Health Situation for Elderly Persons in Developing Societies: The Case of Cameroon

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Abstract: **This study examines the health situation of elderly persons in Cameroon using data from the 2005 General Population and Housing Census. This health situation is measured via the prevalence of chronic diseases,disabilities and life expectancy after 60. This study reveals that 6% of elderly persons in Cameroon suffer from at least one disability with blindness being the most prevalent. 5.8% of them suffer from at least a chronic infection with hypertension being the most frequent, followed by diabetes. With proper diagnosis, prevalent rates of chronic infections could be much higher. At 60, life expectancy is 15.4 years and by age 80, this expectancy has dropped to only 4.2 years. Life expectancy for elderly women is higher than that of elderly men.Gaps for life expectancy for both elderly women and men reduce with age and become almost zero after 89 years. The elderly population is increasing in Cameroon at a time when the health care systemis not yet fully developed to handle their complicated health situations. There is need to develop geriatric health care with emphasis on early diagnosis, and treatment of chronic infections and disabilities as well as need to subsidize health care costs for the elderly. There is also need to advise younger generations against risky behaviours that expose them to chronic infections before they reach old age.**

***Key words*: Elderly, chronic diseases, disabilities, life expectancy**

I. INTRODUCTION

When many people reach old age, it is a triumph for public health care as well associal and economic development. However, as people grow old, their organisms grow weaker and old age becomes associated with many health problems. 0ld age is highly associated with increased risks of having at least one chronic disease such as hypertension, diabetes, poor vision or blindness, impaired hearing, cancers, cardio-vascular diseases and osteo-musular conditions. In fact, one of the major consequences of ageing is an increase in the occurrence of chronic diseases. Old age is known to be a non-modifiable risk factor for several disorders. These non-communicable diseases are the leading causes of death at old age. The situation becomes more challenging in health care use and costs when multiple chronic conditions challengea single individual. The degree of illnesses mostly common to elderly persons with multiple chronic conditions is evident through an increase in the number of physician visits, hospitalizations and the use of drugs.

Old age is also characterized by disability, often considered as a permanent state of illness. Persons with physical or mental limitations that may require assistance, adaptive equipment, or simply more time to accomplish tasks are often viewed as disabled and thus less capable on a whole. Limitations that are easily detectable such as limp, use of wheelchairs, or vision impairment may be stigmatizing for the individual because these are outward signs of supposed ill health.

The number of persons who are 60 and above in Cameroon and worldwide is growing.According to Cameroon's 2005 General Population and Housing Census, the proportion of elderly persons within the total population was still low (5%). Trends show that the annual growth rate of this population has stepped up from 2.3% for the period 1976-1987 to 2.5% for the period 1987-2005. At this rate, the population of elderly persons which stood at 870642 inhabitants in 1987 reached 1073237 in 2005. Following this trend, by 2015 the figure rose to about 1,202,468. Curiously, while the growth rate of the total population is declining, that of elderly persons is increasing. Cameroon needs to be prepared to address the consequences of this demographic trend. This equally means dealing with the increasing burden of chronic diseases and disability that come with aging.

II. RELEVANT THEORIES &BRIEF REVIEW OF LITERATURE

2.1 Theories of Morbidity and Disability at Old Age

Two principal theories have been formulated to explain the effects of longevity, morbidity and disability at old age (Michelle Putman, 2002). The expansion theory of morbidity supposes that extension in life expectancy is achieved mainly through technological and medical innovations that extend the lives of persons living with diseases and disability. Living longer exposes more people to the non-fatal disabling diseases of old age such as Parkinson's disease, dementia, hearing and vision loss and arthritis. According to this theory, the diseases that manifest themselves at old age start early in life and become severer with depreciations linked to age.

On the contrary, the compression theory of morbidity states that changes in lifestyle modify the risk factors for morbidity and disability and will delay their onset and progression. Thus the time lived with disease and disability will be compressed into a brief period before death.

The dynamic theory, an intermediary theory, states that as life expectancy increases, the number of years lived

with disability increases but the number of years lived with severe disability reduces.

A combination of these theories is usually appropriate in explaining the relationship between ageing and morbidity and disability.

