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Creation of a Non-Profit Organization for the Elderly and Their Family Caregivers: a preliminary study in Tubah, Cameroon.

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The elderly population in Cameroon, like any other country, is increasing. Most of them are living in rural communities and lack the means to take care of their basic needs, leaving them to depend solely on their family caregivers who are also struggling to cater for their own needs and that of their elderly relatives.

Hence, the purpose of this study was to explore the needs of the elderly and their family caregivers in Tubah subdivision, Northwest region of Cameroon. The questions that this study aimed to answer are: 1, What are the needs of the elderly in Tubah subdivision? 2. What kind of support do family caregivers need with caring for their relatives? A qualitative study design was used to explore this topic. Data was collected using semi-structured interviews. 20 elderly and their caregivers participated in the study. Inductive content analysis was utilised to identify themes.

The findings revealed the following themes for the elderly: the need for resources, healthcare, social services, and justice. For their caregivers, need for health care services, financial assistance, training on elderly care, respite care, a support group for family caregivers, supplies, and subsidized services.

Based on the result, it is evident that the elderly and their family caregivers are in desperate need of support. Hence, the goal of the study was to gain an understanding of these needs to start up a non-profit organisation for them in future.

Keywords	non-profit organization, perceived needs, elderly, elderly care, family caregivers, Tubah, Cameroon.

Contents

1 Introduction

Ageing demographics in the world today is one of the key issues that has continuously featured on many countries' recent development agendas. This phenomenon occurs when the median age of a country or region increases due to rising life expectancy and declining birth rates. (United Nations Population Fund (UNFPA) 2012) This increase in life expectancy is seen as a key indicator of the improved health status of the population. Contradictorily, it is often seen as a burden to health and social security as living longer is characterised by the prevalence of chronic diseases and poverty, which weighs severely on the social development of the elderly. (World Health Organization (WHO 2000)

It was estimated in 2010 that 524 million people were aged 65 years or older, making 8 per cent of the world´s population, and that by 2050 the number is expected to nearly triple to about 1.5 billion, representing 16 per cent of the world´s population. Developed countries are reported of having the oldest population profile while most older people and the fastest growing ageing population are reported in less developing countries. Also, the number of older people in less developed countries is projected to increase by more than 250 per cent, compared to a 71 per cent increase in developed countries between 2010 and 2050.(WHO 2011: 4)

With the increase in age, many of the oldest-old because of limited mobility, frailty, or physical decline in cognitive functioning, tend to lose their ability to live independently and, as a result, may require long-term care, which can include home nursing, assisted living, community care or residential care, or long stay in the hospital. These services do not come without a cost, and the cost to provide such services to support them may need to be borne by families or society. Long-term care costs in developing countries that do not have established, and affordable long-term infrastructure may lead to other family members withdrawing from work or school to care for their relatives. (WHO 2011: 23)

In a developing country like Cameroon, which has weak institutional support regarding care for the elderly, care is mostly left in the hands of family members, friends, and philanthropic organizations with remittances both in cash and kind as an important source of income for most rural community dwellers. (Nangia 2017: 62, 2015: 199).This weak institutional support as far as care for the elderly is concern, is what has led to this study. The idea behind this work is a social innovation that aims to improve the quality of care of the elderly and to support family caregivers who are the major

caregivers in their care providing roles. The study is based on the 2030 Sustainable Development Goals No. G3, good health and well-being (Ensure healthy lives and promote well-being for all at all age.)

2 Theoretical background

Cameroon is a country in central Africa. It is also called “Africa in Miniature” due to its geological and cultural diversity. Chad boards the country to the north-east, Nigeria to the west and north, the Central African Republic to the east and Equatorial Guinea, Gabon, and the Republic of Congo to the south. Due to its strategic position which lies at the crossroad between west and central Africa, the country is sometimes identified as West Africa and sometimes as central Africa. The population as of 2019 was estimated at 25,88 million, making it the 52nd most populous country in the world and the 17th most populous country in Africa (World factbook 2019). Cameroon uses two official languages, which are French and English. The country is divided into ten regions with 360 districts, 360 municipalities and 14 major city councils with Yaoundé as the Capital. There are 189 health districts and 10 regional health delegations in the country. (Ministry of Public Health 2016: 8)

Only about 5.4% of the state budget is allocated to health, which is a considerably low amount. As of 2012, 70% of health financing was contributed by households through direct payment, and about one-third of the expenditure was spent on drugs. The government contributed 14,5%, and external financing of health varied between 10% and 20% depending on the year. (Ministry of the Public Health 2016: 30,70)

2.1 Life Expectancy

As of 2015, life expectancy at birth for men was 55.9 and 58.6 for women. The country's life expectancy at birth is lower as compared to the sub-regional grouping, which is 57,0 for men and 61,0 for women in central African and 58,2 for men and 61,7 for women in sub-Saharan Africa. Meanwhile, life expectancy at birth in the world stands at 69.1 for men and 73,8 for women. Through poverty reduction, behaviour improvements, better response to epidemics and disasters, life expectancy at birth can be improved. (Ministry of the Public Health 2016:34)

2.2 Burden of diseases and causes of deaths

In 2013, Communicable Diseases (CDs) accounted for 40.7% of the burden of diseases in Cameroon, and they are HIV/AIDS: 11.5%; Malaria: 10.80%; Lower Respiratory tract infection: 10.10%; Diarrhoeal disease: 5. 60% Tuberculosis: 1.40% and STIs 1.30%. These CDs also accounted for 41.1% of death. Non-communicable diseases (NCDs) are responsible for 14.2% of the burden of disease. The main ones are cardiovascular diseases: 4.7%; road traffic accidents: 4%; unintentional accidents: 2.9% and chronic kidney disease: 0.7%. However, they are responsible for 23.3% of deaths, excluding Diabetes. (Ministry of the Public Health 2016:13)

In Cameroon, the public health facilities are organised in seven categories: General hospitals, central hospitals, regional hospitals, district hospitals, district medical centres, integrated health centres and ambulatory health centres. There are also private clinics and health facilities that are operated by religious organisations and non-governmental organizations (NGOs), not forgetting traditional health institutions. (Ministry of the Public Health 2016)

2.3 Elder Abuse

According to the U.S. National Academy of Science, elder abuse is defined as: “(a) intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship, or (b) failure by a caregiver to satisfy the elderly´s basic needs or to protect the elderly from harm”. (Bonnie & Wallace 2003)

Five types of elder abuse have been identified, and they are (1) Physical abuse, which has to do with acts carried out with the aim of causing physical pain or injury; (2) Psychological abuse, which are acts carried out with the aim causing emotional pain or injury: (3) Sexual assaults; (4) material exploitation, which has to do with misappropriation of the elder´s money or property; (5)neglect, or the failure of a designated caregiver to meet the needs of an elderly that is dependent on them. (Bonnie & Wallace 2003)

According to Pillemer et al (2016:198), Designing effective preventive programmes to reduce elder abuse can only be visible if there is an understanding of risk factors for mistreatment. Bonnie & Wallace (2003) assigned risk factors in three different categories according to the strength of the evidence: (a) strong risk factors validated by

substantial evidence, (b) potential risk factors for which the evidence mixed or limited, and (c) contested risk factors for which clear evidence is lacking. In their literature review of numerous studies on elder abuse, they identified the following risk factors: regarding individual-level risk factors for victims, functional dependence, or disability; poor physical health; cognitive impairment/dementia; poor mental health; low income were identified as strong risk factors, while gender, age and financial dependence were identified as potential risk factors. (Pillemer et al 2016:198-200)

Regarding elder abuse in the context of Cameroon that is the setting for this study, according to research conducted by Bassah et al. (2018: 3), of the 126 participants who were caregivers, all the family caregivers did not admit to beating or refusing food to their elderly relative, but a considerable number admit they yelled (32.5%) ignored (19.5%) or used the money of their elder relative without permission (15.9%).

2.4 Framework for action on ageing and health

The World Health Organization has developed public health framework for action on ageing. They seek to build on the platform provided by the Political Declaration and Madrid international plan of action on ageing, WHO´s Active ageing: which is a policy framework, Global action plan for the prevention and control of noncommunicable diseases 2013–2020, The United Nation Convention on the right of persons with disabilities; as well as the final report of the WHO Commission on Social Determinants of Health. In these frameworks, they have paid particular attention to specific issues such as the needs to:

- empower older people to adapt to and shape the challenges they face and the social change that accompanies population ageing,
- consider the heterogeneity of experiences in older age and be relevant to all older people, regardless of their health status,
- address the inequities that underlie this diversity,
- avoid ageist stereotypes and preconceptions,
- consider the environments an older person inhabits,
- consider health from the perspective of an older person’s trajectory of functioning rather than the disease or comorbidity they are experiencing at a single point in time.

These frameworks aim to promote healthy ageing. WHO in framing the goal for a public-health strategy on ageing looks at healthy ageing from a holistic point of view as one that is based on life-course and functional perspectives. In a sense, it avoids the negative attitudes and norms that go with populations ageing and society´s response to them. Hence, they define healthy ageing as "the process of developing and maintaining the functional ability that enables well-being in older age". Functional abilities have to do with health-related attributes that help people be and do what they value and relate to their environment. While well-being, in the broader sense, comprises domains such as happiness, satisfaction, and fulfilment. (WHO 2015: 27-28)

2.4.1 Institutional framework for the care of the elderly in Cameroon

In many African countries, as far as care for the elderly is a concern, the family used to be the fundamental provider of social security for the elderly, with women and girls assuming the responsibility of care as an obligation (Nangia 2017: 52). Article 7 of the Universal Declaration of Human Rights (1948) states that all are equal before the law and are entitled without discrimination to equal protection of the law. In line with this article, the Cameroon Constitution, penal code (28) and civil law (205), Cameroon protect the rights of the elderly entirely. They are equally covered by Law No 69LF18 of 10 November 1969 and the degree of application 75/733 of 19 August 1975, where their social security is guaranteed. Unfortunately, these enactments have not been reviewed and consequently do not adequately cover the new challenges of the elderly population (Nangia 2017:52).

Judicially, no specific legislation presently exists concerning the protection and promotion of the rights of the elderly in Cameroon. However, various provisions of laws and decrees validly canonize their security, starting with the Preamble of the Constitution of Cameroon (1996), which states: 'The nation must protect the elderly. The Civil Code in Article 205 requires descendants to take care of their parents if they cannot provide for their needs on their own. Besides, Section 28 of the Penal Code provides punishment: 1-3 imprisonment and 5,000-25,000 francs fine on those responsible for the displacement of the elderly who are in a state of ill health (Nangia 2017: 55).

