How Does NGOs Enhance Resilience among AIDS Orphans- Based on Field Observation of Organization X

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Abstract. With the increasing number of AIDS orphans worldwide, the negative impact of HIV/AIDS-related stigma on AIDS orphans has raised researchers' concerns. Various stigma-enacted stigma, overt discrimination, and internalized stigma were found to contribute to harming the phycological well-being of AIDS orphans. Therefore, the study of resilience in AIDS orphans that provides buffering against stigma experiences is necessary and crucial. Hence, field observation of organization X, an AIDS orphanage supported by an NGO, is employed to investigate the benefits and approaches utilized by NGOs in the enhancement of AIDS orphans' resilience. An interview with a staff member at organization X further completes the understanding of NGO supports and their impacts on AIDS orphans. It has been found that NGOs, macro-level resilience resources for AIDS orphans, promise basic survival supplies providing optimal physiological state, laying the foundation for education and other higher needs. The feeling of belonging and peer support within organization X allows AIDS orphans to support and become each other's resilience resources. Moreover, educational approaches employed by NGOs help AIDS orphans to accept their illnesses and increase confidence, preparing AIDS orphans for social integration. All of these approaches were used by organization X, yielding a 90% social integration successful rate among their fostered AIDS orphans. However, private non-enterprise units such as organization X are facing financial difficulties and need governmental support, increased publicity, and structural improvement.

Keywords: AIDS orphans, resilience, stigma, NGOs.

1. Introduction

As defined by Joint United Nations Program on HIV/AIDS (UNAIDS), AIDS orphans are children under the age of 18 who have lost one or both natural parents to AIDS-related causes. The population of AIDS orphans worldwide has reached 14.9 million [11.9–18.3 million] in 2021 [1]. HIV/AIDS has a great impact on AIDS orphans' lives both physically, for example, loss of sources of food or finance after their parent's death, and mentally. A previous meta-analysis study has found that HIV-related stigma is correlated to the well-being of AIDS orphans [2].

To mediate the effects of stigma on minority groups, including AIDS orphans, the expressions of resilience among stigmatized individuals were studied by researchers. Kwon demonstrates resilience in a model, with resilient factors such as "social support, emotional openness, and hope and optimism" lowering the individual's reactivity to prejudice and thus improving psychological health [3]. Tummala-Narra discusses resilience under board cultural context and collective resilience and other factors such as family support interfere with one's expression of resilience [4]. Furthermore, she highlights the flaws within previous research of being based on "self-report scales" and being "homogenous" [4], hinting at how previous research focuses a lot on the individual level and is privileged. Therefore, the discussion of resilience factors in this study will be on a macro level, especially on social support. Researchers have found that social support, especially perceived social support- the perceived financial, physical, and emotional help from family, friends, and the community- has a positive correlation with the well-being of AIDS orphans [5], confirming with Tummala-Narra and Kwon. Furthermore, combined social support from family, school, community, and the government is needed to form systematic social support for AIDS orphans [6], and educational interventions are valuable in promoting psychological well-being among AIDS orphans [7]. Nonprofit organizations (NGOs) that provide educational, psychological, and logistical support could be a potential source of social support for AIDS orphans. Additionally, researchers have found

that a total of 34 (69.39%) of the children demonstrated improvement after NGO intervention, proving it is an effective tool to improve the mental well-being of AIDS orphans [8]. However, the effect of NGO interventions on the resilience of AIDS orphans is not addressed by previous research. Therefore, this study aims to explore the potential benefits of NGO interventions on the resilience of AIDS orphans.

This study will offer a new understanding of the various ways AIDS orphans express resilience, as resilience is expressed differently for each individual. Furthermore, this study will emphasize the importance of resilience among AIDS orphans to NGOs, thus shifting their attention to related areas. Beneficial approaches for the enhancement of resilience among AIDS orphans will be highlighted and categorized in this study. Moreover, this study will also summarize the difficulties faced by AIDS orphans supporting NGOs and potential solutions to their challenges.

2. Stigma Experienced by AIDS Orphans and Their Cause

Due to stigmas associated with HIV/AIDS, AIDS orphans experience various forms of stigma. Stigma was first defined by Erving Goffman as an "attribute that is deeply discrediting" [9]. Link and Phelan then further developed Goffman's definition. They explain that stigma could only occur when elements of labeling, stereotyping, cognitive separation into categories of "us" and "them," status loss, and discrimination unfolded in a power situation [10]. Moreover, stigma is socially constructed and resides under a broader social context rather than within individuals [10,11]. HIV/AIDS because of its high mortality rate and transmissibility along with other cultural and social contexts was highly stigmatized [12]. HIV/AIDS is often associated with specific social groups such as homosexual people and drug users and certain behaviors such as prostitution, and due to the negative connotation associated with these groups or behaviors under specific cultural contexts such as Chinese Confucian beliefs, HIV/AIDS people are often labeled as immoral or promiscuous [13]. Earnshaw & Chaudoir proposed the HIV Stigma Framework to address HIV-related stigma, suggesting that HIV-infected individuals might experience enacted, anticipated, and internalized stigma [14]. However, even though not all AIDS orphans are HIV positive, studies have shown that they still experience enacted, anticipated, and internalized stigma.

