

**UNIVERSITY OF NIGERIA NSUKKA
FACULTY OF THE SOCIAL SCIENCES
DEPARTMENT OF SOCIAL WORK**

**HIV/AIDS DISEASE BURDEN AND THE ELDERLY POPULATION IN THE
NORTH WEST REGION OF CAMEROON**

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DEGREE IN SOCIAL WORK (SOCIAL GERONTOLOGY)**

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1.0 SUMMARY OF THE RESEARCH PROBLEM

1.1 Rationale for the Study

A major challenge facing African family system today is the increasing burden of HIV/AIDS on the elderly in the African households. The high proportions of the elderly affected by the HIV/AIDS epidemic are the parents of those who are infected, who are symptomatic, or who have died (Ory, Riley, & Zablotsky, 1989). Parents of people with AIDS (PWA's) reside in every region of the world; they span several generations and have a variety of religions, political affiliations, and cultural heritages (Knodel John 2008).

UNAIDS (2008) reported a prevalence rate of 8.7% among adults in Cameroon alone. Adults who die because of HIV/AIDS may also have children who are affected as a result. For instance, at the end of 2008, Cameroon had approximately 1,200,000 orphans because of HIV/AIDS. The issue here is that HIV/AIDS is ravaging a cohort of people aged 19 to 49 and leaving small children desolate and parents destitute. Consequently, as noted by Will (2006), HIV/AIDS may produce an Africa of very old and very young people. There is a reduction in the labor force, an increase in care giving years, economic drain, and psychological depression because of the high mortality and morbidity rate associated with HIV/AIDS scourge within the economically active population.

The situation of HIV/AIDS in Cameroon is getting worse. Since the first case of HIV/AIDS was diagnosed in Cameroon in 1985, the disease has systematically spread across the entire Cameroon society affecting mostly the younger men and women aged 19 – 49 years in urban and rural areas. In Cameroon, it is estimated that by 2010 over one million two hundred thousand (1,200,000) children will have lost one or both parents to HIV/AIDS (UNAIDS, 2008). More children live in households with sick and dying family members. Although not yet

orphaned, these children also suffer from the effects of HIV/AIDS. In Cameroon, HIV/AIDS is generating orphans so quickly that family structure might no longer cope (UNAIDS 2008).

Extensive amounts of research on the HIV/AIDS epidemic has been carried out in Cameroon but relatively few studies have focused on its effects on the elderly. The “big” question is how aware is the Government, of the HIV/AIDS burden on the elderly and what plans exist to mitigate the burden on the elderly population?

1.2 Research Questions

The foregoing are the issues involved in this study. At this point, they are posed in a series of general questions to guide the study.

1. What are the factors associated with the transmission of HIV/AIDS in the North West Region of Cameroon?
2. How does the HIV/AIDS epidemic affect the social, psychological, economic, physical and cultural conditions of the elderly in the North-west Region of Cameroon?
3. How do the elderly deal with the news of an AIDS diagnose among their adult children particularly when this announcement often contains within it the subtextual announcemnt of participation in nontraditional sexual behaviour?
4. To what extent do the health problems of older Cameroonians themselves prevent them from being able to care for persons with AIDS?
5. What is the community reaction to both adult living with HIV/AIDS and the parents taking care of the HIV/AIDS patient, and HIV/AIDS orphans?
6. Do older Cameroonians find needed support within their friendship/kin network to care for others when the illness in question is AIDS?
7. To what extent has HIV/AIDS affected the Elderly Population in the North West Region in Cameroon?
8. What are the ways for supporting the Elderly Population affected by the HIV/AIDS epidemic?

1.3 Objectives of the Study

The general objective of the study is to examine the burden of HIV/AIDS on the elderly population in the North West Region of Cameroon. In line with the specific objectives of the study are,

1. To identify the factors associated with the transmission of HIV/AIDS in the North West Region in Cameroon
2. To assess the social, psychological, and economics effects of HIV/AIDS on the older population of the North West Region of Cameroon.
3. To ascertain the reaction of community members towards people with HIV/AIDS and also towards parents of HIV/AIDS patients.
4. To assess the extent to which the HIV/AIDS epidemic has affected the elderly population in the North West Region of Cameroon.
5. To recommend ways of supporting the elderly population during this period of HIV/AIDS epidemic in the North West Region of Cameroon.