The elderly are identified under the Ministry of Social Affairs (MINAS) in Cameroon. They have carried out some actions on behalf of the elderly such as:

- Granting material or financial aid to indigent or poor older people within the framework of assistance and relief.
- Drafting and publication of the Guide on Healthy and Active Ageing to ensure a harmonious society for all ages.
- Granting of subsidies to private social welfare institutions, associations, and NGOs for the elderly; granting of multiple assistance to older persons (financial, material, and psychological) (Nangia 2017: 56)

In defining ageing, the Draft National Policy Document on the Protection and Welfare of the elderly, MINAS (2012), adopt the definition of ageing of WHO (1994), which refers to ageing as a 'gradual and irreversible process that involves changes in tissues and body functions over time. It also grouped the needs of the latter into four main categories: Access to specific health care (inability and physical precarity); Autonomy and material and financial independence (poverty); Psychosocial and affective support (restoration of dignity); Social recognition (marginalization and exclusion). (Nangia 2017: 57)

The social insurance system in Cameroon is established on two main schemes based on compulsory social contribution:

- The state pension which covers the public service workers and state agents
- The National Social Insurance Fund (NSIF) scheme, which covers workers in para-public sectors that must be enrolled to the (NSIF) by their employers). (Isatou et al 2019:22)

The National Social Insurance Fund (NSIF) is another institution responsible for the care of the elderly but identified under the Ministry of Labour and Social Security (MINTSS). They ensure three types of schemes, with old-age pension as one of them. There are five types of pensions, namely: old-age pension, anticipated pension, invalidity pension, allowance pension and survival pension. the fact that they share the budget with the disabled makes it even more challenging for the elderly, who are often despised because more attention is focused on the disabled (Nangia 2017:59, 61)

According to the Cameroon pension system, only those who had worked for the government before retirement are eligible for a state pension and other workers in the

private and para-public sectors that are covered by the National Social Insurance Fund (NSIF) (Isatou et al 2019: 22).

2.4.2 Care for the elderly in Cameroon

In Cameroon, the population of the elderly aged 65 and above was 5.5% of the population based on the 2005 population census. In the year 2000, the elderly in Cameroon were about 2 million, and the figure is expected to rise to about 2 billion by 2050 (UN 2006). Despite this number, most of them are not beneficiaries of the social security system. This impacts care arrangement for them, which in a way affects their wellbeing and quality of life (financial security, emotional security and health and well-being). Furthermore, the changing traditional setup due to decreasing family size, the greater life expectancy of elderly people, and lack of proper policy to cover the elderly and geographical dispersion of families all influence the type of care granted to the elderly. (Kalasa 2005)

In a study conducted by Nangia et al (2015). in the Manyu Division in the southwest region of Cameroon, the participant highlighted the challenges that they are facing and how they are coping with them. The issues highlighted was related to limited or the complete lack of resources, such as money to cater for their needs and those of their children, difficulties feeding properly, lack of drinkable water because taps are not flowing constantly, poor housing, lack of farm inputs just to name a few. The lack of resources poses a great problem because most of the elderly in the region are farmers with no social security benefits. Some of the elderly women are faced with double care work, and some were victims of witchcraft accusations; others lack permanent caregivers to take care of them, experience isolation and illnesses. The elderly to cope with these diverse challenges relied on borrowers who lent money at high-interest rates, and social issues were handled through the help of a relative or friend.

2.5 Needs of elderly living in the community.

A distinction has been made regarding different kinds of needs of the elderly, and these needs have been classified under three categories: unmet needs, perceived needs, and assessed needs. (Cohen-Mansfield & Frank 2008: 505)

2.5.1 Unmet needs

Elderly persons often prefer to age in their own homes for as long as possible. (ageing in place). However, staying in one`s own home becomes more difficult as a person ages because physical, psychological, cognitive, or social deficiencies may lead to loss of function and challenges in performing daily tasks. These deficiencies can create barriers to mobility, transportation, and access to medical and mental health services, which as a result, can have a negative impact on both the physical and social well-being of the elderly. One of the various ways to assist the elderly in overcoming some of these challenges so that they can continue to age in place is by using community services. (Cohen-Mansfield & Frank 2008: 505)

There is abundant literature on the needs of community-dwelling elderly in the western world. These needs include functional needs, medical needs, social needs, psychological needs, mobility or transportation needs, home maintenance needs and needs related to nutrition and exercise. These needs stem from ageing-related physical changes and the associated impact on and mental and social health. (Cohen-Mansfield & Frank 2008: 506)

According to WHO 2002-2004 world health survey, not disabled and disabled respondents in low-income countries show higher rates of not receiving health care than respondents in high-income countries. The top four reasons for not receiving care were that they could not afford the visit, no transportation, could not afford transportation, or healthcare provider’s equipment was inadequate. This survey reveals that affordability is the primary reason respondents did not need health care in low-income countries. Even though health systems theoretically are meant to provide universal coverage, no government has ensured that everybody has immediate access to health care services. Furthermore, an overview of health expenditures shows that the highest proportion of health expenditures are paid with the current income of the care recipient followed by a family member and the list expenditures are paid with insurance in low-income countries. (WHO 2011: 63,66)

2.5.2 Perceived needs/assessed needs.

Perceived need is said to be the individual´s judgement about the necessity of benefits of a particular service, whereas the assessed need is based on screening or a clinical evaluation of an individual´s level of impairment with regards to a specific area of each service. (Cohen-Mansfield & Frank 2008: 507)

2.6 Family caregivers

Caregiving and familial support among generations typically go in both directions. Older people mostly care for a variety of others like older parents, spouses, children, and grandchildren and even non-family members, while families and especially adult children are the primary sources of care and support for their older relatives. (WHO 2011: 13)

Different stakeholders such as advocacy groups, the health care industry, society, and the government have different definitions for “family caregiver”. In simple terms, a family caregiver is someone, who is responsible for attending to the daily needs of another person such as a family member, life partner or friend. They are responsible for the physical, emotional, and often financial support of the person they are taking care of who cannot care for themselves due to illness, injury, or disability. How they manage these tasks depends on their knowledge, values, preference, and skills as well as the accessibility, affordability, and adequacy of health care and other resources. (Schulz & Eden 2016:82)

Family caregivers are often referred to as informal caregivers, a term used by professionals to describe those who care for family members or friends in the home. Most often, they are not paid for the work they are doing. “Formal caregivers include home health care providers and other professionals who are trained and paid for their services (National Alliance for Caregiving 2010:16). This study focuses on informal (unpaid) family caregivers. According to Davis et al (2011), there are four dimensions of informal caregiving: direct care, emotional care mediated care and financial care.

There are two groups of family caregivers: The first group are those who help an elderly person with any needs because of their health or functioning reasons, while the second group are the ones who help “high-need” elderly. The term “high-need” is used to describe individuals with dementia or those who need help with at least two self-care activities such as eating, bathing, dressing, toileting or getting out of bed. (Schulz & Eden 2016: 49)

According to a survey carried out in 2009 in the United States, 65,7 million people or 28,5% of the population, serve as unpaid caregivers to an adult family member, a child with special needs or a friend. Even though each caregiver´s situation is unique, they

all share universal experiences that have to do with physical, emotional, spiritual, economic, and legal concerns (National Alliance for Caregiving 2010:1)

Caregiving delivered by family and friends adds up to 375 billion dollars each year which results in significant savings to the government, agencies and health care institution that would have been responsible for delivering care. Most family caregivers are women 66%, all though men also serve as caregivers. Most caregivers (86%) are related to the care recipient, 36% care for a parent. Studies have also shown that caregivers are of all ages, and more than half of all caregivers are between 18 and 49 years old, but in recent years there has been a shift upwards in caregivers who are between 50 and 64. Familial support and caregiving among generations typically run in both directions. The elderly often provide care for various others (spouses, older parents, children, grandchildren, and nonfamily members). While families, especially adult children, are the primary source of support and care for their older relatives. (National Alliance for Caregiving 2010: 12, 14)

2.6.1 Cost of caregiving

Caregiving can have financial consequences for the caregiver. In that, caregivers may have to cut back on their work hours, from full-time to part-time, because of their caregiving duties. It can negatively affect their employments, such as promotion and retirement benefits. According to a study conducted in 2007, half of the caregivers caring for someone 50 years or older spent more than 10% of their income (an average of $5, 531 per year) on caregiving. Also, 34% of caregivers used part of their savings to cover caregiving cost. (National Alliance for Caregiving 2010: 32)

In a country like Cameroon, where there are no long-term care facilities for the elderly, caring for the elderly is left solely in the hands of family caregivers. According to a study carried out by Bassah et al (2018:1) in Buea Health District, which is one of the two English speaking regions in Cameroon, most family caregivers lacked adequate knowledge and skills on elderly care and were not aware of resources that were available for elderly care in the district.

2.6.2 Caregiver health

Caregivers need to take steps to maintain their health and well-being because the task of caregivers is enormous and demands a lot of their time, effort, and energy. While

many caregivers acknowledge that they feel loved, appreciated, and needed because of the care they are rendering, many also feel frustrated, worried, sad, depressed, and overwhelmed. Because of these reasons, caregivers need to build a support system and seek for themselves as well. Tips to help caregivers take care of themselves include taking breaks from caregiving, caring for safeguarding their own health and well-being, and considering joining a support group (National Alliance for Caregiving 2010: 27-29).

2.6.3 Support for Family caregivers

There are different kinds of support for caregivers who look after the elderly. These supports include respite care, financial, emotional, and medical support. Respite care can help caregivers to take a break from their caregiving roles which can help reduce stress. Respite care can be provided by friends or other family members, volunteers, and others. There are four different respite care models: adult day-care, in-home care, short-term institutional care, and emergency respite care. Other family members or charities can provide financial support. Family caregivers can also receive emotional, social, and psychological support, which can come from different sources. Without such support, they can feel isolated and unhappy. Caregivers often have little or no medical knowledge themselves, and as a result, they rely on support from medical professionals to carry out their roles (Cuninghame 2018, Kirk and Kagan 2015)

Ensuring that the elderly receive adequate care and support that promotes healthy ageing and improves their quality of life, it is essential to equip their caregivers with knowledge and skills on aged care (Ubenoh et al 2019:3). It is also crucial to support these caregivers in every way possible to continue to take care of their loved ones and themselves. This work aims to explore the needs of these family caregivers to create services that can benefit both the elderly and their caregivers.

2.6.4 Care Recipients

Care recipients are primarily defined as adults that are 18 and older who need regular help with one or more activity of daily living (ADLs) (National Alliance for Caregiving 2010:15). In this study, the care recipients are the elderly.

2.7 Location of Tubah Subdivision

The NPO for the elderly and their caregivers will be in Tubah sub-division with head-quarters in Bambili. Tubah sub-division is one of the seven sub-division that makes up the Mezam division in the Northwest Region of Cameroon. Tubah sub-division is made up of four Villages: Bambili, Bambui, Kedjom Keku and Kedjom Ketinguh. This site is quite suitable for a centre such as this. Bambili is an academic centre. It is easily accessible by road. It is 15km from Bamenda, which is the capital of the Northwest region.