2.1 Enacted Stigma

Enacted stigma, also known as overt discrimination, refers to episodes of discrimination against individuals with stigmatized conditions on the ground of being imperfect [15]. AIDS orphans reported that they were rejected, marginalized, and received different treatments compared to other children within their residential homes, such as "*(Adults in this child's residential home) They would buy them (children in this child's residential home) tekkies and clothes for December and I wouldn't get one.*"[16]. AIDS orphans also reported bullying and victimization from their peers, such as "They fight with me, they swear my mother out and they kick me" [16]. Enacted stigma impacts AIDS orphans' mental health greatly. For instance, enacted stigma is found to directly predict later depressive symptoms with a stable degree among AIDS orphans [17]. Moreover, a vicious cycle of enacted stigma leading to depressive symptoms, depressive symptoms enhancing the development of perceived stigma, and perceived stigma further strengthening enacted stigma has been found among AIDS orphans in China [17]. Therefore, overt discrimination is the foundation of other experiences of stigma experienced by AIDS orphans such as anticipated stigma.

2.2 Anticipated Stigma

Anticipated stigma refers to how individuals anticipate and expect that others will stigmatize them if they know about their concealable stigmatized identity [18]. Due to exposure to rejection and discrimination, AIDS orphans themselves anticipate that they will experience some form of stigma due to the condition of their parents. Vicarious stigma, an indirect form of stigma such as talking about the deceased parents, acts together with enacted stigma to reinforce HIV-related stigma and to

convey a fear of being stigmatized on AIDS orphans [16]. One specific example of anticipated stigma experienced by a 17 years old female AIDS orphan is *"I think the normal people when they know you have HIV, they kind of like oh uh-uh don't approach this person. They treat you differently"* [16]. Anticipated stigma also acts as a factor of distress among individuals possessing hidden stigmatized identities, and AIDS orphans belong to this category [18].

2.3 Internalized Stigma

Overt discrimination and anticipated stigma also contribute to the formation of internalized stigma, or self-stigma, among AIDS orphans. AIDS orphans who experience internalized stigma tend to view themselves negatively. Self-hatred and belittling often occur among AIDS orphans, as described by a 17 years old female AIDS orphan *"I feel dirty or I feel no, I'm not good enough."* [16]. This self-hatred and belittling arose due to discrimination and stereotypes received by this individual. All of the stigma and stereotypes of HIV/AIDS is reinforced by discrimination eventually those stigmatized individuals tend to believe that they are dirty. Self-stigma has proved to have a great impact on the mental well-being of AIDS orphans. According to the authors of the Yuxi City Preventive Medicine Association, AIDS orphans encounter mental health problems such as loneliness, low self-esteem, and self-imposed isolation [19]. Those are active actions to separate themselves from the public, and those actions result from self-stigma.

3. Case Study of Organization X

A 1-hour semi-structured interview was conducted with one staff member at organization x, a children's center located in Guangxi that currently fostered 30+ AIDS orphans. Organization X is founded in 2006. With the strong support of the Guangxi Civil Affairs Department, they registered as a private non-enterprise unit in October 2015. The staff members of the organization are well aware of the stigma associated with HIV/AIDS. *"Because they (AIDS orphans) were very discriminated against. The original purpose of establishing this institution is to create a safe and healthy environment for learning and treatment, so that children can receive the care and attention they deserve, and to reduce the impact of the disease on them."* "Equality and respect, mutual support and mutual improvement" are the values of this organization. All of the 30 AIDS orphans in organization x are HIV positive, from babies up to teenagers attending a middle, high, or vocational school. Two houses were rented to foster all 30 kids.

This children's center provides help for AIDS orphans holistically. *"It's about providing some psychological support. (We) Take care of their daily life and provide educational support and opportunities. Especially self-care ability. Then let them be able to accept their illness (HIV), and then enhance their social skills."* The organization provides AIDS orphans with psychological and educational support and life management skills. It also provides guidance and training to enhance social skills among AIDS orphans.

