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The socio-economic predicament of caregivers of orphans and vulnerable children with HIV/AIDS in Bauchi metropolis, Nigeria

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Abstract
This study explores the range of challenges caregivers encounter while assisting vulnerable children with HIV/AIDS. Caregivers tend to come across issues related to socioeconomic factors due to the stigmatization of HIV/AIDS children. The main aim of this study is to highlight caregivers' major challenges in the Bauchi metropolis. Specifically, the objectives were set to identify practical issues affecting the role of caregivers and their capacity as significant to those children's lives. In sub-Saharan `Africa, Nigeria accounts for an estimated 1.9 million cases of these children. For the majority of caregivers, however, despite collective efforts by, families, and communities aimed towards protecting, caring for, and supporting infected affected children, the scourge of child death with HIV/AIDS has remained high. Reports indicate that more needs to be done to support caregivers for them to look after those children. Therefore, this study focuses on caregivers' predicament while helping HIV and AIDS vulnerable orphaned children in Bauchi Metropolis. The study highlights the challenges caregivers experience as a result of their socio-economic reinforced by cultural and religious influence among others, in making children living with HIV and AIDS cope with the epidemic. The purpose of the study was to understand the position of caregivers' characteristics and situations the impact caused by their socio-economic stand, and religion's impact on the care of children with HIV and AIDS in Bauchi Metropolitan. The study was guided by two theories, the Stigmatization theory by Goffman, and the Structuration theory by Giddens. The sequential transformative approach of quantitative and qualitative methods (mixed method) was used in this study through a descriptive cross-sectional survey. SPSS was used to analyze the quantitative data using descriptive statistics such as means, frequency, and percentages, while NVivo software was used to analyze qualitative data synthesis and prose thematically. Bauchi metropolis has about 218 caregivers of children orphaned & vulnerable to HIV and AIDS. Data collection questionnaires and interview guides were used. Key informant interviews were conducted with government agencies and NGOs.

Keywords: Caregivers, Discrimination, Death, HIV/AIDS, Orphans, Vulnerable Children

1. Introduction

The capacity of caregivers of orphans and vulnerable children with HIV/AIDS play a greater part in their lives due to social stigma. That is why little is known about the plight of caregivers of HIV-positive children it is required to be understood to reduce the burden shoulder on caregivers (Bajaria, S., 2021). According to USAID, (2021), reports show that there were around 14.9 million children years 0-17 globally who lost one or both parents due to HIV/AIDS, while 80% of those children live in sub-Saharan Africa. Thereby, in Nigeria, it was projected to be around 2.5 million orphans and vulnerable children due to HIV/AIDS (UNICEF, 2019). Out of them only 52 percent of them are on treatment, which resulted in the deaths of over 98,000. However, 160,000 children ages 0-14 were newly infected (USAID, 2021).

Therefore, the burden on caregivers is enormous. This indicates caregiver responsibilities cannot be overemphasized due to the rate at which children are infected and dead. That is why the role of caregivers needs to be understood in other to reduce the rate of burden shoulder on them that may lead to the untimely death or infection of those children. (Avert, 2017). Caregivers are those people whose role is to look after HIV-positive children, where evidence by Avert 2017, clearly shows that there are linkages that must be addressed such as caregivers' capacity, rights, stigmatization, and right protections for children, among others. Globally there is very little known about the plight of caregivers of HIV-positive children when it comes to socio-demographic factors (Bajaria et al, 2021).

The risks faced by those taking care of children affected by HIV and AIDS are serious particularly orphans and vulnerable. This is because children's immune systems are not fully developed, and children living with HIV/AIDS get sick more frequently hence, inundating the capacity of the caregivers. The HIV-positive children face enormous problems. These problems are a concern to caregivers. These problems range from denial of education, lack of efficient health system that can accommodate the children, there is no proper skill acquisition to engage the children, poor nutrition due to low economic status of the caregivers, emotional and psychosocial effects resulting from the stigma and discrimination as well (UNAIDS, 2016).