Table 1. Population Statistics of Tubah Subdivision

Village	Population
Kedjom keku	15,286
Kedjom Ketinguh	17,433
Bambui(Finge and Baforkum)	17,083
Bambili	15,448
Total	62,250

Source: District Health Centre Bambili

The above table shows the population statistics of the four villages in Tubah subdivision. The division occupies an area of 450 square kilometres. There are some controversies regarding the statistics of the population for Tubah subdivision. According to the records of the Tubah District health centre, the population was 65,250 for 2010, while census result has 48,542 with 22,817 male and 25,725 female and some other documents have 80,000.(Tubah Council Development plan 2012:12)

The Northwest region is among the country's poorest regions, together with the northern region and Southwest region. According to a poverty map set up by the government, there has been an increase in poverty in these regions ranging from 77% in the far North, 57% In the Northwest and 21% in the Southwest respectively, compared to 74%, 55% and 18% in 2014. Extreme poverty is defined as living on less than $1.90 a day (World Bank, 2020). The deteriorating security situation since 2014 in the northern regions and the worsening crisis in the anglophone regions could have exacerbated the poverty situation, considering the rising influx of refugees and internally displaced persons. (International Monetary Fund, IMF, Cameroon 2018: 16)

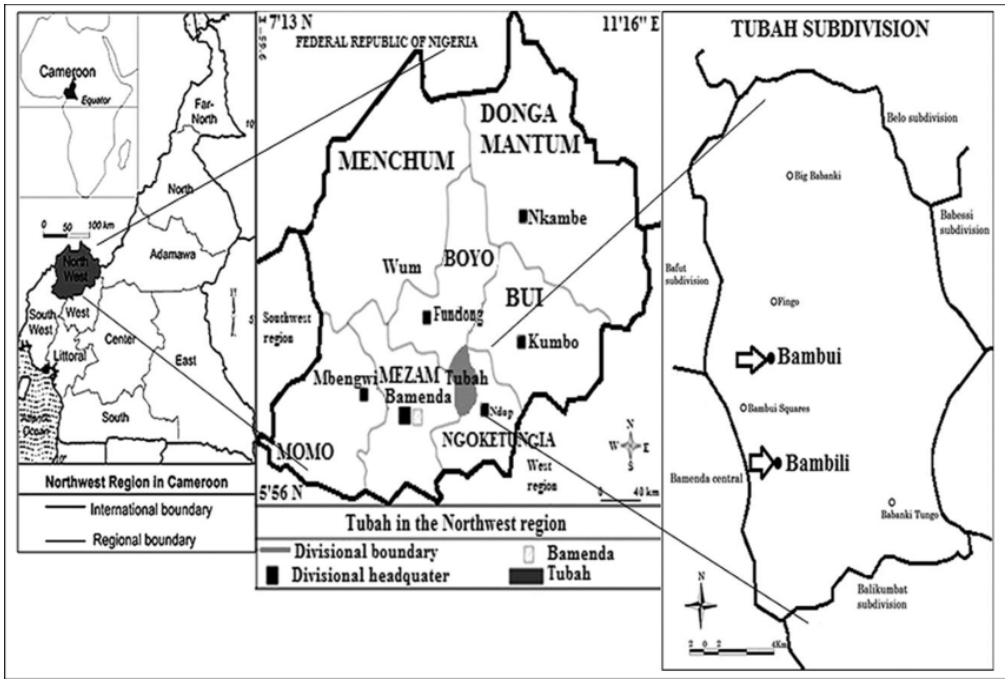


Figure 1: Map of Tubah subdivision, Northwest Region, Cameroon(source: Ngwa and Fonjong, 2002a).

The material that formed the baseline for the theoretical background was collected using search engines like PubMed, Sciences Direct Academic Search Elite, Metropolia library Google Scholar, Google, CINAHL and Medline. To get relevant and updated articles, the writer put a year limit of 10years (2008-20018) on the article search to get relevant and up-to-date articles. Also articles earlier than 2008 that were considered suitable were used in the study.

The writer used the following search terms: ageing, elderly care, care for the elderly, needs of elderly, services for old people, care for the aged**,** family caregivers, informal caregivers, support for family caregivers, caregiving, care for the age in Cameroon.

2.8 Definitions

Not-for-profit organizations are types of organizations that do not earn profits for their owners. All the money earned by or donated to a not-for-profit organization is used to pursue the organization's objectives and keep it running. (Kenton 2020)

Needs: The elderly like any other age group (family caregivers) have physiological, safety, love and belonging, esteem needs, and self-actualization needs. Their physical, social, and emotional needs are complex and interrelated. (Spradley 1990: 604-607)

Elderly: United Nations defines elderly persons as those aged 60years or over, but on many occasions, it is defined as 65+. In many countries, this is the age that employees become eligible for certain related pension and income security (The United Nation 2001a). According to the WHO, the definition of an elderly aged 60 and over is not adaptable to a place like Africa, where the more traditional definition of an elder or older person starts between 50 to 65 years of age (WHO 2018**)**.Based on this argument, the writer of this study, decided to set the minimum age for elderly participants at 57 years.

Family caregivers: In simple terms, a family caregiver is someone responsible for attending to the daily needs of another person such as a family member, life partner or friend. (National Alliance for Caregiving 2010:16)

Preliminary study: A study coming before and usually forming a necessary prelude to something else. (Merriam Webster dictionary)

3 Purpose and Aim

The purpose of the study is to explore the needs of the elderly and their family caregivers with the aim to create a non-profit organization to support them.

3.1 Research questions

The study will answer the following questions:

1. What are the needs of the elderly In Tubah sub-division?
2. What kind of support do family caregivers need with caring for their relatives?

4 Methods

The study uses a qualitative research method to explore the kind of services needed by the elderly and the kind of support that family caregivers need to care better for their relatives.

4.1 Qualitative Research

Qualitative research has to do with approaching the outside world with the intention to understand, describe and sometimes explain social phenomena (Uwe 2018:5). Therefore, the author will use a semi-structured interview to collect the data for the study. Semi-structured interviews are the most common type of interview used in qualitative social research (Dawson 2002:28). The answers from the interviews will form and be used as the primary data, while the previous studies collected during the preliminary phase of this study will form the theoretical background information. The context of the study was in Tubah subdivision in the Northwest region of Cameroon, where the elderly and their family caregivers are resident.

4.2 Data collection

The main aim of collecting qualitative data is to provide materials for an empirical analysis of a study's phenomenon. Data collection can include both single and multiple methods (Uwe 2018: 7).

Because the data is meant for a future project, it was essential to gain an inside into the desired needs of the potential customers, hence the need for primary data collection. There are several techniques used in gathering primary data, which are classified as observational or questioning methods. In the observation method, no direct contact is made with respondents, whereas it involves respondents in diverse degrees in the questioning method. In the questioning method, the two techniques used are surveys and experimentation. (Howard et al 2016:344) Surveys include contact by telephone, mail, and personal interview. In this study, the method used to gather the primary data was through a face-to-face interview.

The first interviews took placed between November to early December 2020. And the second interviews were conducted between the last week of March and the first week of April 2021. The interview took place in the participants' home, lasted between 30-45

minutes, were audio recorded and later transcribed. The interviews were conducted in Pidgin English because most of the participants had just a basic or no level of education. Also, the four villages where the study was conducted speak different dialects. Pidgin English is the only common language spoken by all four villages and the entire Northwest and Southwest region of Cameroon. Some elderly participants spoke only in their dialect, so an interpreter had to interpret in pidgin. The writer then transcribed the interviews into English. The semi-structured interview comprised 17 questions for the elderly and 11 questions for the family caregivers. In comparison, the follow-up interview consisted of 3 questions for the elderly and 4 for their family caregivers. The interview questions comprised socio-demographic questions (age, gender, marital status, education, and income), health status, functional disabilities and questions regarding challenges and service needs (see appendices 3, 4, 5).

4.2.1 Sampling

The study explores the elderly population and their caregivers in the four villages (Bambili, Bambui, Kedjom ketingoh and Kedjom Keku) that make up the Tubah subdivision Northwest region of Cameroon. The elderly population in the subdivision is large even though there is no official statistic of the elderly population in the region as confirmed by the major. The writer could not study the entire elderly population and their caregivers because the study was personally funded. As a result, the writer decided to use a smaller population sample to participate in the study.

Purposive and the snowballing sample technique were applied in the study. Purposive sampling is a suitable technique for qualitative studies in which the researcher is interested in respondents who have the best knowledge concerning the topic being studied (Elo et al 2014:4). Even though purposive sampling is suitable, its disadvantage is that the reader cannot judge the trustworthiness if full details are not provided (Creswell, 2013). The criteria for the purposive sampling of the elderly included that they were 57 years and above and need the help of a caregiver. They live in one of the four villages of Tubah subdivision. And that for the caregivers included individuals taking care of their elderly relatives. Snowball sampling is when the person conducting the study chooses a study population by identifying one person who has the attributes of the study, then the selected participants point the researcher to another person with the same quality who is interested in participating in the study, and the progress goes on in the same manner until the desired sample size is reached. (Neutens & Rubinson 2002)

The interviewers that represented the writer of this work on the field knew some elderly and their caregivers and through their acquaintances, they were able to ask them for more of their peers. All the participants they contacted were willing to participate in the study. The willingness might be because, at the back of their minds, they know that, in a way, they will benefit from the project. But during the second interview, two participants declined from being interviewed the second time.

4.2.2 Participants

The participants were elderly persons and their caregivers. In this study, the minimum age for elderly participants in this study was set at 57 yrs rather than 60.The elderly participants had one or more functional disability that requires the help of a family caregiver; Family caregivers that were recruited in the study were taking care of the elderly; The participants all live in Tubah subdivision; the ability to provide informed consent or carer provide consent.

Figure 2. Flowchart for key informant recruitment.

A total of 40 participants took part in the first interviews. The 40 participants comprised 20 elderly and their caregivers. Ten participants (five elderly and five caregivers) were interviewed from each of the four villages that make up the Tubah subdivision. The participants were contacted beforehand, and the purpose of the study was introduced

to them, and an appointment was then made for the face-to-face interviews. During the second interview, 7 of the 20 elderly and 7 of the 20 family caregivers who participated during the first interview were contacted again. Two of both elderly and family caregivers refused to be interviewed again. So, in the second interview, five elderly and five family caregivers are interviewed.

4.3 Data Analysis

Data analysis was performed using content analysis. Content analysis is when the research systematically works through each transcript assigning codes to specific characteristics within the text. (Dawson 2002: 118) Qualitative content analysis is the most common qualitative method used in analysing data and interpreting its meaning. Qualitative content analysis originated from social research, even though none of its forms is linked to any science (Bengtsson 2016: 10). A requirement for successful content analysis is that data can be reduced to concepts that describe the research phenomenon. Qualitative content analysis can be either inductive or deductive, and the processes involve three main phases: preparation, organization and reporting the results (Elo et al 2014:1). According to Downe-Wambolt (1992), content analysis aims to link the result of the data collected to their context or the environment in which they were produced. An inductive approach will be used in this work because the work does not have a constructed theory.

