

Experiences Of Care And Quality Of Life Among Elderly People In Cameroon

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Abstract—In the Cameroonian context, the support for elderly people is structured according to two main models: family or community support and institutional support. These models reflect different logics in terms of material support, healthcare, consideration of psychological suffering, and social integration. This study aims to explore the subjective experience of support among the elderly in Cameroon and to analyse its effects on their quality of life. The study is based on a qualitative methodology. The data were collected using the WHOQOL scale and semi-structured interviews with 5 elderly individuals met within care institutions on one hand and within the community on the other. We used content analysis to process this data. The results obtained reveal that family support remains an essential source, although weakened by economic constraints and the fragmentation of traditional solidarities. Institutional support offers a more secure framework, perceived as impersonal and insufficiently humanised. Quality of life is closely linked to social recognition, maintaining an active role in the community, preserving autonomy, and emotional support. This study highlights the need for comprehensive support, rooted in a cultural approach to ageing, and calls for better coordination between community and institutional systems to ensure a fulfilling ageing process.

Keywords: *ageing, quality of life, care, elderly, experience.*

Résumé

Dans le contexte camerounais, l'accompagnement des personnes âgées se structure selon deux principaux modèles : l'accompagnement familial ou communautaire et l'accompagnement institutionnel. Ces modèles reflètent des logiques différentes en termes de soutien matériel, de soins de santé, de prise en compte de la souffrance psychique, et d'intégration sociale. Cette étude vise à explorer le vécu subjectif de l'accompagnement chez les personnes âgées au Cameroun et à analyser ses effets sur leur qualité de

vie. L'étude s'appuie sur une méthodologie qualitative. Les données ont été collectées à partir de l'échelle WHOQOL et des entretiens semi-directifs auprès de 5 personnes âgées rencontrées au sein des institutions de prise en charge d'une part et d'autre part au sein de la communauté. Nous avons fait recours à l'analyse de contenu pour traiter ces données. Les résultats obtenus révèlent que l'accompagnement familial reste une source essentielle, bien que fragilisée par les contraintes économiques et l'éclatement des solidarités traditionnelles. L'accompagnement institutionnel offre un cadre plus sécurisant, perçu comme impersonnel et insuffisamment humanisé. La qualité de vie est étroitement liée à la reconnaissance sociale, au maintien d'un rôle actif dans la communauté, à la préservation de l'autonomie et au soutien émotionnel. Cette étude souligne la nécessité d'un accompagnement global, ancré dans une approche culturelle du vieillissement et appelle à une meilleure articulation entre les dispositifs communautaires et institutionnels pour garantir un vieillissement épanoui.

Mots-clés : *vieillesse, qualité de vie, prise en charge, personnes âgées, vécu.*

I. INTRODUCTION

The ageing population is a global phenomenon that challenges public policies, healthcare systems, and societies as a whole. In Cameroon, as in many African countries, the gradual increase in the number of elderly people is accompanied by new challenges in terms of care, social support, and the preservation of quality of life. According to projections by the National Institute of Statistics (INS, 2021), the proportion of people aged 60 and over continues to increase, which poses major challenges in terms of appropriate care in a context marked by limited resources and an still embryonic social protection system.

The quality of life of elderly people cannot be understood independently of their social, relational, institutional, and cultural environment. The World Health Organisation (WHO, 2002) defines quality of life as the individual's perception of their position in life within the context of the culture and value system in

which they live, and in relation to their goals, expectations, standards, and concerns. This perception is influenced by numerous determinants, including social support, physical and mental health status, autonomy, sense of usefulness, but also the quality of the support the individual receives. In Sub-Saharan Africa, the traditional role of the family as the main actor in supporting the elderly is now weakened by social changes, rapid urbanisation, rural exodus, and the precariousness of intergenerational solidarity (Mbassa Menick, 2015; Dassa et al., 2019).

In this context, the experience of support by the elderly becomes a relevant prism for understanding how their quality of life is constructed or deteriorated. It involves analysing not only the types of support received (family, community, institutional), but also their adequacy to the expressed needs, the respect for dignity, and the consideration of the elders' subjectivity. Several studies conducted in the African context show that the absence of formal support systems or their inadequacy engenders feelings of loneliness, rejection, or indignity among the elderly (Noubiap et al., 2020; Beninguisse & M'Zé, 2013). Moreover, the way elderly people experience, perceive, and interpret these support systems can either enhance or diminish their sense of well-being.