A safe environment and medical support are first provided for AIDS orphans to recover from illness as most of them were not properly treated with medication. AIDS orphans are also given enough life supplies in the center. Organization x once received an AIDS orphan who was not just HIV positive but also has cerebral palsy. When he first came to the organization, he was two years old but has maldevelopment and acting like a five to six months old baby, only being able to move his head. In addition to cerebral palsy, he also has very severe lung issues. Even the doctor said that he will not live past six. However, staff members of organization x never gave up on this kid and gave him the best medication care. To stimulate the development of the child's brain, staff members at organization x contacted another organization and learned rehabilitation training routines from that organization, teaching the moves to this child every day. *"It's just that compared to other children with cerebral palsy, our child is the strongest child and the fastest learning child, with our help. For example, the teacher said the goal of three or four months is to make him independent and do one routine. Then our child in a month can complete this routine independently."* Hiring another worker

to accompany this child to go to a kindergarten-like organization, offering a chance for this child to socialize with other children, and paying all the medical fees and hospitalization expenses, organization X did their best to help this child. Soon, the child learned to sit, crawl, walk with the help of equipment, talk, and even play with mobile phones. This child was adopted by an American couple at the age of 8 having the cognitive abilities of 6 years old, which is a great improvement.

As trust slowly builds between AIDS orphans and staff members, staff members became the one who provides psychological support. After the establishment of trust, those children are then guided to gradually accept their illness. Within this process, children are informed of their condition and instructed on how to take care of themselves when wounded, such as wiping off the blood on the wound quietly by themselves and never letting anyone else touch their blood. Together with courses developed by other NOGs, this organization provides courses and guidance to enhance the self-esteem and confidence of those fostered by orphans. Psychological support was also provided to alleviate the traumas experienced by them, not just the loss of parents but also discrimination from those around them. Self-esteem enhancement courses, psychological support, and care from staff members all contributed to the improvement of social skills and peer relationships among AIDS orphans. With enhanced social skills and learning abilities, they could slowly integrate into society.

The organization also provided educational support. Before coming to the children's center, most AIDS orphans were not allowed to attend school, due to others' stereotypes and biases about HIV/AIDS. Organization x, however, supports them to go to private schools all the way even to college. *"If you can continue attending college or university, if you want to attend, we can help. We will try to help, ah, because we can't do anything and you have to rely on yourself for studying."* In addition to general education, organization x would connect with a specialist in drawing, dancing, martial arts, and so on to provide a chance for AIDS orphans to develop their hobbies and interests. *"Why should we find a way to allow them (AIDS orphans) to participate in these hobbies? He can, for example, if he likes to draw, he can paint if having a bad mood, or through some of his sports hobbies express some of their emotions. This is our original intention."*

In addition to providing taking care of all of the AIDS orphans in the children's center, the organization will host courses for other primary school children affected by AIDS/HIV or who are HIV positive as well. In the past two years, they have helped 60 families in Nanning. They teach parents how to communicate and explain HIV/AIDS to their children. Moreover, the other AIDS orphans in the children's center can help the other children who are HIV positive as well, demonstrating positivity. This sense of belonging to a particular group and interacting with those inside the group improve the confidence and psychological state of HIV-positive children.

Organization x has helped more than 130 AIDS orphans. 90% of the AIDS orphans raised by organization x were able to integrate into society, meaning that they embraced their condition, were employed in the workforce and could form romantic relationships. 30 plus AIDS orphans were adopted by foreign families and were currently living outside of China.

4. Strategies Used by NGOs to enhance social integration

4.1 Fulfillment of Physiological Needs

NGOs are able to fulfill physiological needs, which are the very basic survival needs of AIDS orphans, laying the foundation for the fulfillment of needs at higher levels. Food, clothing, medication, and more basic life supplies are provided by NGOs, supporting the physical well-being of the AIDS orphans. NGOs could potentially prevent the development of HIV into AIDS for HIV-positive AIDS orphans, as AIDS orphans are guaranteed sufficient medical care and easier access to hospitals compared to their rural hometowns. Most AIDS orphans might be mistreated by their extended family or the extended family was financially incapable of taking care of them. NGOs will do their best in providing the best amount of care and finance to help cure illnesses.

Regulations and rules at the children's center will ensure the punctuality of medicine intake for AIDS orphans if they are HIV positive. Sufficient nutrition intake will also enable AIDS orphans to

remain in an optimal physical state, making schooling and exercise possible. In general, a healthy body is the first step to resilience build-up and social integration.

4.2 Peer Support

NGOs provide a community and group-based experience for AIDS orphans, acting as resilience resources and helping for social integration. When fostered by the NGOs, AIDS orphans are given the chance to live in a community where they were supported by children in similar situations as them. Loneliness experienced by most AIDS orphans will be effectively reduced by living inside a community. Strong connections were formed between AIDS orphans at the NGO center, and as described by Ms. Lu, children there are like true family to one another. They become the resilience resources of each other, providing psychological support for each other. Traumas experienced by AIDS orphans such as mistreatment from extended family could be potentially smoothened by building up new and stable relationships with peers at the children's center.