1.4 Hypotheses

The following hypotheses were formulated to guide the study.

1. More of respondents caring for HIV/AIDS orphaned grandchildren will likely participate less in social and religious activities (prayer groups, knighthood, and choir.etc) than those who have not had an experience with HIV/AIDS
2. More of respondents with children who died of HIV/AIDS (affected by HIV/AIDS) are likely to have their grandchildren living with them, than those that have not had any experience with HIV/AIDS.
3. More of respondents who have been affected by HIV/AIDS are more likely to experience reduced income than those that have not had any experience with HIV/AIDS
4. More of respondents who live with their HIV/AIDS grandchildren are more likely to experience financial constraint than those who do not live with them.
5. More of the HIV/AIDS affected respondents with no paid employment will experience greater financial constraints than those with paid employment.

2.0 METHODOLOGY

2.1 Study Design

The cross sectional survey design was adopted for data collection (Obikeze, 1992). The survey design aimed at collecting data from a large population at one point in time and gave an opportunity for the study to employ a comparative approach in examining the similarities and differences in intergenerational roles for households affected with HIV/AIDS and those not affected thereby ascertaining the burden of HIV/AIDS on the elderly population in Cameroon.

2.2 Study Area

The study was located in Mezam, Menchum, and Donga Mantung divisions in the North West region of Cameroon. The choice of the North West Region was based on prior empirical findings. Data generated by UN/WHO (2001/ 2002, 2004, 2006 and 2008), identified North West Region as the highest HIV/AIDS prevalent region in Cameroon.

2.3 Study Population

The total population of the North West Region is about 1.8 million inhabitants (CPC 2005). Mezam division according to the 2005 Cameroon population census has a population of about 770,000 inhabitants. Donga-Mantung division according to the 2005 Cameroon population census has a population of about 250,000 inhabitants. Menchum division according to 2005 Cameroon population census has a population of about 230,000 inhabitants. The total population of the three divisions will thus be one million two hundred and fifty thousand (1,250,000) inhabitants (CPC 2005). Therefore 1,250,000 shall form our study population.

However the study population comprised parents who are sixty years and above and who have lost an adult child to HIV/AIDS, and also parents who have not lost an adult child to

HIV/AIDS. The choice of the two groups of parents was to elicit opinion of respondents of the subject matter. Some community leaders were part of this study

2.4 Sample Size

Using a 50 percent assumed rate of people affected with HIV/AIDS and confidence interval of 95% with an estimated 3.0 percentage error margin, a sample 1098 elderly persons was computed and enlisted in the study. The study compares data between elderly persons caring for HIV/AIDS orphaned grand children and elderly persons who do not have the obligation of caring for HIV/AIDS orphaned grand children. Thus, the desired sample size was 183 respondents in each category of desired respondents for each of the three divisions included in this study. The sample size allowed the detection of difference within 3 percentage point's precision (Lemeshow, Hosner Jr., Klar and Lwanga, 1990). This is considered large enough for statistical requirements, while keeping in view available resources and time frame.

2.5 Sampling Procedure

A multi-sampling procedure was adopted in selecting streets, households and individuals for the study. First, three Divisions, namely Mezam, Donga-Mantung, and Mencham were purposively selected out of the seven Divisions that constitute Northwest Region of Cameroon. Their selection was based on the reported rate of HIV prevalence, which showed high prevalence in these Divisions, (WHO 2001, 2002, 2004, 2006, 2008). One community was randomly selected from each of these Divisions.

In each sampled community, a community member was requested to spin a bottle at the center of the town. This method was adopted from the study conducted by Grais, Rose, & Guthman, (2007). The direction of the bottle was followed. The households in the dwelling units

along the selected street were enlisted and screened with the structured household schedule to determine eligibility and category of respondents. One elderly person aged 60 years and above was selected per household and classified under HIV/AIDS affected grand parent (that is one caring for HIV/AIDS orphaned grandchild or grand children) or non-HIV/AIDS affected grand parent (that is one not caring for HIV/AIDS orphaned grand child or grand children). In households where there were two or more eligible persons, one was randomly selected by balloting for the study.