This article is part of a comprehensive approach aimed at exploring the subjective experience of support among the elderly in Cameroon and analysing its effects on their quality of life. Through a qualitative methodology, it aims to shed light on the voices of the elderly, often marginalised in institutional discourse, to better understand their expectations, perceptions, and possible levers for improving their daily lives. This work thus relies on a theoretical framework integrating the notion of care (Tronto, 1993) and the multidimensional models of quality of life (WHOQOL Group, 1998), in order to propose a situated and sensitive reading of the ageing experience in the Cameroonian context.

II. METHODOLOGY

The present study is based on a qualitative, exploratory, and comprehensive approach, aiming to deeply understand the subjective experience of support and its links to the quality of life among the elderly in Cameroon. This approach is justified by the need to explore the intimate, relational, and contextual dimensions of ageing, which quantitative approaches struggle to reveal (Paillé & Mucchielli, 2016). The interpretative phenomenological approach was favoured to understand how elderly people make sense of their daily experience of care, whether formal or informal (Smith & Osborn, 2003).

The survey was conducted in the city of Yaoundé, chosen for its socio-cultural diversity and the existence of formal and informal structures for the care of the elderly. The target population consists of individuals aged 60 and above, living either at home with family or community support, or in a medical-social institution. The selection of participants was made intentionally according to inclusion criteria:

being at least 60 years old, being able to communicate, and having received significant support for at least six months.

The data were collected from 5 elderly individuals using semi-structured interviews, guided by a thematic framework covering the dimensions of the experience of care (relationship with the carer, sense of security, perceived dignity, autonomy, affectivity) and the perception of quality of life (health, social relationships, environment, subjective well-being), particularly relying on the WHOQOL axes (Power et al., 2005). Each interview lasted an average of 45 minutes, was recorded with the informed consent of the participants, and was then fully transcribed for analysis.

The data were analysed using the thematic analysis method proposed by Braun and Clarke (2006), allowing the main themes of the discourse to emerge. The analysis was conducted in several stages: familiarisation with the data, initial coding, theme search, theme review, theme definition and naming, and draughting the analytical report. An independent double coding was carried out by two researchers to ensure the reliability of the interpretation. The analysis also took into account the cultural and symbolic specificities related to old age in the Cameroonian context (Nsamenang, 1992). The study adhered to the fundamental ethical principles of human sciences research, notably free and informed consent, data confidentiality, and participant anonymity (Helsinki, 2013).

III. RESULTS

The thematic analysis of interviews conducted with elderly individuals living in institutions and family settings has revealed several significant dimensions of their experience of support and its impact on their quality of life. Three main axes structure the results: the perception of support, the emotional and relational dimensions of support, and the impact on overall quality of life.

A. *The perception of support*

First of all, the perception of support varies depending on the type of living environment. In a family setting, support is perceived as natural but ambivalent. Some elderly people express a deep attachment to their family environment, a source of comfort, identity continuity, and emotional security (Antoine & Camirand, 2013). The analysis of community care for the elderly in Cameroon reveals that, although material and social support is central, psychological support constitutes an essential but often underestimated pillar in preserving the quality of life and overall well-being of the elderly. This type of support, which acts on the emotional, identity, and existential dimensions of the elderly person, manifests informally in local cultural practices and through

certain social or religious mechanisms. This is what Ms. B mentions in these terms: "Yes, here in the neighbourhood, there is an association that supports elderly people." They visit us, sometimes bring us food, soap, and medicine when there are campaigns. There is a lady, a social worker, who comes to talk with me, she listens to me. We talk about everything, even my pains, my memories. Sometimes young people come to help me with cleaning or going to the dispensary.

Research such as that of Nsamenang (1992) shows that African societies value this informal educational role of the elders, which structures community socialisation. Thus, strengthening spaces for cultural transmission (talking circles, intergenerational workshops, ritual ceremonies) can improve the quality of life for the elderly while consolidating collective memory. Cultural transmission thus becomes an act of resistance to the marginalisation of ageing in a rapidly changing world. This is what is noted when M.A says: "Yes." I would like us to keep the love of truth. And that we take care of the elderly. Because an old person is not a burden. It's a living memory [...] I want us not to forget that the elders are the village's library. My children sometimes record my stories. I also passed my notebook to one of my grandsons. I told him, "One day, you will understand better what I was writing."

