

# **GERONTOGROWTH AND THE CHALLENGES FOR ELDERLY WELFARE IN CAMEROON**

**Louise Moyo, Samuel Kelodjougé<sup>a</sup>**

## **Abstract**

The debate on the age structure of population of Africa has concentrated on the young ages. A dimension less discussed is the increasing proportion of the population aged 65 years and above.

The elderly represent a growing proportion of the overall population and household's heads in Cameroon. This is at a time when the traditional system of relying on children is undergoing changes and in the absence of a universal social security system. This demographic change has some impact on the economic and social situation of the latter, in particular, the functioning of the family structure and solidarity between generations. The successive crises (food and financial) coupled with structural adjustment programs have in fact worsened the problems of the elderly, without having for compensation, provided the corresponding benefits for other age groups. The paper analyses the proportion of the population aged 60 years and above in Cameroon from 1960 to 2005. Age-related demographics have implications for the welfare of both the aged and those who are to provide support. The data used come from the Population Census (1976, 1987, and 2005), and the Cameroonian Household Survey of 2007. The gradual deterioration of the support system for the family, especially due to modernization, and the current and future numbers of older should bring more policymakers to meet the specific needs of this group in Cameroon.

## **Keywords**

Cameroon, demographic structure, ageing, problems of the elderly, social plans

---

<sup>a</sup>University of Dschang, Cameroon

## **INTRODUCTION**

Population ageing is not a new phenomenon in Africa (Eggericks and Tabutin 2001). In most African countries, population ageing became clear in the early 1980s, when efforts were to reduce mortality, which had long concerned mainly about age of onset of life, started to bear fruit in the last third of the human life despite fertility was still high (Martin and Kinsella 1994). This may partly justify why research on the ageing in Africa is still marginal (Martin and Kinsella 1994).

In the early 1990s, it became clear that indeed, African countries like most developing countries are engaged in the demographic transition since the second half of the twentieth century. This transition is characterized by a reduction in the youngest age groups, resulting in the relative decline in fertility and an increase in adult and old classes, thus,

consequences of gains in life expectancy are realized. This demographic transition is also caused in most cases by government policies and health programs supported by international or voluntary organizations and takes place over a short period (Mveng and Fomekong 2008).

Admittedly, Africa still has the highest growth rate of the population in the world. The rapid rise in the number of elderly people combines, however, with devastating effects of certain pandemics like HIV/AIDS, malaria, etc. (Noumbissi 2001). However, what characterizes this continent is the nature of the phenomenon that its size. Indeed, the proportion of older people still remains low in Africa today. But in view of many economic and social problems faced by the states, it is very important to find answers of the questions about how to reconcile the challenges posed by the situation of the elderly, and those raised by many young people.

In Cameroon, the elderly represent an increasingly important proportion of the general population recently (Evina Akam and Randriambanona 1987). Three quarters of this population still serve as household's heads. This changing demographic structure has a certain impact on the solidarity between generations and especially on the living conditions and wellbeing of the populations.

The economic, financial, food crisis, and the structural adjustment programs which follow have aggravated the problems of the elderly, without having for compensation, provided the corresponding benefits for other age groups.

However, Cameroon has been more concerned about the youthfulness of its population and its consequences (social, economic, and political) so far. However, control of reproduction through family planning programs and a significant reduction of maternal and infant mortality gradually affect the demographic structure of the population, causing problems related to ageing thereof. This also constitutes a factor of change in family structure functioning and inter-generational solidarity that accompanies it.

This study aims to:

Analyze the extent and nature of the ageing of Cameroonian population;

Determine the profile of households whose head is an elderly person;

Address the demographic, economic, and social implications of population ageing;

## **DATA ON AGEING IN CAMEROON**

Data collection with detailed information on the elderly population and their living conditions remains limited in Cameroon. The lack of data on the elderly and their living conditions is even more striking when it comes to rural areas where the incidence of poverty is higher than in urban areas.

Qualitative information on the structure and social functioning of people come mainly from authors of 1950s-1980s, they are most of sociologists and anthropologists. Concerning recent quantitative data on the dynamics of the composition by age and sex of the population in Cameroon, they are sorely lacking.

The only real information on the demographic structure dating from 1976, 1987, and 2005 (General Census of Population and Housing).

Other data sources (most recent) are collected from the Cameroon Household Survey (2007), the Survey on Employment and Informal Sector (2005, 2010), and projections which result from it until 2035.

## **SCALE AND DISTRIBUTION OF AGEING IN CAMEROON**

Because of the high fertility rates and the perceptible decline in the mortality rate, the population of Cameroon is certainly still young. But with the spread of medical knowledge, Cameroon is ageing much more. Some warning signs are here to illustrate it.

### *A Visible Demographic Dynamic*

The results of successive censuses of Cameroon (1976, 1987, and 2005) show that the total population of Cameroon is growing around 2.8% per year. Mortality remains high but down significantly. In the light of the census of 2005, the crude death rate decreased from 13.7 per thousand in 1987 to 10.8 per thousand in 2005. Infant mortality has also declined significantly since 1987. It decreased from 74 per thousand in 2004 to 62 per thousand in 2011 (Demographic and Health Survey 2004 and 2011).