At some point, chosen street were exhausted when we had not reached the desired sample size, the process of spinning a bottle was repeated and another street followed and eligible persons enlisted as described above until we got the desired sample size of 183 respondents in each category or 366 for both categories was reached for each of the Divisions in the study. This process was followed until the desired sample size was reached for each category of respondents. The list of selected divisional headquarters (urban) and rural area are shown in

Table 1

Table 1: List of Divisions, Divisional Headquarters, Subdivisions and Rural areas in this study

DIVISIONS	DIVISIONAL HEAD QUATERS	SUB DIVISIONS	RURAL AREAS
MEZAM DIVISION	BAMENDA URBAN	SANTA SUB URBAN	ALATENING & AKUM RURAL AREAS
MENCHUM DIVISION	WUM URBAN	WEH SUB URBAN	KONENE & NYUS RURAL AREAS
DONGA/MANTUNG DIVISION	NKAMBE URBAN	DUMBO SUB URBAN	MESEGE/BINKA RURAL AREAS

For the In-depth interview one community leader from each area was interviewed. In all twelve community leaders were interviewed. In-depth interviews were held with community

leader in each of the divisions to get their opinion on the changes, if any, on intergenerational roles and relationships.

There were four FGDs per division .These FGDs were made up of, eight (8) participants of parents who have lost a child to HIV/AIDS and are taking care of children orphaned by HIV/AIDS and parents who dont have the opportunity of taking care of children orphaned by HIV/AIDS. In all we had 12 FGDs from the three divisions.These FGDs helped in bringing out the salient points not covered by other instruments.

2.6 Instruments for Data Collection

The primary instrument chosen for collection of data for this study was a uniform set of structured interview schedule (questionnaire). A uniform set of interview schedule were administered to all respodents. The interview schedule sought information on major source of support, economic effects associated with Childs death, measure of wellbeing, financial situation, religious /social activities and also relationships with the younger generations of relatives and the coping mechanisms in times of HIV/AIDS engendered financial constraints.

In-depth interview (IDI) and focus group discussion (FGD) guides were also employed in collecting qualitative data. Four IDIs were held with community leaders to get their opinion on the changes, on intergenerational roles and relationships. FGD sessions were held with parents in the study communities who were not involved in the quantitative study to ensure data on their experiences of taking care of children orphaned by HIV/AIDS.

2.7 Administrations of Study Instruments

The interview schedule (questionnaire) was administered on a one- to -one (other administration) basis with all the respondents, to ensure uniformity in the interpretation of concepts and

recording of responses. For this purpose six field assistants (three male and three female) were recruited and trained on the methods and objectives of the study. The instrument was pre- tested to ensure suitability of the instrument to the realisation of the study objectives as well as familiarity of the questions among the field assistants who administered it. This was done in Mbatu village outside the study communities enlisted for the study but within North West Region.

The language of administration was Ngemba in Mezam division, Wibum in Donga – mantung and Aghem in Menchum division. English was however used where the respondent showed preference for English language. The instrument was translated into local language, which is Ngemba, Wibum and Aghem and were retranslated into English. Same sex interviews were carried out to prevent any cultural barriers and permit free discussion of issues.

The IDIs and FGDs were conducted at different periods during the field work, independent of the administration of interview schedule. A total of 12 FGDs were conducted. Four FGDs were held per community, namely 8 female grandparents who have lost an adult child to HIV/AIDS; 6 male grandparents who have lost an adult child to HIV/AIDS; 6 male grandparents who have not lost a child to HIV/AIDS and 8 female grandparents who have not lost a child to HIV/AIDS. Discussions were held with homogenous groups and the moderator was of the same sex with each group. FGDs were conducted in culturally appropriate times and locations chosen by the participants and on non-farming days. Some of the FGDs were conducted in the homes of the most elderly women who are 75 years and above (called Tekembeng) in Mezam division. These group of women are being respected in the rural communities in the North West region, because of their age and because of their contribution in the community. They take major decisions in the community concerning women. In Menchum