Cultural transmission represents a central function of ageing in many African societies, particularly in Cameroon. Among the elderly, it contributes not only to maintaining their social identity but also to their self-esteem, sense of usefulness, and overall quality of life. This is the case for Mr. A when he says: "Yes, especially the older ones." They listen to me pray. Some ask me for blessings before travelling. Others come to fast with me. It is important for me to pass on this part. It's not just the money we leave, it's also the faith, the way to hold on in life. However, others mention a feeling of burden imposed on their children, of neglect or discreet abandonment, especially when carers are overwhelmed or not very aware of the needs related to ageing. In institutions, the support is perceived as more structured, but sometimes impersonal. Some testimonies highlight the effectiveness of care, the regularity of medical treatment, and the psychological relief associated with the availability of staff (Mormiche, 2020), while others mention a loss of privacy, a lack of human warmth, and difficulty adapting to collective rules.

The experience in an institution is marked by the reconfiguration of social ties. The separation from their family environment can cause relational suffering, but interactions with staff and other residents can also become important sources of emotional and social support. These new relationships help alleviate the feeling of isolation and strengthen internal resources through a sense of belonging to a community.

B. The affective and relational dimensions of support

Secondly, the emotional and relational dimensions emerge as central. The quality of the relationship with the caregiver—whether professional or family member—directly influences the emotional well-being of the elderly. Support characterised by listening, patience, empathy, and respect fosters a sense of dignity and self-worth (Leclerc et al., 2017). Emotional support, whether it comes from children, grandchildren, friends, neighbours, or members of a community or religious group, helps combat social isolation, a well-documented risk factor for depressive or anxiety disorders in the elderly (Cattan et al., 2005). This emotional support is manifested through verbal exchanges, tenderness, listening, or simply regular presence, and it constitutes a major resource in the face of losses (grief, mobility, health). This is what M.A refers to in these words: "They do what they can." They send me money, visit me. One of them built this house for me. The grandchildren come during the holidays. They listen to me sometimes. But I feel like we don't speak the same language... "the youth has changed." In the same vein, Mrs. E mentions it in these terms: "Yes, my children do what they can." Two are in the city, they send a little money when they can. One of my sons lives with me. He helps me with groceries and medications. The grandchildren help me too. When I am sick, they take me to the local health centre. But the medications are expensive.

Moreover, studies (Antonucci et al., 2010) have shown that emotional support contributes to the maintenance of psychological autonomy by reinforcing the feeling of being loved, useful, and valued, even in cases of physical dependence, as Ms. B emphasises in these terms: "Yes, a lot." My daughter lives with me, the other kids often call me. The neighbourhood also helps me. People respect me, I feel that I still have a place in the community. At church, I participate in the activities of the Catholic mothers, we pray, we share, it brings me joy [...] A lot. If I were alone, I might already be dead. It's because I feel surrounded, supported, that I still have the courage. "When a child calls you in the morning to say hello, it heals more than medicine."

In African societies, such as in Cameroon, informal social networks play a crucial role: extended family solidarity, tontines, neighbourhood groups, and religious communities are all places of social and emotional integration that allow elderly people to maintain a dynamic relational life and a valued social role. This helps to strengthen their social integration, an important factor for ageing well (Balard et al., 2011).

In Cameroon, as in other African countries, elderly people are still very often involved in tontines, family councils, customary or religious ceremonies, all of which reinforce their place within the community. Their presence is sometimes considered protective or spiritually beneficial. This is what Mr. A emphasises in these terms: "Yes, a lot." The young people greet me,

the neighbours ask me for advice. Sometimes they call me to bless a wedding or a birth. That's what still gives me value [...] Happy? Yes. I am not rich, but I am not abandoned. I watched my children grow up, and today I see my grandchildren. It's a blessing [...] Yes, in the neighbourhood, there is a group of old folks like me. We meet up to chat. Sometimes, we visit each other. And then there are the neighbours: when they prepare something, they send me a plate. When I need someone to go to the pharmacy, a local young person offers to help. That's also life here: we don't let an old person die alone.