The fertility level remains high; however, the trend is downward. Thus, the crude birth rate fell from 41.2 per thousand in 1987 to 39.6 per thousand in 2005. In 1987, the total fertility rate was 5.6 children per woman. Between 2004 and 2011, it is almost stabilized around five children per woman on average. This decrease could be explained by sanitation and awareness campaigns on contraceptive methods, the effects of the economic and food crisis, and the cost of living.

### *An increasingly important proportion of young people*

The proportion of young people under 15 years increased from 41.1% in 1960-1965 to 46.6% in 1987. In 2005, it was 43.6% (see Table 1). This phenomenon can be explained demographically by a downward trend of mortality combined with a parallel stabilization of fertility.

**Table 1.** Evolution of the distribution of population by broad age groups in cameroon (%)

| Age groups | 1965 |       | 1976 |       | 1987  |      | 2005  |       |      |        |
|------------|------|-------|------|-------|-------|------|-------|-------|------|--------|
|            | Tota | Total | Male | Femal | Total | Male | Femal | Total | Male | Female |
| 0-14       | 41.1 | 43.4  | 45.2 | 41.17 | 46.4  | 48.3 | 44.6  | 43.6  | 44.8 | 42.4   |
| 15-59      | 54.3 | 50.8  | 48.9 | 52.6  | 48.3  | 46.4 | 50.1  | 51.4  | 50.4 | 52.4   |
| 60 and     | 4.6  | 5.8   | 5.8  | 5.7   | 5.3   | 5.2  | 5.3   | 5.0   | 4.8  | 5.2    |
|            | 100  | 100   | 100  | 100   | 100   | 100  | 100   | 100   | 100  | 100    |

*Note:* Sources: Population and Housing Census (1965; 1976; 1987; 2005).

Certainly, because of the persistently high fertility rates and noticeable decline in the mortality rate, the population of Cameroon is still young, but in the coming decades, it may inevitably produce a rapid and significant change in the demographic structure of the country.

In Cameroon, people aged over 60 years accounted for 4.6% of the population in 1965, 5.3% in 1987, and 5.2% in 2005 (see Table 1). This proportion has declined slightly in recent years. But this situation is relative, however, in terms of numbers.

Women are most affected by aging (later mortality and widowhood) and their situation remains precarious in the absence of structures of collective solidarity.

It also observes a trend reversal in 1976; the male population aged 60 and over is higher than the female population. But since 1987, the female population of this age is higher than the male population.

The elderly (60 and older) are more particularly represented in rural areas (6.5%) than in urban areas (3.4%)<sup>2</sup> (see Table 4).

#### *A constant reaffirmation of gerontogrowth*

The decline in mortality induced the increase in lifespan and in some places the decline or stabilization of fertility in African countries. This involves gradually ageing populations, therefore a prolongation of life expectancy and an increase in the number of elderly.

This process has very recently summarized by Gérard-François Dumont (2006) under the concept of "gerontogrowth" which is defined as the variation in the number of elderly in the population and not just the change in their proportion in the total population.

Thus in the period 1960-1976, there has been in Cameroon both an slight increase of proportion of elderly and an increase in the number of elderly (gerontogrowth). Then in 1987-2005, we is observed a gerontogrowth with stabilization of ageing (Table 2), mainly because of the generations reaching the age of 60, nevertheless very few because belonging from low birth cohorts of years 1940-1945 severely reduced by the high infant mortality of that time.

**Table 2** : Evolution the population aged 60 and more in Cameroon (%)

| Age groups   | 1976    |         |         | 1987    |         |         | 2005    |         |         |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|  | Total   | Male    | Female  | Total   | Male    | Female  | Total   | Male    | Female  |
| 60 and more  | 410 621 | 203 958 | 206 663 | 492 447 | 239 854 | 252 593 | 870 642 | 414 843 | 455 799 |
| Growth rate during the period 1976-2005 (%)                |         |         |         |         |         |         |         |         |         |
|  | Total   |         |         | Male    |         |         | Female  |         |         |
|  | 2,6     |         |         | 2,5     |         |         | 2,8     |         |         |
| Sources : Population Census (RGPH), 1965, 1976, 1987, 2005 |         |         |         |         |         |         |         |         |         |

Thus the change in the population aged 60 and more is slightly higher between 1976 to 1987 (year period) than during the period 1987-2005 (20 years) irrespective of sex (Table 2). In other words, as we grow older; the demographic weight of older persons reduced.

The trend toward increasingly number of people aged 60 and more shows also that the the recent declines in mortality concerns also the adults.

Women are most affected by aging (later mortality and widowhood) and their situation remains precarious in the absence of collective solidarities structures.

However, using absolute figures is only relatively relevant here because the increase in the number of older people may simply reflect the general population growth, without ageing.

Over the period 1976-2005, the 60 and more population (both sexes) grew around 2.6% annually on average. In this group the growth rate for females (2.8%) is higher than males (2.5%).