and Donga/Mantung divisions all the FDGs were held in the market square in the afternoons and evenings. All the IDIs were conducted in the homes of the community leaders in the afternoons. The IDIs and FDGs in Mezam Division were conducted in the month of August. The IDIs and FDGs in Menchum Division were conducted in the month of September and the IDIs and FDGs in Donga /Mantung were conducted in the month of October and part of November. Participants in the FGDs were purposively selected from persons with inclusion criteria, and at the same time did not take part in the interview schedule.

A total of twelve indepth interviews were conducted with the community leaders. The interviews contained ten structured questions. English and the local dialects were the languages of administration.

3.0 GENERAL OBSERVATIONS

The research instruments were administered between the months of August, September, October and November. 2010. This period in Cameroon is the rainy season. This was very dangerous for both the research assistant and the researcher because each time it rained every where became flooded and movement became very difficult, coupled with the bad roads. Movement, especially to the rural areas were very difficult because of lack of transportation to the rural areas. On so many occasions we had to trek from one rural area to the other.

3.1 Experiences in the Communities

Donga/Mantung Division

In Donga –Mantung division the researcher and the research assistants were surprised at the lack of knowledge about HIV/AIDS in some areas. Some were responding to questionnaires concerning HIV/AIDS for the first time. Initially they were reluctant to respond to the questions but when we educated them about the study, they became excited and started responding to the

questions. The community leader in one of the rural communities in Nkambe even offered us accommodation for number of days we spent in his community. They offered us food and drinks and even water to take our bath each time we came back from the field.

Menchum Division

In Menchum division we had a very exciting experience. We were welcomed by traditional dance group in the communities we visited. The respondents especially in Wum responded positively to us. They were willing to participate since the topic had to do with HIV/AIDS. The elderly people told us that each time people came to their community to talk on HIV/AIDS (FLEMESIA which means punishment.) they were told to go away, that they were old and it had nothing to do with them, so they were happy that we were talking to them about this thing (They referred to HIV/AIDS as that thing) killing their children.

They also reminded us about the Nyos incidence that happened in Menchum division in the 1985. If you all recall there was a gas explosion in Lake Nyos in Cameroon in 1985 which wiped out some communities entirely. Every human being and animal close to that lake was killed. They told us that they have not even recovered from that loss and, now God has sent another deadly disease that is killing just their children. They told us that if we looked critically we would find that they were only old people and children in the communities, not that the young people were in the cities but that most of them were dead. Even the young people who went to the city came back very sick with rashes all over their body; some came back with cough and even looked worse than when they left the village. They have this superstition that the gods were angry with them. They told us they had done all the sacrifices to appease the gods but the thing was still killing their children.

In Nyos village we found both Muslims and Christians. They were very happy too and responded to the questionnaires. Some of the Muslims were so ignorant about HIV/AIDS, some told us they were responding to questionnaires on HIV/AIDS for the first time we educated them on the topic and administered our questionnaire. We were surprised that the Muslims men allowed us to talk to their wives, because in Nkambe we had to explain to the heads of the Muslim families the importance of the research before they allowed us to administer questionnaires to their wives. The Muslim community leader is a blind man but he managed to talk to us about HIV/AIDS. He told us that he had lost three children to HIV/AIDS.

Every elderly person who heard about our visit in Menchum division wanted to be interviewed but we could not because we had our limits (time, money and the sample size). The community leader in one of the communities told us that some women in other communities in Menchum were very angry with him, they said anytime people came to Menchum he would not allow them to come to their own community, we told him it was not possible for us to cover all the communities, that may be in future we would visit their community.

The community leaders entertained the FDG participants with food and drinks. The elderly people were very excited when we took photographs with them. They were so excited too with the use of a tape recorder. At the end of each session we played the tape and they were excited hearing their own voices. I went to the field with my laptop and that gave me an opportunity to show them some of the photographs we took. We could see excitement on their faces.

