



Care for Older Persons in Cameroon: Alternatives for Social Development

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Abstract

Care increasingly remains a crucial facet in the lives of older persons in Africa including Cameroon. Despite its relevance to social development, providing apposite and effective care services to elderly men and women is still a major challenge in contemporary Cameroon. This is largely due to the weak institutional support system and poverty which estranges the elderly and jeopardizes their well-being. Deconstructing the current care system through the redesigning and implementation of age-friendly policies will create substantial opportunities that will predispose the old, irrespective of gender, to valued choices and better quality lives. This article describes the challenges experienced by the aged and examines the Cameroonian institutional framework for care with alternatives for social development. The article involved thirty-one elderly persons and employed an ethnographic survey design with interviews, focus group discussions, participant observation and documentary sources as instruments. Data was analysed qualitatively and the findings show that in as much as organizing the system from a multi-sectorial approach is imperative, the voices of the elderly and the consistent provision of basic needs are also strategic to their social development.

Key Words: Care, elderly men and women, alternatives and social development

Résumé

De plus en plus, la prise en charge est une composante cruciale de la vie des personnes âgées en Afrique, y compris au Cameroun. Malgré sa pertinence pour le développement social, la prestation de services de prise en charge adaptée et efficace aux hommes et aux femmes âgés demeure un défi majeur au Cameroun contemporain. Cela s'explique en grande partie par le faible système d'appui institutionnel et la pauvreté qui isolent les personnes âgées et compromettent leur bien-être. La déconstruction du système de prise en charge actuel par la redéfinition et la mise en œuvre de politiques en faveur des personnes âgées créera des opportunités substantielles qui prédisposeront ces individus, quel que soit leur genre, à des choix valorisés et une meilleure qualité de vie. Le présent

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article décrit les défis rencontrés par les personnes âgées et examine le cadre institutionnel camerounais en matière de prise en charge, en proposant des alternatives de développement social. L'étude a porté sur 31 personnes âgées et s'est fondée sur un sondage ethnographique à travers des entrevues, des groupes de discussion, d'observation des participants et des sources documentaires. Les données ont été analysées qualitativement et les résultats montrent que, dans la mesure où l'organisation du système à partir d'une approche multisectorielle est impérative, la satisfaction des besoins de personnes âgées est également stratégique pour leur développement social.

Mots clés : prise en charge, hommes et femmes âgés, alternatives et développement social.

Introduction

Population ageing is one of the key issues that has consistently featured on many countries' recent development agendas. This unprecedented phenomenon, which occurs when the median age of a country or region increases due to rising life expectancy and/or declining birth rates (United Nations Population Fund (UNFPA) 2012), is a momentous trend for most countries. Compared with other regions of the world, the population of Africa is growing older faster, at a rate of 2.27 per cent with diverse socio economic and cultural ramifications (United Nations (UN) 2011).

Moreover, longer life expectancy is generally regarded as a key indicator of the improved health status of the population. But paradoxically it is often perceived as a burden to health and social security systems as longer lives are commonly associated with a prevalence of chronic diseases and poverty which takes a heavy toll on the social development of the aged (World Health Organization (WHO) 2000). However, care increasingly remains a principal challenge for elderly men and women especially in societies with weak institutional support (Krzyzowski and Mucha 2014). This is often evident in the poor or limited health services, nutrition, recreational facilities and cash transfers which make old age perilous (Mesembe 2011). These intrinsic asymmetries have implications on the effectiveness of care and thus mitigate the chances of achieving social development for older persons.

Many organizations (WHO, World Bank, Help Age International) advocate for and promote the rights of older people as laid down in the Universal Declaration of Human Rights, the Right to Development, the UN Principles for Older Persons and the Maputo Protocol, so that older people can develop their potential as well as be assured of the basic necessities of life. But the remiss of government towards the implementation of such laws in most underdeveloped countries including Cameroon is perceptible. This ramshackle government policy is associated with the introduction of neo-liberalism (Martinez and Arnoldo 2000) which advocated for less spending on social services in order to minimize government intervention (Moore 2009; Mudge

2008), and as such reducing the safety net for the poor and vulnerable like the aged.

However, a deconstruction of the institutional framework of care and a redesigning and implementation of age-friendly policies from a multi-sectoral approach will significantly alter the situation. The availability of gender-disaggregated data on older persons on a national scale will also formally assist in making informed decisions on the needs and wellbeing of the latter (UNFPA 2008a) that will equally create considerable opportunities toward valued choices and quality lives for ensuring social development. This study describes the myriad challenges experienced by the aged in Cameroon and examines the institutional framework for care with alternatives for social development.

The Socio-economic and Cultural Context of Older Persons

Increased life expectancies have made the elderly a growing proportion of the population of many nations (Asiyanbola 2005). This is due to the triumph of public health, medical advancement and economic development over disease and injury, which have constrained human life expectancy for many years (National Institute on Ageing 2007). Global aging is actually a success story as people over age sixty-five are living longer, healthier and more productive lives today. However, this demographic change is accompanied by the challenge of making continued improvements in social systems and social services that were developed in a different era or providing services where none existed before. Particular categories of human beings such as the very old require a greater input of daily labour to meet their needs for water, food, clothing, shelter, and healthcare, if they are to survive (Shehan and Kammeyer 1987). Providing care therefore has a major impact on people's lives and on the strategic choices available to them particularly in the context of poverty (Esplen 2009).