**Table 3** : Evolution the population aged towards 60 and more in Cameroon (%) (%)

| Age groups   | 1976    | 1987    | 2005    | Growth rate 1976-1987 | Growth rate 1987-2005 |
|--|---------|---------|---------|-----------------------|-----------------------|
| 60-79 (third age)  | 346 542 | 421 863 | 752 632 | 1,8                   | 3,3                   |
| 80 et plus (fourth age)                                    | 64 079  | 70 584  | 118 010 | 0,9                   | 2,9                   |
| 60 and more  | 410 621 | 492 447 | 870 642 | 1,7                   | 3,2                   |
| Sources : Population Census (RGPH), 1965, 1976, 1987, 2005 |         |         |         |                       |                       |

The analysis of the dynamics of different sub –groups elderly shows that people of the 4th age saw their growth rate tripled over the period 1987-2005 from 0.9% (1976-1987 period) to 2,9%, while the 3rd age (60-79 years old) has nearly doubled (1.8 to 3.3%). (Table 4)

However, it was important to distinguish between the structural effect related to aging and the effects of flows from the gerontogrowth. Similarly if the number or proportion of the

elderly does not seem particularly significant, this is only a signal, ie the beginning of an unstoppable process to happen in the near future and probably around the year 2035.

### *Projection of the Ageing Population in Cameroon*

The proportion of elderly (60 and over) remains low at around 5% (see Table 1). In 2011, the number of elderly is estimated at 1,015,979 people (see Table 3). At this rate, we should expect to see the numbers of elderly increase significantly over the next decades. Cameroon will not escape from this logic that ensures that the increase in the proportion of older people already acquired will continue until 2035 (see Table 4).

If the proportion of older people is moving very slowly, the absolute numbers are growing about 2.6% per year (slightly more in West Africa, a little less in southern Africa): The number of people aged over 60 increased from about 12 million in 1950, to 53 million in 2005 to, according to United Nations estimates [1], 200 million in 2050 (AfDB; UN DESA, 2011). For this reason, what characterizes this continent is much more the nature of the phenomenon than its extent.

This gerontogrowth (Dumont, 2006) is furthermore confirmed by Kevin Kinsella and David R. Phillips (2005) *“The proportion of older people in Africa is expected to increase only modestly in the coming decades, although the absolute number of older people will rise steeply. While aging as a socio-political issue is not a high priority for most African governments, there are unique features of many African societies that bear directly on older people. Also, sub-Saharan Africa is the most rapidly urbanizing world region, and the implications of migration patterns for the well-being of older Africans are not well understood”*.

Within this population, the growth of number, which more or less regularly affected by the past evolution of the birth will be even stronger than we consider higher ages.

Due to the less intense increase or decrease in the number at the base of the pyramids and the simultaneous surge at the top, the ageing population will continue. Thus, over the next decades, it will produce a significant change in the demographic structure of the country.

Such an evolution will certainly generate huge challenges in terms of geriatric care, strengthening social safety, and protection nets.

The empirical evaluation of processes and dynamics of ageing which characterizing the growing number of elderly and their implications for the nature of aging in different national sociocultural spheres are self-evident. This is why this number must be considered in all economic and social programs of the country from now.

**Table 4.** Evolution of the Numbers of Elderly (60 and Over) by Sex Between 1976 and 2035

| Yea  | Men     | Women   | Total     |
|------|---------|---------|-----------|
| 1976 | 219,271 | 222,179 | 441,450   |
| 1987 | 270,396 | 284,757 | 555,153   |
| 2005 | 414,843 | 455,799 | 870,642   |
| 2011 | 486,575 | 529,404 | 1,015,979 |
| 2013 | 547,622 | 596,069 | 1,143,691 |
| 2020 | 628,222 | 684,060 | 1,312,282 |
| 2025 | 683,667 | 744,433 | 1,428,100 |
| 2030 | 744,005 | 810,134 | 1,554,139 |
| 2035 | 809,669 | 881,634 | 1,691,303 |

Note: Source: the author's calculations. From RGPH 1976, RGPH 1987, RGPH 2005, Projections BUCREP UN World population prospects , 2008

## RECENT SOCIODEMOGRAPHIC CHARACTERISTICS OF HEADS OF HOUSEHOLD AGED 60 YEARS AND OVER

Socio-demographic characteristics of older heads of household in Cameroon are analysed on the basis of data from the third survey on living conditions households in Cameroon (Cameroon Household Survey 2007).

**Table 5.** Distribution of households heads aged 60 and over by their socio-demographic characteristics

|                     | Percentage of household heads (%) |
|---------------------|-----------------------------------|
| Place of residence  |                                   |
| Urban               | 39.4                              |
| Rural               | 60.6                              |
| Sex                 |                                   |
| Male                | 61.0                              |
| Female              | 39.0                              |
| Marital status      |                                   |
| Single              | 2.1                               |
| Monogamous          | 40.8                              |
| Polygamous          | 15.3                              |
| Widow/Separated     | 36.6                              |
| Divorced            | 4.7                               |
| Cohabitation        | .5                                |
| Level of education  |                                   |
| No education        | 63.2                              |
| Primary             | 26.5                              |
| Secondary/1st cycle | 6.2                               |
| Secondary/2nd cycle | 2.8                               |
| Higher education    | 1.4                               |

Note: Source: Cameroon Household Survey (2007).