In the first stage of the data analysis, the writer read through the transcribe material to familiarise herself with the data and grasp the text's sense. After several readings, the text was broken down into meaningful units. A meaning unit is the smaller unit that contains part of the inside the researcher is looking for. (Graneheim & Lungman 2004)

After identifying the meaning units, it was then labelled with codes that are understood in relation to the context. The writer created the codes inductively since inductive approach was used in analysing the data. The coding process was conducted repeatedly to increase the stability and reliability of the process. (Downe-Wambolt 1992)

When the writer was done with the coding process, the original text was then reread alongside the final list of meaning units to ensure that all the aspects in relation to the aim have been covered. After the meaning units were labelled with codes that emerged from the data, categories were then created. Before the categories were created, extended meaning units were condensed without losing the content of the

units. (Graneheim & Lundman 2004). The categories were divided into sub-categories that were created from the coded units, and the sub-categories were sorted into broader categories. The findings were presented in a flowchart. For an example of the content analysis (see appendix 6)

This content analysis aimed to describe the needs of the elderly qualitatively and their family caregivers, and latent content analysis was used to report the findings. Direct quotes are used to illustrate significant results in the data with the meaning units underlined.

5 Limitations

The limitation in this project sterns from the fact that the interviews were conducted by a third party and not the writer of this project herself. This is because the writer could not travel due to travel restrictions and the insecurity that was in place in the region where the research was conducted because of the Anglophone crisis. The study focused only on the perceived needs of the elderly and their family caregivers but did not explore resources that might be available for them in the region.

Validity in a qualitative study means that the phenomena studies should be truthfully reflected in the results. At the same time, reliability has to do with the fact that the same results should be obtained if the study were replicated. (Morse & Richards 2002) The interviews were recorded and later transcribed verbatim. Interview as an instrument is reliable in collecting information and can be used to replicate the data collection process. Because qualitative studies often make minimal claims regarding transferability of the results since they mostly focus on in-depth on smaller samples, the writer cannot claim transferability of the result out of the context of the environment where the study was carried out. The writer adhered to a qualitative perspective throughout the data collection and analysis process to maintain the quality of the entire process by assuring validity and reliability so that the results can be as trustworthy as possible. (Bengtsson 2016: 8)

6 Ethical Issues

The writer of this project has no conflict of interest with regards to this work. Before embarking on this project, the writer got familiarized with ARENE (Ammattikorkeakoulujen rehtorineuvosto) ethical guidelines for the work and the guidelines of the Finnish advisory board on research integrity and data protection while handling participants´ information. Usage right and storage of the material for this work were agreed upon with all study participants, and informed consent was also obtained. The data collected will be confidential and anonymous so that the data collected cannot be treatable to the individual participants. (Dawson 2002:148,151)The interviewer that presentative the writer of this work was briefed regarding ethical issues before conducting the interviews, and they treated the participant with respect and dignity.

7 Results and Discussion

This section will be divided into two parts. Part 1 will analyse the results gathered from the elderly, while part 2 will analyse the results from the family caregivers. Each part will begin with a summary of the respondent's demographics and the background information; then, the writer will proceed with the results and discussion from the open-ended questions of the interviews.

Some of the results received from the first interview conducted with 20 elderly and 20 caregivers were very shallow, making it difficult to effectively use content analysis because reduction, grouping, and abstraction require rich data. As a result, the writer deemed it necessary to conduct another interview to get a deeper inside into the needs of the participants.

The following questions were asked to the elderly participants during the first interview (see appendix 4) for respondent demographics and background information. The last two questions were asked to gain an understanding of the challenges they face and their care and service needs. *16, "What kind of challenges are you facing as an elderly person?", 17, "What kind of services would you like us to provide in the centre?".* And the following to the family caregivers: *10." What kind of challenges are you facing as a caregiver?", 11. "Do you have any wishes for the centre we intend to create that can help you to care better for him/her?".(*see appendix 3)

The second interview was conducted with 5 of the 20 elderly and caregivers, respectively, who took part in the first interview. The following questions were asked to the elderly participant: *"What kind of challenges are you facing as an elderly person?", "What kind of help do you need to live a better life?", "What kind of services would you like us to provide in the centre?",* And the following to their caregivers: *"What kind of challenges are you facing as a caregiver?", "How do you react when you feel frustrated with his/her behaviour?", "What kind of knowledge do you have about elderly care?", "What kind of support do you need as a caregiver?".* (See appendix 6)

7.1 Elderly participants

7.1.1 Respondents ´demographic

The elderly participants were chosen from the four villages that make up the Tubah subdivision (Bambili, Bambui, Kedjom Keku and Kedjom Ketinguh). Five participants were chosen from each village, making a total of 20. Of the 20 elderly participants who took part in this study, 11 were female, and 9 were male. Among the participants, eight were married, 10 were widows, and 2 were widowers. Only 1 of the participants had a university education, 7 had primary school education, and most of them 12 in number had no level of education.

Table 2. Number of elderly participants and their age

Age	**100**	**95**	**90**	**88**	**85**	**84**	**78**	**76**	**72**	**66**	**65**	**62**	**57**
Number of participants	1	1	3	1	2	2	3	1	2	1	1	1	1

Table 2. shows the number of elderly participants and their age.

The age range of the elderly participants was between 57 and 100 years, with a mean of 79. In terms of the three stages of old age, 3 participants were in the young-old stage (55-65yrs of age), 11 participants in the second stage middle old (66-85) and 6 participants were in the old old stage (85 and older)

Table 3. Monthly income in 1000francs

Monthly income	70,000	40,000	25,000	20,000	6,000	5,000	2,000	Non
No. of participants	1	1	1	2	1	1	1	12

The above table shows the monthly income of elderly participants. Of the 20 participants, only two participants were receiving a monthly pension, making them the only ones with the highest monthly income of 40,000cfa and 70,000francs. In a developing country like Cameroon, the pension scheme is only granted to those that had worked with the government before retirement (Ubenoh et al 2019: 3). This means that those that were not government employed have no pension. The others with a monthly income mainly were farmers who could sell some of their farm products. More than half of the participants had no sources of income. This means that they are completely dependent on their family members for financial support or through reminiscence from friends and other philanthropic organization.

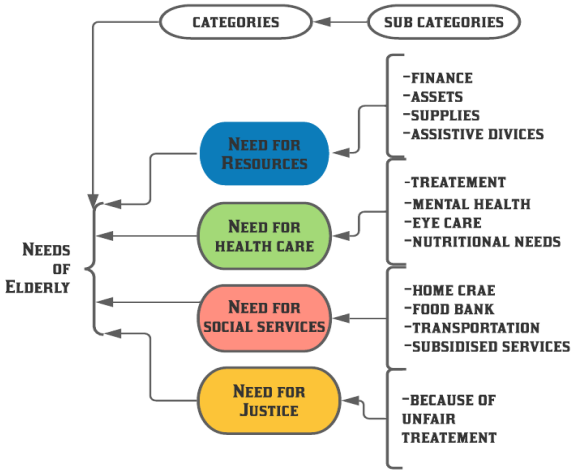
7.1.2 Background information

All the 20 elderly participants had some type of functional disability. 14 of them had impaired vision. 6 of the participants had minimal hearing difficulties, with 2 highly impaired hearing. 11 of the participants had mobility difficulties. Many of them had some type of mental disorder that affected their cognitive functions. 2 participants admitted suffering from stroke, 6 participants had a brain injury. Twelve of them said they were self-depressed. Six of them had insomnia. Ten participants admitted their social interaction had reduced. Three participants admitted suffering from wandering behaviour symptoms. All the participants had some difficulty with one or more activities of daily living (ADL) such as bathing, dressing, toileting, transferring continence and feeding. Half of the participants had partial loss of teeth. All the participants had children and grandchildren, and some of their children live close by and those that do not live close by pay visits regularly. All but one of the participants admitted seeing a doctor or a nurse when they are sick.

All participants had some type of Geriatric syndromes (GS). They are clinical conditions that are highly prevalent in the elderly population. These syndromes are not necessarily attributed to a specific isolated underlying disease but rather multifactorial, eventually leading to significant vulnerability and reduced quality of life. (Olde et al 2003:85). Some of the participants admitted treating the following diseases: Rheumatic arthritis, obesity, high blood pressure, gastric ulcers, cough, cataract, gastroenteritis, filaria, diabetes, pain, and Alzheimer's disease.

7.1.3 Discussion of themes identified.

Throughout the study, the following themes emerged from the interview with the elderly participants, need for resources, need for healthcare, social services, and need for justice.



Summary of content analysis for Elderly

Figure 3. Flowchart of perceived needs of the elderly

Need for resources.

The need for resources because of poverty. Resources in this study include finance, assets, assistive device, food supply, water supply, electricity supply.
All participants in this study mentioned finance as the greatest need. Participants need money to purchase their basic needs such as food, take care of hospital bills, and pay for medication. Some participants highlighted lack of finances as the reason they can-

not purchase the required foodstuff for a balanced meal, and as a result, their nutritional needs are not fully met.

> *"…I also need to eat healthy food, but I do not have the means to buy food that will make a balanced diet. Subsidising hospital bills will help so much since it is always expensive. I will end by saying that money is a very big issue and if I have money to take care of hospital bills and buy food, my life will be better". (Participant 10 elderly)*

> *"If not for these medications that I am taking, I am not sure I would have been alive because my head is making woo…! woo….! inside, so I am not feeling fine because of constant headaches. So, I need medications for high blood pressure and diabetes to feel better. I don´t eat salt and palm oil. When they cook achu I cannot eat this yellow soup because the doctor told me not to eat it, so they must cook my soup with vegetable oil, and you know it is more expensive. So, if I have enough money, I can be able to buy the necessary food items to eat healthily. I also need eyeglasses because I can´t see well". (Participant 3 elderly)*
>
> *"The source of water is far, and the hospital is also far. Because of lack of finance, I can´t really eat the type of food that I like to eat. And the toilet is very old I am afraid to fall in it ". (Elderly Participant 4)*

Participant 2 mentioned finance as to why she cannot go to the hospital even though she is sick.

> *"…I need to see a doctor, but I do not have the money." (participant 2 elderly)*

Participant 5, whose caregiver spoke on her behalf, highlighted the need for an assistive device such as a wheelchair to help the care recipient who has mobility problem to get around. The participant also mentioned the need for chicken as an asset that can be raised and sold to earn some income.

> *"To make it easy for her to move around, she needs something like a wheelchair. So, it would be easy for me too. Since she can no longer walk well to go to the farm, if she can have a few chickens to keep around the compound, so that when they are grown, she can sell them and get some money, I think it will help her a lot. So, like financial assistance to buy the chickens to raise them and even foodstuff". (participant 5 elderly. Caregiver speaks on her behalf).*

Participant 6 highlighted the need for water and electricity supply in their home. Regarding the context in which the interviews were conducted, it is in the villages of Tubah, which is a rural area, and most of the residents do not have pipe-borne water in their homes. Even if they have, the water supply is not constant, leading to water shortage, especially during the dry season. Some in the interior villages must walk for long distances to fetch water from the stream. There are also place without electricity, and some do not even have the money to pay for electricity, so they must use lantern lamps, and sometimes the lamps run out of kerosene.