This integration also acts as a factor of resilience in the face of ageing, reducing the risks of withdrawal, isolation, or depression. According to the ecological model of Lawton and Nahemow (1973), the well-being of the elderly results from a successful adjustment between their individual competencies and the pressures or resources of the social environment. This is reflected in Ms. E's remarks when she says, "Yes." The church helps. When there's a problem, the women from the parish come to see me. The neighbours sometimes bring me food. During the holidays, the community doesn't forget me. That's what keeps me going. We are old, but we are not alone. In the same vein, Mrs. B speaks of this integration in these terms: "Here, I am respected." They call me "mama," "elder," they listen to me. At church, I am in the group of Catholic moms. I go to the meetings when I can. Sometimes young people come to me for advice. It gives me the impression that I still have a role.

Conversely, interactions marked by condescension, haste, or neglect of subjective needs induce withdrawal, irritability, or a sense of unworthiness. Emotional support and regular presence are particularly important in the Cameroonian context where the intergenerational bond occupies a central place in the perception of ageing well (Toguem, 2018).

Daily interactions with the staff reinforce in the residents the feeling of being surrounded, listened to, and considered as whole individuals. These relationships, when imbued with kindness, allow elderly people to regain a sense of emotional security and reduce their isolation. The ability to exchange, express emotions, or simply share moments of conviviality contributes to a process of reassurance and self-affirmation, essential in this phase of life often marked by successive losses.

Finally, social support in these facilities sometimes includes the mobilisation of community or religious actors who bring a spiritual and cultural dimension to the residents' living environment. Moments of collective prayer, singing, and visits from community groups or parishes strengthen social bonds while nurturing the existential and transcendent needs of the elderly.

Social support plays an essential containing function, supporting the identity, emotional, and relational dynamics of elderly people. It acts as a buffer against the stress related to the loss of

autonomy, family separation, or the heightened awareness of finitude. Integrated with healthcare, it contributes to a comprehensive approach that aims not only to prolong life but also to preserve its human quality.

Social support among residents is also an important lever for quality of life. The analysis shows that friendships formed in care centres help break loneliness, stimulate cognitive abilities through discussions and games, and strengthen the sense of belonging to a community. These horizontal bonds recreate a form of protective social fabric, within which everyone can feel useful, listened to, and supported.

C. The impact on overall quality of life

Thirdly, the impact on quality of life is multidimensional. On the physical level, appropriate support contributes to pain reduction, the regulation of chronic pathologies, and improved functional autonomy. On the psychological level, it reduces anxiety and depressive symptoms, promotes self-esteem, and strengthens the sense of usefulness. On a social level, it facilitates participation in collective activities and maintains connections with those around them. Several participants emphasised that their quality of life depends less on their physical limitations and more on the way they are supported on a daily basis. These results align with the work of Bowling (2005) and the WHOQOL Group (1998), which consider quality of life as a subjective construct, influenced by the individual's perceptions, expectations, and social interactions.

In Cameroonian communities, ageing is psychologically ambivalent. On one hand, it is traditionally associated with wisdom, respect, and a status of authority. On the other hand, the current socio-economic context (disintegration of social bonds, poverty, youth migration, isolation) undermines this recognition, generating feelings of uselessness, loneliness, and even depression. The loss of a spouse, the reduction of social roles, or increasing dependence can cause a narcissistic collapse and a feeling of loss of control.

Regarding the psychological dimension of quality of life, M.A said: "There are days when I am sad." Especially since my wife left. But I talk to God. And when my grandchildren hug me, I feel alive [...] Yes, of course. I'm no longer young. My joints hurt, especially my knees. Sometimes I lose my balance a bit. I also forget some things. And since my wife left, I sleep less well. At night, I think about her. There are days when loneliness is heavy. But I pray a lot. God gives me strength.

Community care plays a buffering role here. When the elderly person is surrounded, valued, involved in ceremonies, and engaged in village or family decision-making, they maintain a sense of usefulness and psychological integrity. Collective activities, such as elders' meetings, choirs, or prayer groups, contribute to maintaining an active emotional life and reducing stress. It is with this community

support that Mrs. B says: "My quality of life, I would say it is simple but peaceful." I don't have everything I would like, but I have the essentials. I have a roof over my head, food to eat, I'm not on the street. Physically, I am no longer as strong, I get tired quickly, I have leg pains, especially when it's cold. But I'm trying to cope with it. What is important to me is to have a calm, clean environment and to maintain a bit of control over my routine. I like being able to do certain things myself. "When I feel useful, my day is better."