### *Sociocultural Characteristics of Older Heads of Household*

Male aged 60 years or more have almost all the status of head of household (90%) and often the chief of concession. This confirms their importance in the community, “as keepers of traditional values (which gives them a spiritual power) and owners of the means of production (which gives them economic power) Kouamé 1990). They seem to have a privileged status in gerontocratic societies.

Thus, heads of household aged 60 and over reside predominantly in rural areas (60.6%). There is also more male heads of household (61.0%) than women (39.0%) (see table 5), a trend also found in other Sub-Saharan Africa countries (Schoumaker 2000). This could provide further support for the hypothesis that the elderly are more easily integrated in rural areas (space where mechanical solidarities are still common) than in urban areas. A large proportion of older heads of households is without education. Just one respondent in 10 reached the secondary level. A quarter of the population consists of people who have attended in the primary.

The marital status of heads of households aged 60 and over differs by gender. A large proportion of this age group is married and the monogamous (40.8%) are the greatest numbers. A third of this subpopulation consists of widowed and separated. Men are even more in union than women and the disparity is more pronounced following areas of residence where these proportions differ significantly, because it is more than half of older women (58.2%) who are widowed or divorced, and 80% of men who are still common (see Table 4). The clear age difference between spouses increases the likelihood of becoming a widow; the frequency of remarriage of widows may reduce the magnitude of the phenomenon. Polygamy is far more common in rural than in urban areas. In the 2007 survey, household heads are in 52.5% of cases in polygamous unions, the proportion is higher than the Cameroonian national average (Population and Housing Census 2005). This type of union concerns 61% of male heads of household aged over 60 years against 39% of female heads of households, meanwhile, these proportions do not exceed respectively 15% and 24% among those under 60 years of age (see Table 5).

#### *Employment and Poverty in Households Headed by Elderly*

Three quarters heads of household aged 60 or more have at least one job. The end of activity usually occurs around age 70 when they cannot devote in heavy work (see Table 5).

**Table 6.** Activity Conditions of Household Heads Aged 60 and Over (%)

| Age groups        | Active | Unemployment ILO definition | Expanded unemployment | Inactive |
|-------------------|--------|-----------------------------|-----------------------|----------|
| 60 years and over | 12.7   | 4.8                         | 7.5                   | 42.0     |

*Note:* ILO—International Labor Organization.

Source: Cameroon Household Survey (2007).

In general, the productivity of older workers declines with age either because they are physically worn out, or because they are struggling to learn new farming techniques and sometimes require financial investments (purchase of fertilizers and seeds) in rural areas.



Once the retirement age has been attained, the proportion of working heads of household decreases in both men and women. We clearly see the decline in the proportion of working between 60-79 years and 80 years and older (see Table 6). It is surprising a fairly sharp drop in activity at age 60 while the majority of the working population in the informal sector are not covered by the pension systems (Antoine 2007). These are generally underdeveloped in Sub-Saharan Africa, particularly in rural areas (Kinsella and Phillips 2005; Olivier 2005). For this reason, we should expect that men and women aged over 60 remain in activity; the trend is not found in many Sub-Saharan Africa countries (Schoumaker 2000) (see Table 6). Because these people still are responsible for children under 15 years old, most of them are their biological children, but also foster children, grandchildren, or nephews. This tends to increase their load while these people arrived at an age where their productivity and/or income decrease.

That is why a large majority heads of household surveyed (67.9%) are classified as non-poor (see Table 7).

**Table 7.** Poverty line of household heads aged 60 and over (%)

| Sex                | Poverty line of household heads (%) |       |       |
|--------------------|-------------------------------------|-------|-------|
|                    | Men                                 | Women | Total |
| Total              | 12.2                                | 21.4  | 14.7  |
| Place of residence | Urban                               | Rural | Total |
|                    | 10.4                                | 20.1  | 14.7  |

Source: Cameroon Household Survey (2007).

The existence of inequalities between men and women heads of households aged 60 and over is confirmed by Table 6, a trend that is found in almost all rural societies in Sub-Saharan Africa (Locoh 1996). Land, means of production and housing are less accessible to women in the urban areas than those in rural areas.

**Table 8.** Distribution of household heads aged 60 and over according to the profile of their household (%)

|                    | %    |
|--------------------|------|
| Wealth index       |      |
| Poor               | 32.1 |
| Non-poor           | 67.9 |
| Household size     |      |
| 1-2 persons        | 20.3 |
| 3-4 persons        | 22.5 |
| 5 persons and more | 57.1 |

Note: Source: Cameroon Household Survey (2007).

## **DYNAMICS, CHALLENGES, AND SOCIO-ECONOMIC IMPLICATIONS OF AGING ON THE WELFARE**

The increase in the proportion of elderly people will continue. This demographic evolution has some impact on the economic and social situation of the elderly population.

### *Place of the Elderly in the Cameroonian Family*

The social role of older people in Africa is widely recognized, but their economic importance is more misunderstood or underestimated. In households where an elderly is present, he is considered and presented mostly as the family or household head as

the “father or grandfather”. Is it a statistical tick or that corresponds to the reality of household organization?

Indeed, in rural Cameroon, the elderly are still relatively respected. They are considered as the pillars of the family, a source of wisdom and experience that help the social initiation of younger generations. They are proven catalyst for social adjustments. They also have an important role to play on issues related to peace and stability of a family or a community.