The United Nations (2001a) defined the elderly as persons aged 60 and over. It is at this age that employees become eligible for certain pensions and income security benefits in many countries. However, this definition is limited because it is reductive of elderly persons who never worked in their early lives. China presently stands out as the most rapidly ageing society (World Bank 1994) while in Africa, ageing is a crisis that is just beginning to reveal its shape. The world's total population is reported as growing at a rate of 1.7 per cent per year with the oldest (80 years or older) being the fastest growing segment and estimated to grow by 19 per cent by 2050 (Asiyanbola 2005). Elderly people will represent 25 per cent of the world's population by 2020 and by 2025 elderly males and females will constitute 13.1 per cent and 15.3 per cent of the world's population respectively. Out of nearly half a billion elderly people,

44 per cent were male, underscoring the higher levels of mortality among males and implying female longevity, a greater proportion of frail elderly females than males (Kalasa 2005).

The majority of the elderly population live in rural areas. They are usually involved in agriculture and the informal sector. In these sectors, Mba (2005) observes that elderly women and men continue to work until an advanced age especially on household farms. For elderly women, activities range from purely domestic (subsistence), such as growing food and sometimes cash crops on the household farm, to caring for elderly husbands and grandchildren. This is often done in conditions of poverty and limited opportunities to participate in income-generating activities. In fact, it has been found that in most activities in the rural areas, the roles of older wives are not statistically different from those of their younger counterparts (Warner and Balcombe 1996; Asiyanbola 2005).

This stage of life for the majority of elderly persons is characterized by a myriad of challenges. Bean (2007) and Fries (1980) observe that as the majority of adults grow older, they gradually lose their physical agility (the ability to walk, climb stairs, bend down, and to rise from a chair). They may become completely disabled and require additional assistance in the home. Chronic diseases like Alzheimer's and impaired mobility are major health concerns for older adults, affecting fifty per cent of people over 85 and at least a quarter of those over 75 (Somers 2006). In Africa, most of them suffer from hypertension, diabetes, rheumatism and malaria. Hence, the necessity for care services in the social policy in Africa and Cameroon in particular is a critical issue for social development.

In addition, women care givers are increasingly moving into the labour market for better opportunities (Devault and Strong 1992), thus putting the elderly in a difficult situation (Asiyanbola 2005). Moreover, because of the changing composition of the family and unfavourable social and economic conditions, it is becoming usual to find that there are many emerging factors leading to an increasing number of risk groups among the elderly, such as single women and men, widows and childless women (Njikam 2010).

Another factor is the migration of the young to the cities for opportunities. This has a dramatic effect on the well-being of the rural elderly and community by reducing intergenerational wealth flows to the elderly and community in some cases left behind. Worse still, not only are the rural elderly persons left with less family support, they are also left with few or no health services since medical facilities are generally concentrated in urban areas (Kalasa 2005).

The greatest threat to the security and well-being of older persons remains the poverty of their society. Poverty in old age often reflects poorer economic status earlier in life. In less developed countries, many older people lack the means to survive. The security system is very unreliable as the levels of benefits available are often low due to an economic crisis (Fonchingong 1999) and equally slow administration. This reduces the purchasing power of retired persons tremendously. Poverty affects both men and women but for many women their vulnerability in old age is made worse because of their dependent status (Apt 1996; Kalasa 2005).

Recently, the emergency of the AIDS pandemic estimated at about 6.9 per cent in 2005 in Cameroon (WHO/UNICEF 2008) has also presented a major challenge for the elderly (Velkoff and Kowal 2007). Mostly, it affects people in their productive years thus depriving the aged of their means of support. Also, orphans and widows of those who die of AIDS depend on the elderly for support, thus increasing the burden on elderly women especially (UNFPA 1999) which has implications for their socio-economic development. In addition, older women by virtue of their sex are often subject to physical, financial, psychological, emotional, sexual and verbal abuse from the men and society in general (Nkuna 2008). Yet little attention is paid to this issue.

The lack of income security remains a crucial problem in old age and it has an impact on adequate basic resources such as nutrition and adequate living environments (water, sanitation and shelter), conditions which impact on the health of elderly people. In Africa where the proportion of the population employed in the formal sector is very small in relation to the total population of a country, the elderly who benefit from this type of social security scheme are very few (Mba 2005). This is quite typical of Cameroon (Nangia 2006). The situation is more precarious for the female elderly who are more involved in the informal sector where they are usually exposed to difficult working conditions without any form of insurance (Elson 1999).