Caregivers often find themselves in a dilemma, because children living with HIV and AIDS encounter different forms of social and economic stigma. These stigmas come in various forms; verbal, scolding, taunting, naming, gossiping, and blaming; while physically they experience social exclusion. Social exclusion such as separation from families and friends, displacement from home, separation of household tools, loss of identity (hide), rights and status were denigrated; and denied access to many resources, such as employment and health care made for everyone, while the economic support, many where not supporting the caregivers considering the nature of the illness. That is considered condemnable by both their culture and religion. Where they are not offered financial, or medical, transportation, due to the proximity to healthcare centers etc. (Lekas et al., 2018). It is in this regard that.

This study, therefore, focused on examining the social environment influences, community behaviors, attitudes, backgrounds, gender, social class, race, and ethnicity, age, religion, and social network of caregivers that could influence their capacity. Similarly, it also includes various aspects of their class, and status that were affecting the social and economic well-being of the caregivers. The burden of social, economic, and religious stigma is mostly shouldered by caregivers who are often old, this is particularly so in Africa. These responsibilities and the associated stigma have negatively affected the caregiver's well-being economically, health-wise, physically, and psychologically. This has led to the caretaker’s poor health, physical pain, and depression among others. If trained early and helped in terms of the socio-economic of the caregivers it could help in dealing with the social stigma issues suffered by the children, while the caregivers would equip themselves with what it takes to care the HIV/AIDS orphans and vulnerable children (Osafo, 2017. Exavery et al, 2021).

The purpose of this paper is to specifically ascertain how the state/influence of socio-economic characteristics of caregivers of HIV and AIDS vulnerable orphaned children in Bauchi Metropolitan could be, and also to identify the socio-economic challenges experienced by caregivers of HIV and AIDS vulnerable orphaned

children in Bauchi Metropolitan. However, to ascertain the socio-economic support caregivers needed to help them care for orphaned children with HIV and AIDS in Bauchi Metropolitan. This study, therefore, will examine the dilemma caregivers went through due to socio-economic status in helping HIV and AIDS vulnerable orphaned children to cope with HIV and AIDS social stigma in the area of study Bauchi Metropolis.

2.Literature Review

The challenges caregivers encounter while helping HIV and AIDS orphaned and vulnerable children that affected them socially and economically cannot be overemphasized.

According to Talcott Parsons (1951), on "sick role" argued that the social dimension of illness is when a person's predisposition as ill depends on how other people react to the disease like HIV/AIDS, where people fear them because of its contagious nature, which might deny them many privileges by the larger society (Bradby, 2009). Umeadi (2014) believes some caregivers have the zeal and firmness to support and care for HIV and AIDS vulnerable orphaned children, but they lack the appropriate skills and knowledge to help them cope with stigma.

In essence, people living with HIV stigma are faced with various challenges: violence, social and physical seclusion, deprived opportunities, and economic discrimination. According to Giddens, (1984) "structuration theory", emphasizes that behaviors and structures are intertwined. Therefore, communal and family cohesion will help in facilitating caregiving.

Family dynamics have affected caregivers with social stigma and discrimination. Because most of the social stigma was widely perpetrated by the immediate family members, due to their reaction on both the caregivers and the children living with HIV/AIDS status with fear, shame, guilt, mocking, and most times threat of suicide. Therefore, the family members' concern is not about the victims, but rather the shame they brought to the family and, the fear of contracting the disease due to ignorance among other factors that extend the social stigma to society (Atanuriba et al. 2021).

Children with HIV and AIDs suffer an enormous number of problems due to a lack of proper knowledge and understanding of the caregivers' conditions on how well they can support them (WHO, 2013; Duangkamol & Ankana 2014). Adams (2015) argued that in Africa, most of the caregivers were after the financial support (tipping) given by the international bodies, NGOs, and government. Therefore, it is a problem in caring for HIV and AIDS children, more so those caregivers are not concerned with victims but rather the money given by donor agencies. Lack of awareness and poor management of HIV at the family level also contribute immensely to fighting stigma. More than 50% of caregivers are elderly women and are more found in Sub-Saharan Africa therefore, is a problem (UNICEF, 2016). In Africa, routine care of the family rests on the shoulders of women. Thereby, caregivers of PLWHA who could not afford hospital treatment choose to look for spiritual help other than medical or professional treatment from the hospitals to handle the diseases amicably.