1.2. Brief review of literature

The proportion of the population that is equal or greater than 60 years of age in Sub-Saharan Africa is increasing rapidly and is likely to coerce healthcare systems in the future. Nevertheless, the elderly are not a health policy priority for African countries (Eyinga, D.E, 2010). This paper reviews the nutritional and health status of older adults in Sub-Saharan Africa and their determinants. Literature was extracted through the Medline, Google Scholar, and Dog pile databases using the following search terms: Sub-Saharan Africa, older adults, nutritionand health. Findings showed that up to half (6-48%) of elderly Africans in this part of the world are underweight and almost a quarter (2.5-21%) are overweight, while 56% of older South Africans are obese. Low-quality diets contribute to poor nutritional status. Poverty, HIV/AIDS and complex humanitarian emergencies are major determinants of under nutrition. Effective interventions need to consider socioeconomic, health, and demographic factors; social pensions may be the most cost-effective option for improving the health and nutritional status of the elderly in Sub-Saharan Africa.

III. DATA AND METHODOLOGY

Data for this study was collected during the 2005 General Population and Housing Census of Cameroon which is the latest census to be carried out in the country. Information on chronic diseases was collected from the household head or his/ herrepresentative or directly from the person concerned in relation to seven chosen chronic diseases: diabetes, tuberculosis, cancer, epilepsy, sickle cell, hypertension and asthma. The disability and chronic infections are those declared by the respondent, the household head or his representative. There was no diagnosis. The same operation was carried out for disabilities. The following disabilities were considered: albinism, deafness, hearing impairment, blindness, mental illness, infirmity of the lower and upper limp and leprosy.

The methodology adopted presented some limits. The first limit was that there was no medical examination carried out to ascertain whether the disability or chronic illness declared existed or not. The second limit was related to high illiteracyrates among the population and particularly among the elderly wherein there was the absence of understanding as to what was meant by disability or chronic infection in some instances. The likelihood was that there could have been a high degree of under-estimation.

IV. PREVALENCE OF CHRONIC DISEASES AMONG THE ELDERLY

Chronic diseases occur mostly at old age and affect both Developed and Developing Countries. These illnesses develop gradually and persist over time and are either difficult to treat or are incurable. These illnesses often leave incapacitating signs on the victims.

Table 1: Prevalence Rate of Chronic Diseases among the Elderly by Sex and Residence

Type of Chronic Disease	National Level		Both Sexes	Milieu of Residence	
	Male (%)	Female (%)	(%)	Urban (%)	Rural (%)
Cancer	0.48	0.37	0.42	0.37	0.45
Diabetes	1.06	0.80	0.92	1.53	0.62
Sickle Cell	0.31	0.25	0.28	0.22	0.30
Hypertension	2.47	3.19	2.84	4.26	2.13
Tuberculosis	0.54	0.39	0.46	0.36	0.52
Asthmas	0.81	0.75	0.78	0.84	0.75
Epilepsy	0.07	0.07	0.07	0.00	0.09
TOTAL	5.75	5.8	5.78	7.62	4.93

Source: 2005 GPHC of Cameroon

As evident in Table 1 above, irrespective of the milieu of residence, the chronic disease that occurs most among elderly persons is hypertension. Hypertension alone accounts for about half of the chronic infections among the elderly in Cameroon. Its prevalence rate is higher among elderly women than elderly men and in urban than rural areas.The second chronic disease that affects the elderly in Cameroon in terms of prevalence is diabetes. This is understandable as both hypertension and diabetes are associated and often co-exist within the same individual.

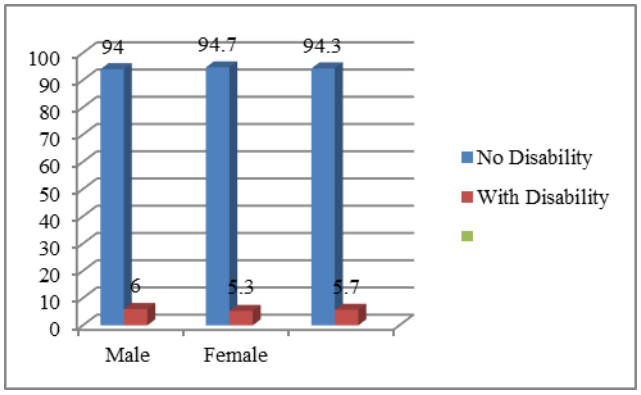
The figures in Table 1 also demonstrate that the declared prevalence rate of chronic diseases is higher among elderlypersons in urban areas (7.62%) than among those living

in rural areas (4.93%).There is a high probability that the declared prevalence of chronic infections among this sub population especially in rural areas is under-estimated. Many elderly persons may be infected by chronic infections and will only be aware after medical diagnosis. In rural areas, the greater geographical distance from health units, the absence of high quality health facilities, limited financial resources andignorance can reduce the rate at which elderly persons are diagnosed for chronic infections and disabilities. For these reasons, many elderly persons especially those living in rural areas may be unaware of some of the chronic diseases that they suffer from. Special attention needs to be paid to the early diagnosis of incapacitating diseases in the general population especially among the elderly.

