

Engagement of the Elderly in Improving Their Healthcare in Cameroon: A Contribution Based on An Anthropological Analysis

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ABSTRACT

Aging with HIV is an emerging public health issue in Cameroon, characterized by a growing number of older people living with HIV (OPLWH). In Cameroon, this population faces multiple challenges, including limited access to appropriate care, a lack of consideration for their specific needs by health facilities, and persistent stigma. An emic approach to this issue reveals that the experience of aging drives the engagement of older people living with HIV in their own care within health facilities and associations for the elderly. Furthermore, their engagement both in society and within health facilities is explained by lifestyle changes and the positive mobilization of healthcare staff. Resilience, as well as acceptance of oneself and the disease, are integral to the strategies that foster older people's participation in improving their care. Regarding recommendations, older people urge public health institutions to implement coaching and support interventions to help them develop strategies for managing their condition and their care.

Keywords: Older people, Engagement, Improvement, Healthcare, Cameroon

Resume

Le vieillissement avec le VIH constitue une problématique émergente de santé publique au Cameroun, marquée par une croissance du nombre de personnes âgées vivant avec le VIH (PVVIH). Au Cameroun, cette population est confrontée à de multiples défis, notamment un accès limité aux soins adaptés, une faible prise en compte de leurs besoins spécifiques par les structures de santé, ainsi que la stigmatisation persistante. L'approche émique de cette problématique démontre que l'expérience du vieillissement explique l'engagement des personnes âgées vivants avec le VIH dans leur prise en charge au sein des formations sanitaires et associations des personnes âgées. Ensuite, l'engagement des personnes âgées en société tout comme dans les formations sanitaires s'explique par leur changement de mode de vie et la mobilisation positive du personnel de santé. La résilience et l'acceptation de soi et de la maladie font partie intégrante des stratégies qui favorisent la participation des personnes âgées dans l'amélioration de leur prise en charge. Quant aux suggestions, il en ressort d'emblée que les personnes âgées recommandent aux institutions de santé publique de mettre en place des interventions de coaching et de soutien pour les aider à développer des stratégies pour gérer leur maladie et leur prise en charge.

Mots clés : Personne âgée, Engagement, Amélioration, prise en charge sanitaire, Projet, Cameroun

INTRODUCTION

The aging of people living with HIV (PLHIV) has emerged as a major public health issue in Cameroon, particularly in large urban centers like Yaoundé and Douala. Thanks to the increasing effectiveness of antiretroviral treatments and expanded access to care, the proportion of PLHIV aged 50 and older is steadily rising; they now account for approximately 10% of all PLHIV in Cameroon nearly 48,000 out of the 481,147

individuals recorded in 2023. This trend, projected to reach 25% by 2025, reflects both the success of care policies and the emergence of new challenges associated with aging while living with HIV. In the capital, Yaoundé, the situation mirrors the national trend, with a high concentration of the country's active patient caseload.

Older people living with HIV face specific challenges: limited access to specialized care, inadequate consideration of their needs within healthcare facilities, a high prevalence of comorbidities (such as hypertension, diabetes, hepatitis, and cancer), multimorbidity, and persistent social stigma. Approximately 32.3% of this population presents with at least one associated condition, and more than half suffer from hypertension. It is against this backdrop that the "Aging with HIV" project was launched in Yaoundé, spearheaded by the Bouisson Bertrand Institute in partnership with the National AIDS Control Committee (CNLS) and the association Positive Générations, with support from Expertise France.

This study aims to improve care for people living with HIV (PLHIV) aged 50 and older, utilizing a qualitative methodology and an integrated clinical-community approach. The project's second phase, launched in April 2024, has enrolled several hundred participants in the capital, with key objectives including the expansion of decentralized health services, enhanced monitoring of priority comorbidities, and the generation of essential data to inform national policy adjustments. The "Aging with HIV" project is distinguished by the systematic integration of comorbidity monitoring into routine consultations, the active involvement of beneficiaries in their own care, and the mobilization of community stakeholders such as Alternatives-Cameroun to provide medical and psychosocial support. It draws on successful experiences in South Africa and Kenya, where the integration of HIV and chronic disease care, community-based psychosocial support, and stigma reduction have proven effective.