> *"If the centre can provide health services that can care of the need of the elderly. Also, if they can help provide pipe-borne water for us it would be good because we do not have tap water in the compound. There is no electricity too. It is very dark at night, and one can easily fall when one can´t see well. Even the lamp we are using, sometimes no money to buy kerosene". (Participant 6, elderly)*

The need for resources, as mentioned earlier, is because of poverty. Most of the elderly do not have any stable source of income. They depend entirely on their family members mostly children and grandchildren, for their needs. The greatest need in terms of resources is finance. Most of the elderly do not have any stable source of income. In this study, most of the participants are farmers or were farmers little traders, and they did not have a level of education that could provide them with gainful employment. As a result, they are not eligible for pension.

According to the Cameroon pension system, only those who had worked for the government before retirement are eligible for a state pension and other workers in the private and para-public sectors that are covered by the National Social Insurance Fund (NSIF) (Isatou et al 2019: 22). So out of the 20 elderly participants in this study, only two of them were receiving pension, and one of them recounted a sad incident that will be mentioned later in this section.

Need for Health care

The participants described different challenges in their quest for health care, including lack of finance and lack of empathy for the elderly by health care staff. All participants had health care needs. Some of their demands were met, while others were not yet met because of financial constrain. Almost all participant admitted seeking medical help when they are sick, even though not as often as they would have wanted. Their health

care needs include treatment of diseases, mental health needs, eye care, and nutritional needs. All participants had some type of geriatric syndromes. The numerous financial challenges faced by the elderly is the main reason while most of them do not seek medical help when they are sick. All hospital treatment and medication are paid out-of-pocket. Like most developing countries, Cameroon lacks an effective health insurance system for the elderly coupled with accessibility problems and inadequacies in the government health care systems.

As cited by participant 11 and 1, there is a need to seek treatment, but they do not have the money to take care of the bills. Participant 11 would have loved to go to the hospital each time there was a need but could not do so because of financial constraints.

> *"My greatest problem is a pain in the legs. I cannot walk well because of the pain, so I am only struggling to walk. I also have a very serious cough, and I had to go to the hospital. I do not go to the hospital most of the times when I am sick because the money is not there". (Participant 11 elderly)*
> *"…I need to see a doctor, but I do not have the money." (Participant 2 elderly)*

As highlighted by participant 1, it is not just about the need for healthcare but also the need for quick access to treatment. He said the problem he faced was insufficient access to medical and health care facilities. As an elderly, he expects the health care staff to be considerate and grant the elderly quick access to services. The is no provision for specialized care designed for the elderly in the health district of Tubah, so the elderly must wait for long hours for their turn to be served.

> *"The problem I am facing is that when I go to the hospital, I do not get early treatment. they do not consider me as an elderly person, so you just must sit and wait for a very long time. And even when they prescribe medication, the money is not there to buy the medication. You know I have waist pain and back pain, and general weakness of the body. My eyes are also itching, so I need to see an eye specialist too. It needs money because you know you must pay for everything, consultation and then the medications…" (Participant 1 elderly)*

Participant 6 highlighted the need for special health care services to meet the needs of the elderly. The point raised by this participant is important because there is no organisational structure to cater for the medical needs of the elderly.

> *"I would say the centre should provide special health care services to meet the need of the elderly. Also, if they can help provide portable water for us, it will be good. because we do not have a tap in the compound". (Participant 6, elderly)*

There is also a need for the availability of medications, as highlighted by participant 3. Drugs are not available, and as a result, it increases the cost for the elderly because they must pay for transport to go longer distances before they can get medication.

> *"As you see me sitting here like this, my problem is my leg. I fell and broke my leg, so my leg was operated. As you can see, I cannot walk well, and I have a lot of pain in my leg. I also have diabetes and high blood pressure, So I have to buy a lot of medication and paying transport to go to the hospital is also a problem. I had an appointment this month, I went there, but I could not get all the drugs that I needed, so I still had to send someone to town to buy the medication there…" (participant 3, elderly)*

As mentioned by the caregiver, participant 20 has a mental health need because she is suffering from depression caused by her husband's death.

> *"She is suffering from depression because of the loss of her husband. She is always sorrowful, and most of the times she does not want to eat". (Elderly participant 20, caregiver speaks on behalf of elderly)*

There are also nutritional needs, including a special diet to control high blood pressure and diabetes, as mentioned by participant 3.

> *"… the doctor has also asked me not to eat salt. so, when they cook food, they must remove my portion before putting salt in the food. If I want to eat something like fou fou corn and vegetable the vegetable should be more than the fou fou corn. Because of the sickness, I do not eat everything, so I have been asked to eat certain food that is good for diabetic and high blood patients. I also have problems with my sight, and I can´t see well". (participant 3 elderly)*

Need for social services.

The elderly participants highlighted some services that they believe will go a long way to help them live better in their communities. In this study, the following services have

been categorized under social services: home care services, food bank, transportation services, services to meet their psycho-social need (connecting to others and taking part in activities), subsidised health care services and medication.
Participant 5 highlighted the need for home care services for the elderly. According to this participant, geriatric nurses should be trained to go around the community and render services to the elderly at home.

> *"It is not easy for us to go to the hospital, so if the centre can provide like nurses that know how to take care of elderly people so that they come around occasionally and check on how she is doing it would be good so that we do not need to struggle all the time to take her to the hospital. If they can also create activities at the centre or some little crafts that they can do with their hands for those that are able so that they can sell it and get some money it would be good…". (participant 5 elderly, caregiver speaks on behalf of elderly)*

Home care services for the elderly could include basic medical care that could be easily administered in the home, for example, wound care. Care for the elderly in Cameroon is not as organised as it is in the developed world. Care is mainly left in the hands of family caregivers who have little or no knowledge about elderly care. According to Bassah et al. (2018: 1), despite the lack of adequate knowledge and skill, it is worth mentioning that some family caregivers are engaged in complex activities that could be harmful to the care recipient as well as the care provider. The services of geriatric nurses highly need but many countries are facing problems with recruiting nurses to work with the elderly. Though their services have improved the quality of care provided for the elderly, their scarcity is a major challenge, especially in a country like Cameroon (Ubenoh et al 2019:3)

Almost all the participant mentioned the need for transportation services. The elderly faces many challenges with transportation, be it transportation from homes to hospital, farm to market or vice versa. In the context where the data for the study was to gather, there are other challenges link to transportation like poor road, far distances from the main road, slopes, which all contribute to the problem of transportation faced by the elderly. The following participant highlights example of the need for transportation services:

> *"The challenge I have is that I cannot meet up with communal activities. Also, transportation from farm to market is a big challenge". (Elderly participant 16)*

> *"I eat only fresh food. I have difficulty walking to the farm and the market. and the cost for transportation to the hospital is also a problem". (Elderly participant 18)*

Due to lack or limited financial resources, most participants are unable to buy the necessary food items to have a proper meal. As a result, many of them highlighted the need for a food bank to support those elderly that lack the resources to provide food for themselves.

> *"It would be nice if the centre can train personnel who know how to care for the elderly so that they can be coming around to help us and advise us how to live a better life. Another service that the centre can provide is a food bank and medication at a cheaper amount. Recreational activities, prayer sessions and storytelling". (Participant 10, elderly)*

> *"I do not remember things, and I wander around and cannot trace my way home. I am also always hungering and want to eat all the time. If the centre can help us with food, it would be good, because the money is not there to buy food all the time". (Elderly participant 9)*

A considerable number of participants expressed the need for connecting with others and doing activities together. Some of them complained of boredom and loneliness. because of not having what to do. Others expressed the need to communicate with God in prays to seek help.

> *"If I can have your prayers before any other thing. The most important thing for me is prayers. I am very old and can die at any time, so I need God´s help above any other thing. If I can have people that can come around so that we can pray together I would be happy. I also need to eat healthy food, but I do not have the means to buy food to make a balanced diet. Subsidising hospital bills will help so much since it is always expensive. I will end by saying that money is a huge issue, and if I have money to take care of hospital bills and buy food, my life will be better". (Participant 10 elderly)*

> *"I do not know what I need, God is the one that knows what we need. So, I need God to help me so that I can be happy. I am pleased with my children, and I am not angry with them because they are trying their best to help me when they have the means. They prepare food for me to eat and give me tea in the morn-*

ing, and they also buy medications for me when I am sick". (Participant 11 elderly)

The findings from participant 10 and 11 is in line with responses of nurse participants regarding spiritual needs of the elderly who have concluded the need for reassurance and comfort as significant (Narayanasamy et al., 2004:13) Church is a place where elderly can get spiritual comfort but due to mobility challenges some of them might not be able to go to church so conducting prayers with them at home can go a long way to fulfil their spiritual need.

Participant 15 complained of boredom and loneliness because of not having what to do.

"To help some of us who are feeling bored and lonely, the centre can create activities that can keep us busy like singing, and other things that we can entertain ourselves with and also meet other people of our age that we can talk with". (Participant 15, elderly)

Most of the participants highlighted the need for subsidised health care services and medication. They complain that they do not often seek medical care because of the cost and even when they do, they do not have enough money to pay for the prescribed medications.

"For me as someone who is always sick, I would say they should provide medications at a cheaper rate, especially high blood pressure and diabetes medications. I would be good if the centre can also organise activities for elderly people so we can be passing our time there and get to meet other friends". (Participant 1, elderly)

Participant 5 cited the need for a free consultation for the elderly.

"… The centre can also provide free consultation for elderly people so that if the case is not serious, we do not need to take them to the hospital where we need to pay before we even consult a nurse". (Participant 5 elderly, caregiver speaks on behalf of elderly)

As described by the participants, there is a great need to subsidise health care service and medication for the elderly because of lack of health insurance to cover part of their medical bills, and all cost is paid out-of-pocket. This need is due to the poor social wel-

fare structure, as mentioned early in the study. According to a study conducted in Buea, health district by Ubenoh et al. (2019:8), a key informant from the ministry of public health cited some campaigns organised on elderly care in collaboration with other international and local NGOs but stresses the fact that they are done spontaneously and not as a routine of fix program. Also, a key informant from the social welfare centre mentioned that they go down to the community from time to time to assess the needs of the elderly and negotiate for financial assistance but call on the community to show solidarity to the elderly. Based on this information, I would say that there is a lack of information about the little government resources available for the elderly in the community in which this study was conducted.

Need for Justice

Participant 1 is one of the two participants in the study who are supposed to receive a pension. He recounts an unpleasant incident that led to the abrupt suspension of his pension. This unpleasant incident has led to the need for money, justice and even safety. He is afraid to go to the bank because he might be arrested. According to this participant, he is accused of something for which he is even the victim. The need for safety is a normal desire of humans for safety and security to remain secure or safe from any harm.

> *"My greatest need is finance. My problem with finance as a pensioner is that… I went one day to the bank to take my little pension money and was told that I had borrowed the money, which was about 9,000,000 francs, so my pension is no longer passing. When I go to the bank, they say I should just leave that they cannot help me. I don´t know what to do. I am even scared that they will arrest me if I keep going to the bank. So, I need money for my basic needs and to take care of hospital bills, because I go to the hospital every month and I must do laboratory test, so the little money my children are sending to me, I am just using it for hospital bills". (Participant 1 elderly)*

The needs mention by the elderly are the needs they believe that if met, it will go a long way to improve their quality of life. According to Cohen-Mansfield & Frank (2008, p.507), the Perceived need is the individual´s judgement about the necessity of benefits of a particular service. Some of the participants did not know what they needed even though they could express some of the challenges they were facing in their daily lives.