Acheampong et al, (2015) examined the psycho-social coping experiences among caregivers of people living with HIV and AIDS in some areas of South Africa**.** They asserted that despite existing data on HIV and AIDS problems such as stigmatization, HIV patients' rights, among other factors bedeviling them are still found in South Africa. This shows that more needs to be done to control the disease which has been more in Africa. The effect of the disease on patients causes financial and income problems which put a serious burden on individuals (caregivers) and households

(Barnett & Whiteside, 2002). The psychosocial trauma caregivers and HIV patients go through due to social labeling differences, directly affects families' well-being and HIV children's school performance. As well as the general lives in the neighborhood and family interactions. The ability and motivation of caregivers to look after those children are shattered due to a lack of support from both family and community. However, such negligence might cause caregivers of HIV patients to end up engaging in dangerous actions such as hiding HIV status that might spread the epidemics, engaging patients in substance abuse because they are condemned to refuse to take ARV, and having unprotected sexual behavior (Coombe, 2002).

According to the United States Agency for International Development (USAID) report (2013), caregivers in Nigeria are having more difficulty in coping with and shouldering the responsibilities of HIV and AIDS children in various parts of the country including Bauchi State. These difficulties covered areas of health, education, protection, psychosocial, nutritional, and shelter needs, and how best to meet those needs. United Nations Children's Fund (UNICEF) report (2005) shows one of the problems of HIV and AIDS children and their caregivers in Nigeria is poverty. Similarly, the family system and institutions that support and care for HIV and AIDS children with their caregivers in difficult situations such as; stigmatization and Discrimination, have been tough due to critical economic changes.

A study by Lucy and Mercy (2015), it is examined the effect of nutrition on children orphaned by HIV and AIDS in Bauchi. It suggested that the failure of caregivers to provide needed food to HIV children has affected their responses to HIV treatment. HIV patient requires food intervention to improve their complete health and nutritional fit to respond to treatment effectively since the caregivers cannot provide. Certainly, it can be achieved especially through government intervention and NGOs as well by inspiring community response and support for caregivers to provide food to HIV and AIDS children for a better life.

Bajaria et al, (2021), show the linkages caregivers encounter, there is a lack of services involvement by the larger society on matters related to HIV/AIDS. Caregivers are a central key in the lives of those HIV children because their capacity could mediate the effect of social stigma. And help in understanding fully the plight of those HIV-Positive children, so that the policymakers can build on it.

Mills' concept of Sociological Imagination establishes that setbacks in the health of an individual are largely blamed on the patient. This is illustrated by the condition of the HIV and AIDS orphaned children: they are being stigmatized for their status. Larger social forces beyond their control also exacerbate the situation and become a problem for caregivers (Barkan, 2017).

HIV/AIDS care is associated with a significant economic burden for caregivers of children living with HIV. Most caregivers lack economic empowerment and social support from the family and society. However, most of the programs introduced by the government were not properly workable. Due to a lack of funding, continuity, and even providing the needed program that will reduce the economic burden of caring for caregivers to help those children. Those problems may affect the mental health and quality of life of caregivers of children living with HIV.

Therefore, those issues and many more affected family expenditures due to HIV/AIDS also may become a burden to the caregiver due to the high level of long-term cost effect. Although HIV/AIDS drugs are free for patients in many parts of the world, sometimes some services could involve a charge such as hospital admission

charges or charges for diagnosis of comorbid disease conditions, etc. Also, caregivers are burdened by the costs of other components of care, such as medicine and treatment for opportunistic infections. Additional costs include non-medical costs such as transport costs. The recurring expenses of accessing healthcare services and opportunity costs of time spent at the health facility for regular clinic visits and treatment of comorbid disease conditions may contribute to obstacles for service delivery, care, and treatment of children with HIV/AIDS and their caregivers particular the family, society and the government that are not supportive. The costs incurred often have impoverishing effects on some households and hinder caregivers of children with HIV from getting necessary care. Furthermore, the costs may result in catastrophic health expenses considering the current global economic crisis, where the price of almost everything increased by 100% to 300% beyond the capacity of the caregivers (Osobase, A.O, 2016).

These will make the caregivers start selling their properties, which in the long run would make them broke. Because they cannot meet up with the kind of balanced diet the children with HIV will take and the drugs for opportunistic infections and many more. Measures need to be taken for both the HIV child and the caregiver and enlighten the family and society (Pınar, Ö. 2015).