V. ELDERLY PERSONS AND DISABILITY

Disabilityatold ageis frequent and lowers the quality of life. Both mental and physicaldisabilityexpose old persons to admission inhospital, need for residential care and premature death. Helping to combat disabilityin the elderly can improve the quality of life. Older adults with physical disabilities may have an even higher risk of health problems than their peers without disabilities for various reasons, including limited mobility and barriers to healthcare.

Figure1: Presence or Absence rate of Disabilityin the Elderly (%)



Source: 2005 GPHC of Cameroon

Figure 1 shows that out of the total of 860428 elderly persons who declared their disability status, 5.7% (48638) had at least a disability. There is a slightly higher disability prevalence rate among elderlymales than among elderly women (6% against 5.3%).

5.1. Rural-Urban Residence and Gender Differences inthe Prevalence of Disabilities

There are significant differences in living standards between urban and rural areas especially in developing countries such as Cameroon. This is often reflected in health conditions. Given the biological, behavioural and other variances between men and women,differences may exist in the prevalence rate of disabilities between men and women no matter the milieu of residence.

Table 2: Disability Status (5%) of Elderly Persons by Sex and Rural-Urban Residence

Disability Status	Urban			Rural		
	Male **(%)**	Female**(%)**	Both Sexes**(%)**	Male **(%)**	Female **(%)**	Both Sexes **(%)**
Absence of a Disability	94.8	95.5	95.2	93.6	94.3	93.9
Presence of a Disability	5.2	4.5	4.8	6.4	5.7	6.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: 2005, GPHC of Cameroon

In both rural and urban areas, the proportion of elderly men who declared that they suffer from at least a disability is higher than that of elderly women (table2).For both sexes, the disability prevalence rate is higher among elderly persons living in rural areas than those living in urban areas (6.1% as against 4.8%).

5.2. Regional Variations in Disability Prevalence

Regional variations in climatic and environmental conditions, living standards and distribution of health facilities are very likely to result in regional differentials in the prevalence of disabilities at all ages especially at old age.

Table 3: Prevalence of Disabilities among the Elderly by Regions and Rural-Urban Residence

Region	Both Rural and Urban (%)			Urban Areas (%)			Rural Areas (%)		
	Male	Female	Total	Male	Female	total	Male	female	Total
Adamawa	3.4	4.9	4.1	3.2	3.0	3.1	3.5	6.0	4.6
Centre	8.5	6.9	7.6	5.7	4.9	5.3	10.4	8.2	9.1
East	6.2	4.5	5.3	5.5	3.8	4.0	6.5	4.7	5.5

Far North	3.9	3.9	3.9	4.6	4.6	4.6	3.8	3.7	3.8
Littoral	6.4	4.8	5.5	5.6	4.3	4.6	9.8	7.1	8.4
North	4.0	3.5	3.8	3.2	3.0	3.1	4.2	3.7	4.0
North West	5.7	4.9	5.3	4.9	4.0	4.5	6.0	5.2	5.6
West	7.6	5.4	6.2	6.4	5.4	5.8	8.1	5.3	6.4
South	11.2	9.2	10.0	9.4	8.7	9.0	11.4	9.3	10.2
South West	5.2	4.6	5.0	4.1	3.9	4.0	5.7	5.0	5.4
Cameroon	6.0	5.3	5.7	5.2	4.5	4.9	6.4	5.7	6.1

Source: 2005 GPHC of Cameroon

- *The prevalence rate for each disability is the total number of persons that suffer from the disability divided by the population exposed to that risk. The is the formula used for regions and at the national level.*

The proportion of elderly persons with disability is higher in rural than urban areas for all regions (table 3). Differences in the prevalence rate between rural and urban areas are more pronounced in the Littoral and Centre Regions. The South Region,with a prevalence rate of 10.0% and the Centre with7.6%, stand out as regions with the highest prevalence rates of disability among the elderly. The least affected regions are the North (3.8%), the Far North (3.9%) and the Adamawa (4.1%). The Adamawa Region is the only region where the disability prevalence rate for elderly women is higher than that of elderly men.

5.3 Prevalence of Different Types of Disability among the Elderly

This section examines the prevalence rates of specific disabilities among elderly persons. The disabilities considered are deafness, visual impairment, and dumbness,upper and lower limp infirmity, mental disorder and albinism.