Additionally, another project titled "Grand Age et VIHeillir" was established in Cameroon under the auspices of the ARNS. This project sought to understand the experiences and perceptions of aging among older adults including those living with HIV and to examine the coping strategies adopted by older people during epidemic crises, such as the COVID-19 pandemic, which was at its peak during that period.

From another perspective, it should be noted that the issue of aging has not gone unaddressed in Cameroon; however, the national policy on aging has yet to become fully operational. Indeed, the most significant initiative to date remains the establishment of a contributory fund to manage retirement pensions and salaries. This is the only tangible measure currently in place to ensure security for the elderly in Cameroon. This situation can be understood in light of research by Anong Adibiyime (2021), which demonstrates that a significant elderly share of the population leads to slower GDP growth and exerts downward pressure on inflation, investment, and savings. An aging workforce tends to reduce the labor supply. To mitigate the negative effects of population aging, it is advisable to combine labor market policies with pension reforms while simultaneously investing in human capital and technological innovation. It was with this in mind and in anticipation of the first cohorts of retiring civil servants—that the Cameroonian government established the old-age pension fund known as the CNPS (National Social Insurance Fund).

Similarly, non-salaried individuals receive no state support in their old age; they rely entirely on their relatives for support in all respects. The Ministry of Social Affairs (MINAS) (2019) addresses the needs of the elderly through the Department of National Solidarity (DSN). The Ministry's vision regarding assistance for the elderly specifies that aid can only be granted to abandoned elderly individuals who formally request it. As for the healthcare system, there are no specific features or provisions to facilitate the care of the elderly or streamline their navigation through patient pathways within health facilities. The recent establishment of the geriatric department at Yaoundé Central Hospital (HCY) does not solve the health problems faced by impoverished elderly people.

Moreover, aging is a pressing issue that warrants particular attention from the social sciences and public health sectors. Over the last century, societal age pyramids have widened at the top, thereby altering the social role of the elderly. Basso and Jimeno (2018) align with this view, noting that rising longevity has led to an increase in the proportion of older adults. These demographic shifts, alongside new waves of innovation and automation, are the two primary forces shaping macroeconomic conditions and the labor market. Indeed, this unprecedented

demographic transition has fundamentally transformed the landscape of economic activity. Population aging has significant implications for GDP growth, the current account, savings, investment, and labor market participation.

Against this backdrop, it is reasonable to assert that the active involvement of older adults in managing their own healthcare is a crucial lever for enhancing their autonomy, optimizing the effectiveness of public health interventions, and fostering an inclusive, participatory approach. Conducted as part of the "Aging with HIV" project in Yaoundé, this research aims to examine the barriers to and facilitators of such active engagement, assess how well health services meet the needs of seniors, and formulate recommendations for more comprehensive and sustainable care.

METHODOLOGY

To conduct this study which aims for reliability and originality on the involvement of older adults in improving their own healthcare, we opted for an approach and investigative methods commonly used in anthropology. The study employs a descriptive qualitative approach with a phenomenological focus to better understand the dynamics of older adults' involvement in improving their care. It explores their perceptions and experiences regarding illness, the factors facilitating their involvement, the forms this involvement takes, and the challenges they encounter.

Regarding the target population, we selected individuals aged 60 and older residing in the Mfoundi department, specifically in Yaoundé. We used purposive sampling, selecting 15 older adults until data saturation was reached. Eligibility and recruitment criteria were based on participant willingness. The 15 participants were categorized as follows: five active members and advocates for the rights of older adults within associations; five individuals suffering from and weakened by illness; and five individuals with a medical background.

The free, informed, and voluntary consent of participants was obtained in writing, except in cases of illiteracy. In such instances, verbal consent was secured in the presence of an impartial witness; an adapted consent form (using pictograms and plain language) was employed, and the procedure was subsequently documented in writing and signed by the witness. After confirming their availability and willingness to participate, we reassured the elderly individuals regarding the security measures protecting the information provided. The study focused on data collection, analysis, and interpretation. Data collection relied on in-depth individual interviews and life histories to gather information on the elderly participants' experiences and perceptions of their illness, as well as their therapeutic pathways. Documentary sources played a significant role in guiding the study.