Theoretical framework

In this research, the Stigmatization theory By Goffman (1963) and Structuration theory by Giddens (1984) were used as a guide. The reason for using two theories in this research work is to show first how social stigma is perceived by society in which it affects not only those being stigmatized along but also people around them like their caregivers, which also would affect the spread of the disease, considering the fact people are looking at HIV/ AIDS patient as a problem to the society, while the theory fails to come up with a solution on how to address such problem of social stigma. While the second theory helps this research work on how the society socially stigmatized HIV/AIDS narratives change, in such a way the society can come together to fight not only HIV social stigma but rather the disease and other related matters bedevilling the society on HIV/AIDS.

Stigma theory was developed by sociologist Goffman (1963) and is widely used in the area related to stigma. He (Goffman) defined stigma as a profoundly discreditable attribute that could lead a person to be deemed almost sub-human. He also identified three types of stigma: abominations of the body, blemishes of individual character, and tribal stigmas. Abominations of the body are stigmas associated with physical deformations or deviations from a social norm, such as people with physical challenges, missing limbs, or physical deformities, among others. Blemishes of individual character are stigmas associated with a person's character, identity, or simply his or her particular way of being. Some of these blemishes can be attributed to people in jail, drug users, alcoholics, and people with poor mental health, among others. Tribal stigmas on the other hand refer to the negative evaluation of particular persons because of their association with a given group. Some of these stigmas are related to race, ethnicity, and sexual preference. All of these types of stigma can contribute to the devaluation of people who manifest them.

Therefore, in this study, the theory will help in explaining the stigma surrounding HIV and AIDS in Bauchi Metropolis, considering the settings of people in the area. This study has used "Abominations of the body stigma" to explain how HIV and AIDS patients are stigmatized due to their status, while the nature of the disease is contagious meaning people distance themselves from such category of children.

This study also utilized structuration theory as advanced by Giddens (1984) to assess the role of caregivers on children living with HIV and AIDS in Bauchi. The central assumptions of this theory are that behavior and organization are intertwined. People go through a socialization process and become hooked on the existing social structure. At the same time, social structures are being transformed by people's actions. In other words, social structures are a medium of human activities as well as the result of those actions. Social structures do not only limit behavior but also create a potential threat to human behaviors. This study understood the need for a collective response to address the issue of stigma that affects the economic status of caregivers. However, the theory can help explain caregivers' situation if the entire society comes together and changes the attitude (narratives) of stigma to help caregivers support children with HIV and AIDS.

This theory's application to the study of caregiving is that even if an individual would turn down care for family members or relative patients, the standing social arrangement within the African setting of homogeneous (Ubuntu spirit) collectivity makes pro-social behavior from family members, regardless of real trauma and problems. In several scopes of African culture, particularly in the family sphere, an individual's problem is a collective problem. Thus, both the immediate and extended family members will more often than not rally all over the place to offer social support and care for the member of their family needing care. Therefore, communal living and family cohesion provide and facilitate caregiving. However, even in the lack of such structures, the illness will always induce such a caregiving structure.

3. Methodology

This work examined the research design, area of study, research population, sample elements, data collection instruments, and analysis strategy to explain the caregiver's socioeconomic features. The paper adopted a descriptive cross-sectional design with the sequential transformative approach of quantitative and qualitative methodology (mixed method). The study used 218 caregivers in the Bauchi metropolis from BASOVCA However, a simple random sampling technique was used to sample 136 respondents using Krejcie and Morgan formula. The instrument for data collection was a set of questionnaires for the caregivers, and an interview for the key informant using the purposive sampling technique. Quantitative data was analyzed using Statistical Package for Social Science (SPSS) to produce descriptive statistics such as frequencies, and percentages. Information from interviews and open-ended questions was summarized thematically and coded for analysis using NVivo software. However, the paper followed ethical principles.