However, the decrease in family size coupled with changes in cultural practices and values eventually alters the fundamental role of the family and especially in urban areas. This has had a direct impact on the safety of the elderly, children’s attitudes in relation to parents and customs they embody. In rural areas, young families were quick to leave home to settle in the city. Thus, the welfare of elderly is crumbling day by day due to the impact of internal and external factors.

Similarly, certain aspects of the current modern life, including the social mobility of populations, increased participation of women in work (women do more for the elderly persons than men) and various other tasks that family members must perform have undermined traditional systems of families and clans, especially in urban areas. This situation has led to a gradual change in the hierarchy system and status which seniors enjoyed in traditional societies. The care and assistance system of the family/clan for the elderly is one of the main systems to be affected by these changes. This enumeration shows a real discrepancy between the traditional figure of the “old man”, respected, surrounded by people and released from his obligations, at least “material” and raises the question of redefining a threshold of old age.

Thus, new social networks as spaces of reciprocity, exchange, donations, and assistance requested by the elderly: neighbourhood, religious, brotherhoods, associations, etc., are already gradually giving way to family solidarity. These forms of informal support are enabled daily by the overwhelming majority of non-beneficiaries of social security coverage (workers from the informal and agricultural sector).

In response to urbanization and globalization, there are harmful effects of these two phenomena on traditional family ties that are weakened gradually.

This contributes to further isolate the elderly in rural areas, those people who are often very poor, find themselves abandoned by their families and penniless.

### *Economic and Social Problems of the Elderly Populations in Cameroon*

The slow but progressive reversal of the age pyramid has profound consequences on economic, health, psycho-social, and moral aspects of the society.

Economic and social crisis affecting the country for more than a decade has worsened

the problems of the elderly. In fact, the elderly are facing many problems: poverty, isolation, and especially the difficulties of access to health care, etc.

*From an economic point of view.*

Certainly, the current situation of the elderly is not getting much interest because of their low numerical weight. Yet a significant proportion of households headed by elderly must find resources for ensuring day-to-day live costs, and among the possible income, there are those coming from an activity. The head of household, even older, not only keeps the symbolic authority but remains the main contributor to the household. Most heads of households aged 60 or more are not in the care of their children, but in some cases have to take care of young children. They often also have to take care of their older children who are not yet inserted in the labor market. The precarious conditions of urban life have the effect of preserving some traditional functions of family solidarity. But if this unfavourable economic environment continues, family ties could also crumble. Older generations will be able to provide less and less support to their descendants, as well as youth of future generations will be less able to support their parents when they will become, in their turn, inactive.

**Table 9:** Comparative indicators of Household poverty by age groups

| Age Groups   | incidence of poverty (%) | Depth of poverty (%) | severity of poverty (%) | Population distribution (%) | Distribution of poor people (%) | Mean annual expenditure per adult equivalent (FCFA) | Q5/Q1 |
|--------------|--------------------------|----------------------|-------------------------|-----------------------------|---------------------------------|---|-------|
| Less than 30 | 28,1                     | 7,9                  | 3,1                     | 14,4                        | 10 ; 2                          | 524 760   | 7,6   |
| 30-39        | 34,8                     | 9,9                  | 3,8                     | 26,3                        | 22,9                            | 482522  | 7,3   |
| 40-49        | 42,5                     | 14,1                 | 6 ; 0                   | 25,6                        | 27,3                            | 423024  | 7,6   |
| 50-59        | 45,4                     | 14 ; 2               | 5,9                     | 17,8                        | 20,2                            | 403324  | 7,3   |
| 60 and more  | 48,6                     | 15,3                 | 6,3                     | 15,9                        | 19,4                            | 360 824   | 6,2   |

*Note:* Source: Cameroon Household Survey (2007).

But for some employees of the Cameroonian public service, the end of the activity at 55-59 years age is seen as too early because it involves a too great decline in revenues (see Table 4).

Thus, it is found that individuals allowed claiming their pension rights engage in independent activities between 60 and 70 years, about 15 years of activity after retirement. It is only at the age of 70 years that people really stop activities because their physical strength decreases significantly (see Table 5).

It should be noted here that a precarious living condition of elderly heads of household who seem to live some form of marginalization: premature retirement, paltry pension, burden of family responsibilities, difficulties in access to credit, debt, etc. These are sometimes faced with the failure and/or lack of a modern pension, the lack of social benefits, and insurance systems as well as the decrease in assistance from relatives and friends. Agricultural self-employed who are more numerous than employees do not enjoy the benefits of social security.

The real value of pensions PPA (Purchasing Power Parity) is in all cases paltry to the handful of people who are eligible for a pension. It has undergone low adjustments for

several years.

In Cameroon, there are about 118,000 pensioners; they are public and private sectors combined. For example, during the fourth quarter of 2005, “a retired affiliated to the National Social Insurance Funds (CNPS) perceived on average 122,683 FCFA (\$250), a monthly average amount of 40,894 FCFA (\$84), 28,666 FCFA (\$59) for widows and 15,789 FCFA (\$33) for orphans”. Pensions are generally very small, compared with the high cost of living. The pension paid to elderly beneficiaries does not allow them to meet all their basic needs: health care, food, housing, and other rental charges (water, electricity, etc.).

