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بعث أفريقيا الغد في سياق التحولات المعولمة :

رهانات و آفاق

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 estrange the elderly and jeopardizes their wellbeing. Deconstructing the current care system by redesigning and implementing age friendly policies will create substantial opportunities that will predispose the old (irrespective of gender) to valued choices and quality lives. This paper describes the challenges experienced by the aged and examines the institutional framework for care with alternatives for social development. The study involved 31 elderly and employed an ethnographic survey design with interviews, focus group discussions, participant observation and documentary sources as instruments. Data was analyzed qualitatively and findings show that in as much as organizing the system from a multis-sectorial approach is imperative, the voices of elderly and the consistent provision of basic needs is also strategic to their social development.

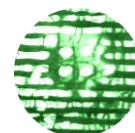
Keywords: *Care, elderly men and women, alternatives and social development*

Introduction

Ageing populations have become one of the key issues that has consistently featured on the development agenda of many countries recently. This unprecedented phenomenon 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). Compared with other regions of the world, the population of Africa is growing at a much faster rate of 2.27%, this coming with diverse socio economic and cultural ramifications (United Nations (UN), 2011).

On its own, longer life expectancy is generally regarded as a key indicator of improved health status of the population. On the contrary, it is often perceived as a hinge to health and social security systems as longer lives are commonly associated some chronic diseases and poverty (World Health Organization, 2000). Whatever the case, 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 poor or limited health services, nutrition, recreational facilities and cash transfers which make old age perilous (Mesembe, 2011). These asymmetries have implications on the effectiveness of care and thus mitigate the chances towards the achievement of social development for older persons.

Cameroon's government policy, associated with neo-liberal policies (Martinez and Arnoldo, 2000) that advocate for less spending on social services as a way of cutting down on



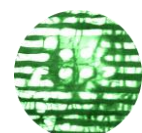
government spending (Moore, 2009; Mudge, 2008) has reduced safety-nets for the poor and the vulnerable including the aged. However, a deconstruction of the institutional framework of care and a redesigning and implementation of age friendly policies from a multi-sectoral approach will significantly alter 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 an assuring social development. This study describes the myriad of challenges experienced by the aged in Cameroon and examines the institutional framework for their care with alternatives for social development.

The Socio-economic and Cultural Context

Increased life expectancy has resulted in a significant increase in aging populations world-wide (Asiyanbola, 2005), this being the outcome advancements in public health, medicine and economic development (US National Institute on Ageing, 2007). Global aging is actually a success story as people over age sixty-five live 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. 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) has defined the elderly as persons aged 60 and over because it is at this age that persons formally employed become eligible for certain related retirement in many countries. The world's total population is reported as growing at a rate of 1.7% per year with the oldest old (80 years or older) being the fastest growing segment and estimated to grow by 19% by 2050 (Asiyanbola, 2005). Elderly people would represent 25% of world's population by 2020 and by 2025 elderly males and females would constitute 13.1% and 15.3% percent of world's population respectively. Out of nearly half a billion elderly people, 44 percent were male, underscoring the higher levels of mortality among the males and implying female longevity, a greater proportion of frail elderly females than males (Kalasa, 2005). According to the World Bank (1990), aging implies the inability to work, earn and care for oneself. On its part, the WHO (2002) is rather interested in helping elderly men and women remain independent and active as they age.

The majority of the elderly populations 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 the elderly women, activities range from the purely domestic (subsistence) ones (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



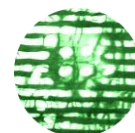
participate in income generating activities. In fact, it has been found that in most activities in the rural areas, the roles of older wives are not statistically different from those of their younger counterparts (Warner and Balcombe, 1996; Asiyanbola, 2005).

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 such as the Alzheimer and impaired mobility are major health concerns for older adults, affecting fifty percent of people over 85 and at least a quarter of those over 75 (Somers, 2006). In Africa, ageing is a crisis that is just beginning to reveal its shape where most old persons suffer from hypertension, diabetes, rheumatism and malaria. Hence, the necessity for care services as an integral part of social policy in Africa and Cameroon in particular is a critical issue for development.

Due to the changing composition of the family and unfavorable 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). Moreover, rural exodus has a dramatic effect on the well-being of the rural elderly and community by reducing family support for the elderly parents left behind. Worse still, not only are the rural elderly persons left with less family support, they are also left with little 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 discriminative as it sidelines informal and non employees which imperil their wellbeing. This notwithstanding, the levels of benefits available to retirees are often low due to economic crisis (Fonchingong, 1999) and equally dawdling in administration. This reduces the purchasing power of retired persons. 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% in 2005 in Cameroon (WHO/UNICEF, 2008) also presents 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 the elderly women especially (UNFPA, 1999) which has implications on their socio-economic development. This paragraph begs the question.