Interestingly, although women care for both the past and present labour force (Elson 1997; Aboderin 2005) and constitute the greater portion of the elderly population (Apt 1998), they are marginalized in the provision of formal services by the government. In Cameroon only widows without working children are eligible for a survivor pension. The family therefore remains the only source of survival for most women.

It is important to note that the transformation of traditional social systems, beginning with the colonial period, occurred some years back (Apt and Greico 1994) but until now little or no effort has been systematically made to fill the gap created. Consequently, this lacuna represents a great challenge to the elderly in Cameroon. Becoming elderly used to be considered a sign

of reverence and distinction due to the wisdom and experience attached to old age but today, in modern societies it is a nightmare as they are abused, stigmatized and defenceless (Nkuna 2009).

Care for Elderly Men and Women in Cameroon

In Cameroon, elderly persons between 65 and above form 5.5 per cent of the population according to the 2005 population census. This fraction is not negligible as the majority of these persons have contributed to the development of their country and thus deserve recognition and proper treatment during their old age. There were about 2 million elderly persons in Cameroon in the year 2000 and there are expected to be 2 billion by 2050 (UN 2006). Unfortunately the majority are not beneficiaries of the social security system which rather complicates care arrangements for them, given that the elderly have specific needs and concerns which have a direct bearing on their wellbeing and quality of life (financial security, emotional security and health and wellbeing). In addition, the changing traditional set-up as a result of decreasing family size, the greater life expectancy of elderly people, the geographical dispersion of families, the lack of proper policy to cover the old (Kalasa 2005) and the tendency for women to be educated and work outside the home (Somers 2006) all influence the type of care that is due to the elderly.

According to Razavi (2007a:6), care involves the direct care of persons such as feeding and bathing a young child or a frail elderly person. In other words, care is the process of looking after somebody who cannot successfully take care of himself (Krzyszowski and Mucha 2014) and providing for their health and protection. The domestic tasks that are a precondition for caregiving include preparing meals, cleaning sheets and clothes and purchasing food or collecting water and fuel (Van der Geest 2002).

Tronto (1993) purports that care is one of the central activities of human life. She distinguishes four interconnected phases of care: caring about, taking care, care-giving and care-receiving, moving from awareness and intention to actual practice and response. The four phases are parallel to four ethical elements involved in care: attentiveness, responsibility, competence and responsiveness. Therefore, care is the process that sustains life and represents the moral quality of life, but that moral quality needs to be transformed into a political reality (ibid 1993). In most African countries the family used to be the traditional social security system as far as care for the elderly is concerned (Apt 1996; Mba 2005). In this traditional context, women and girls assume the responsibility of care as an obligation (Gilligan 1982; Holroyd 2001).

It is essential to recall that internationally elderly men like women are protected and have inalienable rights by law. Article 11 (1e) of the Convention on the Elimination of All Forms of Discrimination against Women (1979) stipulates that men and women have ‘the right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work’. Article 7 of the Universal Declaration of Human Rights (1948) states that all are equal before the law and are entitled without any discrimination to equal protection of the law. The preamble of the Cameroon Constitution, penal code (28) and civil law (205) in Cameroon protect the rights of the elderly entirely. They are equally covered by Law No 69LF18 of 10 November 1969 and the degree of application 75/733 of 19 August 1975, where their social security is guaranteed. Unfortunately, these enactments have not been reviewed and consequently do not adequately cover the new challenges of the elderly population.

Methodology

Manyu Division in the South West of Cameroon is the area of study. Specifically, 11 villages covering four sub-divisions comprised the target areas. The above areas are chosen for particular reasons such as the historical background of the areas which reveal a high level of poverty among the elderly. This thus gives an opportunity for the exposure of the socio-cultural context of elderly life in such localities.

The population sample of 31 elderly (14 males and 17 females) consists of old men and women aged 60 and above, who live in the study areas and who are without formal employment and receive remittance in kind and cash. They are either heads of household or dependents and can virtually communicate.

A combination of methods is used to carry out this research. This comprises a purposive sampling coupled with the snowball sampling method. A triangulation of methods is employed for the collection of primary data which include: structured and unstructured interview guides, focus group discussions, oral histories, and observation (participant). The research was conducted in pidgin English, a local language in Cameroon and lasted for six months. The study is both quantitative and qualitative which combined an ethnographic survey and documentary sources. Data was elicited from individuals (aged men and women) with the use of interview guides and focus group discussion. Several categories of persons were allowed to speak freely about the focus of the research from different perspectives (institutions and individuals). Information elicited was then aggregated and analysed for trends and implications. Data was analysed both quantitatively and qualitatively using thematic content analysis.

The human development approach (HDA) was adopted for this study. It dwells basically on human welfare (Streeten et al. 1981) According to Sen (1980), HDA is the process of enlarging people's choices and human capabilities and freedoms, enabling them to live a long and healthy life, have access to knowledge and a decent standard of living, and participate in the life of their community and decisions affecting their lives. It is also an important part of welfare economics in the realm of development. For the purpose of this study only four themes (social progress, efficiency, participation and freedom and sustainability) are articulated as they perfectly relate to the subject matter and more precisely to the selected category of human beings: elderly men and women.