The transition to retirement is therefore accompanied by changes in the economic situation of individuals. The substantially lower in income may disturb the functioning of the household as attempts to explain this former teacher at the public school of Bafoussam in retirement. “A head of the family who, in activity, earned 100,000 FCFA (\$200) per month to feed his family, once retired, gets 60,000 FCFA (\$122) per quarter; it is very difficult to support a house”. For him, the decrease of resources tends to make retirement for a period of insecurity. “Retirement, it is not a rest, because with your pension you can do nothing. You fight everywhere for find resources to live, you and your family”. For another interviewee, the transition to retirement has proved to be an unpleasant surprise, because he did not expect such a small pension. The amount of pension is just sufficient to pay bills. One may wonder about the origin, frequency, and nature of other sources of income, essential to the survival of household members.

City dwellers and other employees, whose resources have fallen significantly in real terms, find it increasingly difficult to send money to elderly parents in rural areas or to meet the needs of those who live under their roof and other relatives in urban areas.

That is why older people find themselves obliged to extend their activities to provide for one’s family and honour the precedencies of household head, often assumed by one’s own domestic loads.

*At the level of social security.*

As we continued to point it out above, the elderly constitutes only a small fraction of the population and sometimes supported by the system of extended family, mutual aid associations, and other informal mechanisms when they are members. In addition, older people in Cameroon are supported by the system of extended family and solidarity networks attached to it when they are members: mutual aid associations and other informal mechanisms. Official measures involving the labour market and the structural organization of the state are still rudimentary. But as urbanization, mobility, and poverty reduce the links between the extended family and the community, informal systems are felt.

Until now, the specific effects of ageing on social protection systems, namely, the changes induced by the only variation in the distribution by sex and age were modest in Cameroon.

Especially, during the last 50 years, population ageing has had a marginal effect on the mass of social expenditures and the rising of contribution rates for sickness and old age insurance. But in the next 20 years, the continued rapid increase in the number of older people will make more acute problem of social treatment of old age and dependency.

On the basis of these projections, the increase in the number of older people will make more acute problem of social treatment of old age and dependency.

Faced with the weakness of services provided by the state, in terms of social security, there are only about 11% of beneficiaries in the total population of the elderly, many questions emerge such as the unequal access to care (between beneficiaries of different pension plan and non-beneficiaries), the health status of the elderly, their lives, the changing of their status with regard to modernization processes and strategies they are making to combine additional sources of income and the insufficiency of their resources.

*In terms of health.*

Demand for health services increases as the elderly population grows, since health problems and the use of expensive medical technologies are concentrated on the segment of the elderly. Older people are thus faced with the coexistence of acute and/or chronic disabling diseases and require not only medical but also financial and moral support. Expenses for these treatments often fragment the family budget and/or the retirement pension; therefore, in times of crisis, they will give more importance to daily expenditure (food) than to health care expenditure. In terms of physical autonomy, we note that 49.5% of older heads of households have at least one disability (see Table 8). Blindness is their main type of disability among the types identified in 2005. The disability of lower limbs as deafness is also relative importance.

**Table 10.** Morbidity of household heads aged 60 and over by their socio-demographic characteristics

|                    | %    |
|--------------------|------|
| Place of residence |      |
| Urban              | 51.0 |
| Rural              | 48.9 |
| Sex                |      |
| Male               | 47.1 |
| Female             | 51.7 |
| Marital status     |      |
| Single             | 45.9 |
| Monogamous         | 46.7 |
| Polygamous         | 49.3 |
| Widow/Separated    | 53.7 |
| Cohabitation       | 49.5 |
| Aggregate          | 49.5 |

*Note:* Source: Population and Housing Census (2005).

*In psychological, sociological, and economic terms.*

All studies (Locoh 1996; Schoumaker 2000; Kinsella and Phillips 2005; Olivier 2005; Antoine 2007) already show how loneliness, social uselessness, and feeling of social

segregation characterize old age.

All that of course combined with the lack of peace caused by the concern of uncertain taking-over from the parents and the regret of the absence of support from younger.

The results of the 2005 census show that 9.0% of older people live alone in Cameroon. Among those who do not live alone, most of them care small children. Out of 10 members of a household headed by an old person, about six are children or young people. The phenomenon of “handling” children or orphans to their grandparents explains their important proportion. In addition, youth unemployment and their prolonged stays among parents because of difficulties in access to accommodations combine to increase the burden of ageing parents.

Although the care of elderly people in institutions is not yet a common practice in Cameroon, particularly because of family and community solidarity links that are still alive, it remains that many live in collectives households such as religious institutions and hospices. In a socio-cultural context where care of the elderly is the responsibility of the family generally, one might wonder about the reasons why led some seniors to find themselves in institutionalized houses. They could be people who do not have living descendants or those abandoned by their families.

Among the elderly, some are in a vulnerable situation both on structural, relational, economic, or health plan. Seniors facing a structural vulnerability are all those who live alone or with children and youth. Those who live with distant relatives, unrelated members in common or collective households meet a relational vulnerability. As for economic vulnerability, it is the situation of older people with no source of income or assuming the household expenses by oneself. Finally, elderly patients are those who meet health vulnerability.