The lack of income-security remains a crucial problem in old age which 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, women who care for both past and present labour force (Elson, 1997; Aboderin, 2005) and who constitute the greater portion of the elderly population (Apt, 1998) are marginalized in the provision of formal services by the government. In Cameroon only widows without working children are eligible for survivor pension. The family therefore remains the only source of survival for most women. According to **Nkuna (2008)**, older women by virtue of their sex are often subject to physical, financial, psychological, emotional, sexual and verbal abuse from the men and the society in general. Yet little attention is paid to the issue.

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 made systematically to fill the gap created. Consequently, this lacuna represents a 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 defenseless.

Care for Elderly Men and Women in Cameroon

In Cameroon, people 65 and above constitute 5.5% of the population (Central Service of Census and Population Studies, 2010) This fraction is not negligible as a majority of these persons have contributed to the development of their country and thus deserve recognition and proper treatment during their old age. Elderly persons in Cameroon were about 2 million in the year 2000 and are expected to 2 billion by 2050 (UN, 2006). Unfortunately, the majority are not beneficiaries of social security system and when they do, the latter rather complicates care arrangements for them. In addition, changing traditional structures characterized by decreasing family sizes, the higher life expectancy, geographical dispersion of families as well as 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) influence the type of care available to the elderly.



According to (Krzyzowski and Mucha, 2014) care involves the direct services to persons who cannot successfully look after themselves. A vast array tasks are involved in care giving (Van Der, 2002). Tronto (1993) 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 parallel four ethical elements involved in care: attentiveness, responsibility, competence and responsiveness. Therefore, care is a process that sustains the life and represents the moral quality of life of people who cannot provide such for themselves 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 assumed the responsibility of care as an obligation (Gilligan, 1982; Holroyd, 2001).

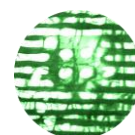
The study that led to this article was carried out in Manyu Division in the South West Region of Cameroon. Specifically, 11 villages covering four sub-divisions comprised the target areas. The above areas are chosen for particular reasons such as the historical background of the areas which reveal a 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 persons (14 males and 17 female) consist 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 was used to carry out this research. This comprises a purposive sampling coupled with the snowball sampling methods. 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, the local language of the 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 analyzed for trends, implications and the sources. Data was analysed both quantitatively and qualitatively using the thematic content analysis.

Challenges and Coping Strategies of Aged Persons

The aged men and women raised a number of issues relating to 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.

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 insecure houses which were not suitable for them. For instance a 101 year old 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.

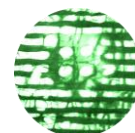
Socially, married women experienced double care work especially those whose spouses suffered from ill health. Some elderly women were still victims of accusation of witchcraft. Others lacked permanent care givers to look after them while others particular widowers experienced solitude. Like other categories of human beings, the aged also experienced many health challenges that made life really difficult for them. While their western counterparts suffered from mainly chronic Alzheimer (Somers, 2006), they rather suffered from illnesses like: rheumatism, swollen legs, waist, back and body pains which cause difficulties in walking.

To cope with these diverse financial challenges, older person 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 reoccurring. Thus the elderly in Cameroon are in constant difficulties and in dire need of assistance.

The Institutional Framework for Care of Older Persons in Cameroon

Although no specific legislation presently exists as concerns the protection of the elderly persons in Cameroon, various provisions of the law point to this protection. The Preamble of the Constitution of Cameroon (1996) states that: "The nation must protect ... the elderly". The Civil Code in its Article 205 requires offspring to take care of their parents unable to provide for their needs on their own. Besides, section 28 of the Penal Code provides punishment: 1-3 imprisonment and 5000-25000frs fine to those who are responsible for the displacement of the elderly, who are in the state of ill-health. Cameroonian social legislation also provides a series of texts relating to the organization of the social protection of older persons including:

- Law N°67/LF/18 of June 1967 on the organisation of social insurance in Cameroon;
- Decree N° 94/199 of October 7, 1994 on the General Statute of Public Service to organise the regime of pension service of state agents on retirement ;
- Decree N° 77/495 of December 7, 1977, laying down conditions to create and run social protection private institutions.