From a theoretical standpoint, textual analysis and content analysis complemented each other in identifying the fundamental elements structuring the study's conceptual framework. Interpretation and analysis enabled us to derive meaning from the collected data by drawing on specific concepts from various theories namely Paulo Freire's (1973) empowerment theory, to understand how elderly individuals participate in their own care, and the community participation theories of Susan Rifkin (1986) and Peter Oakley (1991), to understand how seniors engage with the challenges affecting them.

Presentation Of Key Results

The analysis and presentation of the main results of this research are structured as follows: the personal experience of illness among the elderly, the factors facilitating their engagement, the forms of engagement among the elderly, the obstacles to their engagement, and finally, their expectations.

Personal Experience Of Illness Among The Elderly

Experiences of illness among the elderly in Cameroon are varied; they differ and are shaped by each individual's personal history. Understanding this concept requires a rigorous analysis of how seniors discover their serostatus, their reactions to the diagnosis, and the subsequent changes in their lifestyles.

Discovery of serostatus

Initially, older adults often discover their serostatus during routine visits to health facilities. When asked what motivates them to visit these facilities, they indicate that they go regularly due to the recurrence of common ailments such as malaria, rheumatism, and severe anemia. It is at these facilities that they are informed of their serostatus. It is important to note that they also visit these facilities to manage health issues like opportunistic infections and to detect symptoms of HIV infection early. For some older adults, the care pathway leading to the discovery of their serostatus also involves consultations with traditional healers, nurses, and doctors. Statements from some of the older adults interviewed amply confirm this:

"When I fell ill, I was first taken to a traditional healer; I stayed with the traditional healer for over six months they kept treating me with herbal remedies, but I was losing weight and wasting away. That was when my brother since his wife works here, Mrs. Good morning (yes, she is a nurse there) suggested it would be better to go to the hospital. We went to Yaoundé, I was tested, and I was put on treatment."

Based on this information, it is clear that the onset of opportunistic infections is often what leads older adults to discover they have HIV. Although many are drawn to traditional medicine, the results they hope for rarely materialize. In contrast to the previous case, another individual clearly explained that she discovered her HIV-positive status only after suffering from a series of illnesses. Despite visiting numerous health facilities, she saw no improvement; her condition remained dire, characterized by physical weakness and significant weight loss. It was only after extensive medical investigations and testing that she learned her status. Illustrating this point, she recounted:

"I was sick, sick for a long time. I tried various treatments, but nothing worked. I was even sent to the Day Hospital in Yaoundé, but my condition didn't improve. Then I was referred to the General Hospital; that's where a woman called me over just as you've called me now and began counseling me, realizing how truly ill I was. I told her, 'Mama, if this is God's will, then so be it.' They processed my paperwork and arranged a transfer. I was brought here and started on the medication I still take to this day I never miss a dose. Fortunately, my children keep an eye on me. If I forget, they ask, 'Mama, have you taken your medicine?' I say, 'Oh! It's been five or ten minutes hand it to me.' I keep it right there; I take it, I swallow it, and that's it. Then I come back the following month for more."

Another elderly person reinforced this perspective by explaining that she discovered she had HIV following a blood transfusion procedure. In fact, according to these individual, geriatric patients expose themselves to HIV infection when receiving blood from strangers. It is also worth noting that elderly people are particularly vulnerable due to the decline in their bodies' physical and functional capabilities. To illustrate this point, consider her own words:

"I was at the hospital with my grandson; he needed blood, so they drew mine to see if I could be a donor. They found that my blood wasn't suitable, which is why they referred me to the Pasteur Center for tests to confirm the hospital's findings. That was in March 2017. After the analysis, they informed me that I had HIV. Just look at my age that was when I discovered I was living with this disease. That is why I was sent here for medical monitoring and care. I came here I believe it was April 1, 2017 and although I wasn't feeling any pain, that was when I was told I couldn't donate blood."