Findings

Challenges and Coping Strategies of Aged Persons

The aged men and women raised a number of issues relating to either limited or the complete lack of resources. These participants complained of lack of money to cater for their needs and those of their children. Resources were so limited that even persons surviving on subsistence farming still had difficulties feeding properly. These poor feeding habits according to a 62-year old handicapped woman negatively affected the elderly as they ended up lacking vital nutrients and as a result fall sick so often. A 76-year old man complained that:

I have heard from others that the fufu I consume daily causes typhoid and cancer if not properly prepared but I cannot stop eating fufu whether well-cooked or not because I have no other choice, moreover my wife has a farm of cassava.

Moreover several families spent more than half a week without drinkable water because taps do not flow all the time. Also the houses in which the latter lived were either incomplete, air tight, dark or isolated. Some participants lived in very old and unsecured houses which were not suitable for them. For instance, a 101-year old (separated) man's door was completely detached from the holders and was just hanging. Others perched in family homes since they did not have homes of their own. Besides, the lack of farm inputs (sprayers, engine saws, labour, chemicals) was problematic since most of the aged men were cocoa farmers with no social security benefits.

Socially, married women experienced double care work especially those whose spouses suffered from ill health. Some elderly women were still victims of accusation of witchcraft. Others lacked permanent care givers to look after them while others, particular widowers, experienced solitude.

Like other categories of human beings, the aged also experienced many health challenges that made life really difficult. While their western counterparts suffered from mainly chronic Alzheimer's (Somers 2006), they rather suffered from illnesses like: rheumatism, swollen legs, and waist, back and body pains which caused difficulties in walking.

To cope with these diverse financial challenges, older persons mainly relied on borrowers who lent money at high interest rates. Social issues were tackled otherwise, usually through the help of a relative or friend. However, these were all temporal initiatives which did not stop the problem from recurring. Thus the elderly in Cameroon are in constant difficulties and in dire need of assistance.

The Institutional Framework for the Care of Older Persons in Cameroon

Judicially, no specific legislation presently exists concerning the protection and promotion of the rights of the elderly in Cameroon. However, various provisions of laws and decrees validly canonize their protection, starting with the Preamble of the Constitution of Cameroon (1996) which states: 'The nation must protect ... the elderly'. The Civil Code in Article 205 requires descendants to take care of their parents if they are unable to provide for their needs on their own. Besides, Section 28 of the Penal Code provides punishment: 1-3 imprisonment and a 5,000-25,000 frs fine on those who are responsible for the displacement of the elderly who are in a state of ill health.

Moreover, the Cameroonian social legislation provides a series of texts relating to the organization of the social protection of older persons including:

- Law No. 67/LF/18 of June 1967 on the organisation of social insurance in Cameroon;
- Decree No. 94/199 of 7 October 1994 on the General Statute of Public Service to organise the regime of pension service of state agents on retirement ;
- Decree No. 77/495 of 7 December 1997, laying down conditions to create and run social protection private institutions.

At the institutional level, Decree No. 2005/160 of 25 May 2005 organizes the Ministry of Social Affairs with the Department for the Social Protection of Persons with Disabilities and Older Persons and a sub-department for the protection of older persons. Thus the elderly are identified under the Ministry of Social Affairs (MINAS) in Cameroon. In this light several actions have been carried out by MINAS on behalf of older persons and those with disabilities. These include the:

- Drafting of a National Policy Document for the protection and the promotion of older persons;
- Organization of international workshops in Yaounde on ageing with the support of Help Age International and the International Federation of Ageing (2006 and 2013);
- Process of collecting data on older persons and the retired for the drafting of a national policy document on ageing and a table of competences on the elderly (30 May 2008);
- Holding of four inter-regional consultation workshops (Ebolowa, Garoua, Bafoussam and Limbe), for the putting in place of a policy on the protection and welfare of older persons and the drafting of a National Action Plan;
- Granting of subsidies to private social welfare institutions, associations and NGOs for the elderly; granting of multiple assistance to older persons (financial, material and psychological);
- Granting of material or financial aid to indigent or poor older people within the framework of aid and relief;
- Drafting and publication of the Guide on Healthy and Active Ageing, in order to ensure a harmonious society for all ages.

Besides MINAS has also adopted the Madrid+10 Plan of Action (Yaounde 2012) as a framework to achieve the needs and concerns of the elderly. To this effect it proposes a multi-sectoral solution based on five main areas, notably: health and welfare, participation, a favourable and enabling environment, an improvement of living standards and research on ageing, so as to orient and assemble the actions of the different actors and partners in favour of the elderly.

In addition, many other ministerial departments provide various supports to older persons such as: the Ministry of Justice (MINJUSTICE), Ministry of Territorial Administration and Decentralization (MINATD), Ministry of Public Health (MINSANTE), Ministry of Women's Empowerment and the Family (MINPROFF), Ministry of Finance (MINFI), and the Ministry of Labour and Social Security (MINTSS/CNPS), just to name a few.