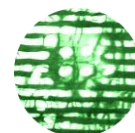
At the institutional level, there is the Decree N°2005/160 of May 25, 2005 organizing the Ministry of Social Affairs with a Department of the Social Protection of Persons with Disabilities and Older Persons and a sub-department of the protection of older persons. Thus the elderly are identified under the Ministry of Social Affairs in Cameroon. In this light several actions have been carried out by this ministry on behalf of aged persons. 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 in with the support of Help Age International and 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 competence on the elderly (May 30, 2008);
- Holding of 4 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 aids to indigent or poor older within the framework of aids and reliefs.
- Drafting and publication of the Guide on Healthy and Active Ageing, in order to ensure a harmonious society for all ages.

This ministry 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 multisectoral 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: Ministry of Justice, Ministry of Territorial Administration and Decentralization , Ministry of Public Health , Ministry of Women's Empowerment and the Family , Ministry of Finance and the Ministry of Labour and Social Security just to name a few.

The Ministry of Social Affairs is structurally organized into ministerial departments (central administration) decentralized 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 n°2005/160 of May 25, 2005 organizing this ministry.

Under the ministerial departments there are five departments namely: General Secretariat, a Department of National Solidarity, a Department of Social Protection of Persons with Disabilities and Older Persons (DPPHPA), a Department of Social Protection of the Child and a 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 listed 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 has as mission to:

- Elaborate and follow up of the implementation of the national policy on;
- 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;
- Collection of 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 offer of social services to older persons (assistance, care delivery etc) as well as assure the implementation of programmes and projects concurring to the welfare of the targets of the ministry among which are the elderly. The Technical and Operational Units (functional units) through the service of the social centers 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. The Organisms such as the national committee on ageing for coordination and evaluation has the responsibility to:





- Express opinions on programmes and projects relative to the protection and the promotion of older persons.
- Assist the Minister of Social Affairs 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.

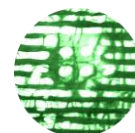
Pertaining to institutions which is strategic in the framework, the Civil society (NGOs, Associations) has responsibilities in the implementation of the national policy of the older persons. Its members ensure the connection between the state, public sector and older persons. Also they play a role in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

Non Governmental Organizations are one recognized body which has 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 and Victoria Gals in the South West Region. 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. All these NGOs have as major objective care for the elderly which they carry out in various ways: advocacy, psychosocial assistance, subsidization of health cost or free screening and medication, visits, food stuff, clothing and capacity building for healthy aged persons. However, these assistances are most often not regular because of limited finance.

Besides NGOs, Christian missionaries are also very instrumental in catering for the wellbeing of the old in Cameroon. Prominent missionaries which contribute in 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 privilege such as poor children, the disabled and the elderly. They usually provide shelter for elderly men and women in desperate situation 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 are invited for social events. They have already received appreciation from a host of older persons but 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. However their relationship with the government is strong only at the level of





the creation of these NGOs. The ministry continues to impose their objectives for 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. It was created in 1967 by decree N° 67/LF/7 of 12/06/1967 to replace the family compensation fund which has been in existence since 1956 (MINATD, 2007) and it is governed by decree No 78/17 of 22nd 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 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 move 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 anticipated pension the beneficiary must be a registered member of the NSIF, worked for twenty years and be 50 years of age. For old age pension: the beneficiary must be 60 years and must have been in service for fifteen years. Old age pension is entitled to workers who have been in service for fifteen years. Anticipated pension is benefited at the age of 55. Invalidity pension (comes as a result of disease (blindness for instance) and which prevents the victim from continuing work. Allowance pension is entitled to elderly persons who has not worked for fifteen years but who has contributed to the NSIF and still have young children to take care of. 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

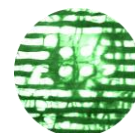
The framework of care of the ministry of social affairs is meant to facilitate the management of the ministry and to provide the aged with the necessary needs. Unfortunately, the ministry fails to utilize the framework as a valid functioning instrument as evident in the poor institutional, administrative 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 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 wellbeing.

Secondly the budget of the ministry increasingly remains problematic. It has consistently stayed relatively small because the sector it is targeting is not substantially productive and as such does not enhance development significantly. The decentralized services experience difficulties in handling matters relating to witchcraft, illhealth, livelihood and stigmatization of the elderly which arise as a result of the inadequacy in the budget for the delegation (1 million frs 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 full fledged sub department only renders this initiative useless. The target population expecting care continue to be helpless and hopeless. Social protection embodies programmes and policies formulated to eradicate poverty and vulnerability by promoting efficient labour markets, reducing peoples 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 does not clearly exist in the institutional framework. They are always or generally 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 clear or 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



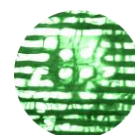
intensively in charge of another group of people: the disabled. It is definitely for this reason that the principal department is called: the Department of Social Protection of Persons with Disabilities and Older Persons. This therefore implies that though the elderly are formally recognized by the government they are not treated as an entity with a specific agenda and a separate budget. This gap creates adequate space for disfunctioning 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 lavish desperately with remains. 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 of pacesetters and grandparents.