In the Cameroonian context, the social dimension is strongly determined by the traditional community structure, where the elderly held a central place as sages, mediators, and guardians of values. To this effect, Mr. A said: "The support of my family." My children have not abandoned me. Every week, they come to see me, bring me what I need. And my grandchildren make me laugh. Even the neighbours respect me. Here, they say that the old man is a tree, he should not fall alone [...] Ah, my children are here, even though they no longer live here. Every week, they send me what I need to live, they call me. Some come with their children. And the neighbours here respect me. When there is an event in the village, they come to ask me for advice. I am still listened to. It's important for an old man [...] Of course. Without this support, I would be like a tree without roots. He gives me dignity. I don't feel useless. I feel that I still matter. That I'm not just an old man waiting for the funeral. "When people think of you, you still have a place in this world."

Community care methods (alumni associations, tontines, religious groups, traditional ceremonies) help preserve these social bonds. These arrangements offer the elderly opportunities for regular meetings, exchanges, and active participation in collective life. The moral, emotional, and sometimes material support they receive through these social networks helps to enhance their quality of life, combat boredom, loneliness, and the anxiety of marginalisation.

Moreover, the role of the extended family remains essential, especially in rural areas. Children, grandchildren, or nephews can provide emotional and logistical support, provided that intergenerational bonds are maintained. This is evident in A's speech when he says: "Yes, they haven't abandoned me." When I am sick, they come to visit me. They bring me food, they offer me help. The young people greet me, sometimes listen to me. And when there are ceremonies, I am often asked to bless. It does me good, I still feel present. Following her, Mrs. B mentions the same thing in these terms: "Yes, a lot." When we grow old, we need to be surrounded, even if it's not every day. A visit, a call, a smile, it changes everything. I have a few grandchildren who come to see me, it gives me energy. Human connections matter. Without it, we feel useless. And when you feel useless, you lose the taste for life. But when someone

listens to you, considers you, even if it's just for five minutes, you still feel alive.

In this context, institutional care must ensure to provide support that addresses these psychological needs, particularly through attentive listening, professional psychological support, and the creation of an environment where individuals feel respected and valued.

Self-perception, often challenged by ageing and entering an institution, finds in this support a form of repair and recognition. Maintaining a sense of identity and usefulness directly contributes to existential satisfaction, an essential factor in psychological quality of life. Thus, the psychological dimension, intimately linked to the physical and social dimensions, requires particular attention to ensure a dignified and fulfilling ageing in an institution. This integrated care not only promotes individual well-being but also contributes to a calm and stimulating relational climate.

The progressive loss of autonomy, physical limitations, and sometimes separation from their family environment can generate feelings of anxiety, sadness, and even depression. The quality of psychological care can mitigate these effects by promoting the expression of emotions, offering intellectually and socially stimulating activities, and encouraging the positive acceptance of ageing. Moreover, psychological support helps strengthen the internal resources of elderly individuals, enabling them to better manage stressful situations and maintain a certain emotional stability.

The social dimension of quality of life for elderly people in institutions is fundamental, as it directly influences their overall well-being and sense of belonging. Social life, characterised by interactions with other residents, healthcare staff, as well as visits from relatives, plays a crucial role in preventing isolation and loneliness, factors often associated with a deterioration in mental and physical health. An effective institutional care must therefore promote an environment conducive to the creation and maintenance of social bonds, by encouraging exchanges, collective activities, and participation in community life.

Social support acts as a true lever in improving the quality of life. It helps to boost self-confidence, alleviate anxiety, and provide a secure environment where elderly people can express their needs and emotions. These social interactions are also essential for maintaining emotional balance, providing a space for mutual recognition and affection. Moreover, social relationships can play a protective role against depression and strengthen the motivation to engage in activities that stimulate autonomy and creativity.

In the institutional context, the quality and frequency of social contacts, the presence of a solid emotional network, as well as the ability to participate in social activities, directly influence the sense of existential satisfaction. They help preserve the dignity and respect of the elderly, while facilitating adaptation

to the institutional framework. Thus, the social dimension is not limited to the mere presence of others, but is part of a dynamic of rich, empathetic, and valuing exchanges that support the overall quality of life of the residents. Care that fully integrates these social dimensions effectively combats isolation and promotes active and fulfilling ageing.