Furthermore, other elderly individuals support the aforementioned points, noting that they are frequently hospitalized and cared for by those around them specifically their daughters based on the belief that women provide better care for aging parents than men do. The same applies to female healthcare staff, who are perceived as more attentive and conscientious in providing care. Even when they are not presenting with acute illness, both healthcare workers and family members consistently urge them to undergo check-ups to monitor their health and detect other potential conditions. It is also worth noting that elderly people living with HIV are at risk of hypertension, an opportunistic condition that can prove fatal. A patient's own account illustrates this point:

"I used to get sick from time to time I was unwell, and I didn't keep it to myself; I would talk to my brother and my cousin, since we got along well. One day, my cousin asked me, 'Why do you keep saying every day that you have pain here, or pain there? What is bothering you?' I didn't know. That's when he said, 'Since that's the case, I can't stand you just going to the hospital or pharmacy to buy random medicines anymore; you need to go straight to the Central Hospital.' My cousin sent me there, and I went. Once there, they ordered tests; I had them done, and they discovered my diagnosis. I thanked God, because God is the one who does everything He is the one who willed it to be this way. I thanked God."

Receiving the diagnosis

When asked about their experience of receiving the diagnosis, older adults expressed intense emotions such as distress, fear, sadness, and frustration upon learning they had the disease. However, this discovery was also perceived as an event that brought a sense of calm and alleviated their anxieties. Others found comfort in the guidance provided by healthcare staff. This comfort involved both instilling courage in the older adults and conveying a message of support and solidarity. The aim was to help them understand that HIV need not shatter a patient's morale, as it is possible to live a long life with the virus. Let us consider the testimony of an older adult to illustrate this perspective: *"At first, I was so devastated... I wanted to die; I truly wanted to die because I was so hopeless I didn't realize I could go on living."*

Another person shares this sentiment, explaining:

"It made me a bit sad... so worried. But the doctors told me: 'Mama, you need to find the courage; this will pass.' At first, I was frustrated, because it really weighs on your spirits and makes you sad, but after a month or two, I regained my courage. I no longer felt shame or fear. People used to talk about me, saying, 'That woman is sick.' Yet, all those people who said I was sick... today, when they run into me here, they hide."

Similarly, some older adults reported feeling unwell upon learning their diagnosis results. It is also worth noting that some older people have lost their lives because they were unaware of their serostatus and the nature of the illness affecting them. Upon discovering their status, some said they would spend their evenings weeping without sharing the news with those around them, viewing it as an ordeal that was too difficult to disclose. To put it plainly: some share their status, while others do not. One older adult elaborated on this point, explaining:

"It hurt me deeply; I thought my time was up because I hadn't realized how or when the disease had taken hold. People in our community were dying, and I believed my own end had come. When I got home, I just started to cry; my husband came over to calm me down and asked what was wrong. I told him, and he said I shouldn't speak to anyone about it for the time being that I should just stay calm. He himself got tested and didn't have it he doesn't have it. He was tested and was negative. As for me... was I born with these ailments? Am I always sick? I just don't know."

Furthermore, while some older adults expressed acceptance of the illness in their accounts, others voiced resignation regarding their situation. Fear of death, suffering, and the unknown was evident in many of their statements. Regarding acceptance of the disease, the older adults we met reiterated that by taking their medication regularly, they could avoid the severe shocks and crises the illness might otherwise inflict upon them. With consistent antiretroviral (ARV) treatment, the virus remains suppressed, allowing the patient to lead a life as normal and positive as anyone else living with the condition. Let us listen to what one older adult had to say to illustrate these perspectives:

"It didn't bother me, really. I was told my medication was available in Bafia, but that traveling here to Yaoundé to get it was the prudent choice consistency is key. I was very happy to take the medication; I was told that even if I lived to be a hundred, they wouldn't just stop and say, 'You're fine now' or 'You've taken it long enough.' I would have to keep taking it until my very last day and I understood that. It didn't bother me at all, because I've known all along that it's just an illness like any other a disease that kills. Malaria kills; all diseases kill. That's why I've remained calm about it."

Regarding resignation and fear, field data clearly show that some older adults expressed concerns about the need to take antiretrovirals (ARVs) regularly and endure their side effects. Others contemplated what they might do if they had the chance to rid their bodies of the disease. Furthermore, spending a lifetime taking medication to combat the progression of an illness takes a particularly heavy toll on older adults; consequently, fears and anxieties increasingly dominated and paralyzed their daily lives. The statements made by this older man reflect this reality. Let us listen to his account:

"For me, it was somewhat frustrating because I kept wondering how I had contracted the disease. Based on the explanations given that transmission didn't necessarily occur through sexual contact but could stem from hygiene issues, such as at a hair salon or while shaving it really troubled me, as I am not the type of person to be promiscuous or lead a wild lifestyle. I committed to starting treatment and have continued to this day. After that, my wife was brought in for testing and was negative; the children were also negative, except for my youngest child. During her pregnancies, my wife attended prenatal check-ups and was tested regularly, and the results were always negative. Only my youngest child and I tested positive, so I really don't know how it happened."