It was really fun going to Menchum division for this field work. The respondents were so friendly and they responded to the questionnaires. We were sure of accommodation because the community leaders provided us with a place to sleep each time we did not finish on time. The evenings were so interesting because we spent time with the community leaders and we learnt so

much about the division. I don't really mind going back to Menchum division for another field work.

Like in any other part of Cameroon we had problems with movements. The roads were so bad, each time it rained we had problems in moving into the communities, even the motorcycles could not go to some remote rural area. We had to trek to areas that were not accessible by car or motor cycle.

Mezam Division

In Mezam division the story was different especially in Bamenda. That's the capital of the North West Region. Most of the respondents requested for money or gratification but we did not even have the money to give them, rather we educated them on the purpose of the research and need for them to participate. Some complied but others refused. Their arguments were that, most of the researchers use them to do research and at the end of the day they don't see any changes and some said we use them to make money, that all the researches on HIV/AIDS were funded. We explained to them that this was a PhD work and it was not funded.

In the rural areas especially in Alatening, that's my village we were welcomed by the elderly women and some of the men who heard I was the one leading the team. We did not have any problem in this village may be. The respondents were willing to respond to the questionnaires. They were happy that their own child has come to talk to them about something that they have been seeing over television and that each time a group came to the village to talk about HIV/AIDS they were asked to go away, that it had to do with young people and not the old people. Most of the people in Alatening especially the elderly people have limited knowledge about HIV/AIDS. They call it (BAMEGHAM or COME NO GO). We were sure of accommodation in my village because we all stayed in my father's compound . We found in

Alatening that there were so many old women taking care of children, some orphaned by HIV/AIDS and some by other diseases.

Generally, the community leaders gave maximum cooperation to the researcher. In Akum, Alatening, Santa, Nkambe and Wum, community leaders entertained the FGD participants with food and drinks. It was a wonderful experience as majority of the respondents cooperated with the researcher. The combination of different instruments made the study most interesting as different instruments gave different insight into the study subject.

3.2 Limitations of the Study

The researcher encountered challenges in the course of the research. We have methodological challenges and practical challenges

Methodological Challenges

The field work was conducted in the rainy season as well as farming season. These affected the timing of administration of the interview schedule on the respondents as most of the respondents especially in the rural areas were found at home only very early in the morning or in the night. To beat this challenge, the research assistants had to change their timing to suit the respondents. In some instances we were advised to follow them to their farms. We did and we were very surprised that they attended to us. The only problem therefore was that the study was designed to have the respondents interviewed in the households. Interviewing them in the farms gave the impression that the sampling design was not followed. To avoid this problem, the households were first identified and a copy of the interview schedule assigned to each household enlisted in the study. Thereafter, the respondent were followed to the farm led by a member of the family who was kept in the house to direct the research assistants, where the respondent so desired. To

also ensure that they concentrated and gave valid responses, they were interviewed during their break period.

Practical Challenges.

The researcher also encountered financial challenges in the course of the research. It was so severe that we had to borrow money to complete the field activities. The demand for monetary compensation was a challenge to us in the field. In regions where such demands were made we just educated them on the importance of the field work and made them know that it was not a sponsored project.

4.0 CONCLUSION

The field experience was very exciting and rewarding especially in rural areas in Mezam Donga/mantung and Menchum division. Research endeavours are still faced with so many daunting challenges like lack of funding, logistics, public awareness and data base. This should be addressed especially at this level for the benefit of research in the Republic of Cameroon.

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APPENDICES

APPENDIX 1: Structured Interview Schedule for Grandparents

Department of Social Work

University of Nigeria

Nsukka

May 2010

Dear Sir/Madam

I am a postgraduate student in the Department of Social Work University of Nigerai. I am conducting a research on HIV/AIDS disease burden and the elderly population in Cameroon. This study is purely for academic purposes.

You have been selected through a random process to participate in the study by providing necessary information that will facilitate the realization of the study objectives. You are expected to provide your responses as freely as possible. This will take us about 30 minutes, if you agree. Nothing you say will be considered incorrect or correct, and it will not be mentioned to any one. Everything you tell us will be used strictly for the study. Your express permission will be sought before the information you give in this exercise is put into any other uses like publication, awareness campaign, policy formulation or programme implementation.