> *"I do not really know what I need; God is the one that knows what we need. So, I need God to help me so that I can be happy. I am very happy with my children, and I am not angry with them because they are trying their best to help me when they have the means. They prepare food for me to eat and give me tea in the morning, and they also buy medications for me when I am sick". (participant 11 elderly)*

As a result, some of the needs were identified from the challenges that the elderly mentioned. Even though some of the participants lived in houses that are not aged friendly, they were all grateful to have a roof over their heads and did not see any reason to mention housing as a need. A study conducted in the Manyu division highlighted the plight of the elderly when it comes to housing. Some were living in incomplete, dark, airtight, old houses which were not suitable for them (Nangia et al., 2015:4). According to the findings in this study, most of the needs of the elderly are to some extend not met. Only one participant expressed satisfaction regarding her needs.

7.2 Family caregivers

7.2.1 Respondent demographics

Twenty family caregivers were administered the questionnaire. These caregivers were caring for the elderly participants in this project. Of the 20 caregivers who took part in the first interview, a second interview was conducted with 5 of them. Among the family caregivers, 16 were female, and 4 were male. Regarding the education level of the participants, 3 had a university education, 1 had a high school education, 4 had secondary education, 9 had primary education, while 3 had no level of education. The age range of the participants was between 19 to 70 years, with a mean age of 48.

Table 4. Age range of family caregivers

Age range	<20	21-30	31-40	41-50	51-60	61-70
No	1	1	4	5	7	2

Table 4. Shows the age range of the family caregivers that took part in the study.

A look at the age and gender of the family caregivers confirms the findings in the literature review that states that most family caregivers are women, although men also serve as caregivers. Furthermore, more than half of all family caregivers are between 18 and 49 years old, but in recent years there has been a shift upwards in caregivers who are between 50 and 64. (National Alliance for Caregiving 2010:12) In this project, 16 of the caregivers were women, and 4 of them were men. The youngest caregiver was 19 years old, and 9 of the 20 participants were between the ages of 19 and 48, while 11 of the participants were 50 years and above.

Table 5. Monthly household income in 1000Francs

Monthly household income	
100,000frs>	**5%**
51-100,000frs	**5%**
41,000-50,000frs	**15%**
31,000-40,000frs	**10%**
<30,000frs	**60%**
No source of income	**5%**

The above table shows the monthly household income rate of the family caregivers. One can only make sense of the income rate when they are compared to the number of persons living in the household. According to the information from the data, three families had nine persons residing in the home, 2 had 8persons, 4 had 6persons, 5 had five persons, one had 4persons, three had 3person, and 2 had 2persons living in the household. A look at the household income and number of persons living in a home confirm the literature review findings that show that most people live below the poverty line of 1,90 USD a day. If this figure is converted to Central African CFA Franc, 1.90 a day will amount to 37 450francs per person per month. Let us consider the number of persons per household based on the household income. Without any shadow of a doubt, most of the participants live in extreme poverty, and it also gives a vivid picture of the poverty rates in the Northwest Region. (World Bank 2020)

7.2.2 Background information of family caregivers

All caregivers were relatives to the care recipients. Five were caring for their spouses, 12 were caring for their parents, two were caring for their grandparents, and 1 was a

distant family member. The years of caregiving was between 2 to 52 years. Five of the caregivers considered their health to be good. Eight caregivers said it was fair, and seven said it was poor. Fifteen caregivers admitted they received help from family members, and five said they do not receive any help. The assistance they received was mostly financial and foodstuff.

7.2.3 Discussion of themes identified.

The writer identifies eight different categories of needs based on the content analysis shown in figure 4 below. They include health care services, financial assistance, training on elderly care, respite care, a support group for family caregivers, transportation services, supplies, Subsidized services.

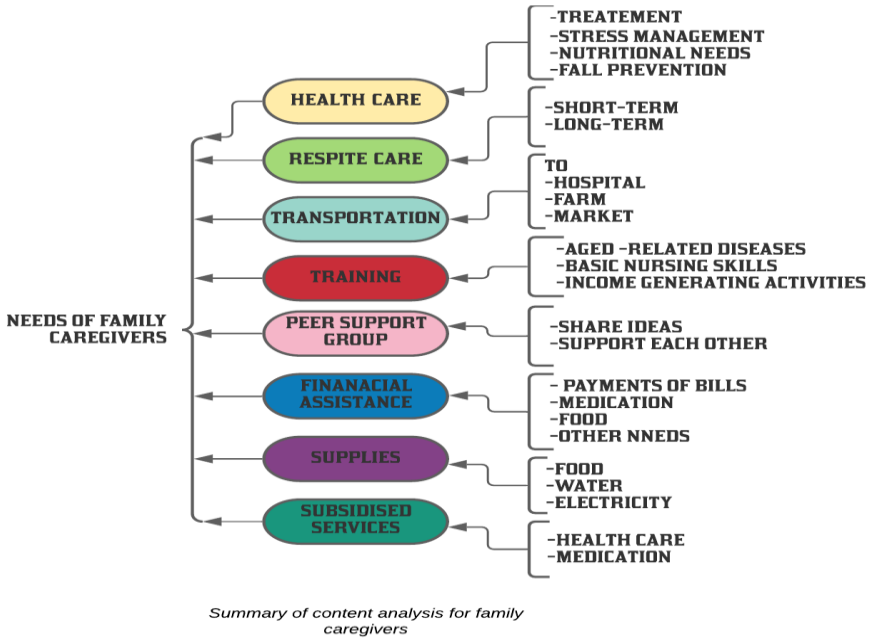


Figure 4. Flowchart of perceived needs of family caregivers.

Healthcare services

The family caregivers like the elderly also highlighted the need for health care services both for themselves and their care recipients. According to the background information, seven of the family caregivers who participated in the study graded their health poor. Even some of those who graded their health as good or fair also have health issues such as stress because of the burden of caregiving, which can cause mental health

problems if not well managed. As mentioned by participant 1, she is elderly herself, a spouse taking care of her husband. Her health care needs include getting the necessary resources to promote her husband's health through a healthy diet, prevention from falls, paying for medication, and treatment for herself. Participant 8 needs treatment because of sickness.

> *"The challenge I am facing is that, even though I am taking care of him, I am an elderly person too and I am just struggling to take care of him. Because of his health, he needs certain things that I cannot provide for him and even for myself. Sometimes he is sick, and he needs to go to the hospital, and I won´t have the money to take him to the hospital. When I even take him to the hospital, they will prescribe drugs and certain kind of food that he must eat and fruits, but I cannot buy them because of money. Also, now like this, I need to support him before he can walk if not, he can fall, and I do not even have the strength because I am also an elderly person. I also have serious chest pain. I have even done an ex-ray on the chest. They have giving me drugs that I must take every three months. When my chest starts to pain, I can cough the whole night without stop".(participant 1, caregiver)*

> *"I am not feeling very well. I am sick, so I can´t do farming because of the sickness. Even though I am sick, I do not have the money to go to the hospital and to take her to the hospital too when she is sick". (Participant 8, caregiver)*

> *"Many father´s problems are many. Today he will complain of back pain tomorrow; it is his legs and then buttocks. In short, his challenges are many. Sometimes it is his eyes; we will take him to the hospital, the next day it is something else, so everything is wrong with him, and it stresses me a lot because sometimes, I really don´t know what to do. Also, I do not have the money to take him all the time to the hospital". (Participant 11, caregiver)*

> *"My grandmother is very vulgar. and she discriminates a lot. she likes to eat a lot, but she is very selective when it comes to food and refuses me to cook for her. Sometimes I feel like she does not like me. It stresses me and makes me feel sad because I am doing my best to help her". (Participant 13, caregiver)*

Caregiver's stress is a common problem among community-dwelling frail elderly. The tension and stress that sometimes arises when caring for an ill elderly can negatively affect the quality of care provided. They can increase the risk of psychological and physical abuse. As mentioned earlier in the literature review, abuse can be intended or

unintended. As mentioned by participant 11, he is stressed because he does not have the money to take his father to the hospital all the time when he is sick. Even though he does not intentionally neglect him, it is because he does not have the money; it can be seen as a form of abuse, which is the neglect or failure of a designated caregiver to meet the needs of an elderly person who is dependent on them. (Wallace & Bonnie 2003). One can further argue that the lack of financial resources is also contributing to caregiver's stress which also impacts the quality of care provided for their care recipient, and it also creates a need for mental health services to manage their stress.

Some participants also mentioned the need for health equipment such as blood pressure and blood glucose monitor and thermometers to monitor the health of their care recipient.

> *"I would say the greatest support I need is finance. I do not have a stable job, making it difficult for me to supply all her needs. So, if the centre could provide jobs, I would be delighted. As concern the care, I would say that I need training about elderly care, and I want to believe that other people that are taking care of the elderly family members will also need the training because I believe that there are many things we need to know that we do not know. The centre can also support us with equipment like blood pressure machine, thermometers, and blood glucose monitors. I also think it would be a good idea if the centre can provide a van that can be transporting them. and carers who moves around its clients to monitor their state of wellness or bring them to and from the centre, when necessary, the better". (Participant 10*
>
> *"My wish is that the centre should trained counsellors or nurses to assist the elderly. Provide blood pressure and blood glucose machines and other health-related services". (Participant 18. caregiver)*

Even though family caregivers are mainly involved with the basic care needs of their loved ones, studies have shown that family caregivers also perform healthcare tasks like administering their medication accompanying them to a doctor´s appointment and some complex activities like measuring blood pressure and blood glucose (Aumann et al 2010) In a rural area such as the context of this study where most of the caregivers are faced with financial constrained, most of them do not have the equipment like blood pressure, blood glucose monitors and simple equipment like thermometers because they cannot afford it. Providing such equipment for family caregivers can help them monitor their care recipient's health and seek immediate help so they can avoid emergencies.

Respite care

The family caregivers also highlighted the need for short-term, long-term respite care even though the participants did not use the exact words. Respite care has to do with services that provide caregivers some time off from their caregiving responsibilities which can benefit their health and well-being (Kirk & Kagan 2015). Participant 11 expressed the need for a hall where he can keep his father (adult day-care centre) while participant 1 expressed the need for short-term care services (short-term institutional care) for the elderly when they are sick. Because most participants lack financial resources to pay for such services, this participant was further asked if she would be willing to contribute financially if services such as short-term care was provided, and she expressed the desire to try to contribute financially.