The Ministry of Social Affairs is structurally organized into ministerial departments (central administration), decentralised territorial units, technical operational units, approved institutions and organisms. The organization of the ministerial departments and definition of management modalities and follow-up of structures are defined by Decree No. 2005/160 of 25 May 2005 organizing this ministry.

Under the ministerial departments there are five departments namely: the General Secretariat, the Department of National Solidarity, the Department of Social Protection of Persons with Disabilities and Older Persons (DPPHPA), the Department of Social Protection of the Child and the Department of General Affairs. For the purpose of this study the focus is on DPPHPA.

In defining ageing, the Draft National Policy Document on the Protection and Welfare of Older Persons, MINAS (2012) adopts the definition of ageing of WHO (1994), which refers to ageing as a 'gradual and irreversible process that involves changes in tissues and body functions over time'. It also grouped the needs of the latter into four main categories:

- Access to specific health care (inability and physical precarity);
- Autonomy and material and financial independence (poverty);
- Psychosocial and affective support (restoration of dignity);
- Social recognition (marginalization and exclusion).

The Department of Social Protection of Persons with Disabilities and Older Persons (DPPHPA) has as its mission to:

- Elaborate and follow up on the implementation of the national policy on older persons;
- Conceive educative assistance and support programmes for the reconversion of older persons;
- Elaborate norms relative to the creation and functioning of public or private institutions delivering care to older persons;
- Follow up and control organizations and associations of older persons;
- Collect statistical data on target populations, in conjunction with the technical structures concerned with older persons.

Relating to Decentralized Territorial Units (regions and councils), they are expected to play the first role in the offering of social services to older persons (assistance, care delivery etc.) as well as ensure the implementation of programmes and projects concurring to the welfare of the targets of MINAS among which are the elderly. The Technical and Operational Units (functional units) through the service of the social centres provide two forms of assistance: psychosocial and public assistance. The psycho social assistance is done face to face or through the local radio station and the public assistance, usually monetary, takes place at the delegation. Organisations such as the national committee on ageing for coordination and evaluation have the responsibility to:

- Express opinions on programmes and projects relative to the protection and the promotion of older persons.
- Assist the Minister of MINAS in the implementation of policies, programmes and projects relative to the promotion of older persons.
- Promote the representation of organization of older persons to local, national and international dialogues.

Pertaining to institutions which are strategic in the framework, the civil society (NGOs, associations) has responsibilities in the implementation of the national policy for older persons. Its members ensure the connection between the state, public sector and older persons. Also they play a role in the elaboration, implementation and follow-up evaluation of policies, programmes and projects as far as ageing is concerned.

Non-Governmental Organizations are one type of recognized body which have been influential in relieving the elderly from poverty in many rural communities and towns in Cameroon. Some of these NGOs include Better Care International in Bolifamba, Victoria Gals in the South West Region and Cameroon Organization for the Welfare of Ageing People (COWAP) in the North West Region. In the Centre region there is the Association of the Old in Cameroon. In the Littoral region there is the Association for the Rehabilitation of the Elderly in Cameroon. The major objective for all these NGOs is care for the elderly, which they carry out in various ways: advocacy, psychosocial assistance, subsidization of health costs or free screening and medication, visits, food stuff, clothing and capacity building for healthy aged persons. However, this assistance is mostly not regular because of limited finance.

Besides NGOs, missionaries are also very instrumental in catering for the wellbeing of the old in Cameroon. Prominent missionaries which contribute to shaping the lives of the elderly in Cameroon are the Franciscan Reverend Sisters at Shisong in Bamenda and the Mother Teresa Missionaries of Charity based in Simbock, Yaounde.

These missionaries offer services to the under-privileged such as poor children, the disabled and the elderly. They usually provide shelter for elderly men and women in desperate situations or abandonment. They also make available food and health services free of charge both for those intern as well as those who visit once in a while. In addition, other elderly people are invited for social events. They have already received appreciation from a host of older persons; however, limited space for shelter is their major difficulty.

The civil society already made up part of the framework of the Ministry of Social Affairs allocated with the task of co-operation and participation in the reviewing and implementation of programmes. Nonetheless their

relationship with the government is strong only at the level of the creation of these NGOs. The Ministry continues to impose their objectives in their own interest.

The National Social Insurance Fund (NSIF)

The NSIF is another institution responsible for the care of the elderly but identified under the Ministry of Labour and Social Security (MINTSS). It was created in 1967 by Decree No. 67/LF/7 of 12/06/1967 to replace the family compensation fund which had been in existence since 1956 (MINATD 2007) and it is governed by Decree No. 78/17 of 22 May 1973. It is a public institution with a legal personality and financial autonomy. Within the framework of general government policy, its main mission is to provide the various benefits available under legislation on social and family protection.