Thanks for your cooperation.

Yours truly,

Tanyi, Lum Perpetua

Socio-Demographic Data

Please tick well [✓] inside the box in front of the answer chosen.

1. What is your sex? (1) Male [] (2) Female []

2. How old were you during your last birth day: []

3. Marital Status:

(1) Married [] (2) Single [] (3) Divorced [] (4) Widowed [] (5) Separated []

4. Highest educational attainment

(1) Primary Education [] (2) G.C.E. O level [] (3) G.C.E. A Level []

(4) OND/NCE [] (5) B.Sc./HND [] (6) M.Sc. and above []

(7) No formal education []

5. What is your Occupation?

(1) Civil/ Public Servant [] (2) Business/Trading [] (3) Student [] (4) Farming []

(5) Unemployed [] (6) Others Specify _____ (7) can't say []

6. Religious Affiliation

(1) Christianity [] (2) Islam [] (3) Africa Traditional Religion (ATR) []

(4) Atheist [] (5) Others Specify [] (6) can't say []

7. How many children do you have? Indicate _____

8. How many children did you give birth to?

Indicate _____

9. Have you lost an adult child to HIV/AIDS?

(1) Yes [] (2) No [] (3) Can't say []

10. If yes how long ago

(1) Less than 3months [] (2) Less than 6months [] (3) Less than a month []

(4) Less than 12 months [] (5) others Specify [] (6) can't say []

11. Do you have a child suffering from HIV/AIDS?

(1) Yes [] (2) No [] (3) Can't Say []

Major source of support

12. What has been your source of support?

(1) Spouse's work [] (2) My savings [] (3) Pension [] (4) Children []

(5) From friends [] (6) other relatives [] (7) can't say []

13. At present how comfortable would you say your financial situation is?

(1) Very Comfortable [] (2) Neither comfortable or difficult []

(3) Some what difficult [] (4) Very difficult [] (5) can't say []

14. Compared to 3years ago, would you say that your financial situation is better or worse?

(1) Much better [] (2) Somewhat better [] (3) About the same []

(4) Somewhat worse [] (5) Much worse [] (6) can't say []

15. What is the main reason why your financial situation has changed? _____

16. Currently are you in debt? (1) Yes [] (2) No, if no (skip to Q23) (3) Can't say []

17. If yes how serious a burden is this debt for you? (1) Very serious [] (2) Somewhat serious [] (3) Not very serious [] (4) Cant's Say []

18. Can you tell us the main reason you are indebt? (1) Lost my job [] (2) Child is sick [] (3) My poor health [] (4) Death of my child [] (5) others specify [] (6) can't say

19. How serious a burden is this debt for you? (1) Very serious [] (2) Somewhat serious [] (3) Not very serious [] (4) Can't say []

20. Can you tell us approximately by how much you are in debt? (1) 50 .000– 100.000cfa frs [] (2) 100 .000– 200.000cfa frs. [] (3) 300.000 – 500.000cfa frs [] (4) Can't say []

21. Three years ago were you in debt? (1) Yes [] (2) No [] (3) Can't say []
22. How serious a burden was this debt for you three years ago? (1) Very serious [] (2) Somewhat serious [] (3) Not very serious [] (4) Can't say []

Economic Effect Associated with Child's Death

23. How many of your children are married? []
24. How many grand children do you have? (1) 0 – 2 [] (2) 3 – 5 [] (3) 6 – 8 [] (4) 9 – 11 [] (5) 12 – 15 [] (6) 16+ [] (7) can't say []
25. Where are the children living? (1) With you [] (2) With their parents [] (3) With your relatives [] (4) None of the above [] (5) can't say []

If your answer to (Q 25) is (1)

- 26) Why are they living with you? (1) Because parents are ill [] (2) Because parents are dead [] (3) Because parents are not around [] (4) Because they chose to live with me. [] (5) Cant'say []

27 Do you give your grant children any support? If yes

28. What type of support?

- (1) Pay school fees [] (2) Feed them [] (3) Cloth them [] (4) Shelter them [] (5) All of the above [] (6) Can't say []