Table 4: Prevalence Rates (%) of Types of Disabilities by Sex and Rural –Urban Residence

Disability	National Level			Urban			Rural		
	Urban (%)	Rural (%)	Total (%)	Male (%)	Female (%)	Both sexes (%)	Male (%)	Female (%)	Both Sexes
Deafness	0.9	0.9	0.9	0.8	0.8	0.8	0.9	0.9	0.9
Inability to speak	0.7	0.7	0.7	0.8	0.8	0.8	0.6	0.7	0.7
Blindness	1.7	1.5	1.6	1.3	1.1	1.2	1.7	1.9	1.8
Lower limp infirmity	0.6	0.4	0.5	0.6	0.4	0.5	0.5	0.6	0.1
Upper limp infirmity	1.5	1.2	1.4	1.4	1.2	1.3	1.3	0.3	1.4
Mental illness	0.3	0.3	0.3	0.2	0.3	0.3	0.3	2.8	2.0
leprosy	0.3	0.3	0.3	0.2	0.2	0.2	0.3	2.9	0.3
Albinism	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.5	0.1
Total(addition of prevalence of different disabilities)	6.1	5.3	5.7	5.5	4.7	5.1	6.4	5.6	5.85

Source: 2005 GPHC of Cameroon

The entries in Table 4 confirm that blindness remains themost frequent disability among elderly persons in Cameroon beit in the rural or urban milieu. It affects 1.6% of elderly persons with very small rural-urban and male-female differences. The second position is held by infirmities of the upper limp.

Elderly women are more affected by mental illness especially in the rural areas than elderly men. For disabilities, the prevalence rates among elderly men arehigher than among elderly women.

VI. RISK OF DEATH AFTER 60

An important indicator of the health situation of elderly persons is the risk of dying or survival after 60. This risk is measured in the table below using life expectancies at various ages after 60 and death ratios.

Table 5: Mortality Ratios and Life Expectancies of Elderly Persons by Sex and Five Year Age Group

Age Group	Death Ratios/000		Both Sexes	Life Expectancies(years)		Both Sexes
	Male	Female		Male	Female	
60-64	138.4	93.0	109.1	14.3	16.3	15.4
65-69	202.8	149.0	171.9	11.2	12.7	12.0
70-74	310.2	249.0	278.4	8.4	9.4	8.9
75-79	483	394.2	427.6	6.0	6.7	6.3
80-84	680.4	637.2	659.9	4.0	4.4	4.2
85-89	841.1	825.1	833.5	2.6	2.9	2.8
90-94	930.8	928.2	929.6	2.0	2.0	2.0
95+	-----	-----	------	1.1	1.2	1.1

Source: 2005 Computed using data of GPHC of Cameroon

As the ages of elderly persons increase, their probability to die also increases (table5). The probability to die increases rapidly after 64, a reflection of the poor health of the elderly and the general low life expectancy in the Cameroonian population as a whole. At most advanced ages, women face less risk of dying than men. This is reflected by the higher life expectancies and lower death ratios for elderly women than for elderly men.

At 60, an elderly person can expect to live for another 15.4 years and at 80, this expectancy is only 4.2 years. Up to 89 years, life expectancy is higher for elderly women than elderly men and after this age, there is no significant difference. Elderly women have greater survival opportunities which are usually characterized by disabilities and chronic illnesses.

Increased mortality with age for elderly persons could be a translation of the weakening of the body, long periods of poor health and risky social behaviours such as alcohol, smoking and consumption of drugs, poor sanitary conditions, the near absence of specialized geriatric health care, etc. The co-occurrence of many chronic infections and disabilities is a key cause of mortality of elderly persons in Cameroon in particular and the world in general.

VII. CONCLUSION

The health situation of elderly persons in Cameroon is worrisome. 6% of elderly persons in Cameroon suffer from at least a disability with blindness being the most prevalent. This rate, which is derived from declarations of respondents, may be an under-estimation of the real situation. 5.8% of elderly persons in Cameroon suffer from at least a chronic infection with hypertension being the most frequent. This is followed by diabetes. The high prevalence of chronic infections and disabilities is responsible for low life expectancy at old age in Cameroon. At 60, life expectancy is 15.4 years and by age 80, this expectancy drops to only 4.2 years. The higher life expectancy for elderly women than elderly men reduces with age and becomes almost zero after 89 years. The elderly population is increasing in Cameroon at a time when the health care is not yet fully developed to handle their complicated health situations. There is need for the development of geriatric health care with emphasis placed on early diagnosis, and treatment of chronic infections and disabilities. There is equally need to subsidize health care costs for the elderly and advice younger generations against risky behaviours that expose them to chronic infections long before they reach old age.

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