The National Social Insurance Fund is administered by a Director General, assisted by a deputy Director General, who are both appointed by decree. It is made up of a central administration and external fund services. The central administration consists of those services which are under the Director General while the external services of the fund consist of the regional and departmental social insurance centres and the social institutions. The regional social insurance centres are responsible for paying the benefits of the various branches of social insurance to those beneficiaries who are within the areas and assisting in the registration of socially-insured persons including old-age pension. By 2008 NSIF moved from quarterly to monthly payment of these benefits to satisfy its beneficiaries (Reports NSIF, Buea 2007).

The NSIF ensures three types of scheme: family allowance, accident and old-age pension. The income is derived from the social contributions of workers and these contributions are for the different schemes (NSIF, Report). There are five types of pension namely: old-age pension, anticipated pension, invalidity pension, allowance pension and survival pension. A beneficiary is entitled to only one of these. The requirements for the enjoyment of these pensions are as follows. For the old-age pension, the beneficiary must be 60 years and have been in service for fifteen years. For the anticipated pension, the beneficiary must be a registered member of the NSIF, have been twenty years in service and be 50 years of age. This pension is paid at the age of 55. The invalidity pension comes as a result of disease (such as blindness) which prevents the victim from continuing work. The allowance pension is paid to elderly persons who have not worked for fifteen years but who have contributed to the NSIF and still have young children to take care of. Finally, the survival pension goes to the widow of a deceased worker who must present a life certificate and a non-separation certificate. When the widow dies, the children of the worker can continue to collect the pension.

Discussion

The framework of MINAS is meant to facilitate the management of the ministry and to provide the aged with the necessary needs. Unfortunately, the Ministry is failing to utilize the framework as a valid functioning instrument as evident in the poor institutional, administrative and monitoring practices. Midgley (1997) argues that social welfare is a situation of human wellbeing that exists when social problems are managed, when human needs are met and when social opportunities are maximized. The welfare of the aged in Cameroon falls short of this prescription due to a number of challenges.

Firstly, the institutional framework is just a draft produced in July 2012. There are mere intentions for the welfare of older persons. Moreover, it has not yet been implemented. This state of affairs mitigates the living conditions of the elderly who are one of the groups most hit by poverty. Consequently, they remain vulnerable to a multitude of risks that jeopardize their wellbeing.

Secondly, the budget of the MINAS increasingly remains problematic. It has consistently stayed relatively small because the sector it is targeting is not substantially productive and as such it does not significantly enhance development. The decentralized services experience difficulties in handling matters relating to witchcraft, ill health, livelihood and stigmatization of the elderly which arise as a result of the inadequacy in the budget for the delegation (1 million francs as institutional support). This lukewarm and discriminative attitude by the government toward the elderly is a cause for concern in the enhancement of a conducive environment for the latter.

Moreover, the creation of a specialized sub-department for the social protection of older persons is a brilliant initiative. But the lack of resources to facilitate the functioning process and the autonomy to operate as a fully-fledged sub-department only renders this initiative useless. The target population expecting care continues to be helpless and hopeless. Social protection embodies programmes and policies formulated to eradicate poverty and vulnerability by promoting efficient labour markets, reducing people's exposures to risks, developing their capacity to protect themselves against hazards and loss of income (Jenkins 1993).

It is imperative to point out that the aged as an independent group of persons do not clearly exist in the institutional framework. They are always lumped together with others referred to as either the vulnerable, underprivileged, disabled or victims of social exclusion. Despite the effort of the government to separate the elderly population from these other groups, there is still no visible line drawn between other groups and them. Thus the department to which they claim to belong presently in the Ministry is concurrently and even intensively in charge of another group of people: the

disabled. It is definitely for this reason that the principal department is called the Department of Social Protection of Persons with Disabilities and Older Persons. This therefore implies that though the elderly are formally recognized by the government, they are not treated as an entity with a specific agenda and a separate budget. This gap creates adequate space for dis-functioning within the system and the sub-department in particular which degenerates into frustration among the older population and leaves them with no choice than to lean on their families for livelihood.

Besides, this abnormally limits the room for opportunities, maintenance and sustainability of the sub-department. This is because it needs to share resources with persons with disabilities. Most often people with disabilities are favoured with a substantial part of the budget while the elderly population barely manage with the remainder. This situation has rendered the decentralized services unpopular. This discriminative propensity definitely captures the description and interpretation of sexism and ageism by Rathbone-McCuan et al. (1991) who stated that older women and men are kept subordinated to younger women and men of all ages despite their significant roles as pacesetters and grandparents.

Furthermore, the Ministry deals with groups of people and not individuals. The aged are supposed to be registered members in associations and are required to follow a specific protocol to file a complaint or ask for assistance from the government. This implies that complaints from the elderly take a long time to reach the top because of lengthy administrative procedures. The same situation occurs when older persons need to receive assistance from the Ministry, a process which is cumbersome. This complicated procedure has caused the older persons in the Centre Region to react otherwise. They bypass all the necessary channels and go straight to the Ministry to expose their plight. Quite often the personnel are forced to assist such persons after they fail to convince them to go through the required channel. Thus the structured administrative process adopted to ease management is not really playing the role for which it was designed. This seems to be discriminatory and disadvantageous to older persons from the Centre Region.