4. Results and Discussion

Table 1. Educational Background Table

	No.	**%**
Education level		
Primary	12	9.4
Secondary	50	36.2
Tertiary	41	29.7
Others	33	24.6
Total	**136**	**100**

Educational Level of Respondents

The study results indicate that all caregivers had some level of education. A significant portion of the caregivers (36.2%) had secondary education while 29.7% had tertiary education and 9.4% had primary education. Education is an important factor that largely influences knowledge as well as social status. In addition, there is no indication that the caregivers have specialized education as caregivers of HIV and AIDS children. To take care of these vulnerable children financially due to the level of their education. Thus, People with higher levels of education may have better life opportunities and source of income to better care for those children. That is why they are more educated than illiterate families (UNAIDS, 2018).

Therefore, caregivers with low levels of education who were the majority in the study faced more difficulties both socially, and economically in how to help children cope with HIV and AIDS stigma.

A KII respondent from the RAHAMA foundation revealed that the majority of the caregiver's most affected families had low levels of education, where they prepared local medication (traditional) to cure ailment (KII-01, 05).

According to Osafo et al., (2017), caregivers need to be empowered to properly support vulnerable orphaned children by HIV and AIDS against stigma. Also, Knodel et al., (2000) believe that the role of caregivers particularly older people who are well equipped (through training) will help those children cope with the stigma.

Table 2. Income Level of Respondents

Income per month		
0 = 5000($140)		
5000 = 20000($560)	31	23.2
20000 = 50000($1,390)	20	15.2
50000 and above	2	1.4
No idea/no income	1	0.7
Total	**136**	**40.5**

Income of Respondents

The caregivers were mainly low-income earners with 59.0% of the caregivers having an income of NGN5000 or less ($140). Fewer of the caregivers (1.4%) had a monthly income of Naira NGN50000 ($140) and above as indicated in Table 4.1. Such low income does not incentivize them to dedicate their energies to caregiving.

A KII respondent from the Ministry of Health and Social Development explained that most of the caregivers are dependent. However, caregivers are being trained to be productive rather than dependent, by empowering them with other businesses (KII-05, 05).

The effort of NACA, various state agencies on HIV and AIDS control, BACATMA as the case may be in Bauchi, and International donor agencies such as the Global Fund, USAID, and UNAIDS among others had made major donations to support caregiver and OVC problem in Africa and Nigeria. Similarly, the Association for Reproductive and Family Health (ARFH) and local non-profit organizations were part of the working team to address these issues. The study also revealed that caregivers were either dependent on needed interventions or had less than what could cater to the HIV children's challenges.

Table 3. The Durations of Caregiving

Duration (years)	Frequency (n = 138)	Percent
1 = 5	41	30.4
6 = 10	58	42.8
11 = 15	33	23.9
16 = 20	4	2.9
Total	136	100

Duration of Caregiving

The table above indicates that the majority (73.1%) of the caregivers have provided care for HIV children for a period between 1 to 10 years. On average, therefore, caregivers have provided 8 years of care. The report shows that caregiver's average number of years in supporting those children could provide them with practical experience, but according to Chinedu (2014), many caregivers have that zeal and firmness to support and care for HIV and AIDS orphaned and vulnerable children, but they lack the appropriate skills and knowledge to help them cope with stigma. However, many caregivers in sub-Saharan Africa needed care too (UNAIDS, 2015). The finding suggests that the majority of the caregivers require sensitization and enlightenment because despite years of care stigma still exists and affects the children.

Occupation of Caregivers

The study results indicate that most of the caregivers had other occupations that were not business, farming, or employment. Some of the respondents were employed. The result has indicated that most of those caregivers are either unemployed or full-time housewives who are dependent on their husbands to provide.

Caregivers were highly dependent; they got their support from either families or the government. They were always at home which is an indication that most of them were not in gainful employment and a few had already retired and their pension was not enough to cater for domestic needs as well as that of children they were taking care of (KII-01, 04, 05).

The finding is consistent with UNAIDS (2016), which found that the majority of those caregivers to vulnerable orphaned children are highly dependent on their siblings in terms of income, shelter, and comfort. The study also revealed that some of them retired and even their pension was not enough to cater for the household needs including health issues like HIV and AIDS. In conclusion, the study found that a caregiver is likely to be female, between 31-65 years of age, and a Muslim with low education levels. The caretaker is therefore likely to be a low-income earner or unemployed and would have worked for an average of 8 years as a caretaker of children orphaned due to HIV and aids.