Measures of well-being: three years ago versus today

29. How happy would you say you are these days?

- (1) Very happy [] (2) Somewhat happy [] (3) Neither happy nor sad [] (4) Do very happy [] (5) Not at all happy []. (6) Can't say []

30. Compared to three years ago, would you say you are happier now or were you happier then?

- (1) Much happier now [] (2) Somewhat happier now []

(3) About the same [] (4) somewhat happier than []

(5) Much happier than [] (6) can't say []

31. What is the main reason why your happiness has changed? -----

32. Do you receive any kind of support from your relatives?

(1) Financial [] (2) Emotional [] (3) Religious []

(4) Others specify [] (5) can't say []

33. In the Past one month how many times have you gone to the hospital for any type of sickness?

(1) One time [] (2) Two times [] (3) Can't remember []

(4) None of the above [] (5) can't say []

34. What was the nature of the sickness? _____

35. This your relative who is sick, where is he/she staying?

(1) With you [] (2) With his/her friends [] (3) In his/her house []

(4) I don't know [] (5) can't say []

36. Is he/she married?

(1) Yes [] (2) No [] (3) Can't say []

37. Does he/she have children? If yes _____

38. How many children? _____

39. Where are the children staying?

(1) With you [] (2) with parents [] (3) with other relatives [] (4) I don't know []

40. Have you ever lost a child?

(1) Yes [] (2) No [] (3) If yes []

41. Was he/she married?

(1) Yes [] (2) No []

42. Did he/she have children?

(1) Yes [] (2) No [] (3) Can't say []

43. If yes, where are the children?

(1) With you [] (2) With other relatives [] (3) Living on their own []

(4) I don't know []

Financial Situation

44. Do you maintain a bank account?

(1) Yes [] (2) No [] (3) Can't say []

45. By your own estimation, how would you rate your economic status?

(1) Much better [] (2) somewhat better [] (3) About average []

(4) Below average but not much worse. [] (5) Can't say []

46. Three years ago how would you rate your economic status?

(1) Much better [] (2) somewhat better [] (3) About average []

(4) Below average but not much worse [] (5) can't say []

47. What would you say is the greatest problem you are facing now?

(1) Lack of money [] (2) Lack of emotional support [] (3) Missing my dead child []

(4) Poor health [] (5) Problem of taking care of my grand children [] (6) can't say []

Religious/Social Activities

48). Do you belong to any social group?

(1) Yes [] (2) No []

49). If yes. Which type of group?

(1) Age grade [] (2) Njangi group [] (3) Prayer group [] (4) Women group []

50). If No why don't you belong to any of the groups?

(1) Because I don't have time [] (2) Because I don't have money to pay their dues []

(3) Because I am not strong enough [] (4) because my religion forbids it.[]

(5) Can't say []

51). If you belong to any social group. How often do you attend their meetings?

(1) Very often [] (2) Often[] (3) Rarely often[] (4) Never[] (5) Can't say[]

52). Are you a member of any religious organization?

(1) Yes [] (2) No []

53). If yes. Which religious organization?

(1) Prayer group [] (2) Knights [] (3) Choir[] (4) Can't say[]

54). How often do you attend their meetings?

(1) Very often [] (2) Often [] (3) Rarely often [] (4) Never [] (5) Can't say
[]

55). If no, why don't you belong to any of the groups?

(1) I don't have time [] (2) I don't have money to pay their dues []

(3) Because of my poor health [] (4) can't say[]

56). Do you participate in community activity?

(1) Yes [] (2) No []

57). If yes how would you rate your level of participation?

(1) Very often [] (2) Often [] (3) Rarely [] (4) Can't say []

58). If No why don't you participate?

(1) Because I don't have time [] (2) Because I am taking care of my grand children

(3) Because of my health condition [] (4) because I don't have money [] (5) Can't say []

59) What is the major source of your income?

(1) Pension [] (2) Salary [] (3) Savings [] (4) From children []

(5) From goods we make [] (6) From friends [] (7) Can't say []

60) Before your adult relative became sick, does he/she contribute to family income?