At the level of the technical and operational units, there exist two forms of assistance to the aged: psychosocial and public assistance. The psychosocial assistance takes place just once every three months, conducted by a team of two social workers who go to some communities to educate older persons on how to live a happy and less stressful old age; that is by involving in community and recreational activities, maintaining family relations, healthcare and exercise as well as controlling feeding habits. The limited contact between the social workers and the older persons influences the expected outcome and creates space for inefficiency.

The lack of a viable data base in the system renders information access tremendously difficult. The Ministry partners with other ministerial departments in a bid to provide various support to older persons such as the Ministry of Public Health which offers free screening, medical exams and medications to the elderly especially during the International Day of the Old on 1 October. They also partner with the Ministry of Territorial Administration and Decentralization to facilitate the creation of associations for the elderly. The Ministry of Women's Empowerment and the Family is also a partner to MINAS which contributes to rehabilitating the aged especially through sensitization and agricultural inputs. Other partners include the Ministry of Justice, Forestry and Wild Life and Labour and Social Security. But there are no documents in the partner ministerial departments on the activities carried out so far. As for MINAS the accessibility of documents was highly limited to support oral discussions with administrative staff.

The weak institutional framework has propelled the Ministry to work in close collaboration with philanthropic organisations (missionaries). They include the Franciscan Reverend Sisters and the Mother Teresa Missionaries of Charity based in Simbock, Yaoundé. Most elderly persons in desperate situations are either taken care of at their homes or are taken to the convent where they are lodged in small rooms. This type of live-in service is a western-conceived ideology and does not naturally fit into the traditional African context where the elderly stay home as the library of the society and provide the rules for the young to care for the old before they too get to old age. Furthermore, the absence of a service of gerontology in Cameroon only imperils the health of these elderly. Apparently they experience an unattractive old age plagued with a lot of difficulties and stress that influence their life expectancy.

Generally, projects are carried out with the aim of developing a target population within a particular timeframe. The projects carried out by MINAS either fail to target the needs of the elderly or end prematurely. The Ministry sponsored two giant projects in 2008 (Never without my mother) and 2010 (an encyclopaedia of varied cultures in Cameroon) (MINAS 2010). While the former focused on preserving and promoting the Cameroonian culture through an interactionist approach, the latter did so through writing. Consequently, the MINAS virtually traded off the needs and concerns of the elderly for cultural heritage. Besides, the projects are carried out only in two regions (Centre and South) in Cameroon. Therefore the majority of the elderly are left out of the exercise with the result of a likely low impact. Worse still there is no follow-up to these projects to ensure that the target who are the aged actually benefit from the project or even enjoy some degree of complacency. Again, in 2008 the Ministry of Social Affairs

endeavoured to identify all old people with their respective problems in Cameroon. However, this attempt was fruitless as the forms are still packed in the sub-department. This wastage of limited resources is also a function of their inefficiency.

Interestingly, Cameroon has been part of several international debates on ageing. Firstly, in Vienna 1992, the Vienna Plan of Action was adopted in order to strengthen capacities of countries to deal effectively with ageing, and secondly, in Spain in 2002 the Madrid International Plan of Action on Ageing was adopted. This plan focused on: reducing poverty with the aim to reduce by half the number of older people living in extreme poverty by 2015; addressing social and healthcare issues and also to introduce anti-discriminatory legislation for older people (Nkwawir 2010; Help Age International 2002). Finally, in Mozambique in 2003, the Maputo Protocol was adopted to enhance the promotion and protection of old women's human rights in the Africa.

Despite all the laws enacted, it is evident that the issue of ageing is not being given pertinent attention practically in Cameroon. Older persons virtually occupy an insignificant place in the political agenda. The singsong is just in theory on paper that needs to be transformed into a reality. Meanwhile the elderly are being abandoned out right to their families. In some developed countries older persons are given special treatment (AGE – The European Older People's Platform 2004):

- Free or subsidised local and national public transport provided by local and passenger authorities for people over pension ages in many member states.
- Price reductions for older people, sometimes starting at 55, for a range of cultural and recreational activities such as theatre, cinema and sporting occasions.
- Discounts on spectacles and lenses. In Denmark, one chain of opticians offers a 100 per cent price reduction for a person aged 100.
- Reduced charges or free treatments for older people such as dental treatment in the UK and vaccinations in Denmark, Cyprus and Sweden.

In Africa such treatment existed in terms of the sitting position in meetings (Mba 2004) in the past. Today in Cameroon particularly, it is a fallacy.

These gaps created by MINAS eventually make life for old folks impossible. The elderly are suffering intense hardship as a result of the violation of their human rights. However, the prospects of the Ministry are tilted towards a better social protection system such as the creation of a special unit for the elderly in every health facility because of the multiple

health problems they experience which need special care and the decentralization of its activities and functions so that the elderly do not have to travel long distances to receive their share. Unfortunately, no parameter has been laid down as to how to achieve these visions, thereby leaving the elderly in the same sorry condition and causing them to lean on their families. All these shortcomings are limiting the human development necessary for the elderly.