Furthermore, the ministry deals with groups of people and not individual. 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 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 Center Region to react otherwise. They bypass all the necessary channels and move 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 rather not playing the role for which it was designed. This seems to be discriminatory and disadvantageous to older persons out of the Center 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, health care and exercise as well as control feeding habits. The limited contact between the social works and the older persons influence the expected outcome and create 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

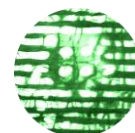


exams and medications to the elderly especially during the International Day of the old: 1st October. They also partner with the Ministry of Territorial Administration and Decentralization to facilitate the creation of associations for the elderly. The Ministry of Women Empowerment and Family is as well a partner to the Ministry of Social Affairs which contributes to rehabilitate the aged especially through sensitization and agricultural tools. 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 ministry in question the accessibility of documents was highly limited to support oral discussions with administrative staffs.

The weak institutional framework has compelled 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 there are small rooms where these aged persons are lodged. This type of live-in service is a conceived western ideology and does not naturally fit into the African traditional 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 in 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 influenced 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 Ministry of Social Affairs either fail to target the needs of the elderly or ends prematurely. The Ministry has sponsored two giant projects in 2008 (Never without my mother) and 2010 (an Encyclopaedia of the cultures of Cameroon (Report, MINAS, 2010). While the former focused on preserving and promoting the Cameroonian culture through interactionist approach, the latter did so through writing. Consequently, the ministry virtually trade 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. To this effect the majority of the elderly are left out in the exercise with a mitigation of a likely low impact. Worse still there is no follow up to these projects to ensure that the target which 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 functional to their inefficiency.

Interestingly, Cameroon has been part of several international debates on ageing, namely the 1992 Vienna Plan of Action to strengthen capacities of countries to deal effectively with ageing and the 2002 Madrid International Plan of Action on Ageing. The latter 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 health care issues and also to introduce anti-discriminatory legislation for older people (Nkwawir, 2010; Help Age International, 2002). In Mozambique in the year 2003, where 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 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 outrightly abandoned 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% 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 sitting position in meetings (Mba, 2005) in the past. Today in Cameroon particularly, it is a fallacy.

These gaps created by Ministry of Social Affairs eventually make life for old folks impossible. Elderly suffer intense hardship as a result of a 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 live 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.

With all the decrees binding the Ministry of Labour and Social Security in tandem with their existence and activities of the institution, they 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 Ministry of Social Affairs. The principal reason for this nature of affairs is because the system is not properly developed. According to Holzman (2000), the main goals of a social system should be 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 do 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 Ministry of Labour and Social Security 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 horrible 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 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 cumbrous. Most of the documents for a retirement pension are processed in the capital of Cameroon and the complicated nature of the process expose the retirees to countless challenges; accommodation, feeding, transportation etc. Moreover, the sluggishness and the laxity with which the employees work, slow down the processing of documents and cause older people to queue for long hours at 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 there exists a poor filing system. 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 elderly who can not 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 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 quality life.

Alternatives for Development

- The finalization and implementation of the national Policy Document on the elderly care in Cameroon.
- The Creation of a disaggregated data base 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.
- Increase in the number and capacity of staff.
- A complete decentralization of the system to reduce time, distance and money for the aged.
- The construction of a center 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 1980s and advocated for less spending on social services like education and health care 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 institution in Cameroon and exposed aged persons to a multitude of problems which impact on their social development.



However Ministry of Social Affairs and NSIF may be practically unsystematic at the detriment of the people they serve. But, these bodies can still be well organized and their objectives reviewed against the backdrop of the socio-cultural and economic context of the elderly persons in Cameroon. Every category of the elderly have their challenges thus, the provisions must match their respective needs. In other words, social welfare programmes and policies should contribute in reducing older men's and women's exposures to risks and equally developing their capacities. Actually it should be affordable, sustainable and 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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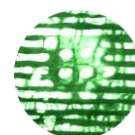
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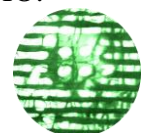
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