> *"If he has his drugs and then feeds well, I believe he will be fine. So, If I can be supported financially, it will reduce my stress a lot. He also needs company so that I can go out and hustle. If they can create like a hall that they can go and spend some time, there and even watch tv or any other games in order not to be lonely at home it would be good. It will also help me too because I can go out to do other things and not need to worry that he is alone in the house". (Participant 11, caregiver)*

> *"…The way I see how he cannot walk without support, if we can have a wheelchair to put him there, it will be better for me. Also, if the centre can provide beds for short-term stay when they are sick, it would be good (if such a service is provided, would you be willing to contribute financially? Yes, we can try! Good. I would say that if a centre is created for elderly people, I would be very glad and believe other people will because it will help us a lot. Also, if we can come together as family caregivers and share ideas and support one another, I believe it will be very encouraging". (Participant 1, caregiver)*

It is worth mentioning that there are health centres in each of the villages and a district hospital in Bambui, and patients are admitted to these centres when they are sick, and they must pay a fee, but many are not able to because they do not have the means. So, according to participant 1, she believes that if an organization is explicitly created to cater for the needs of the elderly, it would be cheaper to keep them there for a short while than in the health centres or district hospital.

Caring for frail elderly can be burdensome, and respite care can offer some form of relief. Respite care has to do with services that provide caregivers some time off from their caregiving responsibilities which can benefit their health and well-being (Kirk & Kagan 2015). There is a wide range of respite-type programmes in developed nations such as daily medical and social services, adult day services, and available for few hours, one day, or a week. In a developing country such as Cameroon, where care for the elderly is almost left solely in the hands of family members, services such as respite care do not exist. As a result, respite care can only be provided by another family member or friend.

Of all the 20 family caregivers who took part in the study, only one of them expressed the wish for institutional care for the elderly when asked to wish for the services they would like the centre to provide.

> *"My wish is that the centre should house them so we can visit them and give our necessary assistance". (*Participant 15, caregiver)

According to a similar study carried out in Cameroon by Bassah et al. (2018:4), the findings showed that up to 68,3% of family caregivers did not consider institutional care or nursing home as a perceived need for elderly care. They also do not consider a nursing home as an ideal place for quality care. The fear that their loved ones won´t be properly taking care of was expressed by participant 16, in this study in her wish for the centre that is to be created, which is the aim of this study, she expressed her desire for compassionate employees that can deal kindly with the elderly because to her, it is not an easy task to take care of someone that is not a related to you.

> *"I would wish that the people who will be employed in the centre should compassionate so they can deal kindly with the elderly because it is not easy to take care of them especially when you are not related to them". (Participant 16, caregiver)*

Transportation services

Some participants cited challenges with transportation. According to participant 13, as a caregiver, she faces challenges with transportation because she lives far from her care recipient.

> *"I have challenges with transportation. The distance from my home to her home is far. it will be a good idea if the service centre can provide a means to do some*

income-generating activity or support with some funds for animal husbandry (participant 13, caregiver)

"… I do not have a job; I am only doing farming for a living so, if I have something like a wheelbarrow that I can transport the food that I harvest from the farm to the market, I would appreciate it. Sometimes I harvest food, but the means to transport it to the market is not there, we must carry it on our heads, and you know you can´t carry much on your head. I will end by saying that it is an excellent thing that someone can think of helping the elderly and their caregivers. We pray that God bless the person and provide all she needs to make the project a reality". (Participant 5, caregiver)

Training on elderly care

During the follow-up interview, participants were asked if they have any knowledge about elderly care. Family caregivers are indeed involved with basic activities of daily living. Still, as mentioned earlier, some of them are phased with complex health care task without adequate knowledge, which can jeopardise their health and the health of their care recipient. Based on their responses, most of them are just using their common sense to care for them. Still, they do not have the required knowledge and skill to handle more challenging issues like communication, knowledge about elder abuse and diseases, and stress management technics.

"I know that when people get old, they need a lot of attention because they cannot do much for themselves also there are a lot of sicknesses that come with old age, and it is easy for them to fall since they don´t have balance sometimes when walking so I can say I just know some basic things but would be glad if they can give us more training on how to take good care of them" .(participant 3, caregiver)

"Well, I am just using my common sense to know what she wants and try to help her. I believe that there are many things about caring for the elderly that I do not know, and I would like to have more knowledge about taking care of an elderly person". (Participant 5, caregiver)

"Well, I know that when people get old, they are so weak and have many health problems and can also forget things easily and they need special care. I would say that I just know the basic things about caring for an elderly person but some

things that are difficult for me like when it comes to sickness and medication that one is a bit difficult for me". (Participant 10 caregiver)

"I do not have any special knowledge concerning elderly care and you know I am a man, so I am just using my common sense to know what he needs and try to help him. Sometimes I don´t know what exactly is wrong with him and if you don´t know the exact problem you cannot know how to help". (Participant 11, caregiver)

After admitting that they are just using their common sense, they expressed their need for educational training on basic skills regarding elderly care. Some participants (6,7) said the need for training programmes that can help them learn skills and carry out activities that can help them generate some income. So, some of their training needs are not directly related to the care they give to their loved one, but indirectly, their care recipient can benefit because they might use the money to provide for their needs if they can generate some income.

"I would wish that the centre provides family caregivers with training programmes that can help us to care better for them". (Participant 6, caregiver)

"It would be a good thing if the centre can create activities for caregivers like training on artefacts, embroidery, home gardening so we can sell the products and earn some income". (Participant 7, caregiver)

As mentioned by the above participants, the need for training programmes for family caregivers is essential and is in line with previous findings. As mentioned earlier, according to a study carried out by Bassah et al. (2018:1), their results showed that most family caregivers lacked adequate knowledge and skills on elderly care so, equipping them with knowledge and skills will help them to provide quality care for their family members. The is a need to equip caregivers with knowledge about age-related diseases, impairment and restrain, also evident in the comment made by participant 9.

"The challenge I am facing is how to secure mama so that she should not go missing. she can leave the house and go out, and she will not be able to find her way back, I don´t really know what is wrong with her. Sometimes I have to lock her in the house if I am going out and nobody is in the compound. I also lack the

> *means to give her nutritious food. There is also water shortage for domestic use".(participant 9, caregiver)*

From the above comment, it is evident that the care recipient has dementia. According to Friedman et al (2015), caregivers of individuals with dementia, compared to caregivers of elderly without cognitive impairment, have more responsibilities and spend more time in caregiving and report more significant objective and subjective negative consequences such as poor physical health and emotional upset and distress.

If caregivers have knowledge of the disease that the care recipient has, its treatments and the prognosis, the caregiver and their family can have a better idea about what to expect in the future, and it can also help them with planning. Also, learning skills such as the correct way to transfer a loved one from bed to a wheelchair can help to avoid serious injury to the caregiver and care recipient (National Alliance for Caregiving 2010:18-19)

Even though family caregivers play a significant role in caring for the basic needs of their loved ones, it is crucial for them to know their limit and not carry out complex health care activities like administration of injections wound dressing, among others. As a result, there is a need for them to work closely with a health care professional in the care of their loved ones. (Ubenoh et al 2019:9) Furthermore, Ubenoh and colleagues emphasise the need for basic nursing skills to be thought to the family caregivers, like monitoring vital signs, massaging, positioning, etc.

Participant 18 in this study expressed the need for trained counsellors or geriatric nurses to assist the elderly.

> *"My wish is that the centre should trained counsellors or nurses to assist the elderly. blood pressure and diabetes machines and other health-related services". (Participant 18. caregiver)*

A study by Ubenoh et al (2019:9) in the Southwest region in Cameroon highlighted the importance of geriatric nurses in the care of the elderly. They mentioned that they are specialised in knowledge and skills to understand the elderly better and encourage family caregivers to use their services. There are very few geriatric nurses in Cameroon, and most of the population are not aware of their services.

Financial assistance

Another need that cut across the entire study was finance assistance. It was mentioned by almost all participants, elderly, and caregivers alike. It is not surprising that nearly all the participants mentioned the need for financial aid, this is due to a lack of resources because of poverty.

> *"My problem is finance. Like I said, I can no longer hustle like I use to do because I must be around both. So, if I can have financial support, I think all my stress will be taken away. It is tough to buy medications for them because there is no money…" (participant 3, caregiver)*

> *"If the centre can support us with some amount of money, it would be good, so we can start up a small business that can generate some income". (participant 19, caregiver)*

> *"… I do not have the money to buy all her needs like medication, food, and even soap to do laundry. Sometimes she will just wake up and say she wants to eat something, and the money will not be there to buy it. It makes me feel bad that I cannot provide all her needs". (participant 5, caregiver)*

> *"The challenge I have as a caregiver is that I am not staying with my mother. I go there daily to care for her, whereas I have my own family to care for them. Getting medication sometimes is not easy because of inadequate finances. Mamma is selective as far as food is concerned. Getting the items needed for her meal requires much. Above all, my greatest challenge is that I do not have a permanent job or business that can give me a regular monthly income, so provided for myself and my family is a great challenge couple with the fact that I still have my mother too to take care of". (Participant 10 caregiver)*

According to Davis et al (2011), financial care is one dimension of informal care based on their four dimensions of informal care. So, caregiving itself has an economic cost for the caregiver, especially those taking care of the elderly who do not have any source of income like most of the participants in this study. Of the 20 elderly Participants in this study, only two were receiving a pension. So, all the financial burden are upon the caregivers and other family members. Lack of jobs and resources in the community coupled with the crisis that has ravaged the region in the past years has caused addi-

tional stress and financial concern for family caregivers and has taken a toll on them and their recipients, as cited by participant 8.

> *"I am not feeling very well. I am sick, so I can´t do farming because of the sickness. This anglophone crisis, too, has worsened the situation. We pray that things should return to normal like they used to be before this crisis started. We are no longer able to sell our things or even go to the farm as often as we use to do. Even though I am sick I do not have the money to go to the hospital and even to take them to the hospital".(participant 8, caregiver)*

Supplies

Some participants mentioned the need for food and water supply. Most participants face challenges with providing the required nutrition for a healthy diet. Some participants did not have a tap in their homes, and they must walk for long distances. Some who have it still suffer because the tap is not flowing constantly, especially during the dry season. As someone who hails from this region, I can testify to this.

> *"If the centre can provide health services that can care for the need of the elderly. Also, if they can help provide portable water for us it will be good. because we do not have a tap in the compound". (Participant 6, elderly)*

> *"My wish for the centre is that if they can provide medication and food to support us since those are the greatest challenge we are having". (Participant 12, caregiver)*

> *"I would be glad if the organization can assist us with food. If they can also employ me to be empowered financially, it will help me rear some animals that I can sell them". ruminants". (Participant 8, caregiver)*

> *"If the centre can support with drugs, health facilities and food it would be very helpful". (Participant 13, caregiver)*

These findings of lack or shortage of food and water supply is also in line with a study carried in the Manyu Division in the Southwest region of Cameroon. They highlighted the fact that even those that survive on subsistence farming still have challenges with feeding properly and the fact that some people go for more than half a week without drinkable because taps are not flowing (Nangia et al 2015:4)

Peer support group

Participant 1 mentioned the need to connect with other family caregivers to share ideas and support one another.