With all the decrees binding the MINTSS in tandem with their existence and activities of the institution, they are largely reductive as a functioning instrument because they fail to meet the expectations of the body. In other words, the institution functions only in theory like the framework of MINAS. The principal reason for this state of affairs is because the system is neither properly developed nor organized. According to Holzman (2000), the main goals of a social system should be an adequate, affordable, sustainable and robust retirement income while implementing welfare schemes.

- It is adequate in terms of providing benefits to the whole population adequately to prevent old-age poverty.
- The system should be affordable in a way that is within the financing capacity of individuals and the society and does not have untenable fiscal consequences.
- It should be a sustainable system in a way that is financially sound and which can be maintained.
- The system should be robust so as to be able to withstand major shocks such as economic, demographic and political volatility.

In Cameroon, the magnitude of the dysfunctioning of the NSIF under the MINTSS is ostensibly reflected in the poverty level of the elderly. Firstly, the system covers only a small proportion of the population (with the male gender dominating) since the majority are rather involved in the informal sector (where working conditions are poor with neither insurance nor pension at old age because the employers of these informal institutions do not register their employees at the NSIF, to enable them to enjoy some of the benefits at old age). Consequently, more elderly persons and more elderly women are vulnerable and predisposed to hardship and poverty which influence social development.

Secondly, the system is centralized and cumbersome. Most of the documents for a retirement pension are processed in the capital of Cameroon and the complicated nature of the process exposes the retirees to countless challenges: accommodation, feeding, transportation etc. Moreover, the sluggishness and the laxity with which the employees work slows down the processing

of documents and causes older people to queue for long hours in the corridors of the Ministry without the expected outcome. Sometimes documents take so long to be processed that the retirees die without receiving their pension.

This malfunctioning is reflected in the decentralized branches where a poor filing system exists. To this effect the documents for pension received from retirees are misplaced and the latter are forced to procure new sets of documents with a bribe time and again. This corrupt type of management only weakens the system. Besides, there is no established database in the system which makes it difficult to access information. Furthermore, the absence of a lobby to shelter the elderly awaiting services at the premises of some NSIF is very problematic. Consequently the elderly who cannot be served instantly are bound to stand for long hours. This deplorable treatment takes a negative toll on their health in particular and social development at large.

In addition, the recently decentralized system is still largely inadequate especially for pensioners who live in remote areas with very poor road infrastructure. Some of these older persons become victims of accidents or robbery which handicaps them enormously and the vicious circle of poverty continues.

Lastly, the system is discriminatory in the distribution of resources between the retirees of the public and private sectors. While those of the former receive their pension monthly, the latter do so quarterly with lower amounts. Yet retirees of both categories paid monthly contributions to the NSIF. This discrimination influences the living standards and social development of the elderly, especially with the rising cost of basic necessities. Also the pension system is reductive of the existence of the unemployed. The elderly persons in this group remain vulnerable to life challenges and never enjoy a good quality of life.

Alternatives for Development

- The finalization and implementation of the national Policy Document on the elderly care in Cameroon.
- The creation of a disaggregated database on information (challenges and needs) of the elderly.
- The formulation of specific policies on the wellbeing of elderly men and women.
- The creation of a separate department and budget for aged persons for a proper budgetization of care for older persons.
- The designation, implementation and evaluation of feasible projects for the social development of the elderly.

- A deconstruction and reconstruction of the current framework on care to corroborate the needs and concerns of the aged.
- The incessant provision of basic needs to the elderly indiscriminately.
- An increase in the number and capacity of staff at the macro and micro levels.
- A complete decentralization of the system to reduce time, distance and cost for the aged.
- The construction of a centre for gerontology for healthcare services.
- The intensification of the partnership between elderly associations and the related ministries, the government and civil societies through concerted action.

Conclusion

Social welfare is a care domain that has been increasingly perceived as an invalid area of productive activity and therefore accorded less value in national development planning and resource allocation. This has largely been as a result of neo-liberalism which became famous in the 1980s and advocated less spending on social services like education and healthcare in order to curtail government intervention, hence reducing the safety net for the poor and the old in particular. This action has actually weakened the care institutions in Cameroon and exposed aged persons to a multitude of problems which impact on their social development.

However, MINAS and NSIF may be practically unsystematic to the detriment of the people they serve. Nevertheless, these bodies can still be well organized and their objectives reviewed against the backdrop of the socio-cultural and economic context of elderly persons in Cameroon. Every category of the elderly has their challenges and thus the provisions must match their respective needs. In other words, social welfare programmes and policies should contribute to reducing older men's and women's exposures to risks and equally developing their capacities. Actually they should be affordable, sustainable and sufficiently robust to cushion mega shocks. Besides, a cordial relationship between the public and private sectors will not only strengthen care for the old but also improve their social development. Above all there is no need for discrimination against the aged as they also have inalienable rights. A combination of such actions will positively affect the social development of the elderly especially in terms of care and transform old age in Cameroon from a lurid process to a colourful and responsible one.

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