Changes in the lifestyles of the elderly (health, relationships, work, etc.)

Most responses from the elderly indicate an improvement in health since the start of treatment, particularly a reduction in malaria episodes and other health issues. Others mentioned changes in their daily lives, such as taking medication regularly and attending regular medical check-ups. Ultimately, they expressed acceptance of their health status and adapted to their new lives while living with the illness. Despite the challenges, these older adults developed resilience strategies to manage their condition and their daily routines. To better understand these points, let us listen to what one elderly person had to say:

"Let's just say the illnesses I had back then are gone though I know things like malaria are always a risk; it's in the blood. Since I take my medication properly I never skip a dose I feel fine. I can see things have changed; I've regained my strength and can do my work without any problems. I no longer suffer from the malaria that used to plague me sometimes I'd get it every two weeks. If I get sick or eat something that doesn't agree with me, I might get diarrhea, but that's the only issue I have now; things have really changed."

Another elderly person echoed this sentiment, explaining:

"Nothing has changed; I've always stayed among my own people. You know, when you have this illness, you wonder about things but what can you do? It's already here; are you going to run away? People even call me 'the sick one the sick one'! So, I have an incurable illness, and I take my medication. As for me, my spirits remain high; my morale has never wavered. I live with it; that's just how I live. Nothing about me has changed that's why I look the way I do. Nothing changes; I'm not affected by it at home, either. My family just takes it in stride."

However, another elderly person pointed out that the only way to face this ordeal is to develop coping mechanisms that provide courage. Courage that enables them to live better with those around them and their close friends. Elaborating on this view, she stated:

"I've found courage in dealing with this illness. I'm very brave; even when the priest arrives, I tell him I'm sick before anyone else can. I tell him right away: 'As you can see, Father, I am sick.' That gave me courage regarding my grandchildren. I told myself I wouldn't die as long as I took my medication properly. It started to bother me a bit you know how it is when your head acts up; it troubles you sometimes. I have to take it regularly, but if I forget, it bothers me a little. I got so used to it that I wouldn't miss the time; I set alarms for 6 a.m. and 7 p.m. So, as you see me now even when I'm out walking or starting my day I make sure to take my medication." The other person said to me: "You see, others are ashamed; they go off to get their medication but are ashamed to seek treatment, and so they just die. As for me, I continue my treatment without fear or difficulty."

Factors Facilitating The Engagement Of Older People

The factors facilitating the engagement of older people are access to healthcare and satisfaction with the services received.

II.1 Access to healthcare for the elderly

Most of the people interviewed stated that they have easy access to healthcare, particularly regarding medication and medical appointments. The quality of the welcome is a crucial factor that shapes the patient's treatment journey. The initial contact between healthcare staff and the patient plays a decisive role in future appointments. A patient who feels at ease during the first appointment is more likely to return for the second, unlike someone who receives a poor welcome or inadequate care on the first day. From these points, it is immediately evident that the elderly have easy access to healthcare and receive their medication free of charge. To confirm this, let us look at the statement made by this senior citizen:

"Access!!! Yes, it's good. Since I fell ill, the UPEC has been providing me with the medication; I take it without any trouble it's easy for me, and I don't suffer. When I go to the hospital, if the medication is available, they give it to me; it's easy or at least that's how I see it because when you arrive, you are welcomed well: you open your file, get examined, receive your medication, and keep coming back for your appointments. And because I want to get better myself, when my appointment comes around, I don't want to miss it; I really want to be healthy. Personally, I've never had much trouble: whenever I come, I get the help I need."

The same applies to this older man, who reinforces this point of view by explaining:

"It's very easy because, when I go to the hospital wherever it is I don't have to wait in line like the younger patients, and I don't pay for the care. They treat me like a 'Good Samaritan' and often handle things for me; I don't pay for the treatment itself. While others pay 2,000 francs, I receive the care for free I only have to buy the actual medication. It's easy once I'm at the hospital because they help me with the remedies, and I agree to take them. It's easy! You ask how? Well, when I arrive, I simply identify myself; I do whatever is asked of me, and then I go home with my medication, start the treatment, take my pills regularly, and have no problems."