(1) Yes [] (2) No [] (3) Can't say []

61) How has the fact that your sick or dead relative not contributing to family income made your financial situation worst? (1) Very difficult [] (2) Difficult [] (3) Somewhat difficult []

(4) can't say []

APPENDIX 11: Focus Group Discussions Guide for Grandparent

A. Introduction: Welcome participants

Describe what FGD is – a group discussion that allows you to discuss the topic among yourselves rather than talking to us.

B. Purpose/Modus Operandi:

We will be discussing HIV/AIDS Disease burden and the elderly population.

We are interested in all your ideas, comments and suggestions.

All comments both positive and negative are welcome.

Please feel free to disagree with one another. We would like to have many points of view.

(We would want you to discuss all the issues among yourselves).

(Explain use of audio tape) All comments are confidential and for research purposes only. We would also want you to speak one at a time so that the tape recorder can pick your voice appropriately and clearly.

Knowledge about HV/AIDS

Probe

Groups of people at higher risk of the illness

Environmental factors

Social and economic factors

How is the disease transmitted?

What symptoms will suggest to you that someone has HIV/AIDS?

How can the disease be prevented

2. Sources of Support

What are your major sources of support?

Probe:

Whether relative, children support or others are the people that support must

Whether he has personal support system like pension and savings

3. Financial situation.

Financial situation in 2006 and currently

Probe

If it is better now in 2006 or worse

Circumstance that brought about it

Is there debt involved and to what degree

4. Relationship with grandchildren.

Existence of grand children and relationship with them.

Probe

If the respondents have grand children

Where the grand children are residing and why

If respondents support their grand children in any way

5. General Wellbeing of Respondents

Level of comfort and happiness that the individual is enjoying

Probe

Compared to 2006 has the individual level of comfort and joy changed?

If yes in what way and what brought about the change

6. Death of a child to HIV/AIDS

Experience of death by a child as a result of HIV/AIDS

Probe

How long ago the death occur?

Was the individual sick for a long time?

What role did the participants play during the period of sickness?

What effect did the sickness and death have on the family?

7. Membership and Participation in social activities

Frequency of participation in various social activities

Types of social group the participants belong to

Types of social activities the participants engage in.

Frequency of attendance

Reasons for not attending as and when due

8. Funeral Expenses

Funeral are very important social events in Cameroon that reflects the prestige and reputation of the family within the community. They typically last at least several days and involve treating guest with refreshments and meals. The expenses are incurred all at once unlike cost of care and treatment that may be spread out over the period of illness.

Probe

Did you have to spend a lot of money for h/she funeral?

When he died, did any one help you at his funeral at all?

Did you have to sale any property to meet up with some of the funeral expenses?

Did you think that the funeral expenses were a burden to you and your family?

Did you have to borrow money from some one to cover the expenses due to his illness and death?

Did you have any difficulty taking care of the children he/she left behind?

Thanks.

APPENDIX I11: In-depth Interview Guide for Community Leaders

HIV/AIDS Disease burden and the elderly population in Cameroon

Preliminaries

Introduce yourself and the purpose of the interview

Purpose/Modus Operandi:

We will be discussing HIV/AIDS.

We are interested in all your ideas, comments and suggestions.

All comments both positive and negative are welcome.

(Explain use of audio tape) All comments are confidential and for research purposes only).

Treatment of HIV/AIDS

Do you think HIV/AIDS is a threat to this community?

How big a threat is HIV/AIDS to the community?

What group does HIV/AIDS affect most in this community?

Probe:

By age groups and sex (children, male youths, female youths, women in the reproductive age group, adult males and the elderly)

How do people in this community treat people with HIV/AIDS?

2. Prevention of HIV/AIDS.

What are some of the things, members of this community do to prevent HIV/AIDS?

3. What is the impact of HIV/AIDS?

On the individual

On the family

On the community/neighborhood

4. Community efforts towards care to the people affected by HIV/AIDS.

When someone dies of HIV/AIDS who takes care of the children, the parents and other siblings?

Are there any community efforts to care of children orphaned by HIV/AIDS?

Thank you