**Table 11.** Rates of economic vulnerability of older persons by place of residence and sex (%)

| Place of residence | Male | Female | Total |
|--------------------|------|--------|-------|
| Urban              | 27.6 | 44.7   | 36.12 |
| Rural              | 23.6 | 43.7   | 33.6  |
| Aggregate          | 26.5 | 51.9   | 39.6  |

*Note:* Source: Population and Housing Census (2005).

Economic vulnerability affects 39.6% of the elderly. Women are likely twice more than men in this situation. Very few seniors receive a retirement pension.

Another category of vulnerable older people is made up of “homelessness”. This category was 1,325 people at the third Cameroon census (2005). In this group, we find beggars, lepers, the mentally ill, and other people with chronic or infectious diseases. At the social level, some have severed all ties with their families. (see Table 9)

Demographic projections clearly show that the Cameroonian society must solve the reintegration of older people who will soon be the fifth of the electorate. An active life of 40 years followed by a retirement of 20 years requires a new conception of the occupation

#### *Perception of the Problem of Population Aging by Politicians*

The real purpose of social policy is to improve the standard of living and promote the

right and the development of each individual in the society. The reference point should be the man, with material and immaterial needs such as food, housing, health, work, and dignity. This is demonstrated particularly by the miserable situation of the elderly people in Cameroon. Indeed, the problem of the elderly has played a marginal role in the economic development policy of Cameroon until now. Neither parliament nor the government of Cameroon has taken some resolution dealing specifically with the situation of older persons in the country until now.

That is why a clear awareness does not exist in Cameroon. There is no yet a deep sensitization of the consequences of a rapidly growing number of elderly and the impact on their situation. There remains much resistance regarding the management, ultimately, sometimes of the miserable situation of the elderly.

Nevertheless, the state and civil society initiated some actions contributing to the social welfare of the elderly, but these actions are still inadequate and timid especially at the existence of derisory facilities and the total non-coverage of health care.

#### *State actions for people of the third age.*

Resources of non-workers, whatever they are, come from a deduction on the national product, so from labour of workers. This reality is still less sensitive to people, but when the proportion of older people, including those who over 75 years, will continue to grow to reach rates corresponding to the control of birth rate and exogenous mortality, society in all its components and especially the state will realize that it will have to choose between a much larger deduction on the workers product and a deterioration in living standards of elderly people. In the moral order, will the society choose among his people those who would endeavour to prolong life? But then upon what principles and what values?

Until now, the Ministry for Social Affairs has merely provided specific financial and material assistance to needy persons of the third age who expressed demand.

In view of this situation, which certainly is growing with the development of the country, the government plans to set up a project to support marginalized populations not covered by existing systems of social security in Cameroon (public service and insurance).

The social protection system in Cameroon is based on both the contributory and non-contributory system. Halfway of these two systems, there is also a so-called voluntary system managed by banks and insurance companies.

In the first case (contributory system), it must be paid in advance to expect to enjoy of social security coverage. It is based on two main schemes: the workers scheme governed by the Labour Code, managed by the CNPS and the system of civil servants and those in the same category, managed by the state<sup>4</sup>. Thus, only civil servants and state agents as well as workers of private and para-public structures affiliated to the CNPS enjoy benefits offered by social security. However, Cameroon's economy is nearly 90% informal. Most workers can neither assert his rights to retirement nor benefit from support in case of occupational accidents, disability, illness, etc.

As for non-contributory system of social protection, it has a set of measures that come under the general social assistance, legal assistance, and specific measures for vulnerable people. Social assistance "to the very poor and needy" comes within the

responsibility of the Ministry for Social Affairs. Funds from social assistance brought in this context are generally low. However, it should be noted that thanks to the decentralization laws, many prerogatives of the state, particularly in terms of social security benefits, have been transferred to regional and local authorities, as municipalities, which now will strongly call for providing assistance to vulnerable and indigent people in their constituencies (within the limits of funding allocated each year).

#### *Individual or groups actions.*

The mechanisms of mutual assistance are visible at different levels (family, community, voluntary, state, etc.) as well as various key moments in life. The transition to the status of elderly can also be a process that spreads over time.

The majority of workers are in the informal sector, and therefore do not receive health insurance. These workers are organized so that they can be eligible for social security coverage. These are generally used alternative systems (formal or informal), managed by the community or private sector and are usually in unions to defend their interests, the better-heeled subscribe life insurance. Others, on the other hand, move toward the micro-finance institutions to build savings security.

The “tontine”<sup>1</sup> is also presented as a traditional mechanism of mutual aid to mobilize savings. This “tontine” is essentially characterized by tacit agreement between the members, who maintain trusting relationships without any formal contract. They have helped many informal sector workers, particularly women, to finance certain social events. But mutual health insurance has not taken a real scale in Cameroon. The case of retired civil servant is revealing in many respects. They begin to take care of themselves in Cameroon<sup>6</sup>, in particular, signing partnership agreements with insurance companies for the establishment of a fund for health management. This fund allows retirees (members) to benefit from effective health coverage (medical consultation, treatment in case of illness or accident).

## **CONCLUSIONS**

In Cameroon, the elderly people are still only a small fraction of the total population but already with huge needs.

