every time she has a dispute with the students in the school they always humiliate her. They tell her, ‘Don’t you see that your mother has HIV?’ and she always comes and tells me that.” <i>Woman participant, Haiti (11).</i></p> <p>“Last year my son was at the second grade. He was often sick and had to go to hospital. The teacher told the other children not to play with him because he was sick. He was also isolated from his friends because the teacher placed him at a separate desk. I must stand this discrimination and still let my son go to school. I always warn him not to play with his classmates and not to scratch or bite them” <i>Woman participant, 30 years old, Vietnam (24).</i></p> <p>“When I was very sick I was bedridden for 4 years, he [her son] spent the 4 years without going school. My other son was going to the 12th grade, he lost 4 years as well and was not able to go to class.” <i>Woman participant, a mother with three children, Haiti (12).</i></p> <p>“When I was sick she [her daughter] spent two years without going to school...The only times now she goes to school and comes back early is when she goes without food. There are days she goes to school without eating. If she arrives in class after taking her HIV medication without eating, she doesn’t feel like she can stay, so she comes back home.” <i>Woman participant, a mother with four children, Haiti (12).</i></p> <p>“He [her son] started missing school because I did not have the opportunity to send him. I lost what I had because I sold all I had for the illness and for the older children. This makes him suffer because he cannot go to school.” <i>Woman participant, a mother with six children, Haiti (12).</i></p> <p>“Yes, there are changes in the way he learned. He failed one semester. He would be studying and then he would stop and start to think. I would ask him what is wrong with him. ‘He said it is because he sees that I am sick and I am going to die. He won’t have anyone to help him. That makes him sad.” <i>Woman participant, a mother with six children, Haiti (12).</i></p>
<p>Family separation</p> <ul style="list-style-type: none"> Due to the sickness of the mothers and to get safe 	<p>“I had 9 children, but 2 are already dead. I still have 7 children, but only 2 stay with me. When we [she and her husband] were seriously sick, we gave away our children, one to my sister-in-law, one to my sibling. I was at hospital for 8 months. I thought that I was about to die, so all my relatives took my children, one for each”. <i>Women participant, 39 years old, Cambodia (14).</i></p>

<p>life/better home for children with other family</p>	<p>“Children are at the district and living with my brother in-law there” <i>Women participant, 42 years old, Cambodia (14).</i></p>
<ul style="list-style-type: none"> Abandoned by husband 	<p>“I was preparing to kill all of my children, because my husband left me with nine children. I had even bought clothes, a roll [of barkcloth] to bury the children.’ <i>(Woman participants, left by husband, Uganda (34).</i></p>

ECONOMIC IMPACTS OF HIV ON WLHIV AND THEIR FAMILIES

<ul style="list-style-type: none"> WLHIV lose jobs 	<p>“It [infected with HIV] resulted in a lot of problems also because I lost my job and could not work.” <i>Woman participant, a mother with three children, Haiti (12).</i></p> <p>“Sometimes they fear me...they fear even coming here to make the hair...they say “that one is HIV — you may go there, she may do your hair and she can put you the blood in your hair and even you fall sick.” <i>Woman participant, 28 years old, who lost her income due to HIV status, Uganda (34).</i></p> <p>“My family used to make billboards and signs for shops, but when the ward found out I was HIV positive, the clients stopped coming. We had to close the store. Now we make money by packing baby clothes in boxes at home.” <i>Woman participant, 30 years old, India (39).</i></p> <p>“I qualified after I was sickly, so I was not posted as a teacher...how can a teacher work today, for tomorrow you are down.” <i>Woman participant who lost her job due to HIV status, Uganda (34).</i></p>
<ul style="list-style-type: none"> Family experience food insecurity, hunger, and poverty 	<p>“It [HIV illness] affects him a lot. For example, when I do not have food to give him [her son] I go to my mother’s. If my mother has food then I give him some. If she doesn’t have food then I am left without food [to give my son]. <i>Woman participant, a mother with four children, Haiti (12).</i></p> <p>“The child is not able to enjoy life because she may want to eat but there is no food even for me, so how can there be food for the child.” <i>Woman participant, a mother with six children, Haiti (12).</i></p> <p>“The virus put my family in poverty in the first place. brought poverty in the first place. It is more difficult than before. Poor, nowadays we are poor. Before we had enough to eat, but now, we didn’t have enough.” <i>Women participant, 31 years old, Cambodia (14).</i></p>
	<p>“At times we [WLWH] meet financial problems. For example when you are supposed to come and get more drugs [ARVs] you find that you do not have money for transport. You go to a friend to borrow money and you find that she</p>

<ul style="list-style-type: none"> Increased family health-related expenditure 	<p>does not have it. So you exceed your appointment dates for a week or more. And when you come to collect your drugs the doctors do not treat you well. That also makes us feel bad." <i>Woman participant, 31 years old, 7 years living with HIV, Uganda (23).</i></p> <p>"When we did not have the virus, we do not need to spend much money. We can have some money left from our little money. Now we come to hospital every month and we spend almost 100,000 riel [\$25 USD] for three people [every month]. <i>Women participant (participant no. 2), 42 years old, Cambodia (14).</i></p> <p>"For example, if we earned \$10 USD from rice harvest, we paid \$3-\$4 for food and kept \$6-\$7. But now it all goes for medicine, nothing left. I work every day only for medicine. We get monthly salary to pay for spending. My husband gets drug [one time] then I get the drug, we take turns". <i>Women participant (participant no. 10), 42 years old, Cambodia (14).</i></p>
<ul style="list-style-type: none"> Selling of family properties 	<p>"I sold my land and everything. Nowadays I borrow my father's land to live [on]. I have nothing. I am very poor and have no money" <i>Women participant (participant no. 15), 30 years old, Cambodia (14).</i></p> <p>"Nothing [was] left, house and other things were all sold" <i>Women participant (participant no. 2), 42 years old, Cambodia (14).</i></p> <p>'They [her family members] suspected that the neighbour has bewitched him [her husband]...they took him to the witch doctor...they sold everything ...sold everything for his treatment. Then the man died...he died (whispered). Then I had lost everything, I was jobless, I had no home, just renting.' <i>Women participant, her husband died from AIDS, Uganda (34).</i></p>