

Demographic, economic and social challenges of the ageing population in Cameroon.

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ABSTRACT

In Cameroon the elderly represent a growing proportion of the overall population and household's heads. 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.

This study contributes to the analysis of changes over time in the family support system, especially with regard to heads of household aged in Cameroon. To achieve this, we have structured our discussion around three questions: 1) what is the extent and nature of the ageing of the Cameroonian population over time? 2) what are the demographic, economic and social implications? and 3) what is the impact of economic and social change on reports and intergenerational relationships?

The data that we use come from the General Census of Population and Housing of 1976, 1987 and 2005 and the Cameroonian Household Survey of 2007.

The gradual deterioration of the support system for the family, especially in urban areas, degradation due to the phenomenon of modernization and the current and future numbers of older people in Cameroon should bring more policy makers to meet the specific needs of this group of the population.

KEYWORDS: *Cameroon, demographic structure, household composition, ageing, care of the elderly, social plans, problems of the elderly.*

INTRODUCTION

Population ageing is not a new phenomenon in Africa. (Eggericks, Tabutin, 2001). In most African countries, it became clear from the early 1980s, when efforts to reduce mortality, which had long concerned mainly early ages of life, began to bear fruit in the last third of the human life although 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).

Indeed, African countries like most developing countries are engaged in the demographic transition since the second half of the 20th 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, consequences of gains in life expectancy. 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, Fomekong, 2008).

Admittedly, Africa still has the highest growth rate of the population in the world. The rapid increase in the number of elderly couples, however, the devastating effects of certain pandemics like HIV / AIDS, malaria.... (Amadou Noubissi, 2003). However what characterizes this continent is much more the nature of the phenomenon than 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, how to reconcile the answers to the challenges posed by the situation of the elderly and those raised by many young people, eager to find a place?

In Cameroon the elderly represent recently an increasingly important proportion of the general population. (Egina Akam, 2003). Three quarters of this population are or 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 well being 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 so far more concerned by the youthfulness of its population and its consequences (social, economic and political). 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;
- show the impact of economic and social change on intergenerational relationships and the level of perception by policy makers of the country to the problem of population ageing.

I. NATURE AND DATA ON AGEING IN CAMEROON

For the majority of the countries in the World, the 20th century was the one of population growth and the first half of the 21st that of population ageing. For the South Sahara Africa the first half of this century has been that of the pre-ageing.

I.1 Aging or “pre-ageing” in Cameroon

The term aging, applied to the temporal evolution of a population, describes how varies over time, the age composition of this population.

Approximately, we say that population is ageing when the ratio of its older population in the total population increases over time. Whatever the age boundary adopted to define the number of elderly population, provided, however, that this boundary is sufficiently high let say at least 60 years. A population gets younger in the opposite case (at least 15 years). But a population may well neither grow old, nor rejuvenate due to disparate evolution of its aged population size.

The "pre-ageing" is defined in relation to the phenomenon of ageing itself. It is a predictor state of ageing. It is therefore necessarily a prior state to the main phenomenon. Thus, it is a transitional and not "equilibrium" state, such as the ageing.

The ageing of the population is not a cause but a consequence. It is the effect, on the age composition of the population, of recent and especially old changes, on the three factors that determine the demographic evolution: fertility, mortality and external migration. Its causes are naturally in these three factors, and mainly in the first two, to the extent that external migrations, increasingly visible, are not significant in the case of Cameroon.

Thus, we call elderly persons all persons who have reached or passed the age of 60, the legal retirement age in most public, Para-public, private enterprises in Cameroon.

To give in all circumstances meaning to the word aging, it is necessary to use a more specific definition, but more local in terms of age. That is why in the context of this study, the

definition of the elderly person should take into account the realities and consider a number of parameters related to the physical and demographic, social, professional, economic, financial, according to the different regions, residential areas and cultural spheres of the country¹

I.2 Method to measure population ageing

Consider a given age, for example 60 years, and a period (t1, t2). At both ends of this period, persons of 60 years or older represent the proportions p1 and p2 of the total population. We say that the population has aged around 60 years during the period (t1, t2) if the proportion p2 is greater than the proportion p1.