II.2 Satisfaction of the elderly regarding services received

Most of the people interviewed expressed satisfaction with the health services they use and the staff who attend to them in hospitals and health centers. For the elderly, satisfaction means feeling at ease and fulfilled. They described how healthcare staff met their needs immediately upon arrival, bringing them a sense of joy and healing even before a diagnosis was made. The perspective of one elderly person confirms this:

"I am satisfied, and I cannot leave without saying thank you and by 'thank you,' I mean that feeling of being cared for again, receiving the kind of affection one got as a child; being looked after just as people used to be looked after. I feel completely at ease. I am satisfied because, after taking the medication, I no longer feel weak or desperately ill like I used to; I feel comfortable and haven't been in bad shape since. I take it like a vitamin supplement every morning and evening. I am well received when I arrive and face no difficulties; the nurse there is like a mother to me she takes my file as soon as I get there, and if she is busy with another patient, she simply tells me to wait a moment and says, 'I'll see you as soon as I'm finished with her.'"

Another elderly person interviewed on this subject echoed this view, noting:

"I am satisfied because when I was tested and found to be positive, I was given my pills. The only issue is transport; sometimes it's hard to find the money for it. Well, I'm here in Bafia now, but even when I lived in the village, I used to come regularly to get my medication without any hassle or demands for payment. The year I arrived here, I was told I needed to have a specific test I forget the name done in Yaoundé; it cost 3,500 CFA francs to send the blood sample there. Later that same year, the service became available right here at the hospital. I think I paid was it 7,500 francs? I can't quite recall the exact amount but I only paid it once."

Another source also expressed great satisfaction with the services provided by the health staff, noting that thanks to them, she is gradually regaining her health and physical well-being. Here is what she had to say:

"I am satisfied, satisfied with how the elderly are treated. I have never been turned away. Regarding my blood pressure issues, I try to follow the advice I'm given. I do follow it, but sometimes my blood pressure spikes anyway, and I wonder why even though I try to stick to the dietary guidelines and everything. I don't know why it persists like this; I've had this blood pressure problem since back when I was working it didn't just start recently."

Forms Of Engagement By Older People In Their Healthcare

Forms of engagement by older people include: their involvement in improving their health, their daily self-care, and their participation in group meetings.

III.1 Involvement of the elderly in improving their own health

According to data from our sources, it is important for individuals to play an active role in their own care. Alongside the efforts made by hospitals, the elderly must take care of themselves, maintain a healthy lifestyle, and be willing to contribute their own financial resources—going beyond the free services offered by health facilities.

Furthermore, elderly individuals are advised to remain aware of their health status; it is crucial to take medication regularly to suppress the virus and protect the body from opportunistic infections. Self-care is essential because health is priceless and cannot simply be bought; maintaining good health requires loving oneself and those around us to avoid future complications. To illustrate these points, let us consider the words of one elderly person:

"It is very important, because I must not neglect my health. If I neglect myself, I will die that is natural. Since one wants to live a long life truly desires longevity and while it is true that everyone is destined to die, everyone also wants to live as long as possible. Since death itself cannot be cured, we must follow the prescribed treatment protocols exactly as required."

Another person reinforces this view, explaining: *"Of course; but to feel well, to stay healthy, and for the treatment to be effective, you must be personally involved in your care. You have to commit to the process and take your medication consistently every day and on time."*

III.2 Personal daily care for the elderly

From the outset, regarding personal routines and self-care, the elderly indicated that to improve their day-to-day health, they prefer to take their medication regularly and avoid a chaotic lifestyle. Added to this are personal cleanliness and dietary hygiene avoiding self-neglect despite their HIV-positive status. Let us listen to the testimony of one elderly person that illustrates this perspective:

"For my daily health, I take my medication; well, I avoid a chaotic lifestyle you know. I take care of my body; one must be clean. It's about cleanliness, taking medication properly, and eating well. You shouldn't just let yourself go because you're HIV-positive thinking your time is up, or anything like that. So, I do take care of myself: I take my medication, I make sure I dress well, and I avoid a disorderly life alcohol, men, and so on. To be healthy, you can't live a chaotic life."