In addition to psychological support, peers at the center also bring more resources to the NGOs, creating a rough social network. For example, those adopted or entered adulthood into the workforce remain in contact with the NGOs, bringing more resources to the NGO. For instance, AIDS orphans who are now in the United States of America are offered free online English courses to AIDS orphans still in the children's center. Moreover, AIDS orphans who grow up in NGOs could give back to the NGOs by working at the NGOs, allowing NGOs to branch out to reach more AIDS orphans.

4.3 Enhancement of Resilience through Educational Approaches

Resilience among AIDS orphans is enhanced through multiple educational approaches employed by NGOs. Staff members tried their best to help AIDS orphans accommodate the new environment, thus establishing trust between them. This trust enables staff members to give further guidance. NGO staff members will gradually introduce HIV/AIDS to them. For instance, most AIDS orphans knew that they are sick and the name of their illness is HIV, but they are kept away from the stigma behind this disease. Courses designed to enhance the self-esteem of the AIDS orphans by experts were offered to AIDS orphans, thus allowing them to build up resilience. This boost in self-esteem and gradual revealment of the stigma of HIV/AIDS enabled AIDS orphans to accept their identity. Identity acceptance is vital for AIDS orphans. Without it, AIDS orphans might actively choose to stop taking medication, which is the equivalent of suicide, after discovering the implications and stereotypes associated with HIV/AIDS. Acceptance of their illness will effectively buffer AIDS orphans against discrimination and stigma, allowing AIDS orphans to pursue purposes of life beyond pure survival. Optimism and hope could be evoked once AIDS orphans feel proud of who they are. This optimism and hope allow AIDS orphans to do well in other aspects of life such as education and relationship with others.

5. Conclusion

The development of resilience buffering the harm of stigma experienced by AIDS orphans is essential to their well-being. This study, through field observation of organization X, concluded several approaches employed by NGOs potentially enhance the AIDS orphans' resilience. NGOs fulfill the basic physiological needs of AIDS orphans offering them a safe environment, sufficient daily supplies, and proper medication, laying the foundation for resilience build-up and social integration. Moreover, AIDS orphans within the same NGO experience peer support, which provides additional psychological support, resources, and networking opportunities, offering extra help. Lastly, multiple educational approaches utilized by NGO staff members guide AIDS orphans to accept their condition increasing their self-esteem level and confidence, thus preventing the formation of internalized stigma. All of the above approaches together prepare AIDS orphans for the potential difficulties faced by them when integrating into society. In general, NGO support is optimal support for AIDS orphans, smoothing traumas experienced by them and increasing their chances of social

integration, as 90% of the AIDS orphans who grew up in organization X have successfully integrated and adapted to society.

However, little known, NGOs such as organization X are facing tremendous challenges and are on the brink of collapse. As private non-enterprise units, they do not possess the qualification for public fundraising. The pandemic and the increasing tension between China and the United States greatly reduced the number of funds received by organization X. The sensitivities of the topic of HIV/AIDS in Chinese society forbid them from taking in corporate donations, as they cannot fulfill corporates' needs of advertisement or publication. The financial difficulties reduced the organization's scale, such that Organization X went from 4 orphanages in 4 different cities to only 1 orphanage in Nanning. Also, the help provided by NGOs to society is reduced due to lack of money, as organization X can only longer support free classes to other HIV-positive families. Moreover, during the financial crisis, NGOs' ability to aid the development of resilience among AIDS orphans might be reduced, which is a potential topic for future research.

Several approaches are available for NGOs to overcome their current challenges: structural and service improvement, promotion of publicity, and development of governmental support. Firstly, more organized and more structured NGOs will be able to broaden their services and scale, thus gaining more funds from the government. For instance, extending their targets to more than just AIDS orphans but also AIDS/HIV-affected children. Secondly, although HIV/AIDS is very sensitive in Chinese society, NGOs supporting them could publicize it as an orphanage instead of as an AIDS orphanage. Exposure to the public enables NGOs to receive more attention, allowing more people to realize the presence of such NGOs is crucial to minority groups, thus gaining more support. In this way, public fundraising events are easier to conduct and have the potential to raise more money. Thirdly, systematic governmental support could be developed to strengthen the sustainability of the NGOs, providing more than purely finance, such as networking support.

This study carries several limitations. This is a field observation that only consists of one NGO, organization X, so the information observed and collected might not accurately represent the whole group. Also, conducting only a quantitative interview and the absence of comparison means that there is a lack of statistical data proving the resilience of AIDS orphans who are assisted by NGOs is indeed significantly higher than those who have not received any NGO help.

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