This study confirms that as the proportion of elderly people in the population has stagnated for a decade and only the numbers increase relatively fast in that category. The gerontogrowth (Gérard-François Dumont, 2006) is better suited here to describe the type of aging of the Cameroonian population and in the general; the population in sub-Saharan Africa

The issue of gerontogrowth and later the aging population in Cameroon must be taken into consideration to lay the foundations of a fair and just society (social protection, hospital structures or retirement) where seniors will perform their roles and find a balance in the society

Thus, the elderly should not be seen as needy dependants. It is thus important to recognize, support, and accompany their substantial contributions to families, community, and society so that they are part of the decision process when issues that concern them are addressed. Their legal rights must be respected and upheld.

For this, it will be taken into account a definition of social protection, not only as a



---

centralized state device but also as a transfer mechanism of monetary resources, but not exclusively, with standards established by the members of a same community (decentralized social protection).

The transition involves a transition from income insurance schemes, without accelerating the decline of informal systems and without giving to the state more responsibilities than it can assume.

## Notes

1. The tontines are the most effective traditional mechanism for providing savings facilities and sometimes small loans.

## References

- Angel, R. J. and J. L. Angel. 1997. *Who Will Care for Us? Aging and Long-term Care in Multicultural America*. New York: New York University Press.
- Antoine, P. 2007. "Intergenerational Relations in Africa: A Multi-faceted Approach." In *Les collections du CEPED, IRD-UR-DIAL*. Paris
- BUCREP (Central Bureau of the Census and Population Studies). 2005. *General Population and Housing Census 2005*.
- DNRGPH (National Direction of General Population and Housing Census). 1987. *General Population and Housing Census 1987*.
- Eggericks, Th. and D. Tabutin. 2001. "The Population Ageing in the World: History, Mechanism, and Trends." Document de Travail, No. 14. Population and Development Sciences Department, Catholic University of Louvain.
- DUMONT, G-F. et alii, 2006 « Les territoires face au vieillissement en France et en Europe», Paris, Ellipses, 2006.
- DUMONT, G-F.2005 « Vieillissement et territoires», Population & Avenir, n° 674bis, septembre-octobre 2005.
- DUMONT, G-F.2013, « Vieillissement et territoires : une typologie essentielle», Population & Avenir 1/ 2013 (n° 711), p. 3-3
- Evina Akam and R. Randriambanona. 1987. "Ageing and Educational Needs of the Elderly: The Specific Case of Africa." Presented at the *Expert Meeting Organised by ILO, AIUTA, IEIAS and AIDAC*. December 8-10, Geneve.
- Fomekong, F. and H. Minche. 2006. "Population Ageing in Sub-Saharan Africa, What Challenges for Social Policies and Population." *Revue Internationales des Sciences Humaines et Sociales* 1(1).
- Gendreau, F., D. Tabutin, and M. Poupard. 2002. "Youths, Old Age, Demographies, Societies." P. 394 in *Chaire Quételet 2001*. AUF, Louvain: Academia-Bruylant/L'Harmattan.
- Hill, K. and A. Forte, eds. 1993. *Demographic Change in Sub-Saharan Africa*. Washington, D.C.: National Academy Press.
- INS (National Institute of Statistic). 2005. *The Third Cameroon Household Survey*.
- Kinsella, K. and C. Taeuber. 1993. *An Aging World II: International Population Report*. Washington, D.C.: U.S. Bureau of the Census.
- Kinsella, K. and D. R. Phillips. 2005. "Global Aging: The Challenge of Success." *Population Bulletin* 60(1):42.
- Kinsella, K. and V. Velkoff. 2001. *An Aging World: 2001*. Washington, D.C.: U.S. Census Bureau, U.S. Government Printing Office.
- Kouamé, A. 1990. *Population Ageing in Africa*. Ottawa: CRDI.
- Locoh, T. 1996. "Change in Men's and Women's Roles During the Crisis: The Silent Revolution." *Crisis and Population in Africa* 13:445-469.

- Martin, L. G. and K. Kinsella. 1994. "Research on the Demography of Aging in Developing Countries." Pp. 356-403 in *Demography of Aging*, edited by L. G. Martin and S. H. Preston. Washington, D.C.: National Academy Press.
- Mveng, S. and F. Fomekong. 2008. "Households Living Conditions and Seeking Health Care for the Elderly in Cameroon." *African Population Study* 23(1):27-45.
- Noumbissi, A. 2001. *Poverty Among Elderly in South Africa*.
- Amer J Nutr Sci* 131 ———. 2005. "Residential Provisions of Widows in South Africa". Pp. 507-526 in *Families in North, Families in South*, edited by K. Vignikin and P. Vimard. Louvain-La-Neuve: Academia-Bruylant.
- Olivier, M. 2005. "Acceptance of Social Security in Africa." Presented at *ISSA Regional Conference for Africa*. August 9-12, International Social Security Association, Lusaka, Zambia.
- Preston, S. H. and L. G. Martin. 1994. "Introduction." Pp. 1-7 in *Demography of Aging*, edited by L. G. Martin and S. H. Preston. Washington, D.C.: National Research Council, National Academy Press.
- Schoumaker, B. 2000. "Ageing in Sub-sahara Africa." *Space, Populations Societies Review* 3:379-390.