> *"…I would end by saying that if a centre is created for elderly people, I would be very glad and believe other people too will, it will help us a lot. if we can come together as family caregivers and share ideas and support one another I believe it will be very encouraging". (participant 1, caregiver)*

It is essential for family caregivers to receive emotional, social, and psychological support and peer support group can be one of those sources where they can get this support. Without such support, they can feel isolated and unhappy (Cuninghame, 2018, Kirk and Kagan, 2015). It is easier for people to find comfort in sharing feelings and seek emotional support with those who understand the challenges that family caregivers go through (National Alliance for family Caregiving 2010:29)

Subsidized services

Participant 3 highlighted the need for subsidized medication for those that cannot afford it. Affordability of health care service and medication is a great challenge for family caregivers of the elderly who must bear the financial cost of their care recipient. Due to a lack of health insurance coverage, all medical bills are paid out-of-pocket.

> *"… if the centre can provide medicines for those that cannot afford it or sell it at a cheaper rate it will help us a lot…"(participant 3, caregiver)*

Some of the needs expressed by family caregivers were indirectly related to care, such as the need for employment. Lack of jobs means lack of finances and, as a result, the inability to meet the needs of their care recipients. One participant expressed his desire for the organisation to employ him. The unemployment rate is high in the region and creating an organisation like this study can create jobs for individuals and volunteering opportunities.

> *"I would wish that the centre should employ me to help in any way so I can be able to make some money, I believe it will help me because I am not very strong to do farm work. I can also use the money to rear chickens too and keep small ruminants". (participant 8, caregiver)*

It is worth mentioning that the crisis that has ravaged the region for the past few years has taken a toll on the inhabitants, and they no longer feel safe. They so desired for peace to return to the region so that they can go about their normal businesses, as highlighted by participant 3. According to a report by the International Monetary Fund (IMF Cameroon 2018, P. 16), The deteriorating security in the region has further plunged the inhabitants of the region into poverty. They are even scared of going out because of the fear of being arrested by the police.

> *"…Also, since this Anglophone crisis started as a man you are even scared to go out and hustle because you never know when the police can pick you up. So, it has made matters worse for hustlers like us who do not have a permanent job" (participant 3, caregiver)*

This deteriorating security concern in the area is even one reason why the writer of this work could not travel to conduct the interviews in person because there have been incidences of kidnapping in the areas for a Ransome. Furthermore, the interviewers who represented the writer on the field recounted an incident where one of the interviews was abruptly cut short because of gunshots in the neighbourhood.

From the above analysis, it is evident that there is a great need to support family caregivers in their caregiving role. In a country like Cameroon, where there are limited specialised healthcare facilities for the elderly, very few geriatric nurses and above all, only two geriatric nurse training institution, the family caregivers remain the greatest care provider. They constitute 98% of carers for elderly persons. They perform this role with little or no support from the government and no education on the provision of care (Directory of Research on Ageing in Africa: 2004-2015 (2015)) From the above analysis; it is evident that there is a great need to support family caregivers in their caregiving role.

In order to provide services that will benefit people, it is important to involve the population that will be using the services. The purpose of this study was to understand the needs of the elderly and their family caregivers in Tubah subdivision. Through this study, the writer saw the level of need for services and the extent of unmet needs. With this understanding, the writer has the information needed to meet some of these needs in the future through a non-profit organization, which was the aim of conducting the

study. Looking at the level of needs mentioned by the participants, is it without any shadow of a doubt that all their needs cannot be met, but whatever services that will be provided will still benefit them no matter how small.

The aim of this study was discussed with the mayor of Tubah council Via WhatsApp, and the writer shared with him the purpose of the study and asked him about his opinion on the future project and if any other organizations in the council are working with the elderly. He was also asked about the statistic of the elderly population in Tubah sub-division. According to him, the project is a plausible initiative that will go a long way to improve the lives of the elderly. He also said an organisation was working with the elderly, but it is no longer functional. He said the council would be willing to support and facilitate the take-off of the organization. He also mentioned the fact that there is no official record of the elderly population in the subdivision. (Mayor of Tubah Council, 08.09.2020) Based on this information, the future project will add value to the lives of the elderly and their caregivers living in the community. It is said that "where there is a will, there is a way) As a professional in elderly care, and someone who hails from the region where this study was conducted, I understand the plight of the people, and It is my utmost desire to make the aim of this study a reality in the future.

8 Conclusion

The purpose of this study was to explore and describe the perceived needs of the elderly and their caregivers in Tubah subdivision in the northwest region of Cameroon to start up a non-profit organization in the future. An in-depth qualitative interview was conducted with the elderly participant and their family caregivers from the four villages in the subdivision. Based on the result, it was evident that the elderly and their family caregivers are in desperate need of support. The elderly and their caregivers expressed concern about poverty, lack of resources, lack of access to health care and social services. These findings have been discussed in the light of relevant literature and similar studies to place them in the context of what is already known. (Mabuza, 2008:42)

This study is essential as such a study has not been conducted in this rural community regarding the needs of the elderly and their family caregivers. The author found only one article online that dealt with the nutritional needs of the elderly in Tubah subdivi-

sion. The study will contribute to geriatric research in the region. To crown it all, this study was not inclusive of specific resources that might have been available for the elderly and their family caregivers because the author could not access the information. Hence the author recommends further research on available resources for the elderly and their family caregivers in Tubah subdivision Northwest region of Cameroon.

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Appendix 1. Cover letter

Dear Participants,

My name is Odelle Ngum Aluh, A native of Bambili. I am a master's degree Student at Metropolia University of Applied Sciences, Helsinki, Finland. I am conducting a study on the needs of the elderly and their caregivers in Tubah subdivision. The purpose of the study is to design a special Centre for the Elderly and their caregivers.

The findings will help in designing a service centre that has the potential to improve the health, quality of care and overall well-being of the elderly living in Tubah sub-division. The data will be collected through interviews that will last about one hour. There are 17questions for the elderly and 11questions for the family caregivers. The data collected will be used solely for this project. The study report will be finalised by July 2021, and the report will be available online for those that are interested to read it.

The study will answer the following questions:

1. What are the needs of the elderly In Tubah sub-division?
2. What kind of support do family caregivers need with caring for their relatives?

You are welcome to participate in the research if you are an elderly person (57yrs>) or if you are taking care of an elderly person.
Thanks for your participation!

Regards
Odelle Ngum Aluh
Email: odelle.aluh@metropolia.fi

Appendix 2. Research Consent Form

Name of Researcher:	Odelle Ngum Aluh
Researcher´s Representative:	Fawah Catherine Awambah
Study Title:	An Exploratory Study of The Needs of The Elderly & Their Family Caregivers in Tubah Subdivision, North West Region Cameroon

Please carefully read and complete this form appropriately. If you are willing to participate in this study, tick the appropriate responses and then sign and date the declaration at the end. If you do not understand anything and would need more information, please feel free to ask.

- The purpose of the research has been fully explained to me in verbal and /or in written form by the researcher. **YES / NO**
- I understand that the research will involve-. e.g. interview and that the interview will be recorded on an audio recorder, and it will take about 45-60minutes **YES / NO**
- I am fully aware that I may withdraw from this study at any time without being compelled to explain. **YES / NO**
- I understand that all personal information will be treated confidentially and that I will not be named in any written work because of this study. **YES / NO**
- **I understand** that any audio recorded material of mine will be used solely for this study and will be immediately destroyed **up**on completion of your research. **YES / NO**

- I understand that you will be discussing the progress of the research with other students and teachers at Metropolia University of Applied Sciences. **YES / NO**

I hereby give my consent to participate in this study and have received a copy of this form for my information.

Interviewer´s signature: .....
Date: .....
interviewee´s signature: .....
Date: .....

Appendix 3. Questions for family caregivers

1. How old are you?
2. What is your gender?
    - Male
    - Female
3. What is your level of education?
    - Primary school
    - Secondary school
    - High school
    - University
    - No level of education
4. How are you related to him/her?
    - Daughter/daughter-in-law
    - Son/son-in-law
    - Spouse/partner
    - Nonrelative/friend
    - Other
5. How long have you been caring for him/her?
6. How much is your monthly household income?
    - <30,000frs
    - 31,000-40,000frs
    - 41,000-50,000frs
    - 51-100,000frs>
    - >100,000frs
7. How many people are living in the household?
8. How do you grade your health?
        - Good
        - fair
        - poor

9. Do you receive help from family members or friends with the care of your loved one? If yes, what kind of help?
10. What kind of challenges are you facing as a caregiver?
11. Do you have any wishes for the centre we intend to create that can help you to care better for him/her?

Thank you!

Appendix 4. Question for The Elderly

1, How old are you?

2, What´s your Gender?

- Male
- Female

3, What is your level of Education?

- Primary school leaving
- Secondary school
- High school
- University

No level of education

4, Marital status

- Single
- Married
- Divorce
- Widow/widower

5, Do you have any functional disabilities? (Select as many)

- Impair vision
- Mobility difficulty
- Stroke
- Mental disorder
- Brain injury
- Other

6, What is your hearing condition?

- Minimal difficulty
- Highly impaired
- Hears adequately

7, Mood and behaviour

- Insomnia

- Self-depression
- Reduced social interaction
- Wandering behaviour symptoms

8, Oral dental status

- Own teeth
- Partial loss
- Complete loss
- Dentures

9, Do you have children, grandchildren? Do they live close by?

10, What is your source of income?

11, How much is your monthly household income?

13, What health conditions are you presently treating?

14, Do you see a health professional (nurse, doctor) when you are sick?

15, What sort of help do you need with activities of daily living?

- Personal hygiene
- Dressing
- Eating
- Toileting
- Transfering
- Bathing

16, What other challenges are you facing in your daily life that has not been mentioned in the interview?

17, What kind of services would you like us to incorporate in our service centre that you feel will be beneficial for you?

THANK YOU!!!

Appendix 5. Second interview questions for both Elderly and family caregivers

Elderly participant

1. What kind of challenges are you facing as an elderly person?
2. what kind of help do you need to live a better life?
3. what kind of services would you like us to provide in the centre?

Family caregiver

1. What kind of challenges are you facing with caring for your relative?
2. How do you react when you feel frustrated with his/her behaviour?
3. What kind of knowledge do you have about elderly care?
4. What kind of support do you need as a caregiver?

Appendix 6. Example of Content analysis

Content analysis of transcribed data from the interview with 20 elderly participants living in Tubah Subdivision.

Examples of meaning units, condensed meaning units, subthemes, and themes.

Meaning unit	Condense unit	Code	Subcategories	Categories	Theme
"… I need medications for high blood pressure and diabetes to feel better. I don´t eat salt and palm oil. When they cook achu I cannot eat this yellow soup because the doctor told me not to eat it, so they must cook my soup with vegetable oil, and you know it is more expensive. So, if I have enough money, I can be able to buy the necessary food items for a healthy meal. I also need eyeglasses because I can´t see well". (participant 3 elderly)	I need medications for high blood pressure and diabetes to feel better. if I have enough money, I can be able to buy the necessary food items for a healthy meal. I also need eyeglasses. because I can´t see well".	Need medication. Need money for food. Need eyeglasses	need medication. Financial need Need of an optician	Need for health care. Need for resources. Need for health care	Need for health care. Need for resources. (Finance to buy food) Need for health care