Furthermore, the elderly advocate for a shared philosophy setting a "good example" which helps them avoid personal issues related to their health status or interactions with others. However, some prefer traditional remedies if threatened by opportunistic infections. Let us consider the following testimony, which further reinforces these views:

"I avoid other problems and illnesses; for instance, if I want to be with a man, I take precautions. When I'm sick, I seek a cure for the ailment. I take my medication regularly." I've cut back on things like farm work you know, the kind of thing where I used to punish myself I don't really do that anymore".

III.3 Participation in support group meetings for people living with HIV

Regarding participation in support group meetings for older people living with HIV, the individuals interviewed indicated that they have attended and continue to attend these meetings. They find fulfillment in the knowledge gained during these sessions and through the associations they frequent. Let us hear what one older person had to say to illustrate this perspective:

"Time and again, we've had these sessions here at the UPEC; I can see now that recent reforms are bringing about positive changes. We used to have days where we received guidance, and that really helped alleviate our suffering. We were given so much advice really, a great deal. Ever since I started treatment, we've received so much counsel; it's something we simply cannot forget."

Furthermore, other older individuals echoed this sentiment, stating that they wanted to receive training and attend meetings so they could better raise awareness among new patients and provide them with better guidance. Their commitment to these associations is also driven by a desire to encourage their peers to take their medication, keep up with daily hospital appointments, and ensure their ongoing care. Another patient we met expressed similar views, noting:

"We were here as these associations were developing. In the early days of our meetings, we even trained new members so the government would help us because so many of our peers were sick, medication was scarce, and we needed state support. We would pool a little money into a fund to prepare for emergencies like the small meetings we held back then and send the funds off to help us secure medication."

Barriers To Older People's Engagement In Their Own Healthcare

Opinions among our sources were mixed regarding the factors preventing older people from actively engaging in their own care. First, they cited mobility issues, as many lack the financial means to travel to healthcare facilities daily for follow-up visits. Let us hear what one older person had to say to illustrate this point:

"Transport is manageable now, but even though I don't have a job I have to wait until I'm given money before going to the hospital, so the cost is high. It's not a problem now it's just 500 francs. Sometimes it comes down to means a lack of funds, you know? Especially since we live far away; for instance, I would have liked to arrive early today, but I had to wait for the sun to come out a bit to dry the road. During the rainy season like this, getting around from where we live isn't easy."

Similarly, some mentioned social issues within their families. Struggling with mental instability caused by the antics of their children and family members, they find it difficult to reach out to health services or associations for care. To illustrate this perspective, let us listen to what this elderly woman had to say:

"I think it comes down to means, my dear it's a matter of resources. Sometimes, just finding the fare to get out and about isn't easy. When my daughter was here, she would come whenever I called; she used to pick up my medication for me, which is why I've come today to get a check-up. What holds me back from doing more is the condition I told you about rheumatism, bone pain. That's what stops me; I tell you, that illness prevents me from doing a lot of things. As it stands, you see, I might skip days when I'm supposed to come get my medicine because the pain just won't let me."

DISCUSSION

At first glance, the results obtained from our sources reveal that the socioeconomic and cultural factors explaining the engagement of older adults living with HIV are evident in their personal experiences. These experiences are

particularly apparent through the process of discovering their serostatus, living with the disease, and ultimately adapting their lifestyles.

Regarding the lived experience and lifestyle changes of older adults, they described feelings of distress, anxiety, worry, and frustration in the face of the illness. Conversely, others found comfort in the advice provided by healthcare staff comfort that served both to bolster their courage and to convey a message of support and solidarity. Furthermore, while some older adults expressed acceptance of the disease, others showed resignation regarding their situation. Fear of death, suffering, and the unknown was a recurring theme in many responses. Additionally, the family serves as the primary source of support for older adults; families have organized themselves and implemented strategies to better assist the elderly and ensure their comfort. This organization relates to how arrangements for the care of the older adult are determined and established specifically concerning their place of residence, the services provided by healthcare facilities, and the support measures put in place for them.