Society's View of Children Living with HIV and AIDS

Society views children living with HIV and AIDS as contagious, only staying away from children living with HIV and AIDS is the best option if not to be infected. Key informant information shows that establishing institutions may not help in reducing stigma.

"Establishing an institution might not help against stigmatization, but rather increase the amount because setting an institution could identify them and show that HIV and AIDS is a disease that patient needs to be quarantined. The public will stigmatize them, but if they are allowed to intermingle. The public will see that HIV and AIDS are like any other diseases that require only little measures and control to be able to live with the disease (KII-01, 05)

Difficulties Suffered in Handling the Children Living with HIV and AIDS from Religious Groups

Religious leaders also paint the epidemic as a curse from wrongdoings. Because of this, the patient or their parent as the case may be for the children that led to their condition and they should only blame themselves, not the God or religious group and leaders. This has therefore exacerbated stigmatization by making it difficult for caregivers to care for those children living with HIV and AIDS. Spiritual support is key for caregivers to help HIV and AIDS children to cope with stigma.

Another problem experienced by caregivers is the lack of unity among the different religious groups. One religious group will encourage support to such a category of people while the other will condemn it totally which has created a gap because nothing can be achieved without cohesion and understanding. Lack of tolerance among religious groups has created a vacuum in that such kind of issue could not be addressed amicably. Thus, there is a need for different religious groups to come together to pursue a lasting solution to the menace. UNICEF (2013), reports that religious bodies failed to contribute against stigma because they may have the impression that getting infected with the disease is a punishment for 'sinful' behavior, due to having sexual relations either before marriage or being unfaithful to marriage partners as well-behaving in other ways that contradict certain religious teachings.

Difficulties Suffered in Handling the Children Living with HIV and AIDS from Local Authority/ Government

This question highlighted areas that were challenging to the caregivers and HIV children they were taking care of. There is a lack of legal backing from the government or the authorities concerned about HIV and AIDS. While existing laws provide protections for the rights of children, the practice among community members is in sustained violation of such laws. Hence, a discrepancy between policy and actions. Some caregivers are appealing to the authorities concerned to have a body that will protect the rights of HIV and AIDS person and their caregivers to stop stigmatization.

To a caregiver, the government is not doing enough to stop or reduce stigma. The interventions offered by the government are things even the caregivers can provide to the HIV child. However, on different occasions, the caregivers said they heard from the media that certain relief or support was given to caregivers from the government, but to them, nothing was given. Therefore, to them, agencies either siphoned the said assistance or it is propaganda by the government to help caregivers and people with HIV and AIDS in Bauchi.

Furthermore, there is a lack of proper record-keeping from the agencies related to HIV and AIDS in Bauchi. Interventions by the government are usually not sufficient. Similarly, the workers are incompetent or they do not want to keep a record that is not realistic, whereby they cannot justify it. They believe there is some form of corruption or mismanagement going on. Owing to the ineffectiveness of the agencies involved in addressing the matter, the involvement of stakeholders is necessary. The caregivers have indicated a willingness to participate in identifying the depth of the problem as well as possible solutions.

Caregivers believe government and local authorities like traditional rulers are intervening, but it is not enough to address the issue of stigma and discrimination within the society. More efforts need to be made if they want to address stigma. The key informant's explanation put it in perspective.

"The Government has intervened in many areas for caregivers of HIV and AIDS children by collaborating with NGOs and other international bodies on HIV and

AIDS, governments provide support like vocational skill, food, and nutritional support, areas of health by giving ARV free for the child and caregivers household economic support and child protection, as well as psychological support" (KII-01 to 05).

UNAIDS (2015), explained that for any government to achieve their target, they should be reviewing their programs to offer effective support to the caregivers of PLWHA by supporting and improving their psychosocial challenges. However, it may also be important to identify ways they can ameliorate psycho-spiritual conditions for caregivers. Given their inclination for visiting a spiritual person seeking help from God, instead of from medical practitioners, psychologists, and counselors. There is a need to include spiritualists in sensitization.