To quantify the aging, we will proceed as follows: let w be the age above which lies, at date t2, the proportion p2 of the population. We will agree that the ageing of the population in the vicinity of 60 years during the period (t1, t2) is equal to 60 - w.

I.3 Data

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 to 1980s, most 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, the Cameroon Household Survey (2007) or the Survey on Employment and Informal Sector (2005, 2010) and projections which result from it until 2035..

II. 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.

¹ Thus and given the characteristics of population structure, current life expectancy of the Cameroonian population and socio-economic contexts of the regions, the threshold used to define old age will be 60 years and older.

II.1 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 (DHS 2004, 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 5 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.

II.2 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%. This phenomenon can be explained demographically, by a downward trend of mortality combined with a parallel stabilization of fertility.

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 will inevitably produce a rapid and significant change in the demographic structure of the country.

Table n°1: Evolution of the distribution of population by broad age groups in Cameroon (%)

Age Groups	1965	1976			1987			2005		
	Total	Total	Male	Female	Total	Male	Female	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 et +	4,6	5,8	5,8	5,7	5,3	5,2	5,3	5,0	4,8	5,2
Total	100	100	100	100	100	100	100	100	100	100

Sources: RGPH, 1965, 1976, 1987, 2005.

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

Women are the 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%)².

The increasing trend in the number of people aged 60 and over also shows that the recent decline in mortality also affects adults.

However, it appears from the table above that the population who has reached or exceeded 60 years and older is less representative of either sex. In other words, more we advance in age less the influence of the elderly decreases.

Table n°2: Evolution of the distribution of the population of over 60 years (%)

Age Groups	Male	Female	Total	% Total population
60-79 (third age)	362983	389649	752632	4,3
80 et plus (fourth age)	51860	66150	118010	0,7
60 ans and more	414 843	455799	870642	5

Sources: RGPH, 2005

However, even if the number or proportion of the elderly does not seem particularly significant, this is just a signal of the beginning of an inevitable process to happen in the near future, probably around the year 2030.

II.3 Projection of the ageing population in Cameroon

The proportion of elderly (60 and over) remains low at around 5%. In 2011, the number of elderly is estimated at 1,015,979 people. 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 who ensures that the increase in the proportion of older people already acquired will continue until 2035.

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

² Report presenting the final results of RGPH 2005

Table n°3: Evolution of the numbers of elderly (60 and over) by sex between 1976 and 2035

Years	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

Sources: our calculations

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

III. RECENT SOCIODEMOGRAPHIC CHARACTERISTICS OF HEADS OF HOUSEHOLD AGED 60 YEARS AND OVER: THE DIFFERENCES BETWEEN MEN AND WOMEN

Socio-demographic characteristics of older heads of household in Cameroon are analyzed on the basis of data from the Third Survey on living conditions of households in Cameroon (ECAM 2007).

III.1 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.

Table n°4: Distribution of households heads aged 60 and over by their socio-demographic characteristics

	Percentage of household heads
Place of résidence	
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	0,5
Level of education	
No education	63,2
Primary	26,5
Sec / 1st cycle	6,2
Sec / 2st cycle	2,8
Higher education	1,4

Sources: ECAM, 2007

Thus, heads of household aged 60 and over resides predominantly in rural areas (60.6%). There is also more male heads of household (61.0%) than women (39.0%), 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 (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 ten reached the secondary level. 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. 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 (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, proportion higher than the Cameroonian national average (RGPH 2005). This type of union concerns 61% of men heads of household aged over 60 years against 39% of women heads of households, while these proportions do not exceed respectively 15 and 24% among those under 60 years of age.

III.3 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 can not devote in heavy work.