However, these views are challenged by Rose (2017) cited by Matsotseng Fopa Emilienne (2024) who argues that the lived experiences and lifestyles of older adults are often portrayed through a deficit-based, and thus fatalistic, lens. While aging is invariably accompanied by chronic conditions, it does not automatically equate to dependency or a loss of autonomy. It is therefore the element of relativity that must be emphasized whether regarding the impact of the aging process itself or the transition into old age for "any system designed around the mirage of the 'average person' is doomed to failure."

Regarding lifestyle changes, older adults reiterated that they received assistance from their families and immediate social circles. From a medical perspective, they are more susceptible to opportunistic infections and desire better care management. Philippe Cardon (2020) reinforces this point, noting that home-based care whether provided by family or professionals for older adults with HIV-related functional impairments alters household dietary habits, though the nature of these changes depends on the caregiver's status. While the involvement of a home care worker leads to changes through the incorporation of nutritional and dietary standards, the outcome depends on the interaction between the caregiver (influenced by their age and training level) and the older adult, and these interactions are not always efficient. Conversely, with family-based care, the household attempts to maintain its existing diet, yet changes still occur based on the reorganization of food-related activities. These changes vary according to the caregiver's status and gender (spouse, son, or daughter) and the older adult's gender and type of impairment (physical or mental). Preventive policies for older adults such as those under the National Nutrition and Health Program (PNNS), which emphasize dietary diversity should take these social interactions into account. Cardon's views align with those of Ennuyer (2002), who notes that changes in the daily lives of older adults combine with the biological and physiological effects of aging (such as chewing difficulties, loss of appetite, and changing tastes) to impact their diet and health. These modifications can lead to undernutrition characterized by significant nutritional deficiencies and physical and mental decline thereby worsening health status and accelerating the aging process.

However, it is important to note that aging is an ongoing process involving numerous changes and transitions. As people age, it is normal to face various transitions, such as retirement, illness, changes in vision or hearing, the loss of a spouse, and even the loss of one's driver's license. While these changes can be stressful and create a sense of losing independence, maintaining relationships with both peers and younger generations can help older adults alleviate feelings of loneliness and depression. Beyond their immediate family, older adults can therefore rely on their wider social circle including neighbors, individuals with whom they have previously built good relationships, and the descendants of people they knew in the past.

For older adults, discovering their serological status often came about as a result of existing health issues. Furthermore, this discovery was the fruit of persistent effort specifically, a multitude of routine visits to healthcare facilities for medical examinations and check-ups. Learning their status is also viewed as a path to liberation and a means of sharing that status with healthcare staff, among older adults themselves, and with their families and social circles.

Furthermore, the mechanisms facilitating the participation of the elderly in their own care are evident through the contributions of families and associations. Indeed, findings from our sources indicate that the family is the primary source of support for the elderly. Consequently, families have organized themselves and implemented strategies to better support older individuals and ensure their comfort. Within these families, the elderly receives multifaceted and well-tailored support assistance designed to prevent or remedy difficult situations. This support may take physical, emotional, or material forms, and the elderly have clearly received it unconditionally.

Despite encountering certain obstacles, the elderly demonstrate resilience in adapting to their circumstances. Since aging is a social reality in every society, it is essential for every member to be aware of the situation facing seniors. The well-being they derive from their family circles can yield multifaceted benefits or even blessings in the lives of their children.

CONCLUSION

At the conclusion of our research, the aim was to illustrate and analyze the ways in which older people engage in improving their own healthcare in Cameroon. The data gathered from our sources enabled us to understand aging from a heuristic perspective. This data was analyzed using a content analysis method, providing a systematic and thematic interpretation of the findings. The study results demonstrate that aging with HIV is currently a major public health issue in Cameroon particularly in the city of Yaoundé, which is home to a significant portion of the national cohort of patients in active care. Thanks to remarkable advances in antiretroviral therapy, people living with HIV are now reaching older ages and facing new health, social, and organizational challenges that healthcare systems must address. In this context, the care provided to older people living with HIV can no longer be limited to conventional biomedical monitoring; instead, it requires a comprehensive, integrated, and person-centered approach that addresses their specific needs regarding age, comorbidities, frailty, and social determinants. Furthermore, the findings highlight the pivotal role of older people's engagement in improving their own healthcare. The active participation of older people is not merely desirable; it is essential for the effectiveness of interventions, the maintenance of good treatment adherence, and the enhancement of their autonomy.

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