Although there are claims that the government has intervened in supporting the children with HIV the caregivers still complain about their support in this issue. This shows there is a missing link between the government and the caregivers. The government is said to be doing something about HIV but the caretakers claim that the government is not doing much. UNAIDS (2016), reported showing concern over the rights and support of children with HIV and their caregivers. They are making sure by reaffirming their commitment to end the HIV and AIDS epidemic. Because so many programs were initiated, they did not achieve the target result.

Duangkamol and Ankana (2014), and Adams (2015), argued that in Africa, most of the caregivers and personnel working with the NGOs and other relevant agencies on HIV and AIDS are not fully equipped to deal with all the HIV cases due to funding problems. This, therefore, leaves the families with a big burden of taking care of all the expenses that come with this situation. Caregivers' responses revealed that the government had failed to support (help) caregivers of children living with HIV and AIDS.

Given the above, the local government needs to involve traditional leaders in the act of sensitizing the general public, because their voice is highly respected and taken seriously. To caregivers, stigma can also be tackled if traditional rulers understand HIV and AIDS and how to handle issues related to the disease would go a long way by helping children cope with the stigma. The effect of stigma could be reduced to the barest level, whereby the issue of HIV and AIDS can be handled effectively.

Nature of Support Caregivers Offer to Orphaned Children

This sought to know whether caregivers were able to handle problems faced by children living with HIV and AIDS because of their economic conditions. About 70.2% of Caregivers believed and highlighted that they separated domestic items which were a result of protecting the child from infections and other diseases that may harm them and, therefore, cause sickness. However, it was done due to advice from health workers and other professionals related to HIV and AIDS where they explained the importance of separating home utensils for a child on health benefits. Sometimes caregivers counseled them with a professional for the child to understand the situation and the rationale behind such actions.

Caregivers believe the neighborhood is key to child growth. It is the place where the child first interacts with the generalized others and it means so much because they first get their peer group. However only 37.7% distance themselves from the HIV child because of their HIV status, to caregivers, it also affects them in everything they do within the neighborhood. Therefore, caregivers meet those neighbors and sensitize them that the child should not be treated in these ways because HIV can be handled if measures and care are taken. To some, they went

further and explained to them how they could live without being infected with the disease. However, 0% of cases have been shown by the child to caregivers. This suggests that teachers are more educated and aware of how to live with HIV and AIDS patients.

Caregivers revealed that very few religious leaders treated their children badly. Only 2.9% of caregivers narrated that religious leaders treated the child differently due to their status. They see it as a cause of their action that led them into this situation including the children. That is their parents' wrongdoing that caused the child to be infected with the virus.

Based on the key informants' responses, it was revealed that caregivers alone cannot handle the issues of care for children living with HIV. It would require the intervention of government, NGOs, and other agencies related to HIV and AIDS to better handle, support, and care for those children against stigma (KII-01, 02, 03, 04, 05).

Stigma is usually ignited by fear (Malcolm et al., 1998). Felt stigma is the imagined fear of societal attitudes and discrimination raised from a particular undesirable attribute, disease (such as HIV), or association with a particular group. On the other hand, enacted stigma is the real experience of discrimination based on one's HIV-positive status. That is why many caregivers take measures and advice from professionals to help those children cope with stigma. The study revealed that caregivers were affected too by the stigmatization children with HIV went through.

The form of stigmatization theory as explained in the paper shows that most of the stigmatizations were done due to ignorance by the people because many are associating with the HIV patient along with their caregivers yet nothing happened to them because of the measures taken by them. Therefore, the structuration theory helps by showing the importance of togetherness which would only be the solution in addressing the plight of caregivers and their HIV patients as well as the larger society.

5. Conclusion

The study explored the predicament caregivers go through in helping vulnerable orphaned children cope with HIV and AIDS due to their socio-economic status, in Bauchi Metropolis, Nigeria. From the demographic characteristics, caregivers of HIV children seem to be also vulnerable because of their economic background hence putting them in a predicament in dealing with their welfare and that of the children is becoming difficult. In addition, the caregivers experience a myriad of challenges from the society, religious leaders, and government/ traditional institutions in Bauchi Metropolitan. Moreover, the actual problem of caregivers needs to be addressed for the caregivers to properly care for and handle issues of vulnerable orphaned children with HIV and AIDS in Bauchi Metropolitan, the caregivers need different types of support from all the social institutions in Bauchi Metropolis.

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