Table n°5: Activity conditions of household heads aged 60 and over (%)

Age Groups	Active	Unemployment BIT	Expanded unemployment	Inactive
60 years and over	12,7	4,8	7,5	42,0

Sources: ECAM, 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 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. It is surprising a fairly sharp drop in activity at age 60³ while the majority of the working population in the informal sector are not covered by the pension systems. (Antoine Phillippe, 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; trend that is not found in many Sub-Saharan Africa countries (Schoumaker, 2000). Because these people still frequently are responsible for children under 15 years old, most often 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%) is classified as non-poor.

³ Employment rates at older ages vary widely in the country according to place of residence. In some countries the majority of people are still employed at 60-64 as Japan or the USA. On the other hand, in other countries, such as Belgium or France, these rates are particularly low. The effective average age of retirement is often three to five years less than the official age.

Table n°6: 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
Total	10,4	20,1	14,7

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.

IV. DYNAMICS, CHALLENGES AND SOCIO-ECONOMIC IMPLICATIONS OF AGING

The increase of the number of elderly already acquired will continue, and poses in economic terms, the problem of financing the investment and the growth. The group of "elderly" increasingly represents an important proportion of the general population. This demographic evolution has some impact on the economic situation of the elderly population.

IV.1 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 alter 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 most 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: neighborhood / religious brotherhoods / associations... 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 is 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.

IV.2 Economic and social problems of the elderly populations in Cameroon

The slow but progressive reversal of the age pyramid has profound consequences on the 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 faced many problems : poverty, isolation, and especially the difficulties of access to health care, etc...

IV.2.1 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 ensure 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 unfavorable economic environment continues, family ties could also crumble. Older generations will be less and less able to provide 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.

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.

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 70 that people really stop activities because their physical strength decreases significantly.

Table n°7: 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	
12 persons	20,3
34 persons	22,5
5 persons and more	57,1

Sources: ECAM, 2007

It should be noted here a precarious living conditions 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 PPA⁴ 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, public and private sectors combined. For example, during the fourth quarter of 2005, "a retired affiliated to the National 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, compare to 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

⁴ Purchasing Power Parity

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 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's why older people find themselves obliged to extend their activities to provide for one's family and honor the precedences of household head, often assume by oneself domestic loads.

IV.2.2 On the level of social security

As we continued to point it out above, the elderly constitute only a small fraction of the population and are sometimes supported by the system of extended family, by mutual aid associations and other informal mechanisms when they are members. In addition, older people in Cameroon are for long 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 labor 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 fifty 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 twenty years, the continued rapid increase in the number of older people will make more acute the question of social treatment of old age and dependency.

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

Faced with the weakness of services provided by the State in terms of social security, 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.

IV.2.3 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 in the segment of the elderly.

Table n°8: 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

Sources: ECAM, 2007

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, so that 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 5.7% of older heads of households have at least one disability. Blindness is their main type of disability among the types identified in 2005. The disability of lower limbs as deafness is also relative importance.

IV.2.4 In psychological, sociological and economic terms

All studies (Locoh 1996; Schoumaker, 2000; Kinsella and Phillips, 2005; Olivier, 2005; Antoine Phillippe, 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 take 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 hosts small children. Out of 10 members of a household headed by an old person, about 6 are children or young people. The phenomenon

of "handling" children or orphans to their grandparents explain 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 collective households such as religious institutions and hospices. In a socio-cultural context where care of the elderly is generally the responsibility of the family, one might wonder about the reasons which led some seniors to find themselves in institutionalized houses. It 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 or 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 by oneself the household expenses. Finally, elderly patients are those who meet health vulnerability.

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

Table n°9: 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

Sources: RGPH, 2005

Another category of vulnerable older people is made up of "homelessness". This category was 1,325 people at the 3rd Cameroon census (2005). In this group, we find beggars, lepers, the mentally ill and other people with chronic or infectious diseases. On the social level, some have severed all ties with their families.

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 forty years followed by a retirement of twenty years requires a new conception of the occupation.

IV.3 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 until now played a marginal role in the economic development policy of Cameroon. Neither Parliament nor the Government of Cameroon has until now taken some resolution dealing specifically with the situation of older persons in the country.

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, of the sometimes 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.

IV.3.1 State actions for people of third age

Resources of non-workers, whatever they are, come from a deduction on the national product, so from labor of workers. This reality is still less sensitive to people, but when the proportion of older people, including very old 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 that it would endeavor to prolong life? But then upon what principles and what values?

Until now the Ministry for Social Affairs has merely provide specific financial and material assistance to needy persons of 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 Labor Code, managed by the National Social Insurance Fund (CNPS) and the system of civil

servants and those in the same category, managed by the State⁵. 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 comes 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 called for providing assistance to vulnerable and indigent people in their constituencies. (within the limits of funding allocated each year)

IV.3.2 Individual or groups actions

The mechanisms of mutual assistance are visible at different levels (family, community or 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 they can to 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 towards the micro-finance institutions to build savings security.

The 'tontine'⁶ is also presented as a traditional mechanism of mutual aid and to mobilize savings. These 'tontine' are 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 in many respects revealing. They begin to take care of themselves in Cameroon⁷,

⁵ The amount of the pension is proportional to the past annuities in the public service and pension payments are included in the State budget.

⁶ The tontines are the most effective traditional mechanism for providing savings facilities and sometimes small loans.

⁷ *She had almost nearly died. Less than a year after retired she gets sick. The medical examination revealed acute malaria crisis. Unfortunately, the new retiree has no money. The file prepare to obtain her pension rights has not yet been completed. It requires the intervention of one of his son for treatment. Another retired, who*

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).

have not children at working age, succumbed to his illness because of lack of financial resources. This is unfortunate event that brought retired civil servants, grouped together in the AREFOP, to support them and signing a partnership agreement with ACTIVA ASSURANCES. This fund will allow retirees to receive effective health coverage. All members contribute a sum of 50 000 FCFA per year (100 \$). These individual contributions are a common fund which is directly deposited to the insurance company; In case of medical consultation, illness or accident, the member goes to a health center and informs the AREFOP that informs the manager. It carries out adjustments in accordance with the provisions of the Convention; the association provides medical care coverage of 500,000 FCFA (1 000 \$) per year to a member who has contributed 50,000 FCFA. (Cameroon Tribune Journal, 26 May 2006).

CONCLUSION

In Cameroon the elderly people are still only a small fraction of the total population but already with huge needs. They do not form a homogeneous group. They have divergent interests, needs, hopes and fears. In the absence of a system of redistributive social protection, institutions tend to reaffirm the persistent reality of the family as a space of solidarity and security.

Indeed to the progressive degradation of the system to support the family, especially in urban areas, degradation due to the phenomenon of modernization and the current and future numbers of older people in Cameroon, policymakers are slow to address the specific needs of this population group.

In view of the prolonged and almost exclusive responsibilities of elderly people in terms of support for the family, it would be necessary to adopt a coherent national policy of social protection, in line with the individual needs of older people (not just of retirees). These will increase in terms of family support, health care, proper nutrition, housing, social welfare services, income security, employment and educational opportunities. The ongoing demographic changes that affect the age structure of the population of Cameroon will inevitably lead to a major revision, and probably painful, of the social protection systems.

The issue of population ageing in Cameroon must be taken into consideration to establish the foundations of a just and equitable society (social protection, hospital structures or retirement) where seniors will accomplish their roles and will find a balance within 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, society so that they are part of the decision process when issues that concern them are addressed. Their rights must be respected.

This difficult task is to move to formal systems of guaranteed income without accelerating the decline of informal systems and without giving to the State more responsibility than it can not assume. That is to say, maintain a balance between the assistance provided by the Government and that provided by families. By promoting effective fusion of public and private resources and strengthen the essential role of the family in terms of ensuring the well being of individuals of all ages.

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).

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