Finally, the variability of experiences according to gender, socioeconomic status, and level of education has been noted. Older women seem more exposed to loneliness and precariousness, but they also express greater resilience related to their traditional role of family support (Calas, 2007). Elderly individuals with a certain level of formal education are more inclined to articulate their needs and seek appropriate services, whereas those from modest backgrounds often adapt with fatalism, thereby reinforcing perceived inequalities in quality of life.

IV. DISCUSSION OF THE RESULTS

The ambivalent perception of family support highlighted in the interviews aligns with the observations made by Antoine and Camirand (2013) in West Africa, which show that while intergenerational solidarity remains valued, it is challenged by the economic crisis, rural exodus, and transformations in family models. The testimonies of elderly people expressing a feeling of neglect or isolation despite a family presence illustrate this tension between the ideal of support and the reality of practices.

Regarding institutional support, the results align with those of Mormiche (2020), which indicate that formal structures provide medical supervision and security but can lead to a sense of depersonalisation. However, our study highlights a specificity of the Cameroonian context: the lack of human and material resources in reception facilities sometimes limits the quality of individualised support, which amplifies the feeling of emotional abandonment among certain residents. This fragility of the systems is poorly documented, but widely mentioned by Toguem (2018), who emphasises the shortcomings of the social protection system in Cameroon. Regarding gender differences, our study aligns with Calas's (2007) analyses, which show that elderly women in Africa are more exposed to poverty, the burden of grandchildren, and loneliness, but they often develop resilience strategies based on informal support networks and religious practices. This spiritual dimension of well-being, although rarely integrated into classic quality of life scales, appears as a central determinant in our corpus, confirming the need to contextualise evaluation tools. Finally, the results on the relationship between education level and the ability to express one's needs align with those of Leclerc et al. (2017), who emphasise the importance of empowerment in the perception of quality of life. However, in our study, this variable is strongly influenced by the local culture of respect for elders, which can also lead to silence or resignation in the face of shortcomings.

The confrontation of the results of this study with those of previous works highlights important convergences, while emphasising certain specificities related to the Cameroonian context. The results obtained first confirm the major trends identified by international studies on the quality of life of the elderly. As indicated by Bowling (2005) and the WHOQOL Group (1998), quality of life in the elderly is a subjective construct that depends on multidimensional factors: physical health, psychological well-being, social relationships, and environment. This approach is fully reflected in our study, where elderly individuals associate their well-being with the presence of a supportive environment, relative autonomy in daily activities, and a sense of social recognition.

Thus, the comparison with previous studies highlights similarities in the fundamental determinants of quality of life, while revealing cultural, economic, and institutional specificities unique to the Cameroonian context. These results highlight the importance of adopting a contextual approach that is sensitive to sociocultural dynamics in understanding ageing and support in Africa.

IV. Conclusion

The present study, focused on the experiences of support and the quality of life of the elderly in Cameroon, highlights the complex interactions between social support, institutional frameworks, and individual perceptions of well-being among the elderly. The results obtained reveal that, in a changing socio-economic context marked by the decline of traditional family solidarities, elderly people are exposed to multiple vulnerabilities that significantly impact their quality of life (Beninguisse & M'Zé, 2013). Support, whether formal or informal, plays a central role in building their sense of security, social usefulness, and psychological autonomy (WHO, 2002).

The quality of support strongly depends on the coordination between community resources, institutional capacities, and the relational skills of carers (Tronto, 1993). Listening, respecting dignity, inclusion in decisions, and recognising the elderly as subjects of rights, and not just as objects of care, appear as major determinants of humane and effective support (Dassa et al., 2019). The study also highlights the importance of emotional support and the continuity of social bonds as protective levers against isolation, existential anxiety, and loss of self-esteem (Mbassa Menick, 2015).

From a public policy improvement perspective, these results advocate for the implementation of integrated strategies combining health, psychosocial, and community interventions, while valuing local knowledge and traditional solidarity networks. The strengthening of the capacities of professionals and family carers, as well as raising public awareness of the ageing issue, are priority areas to ensure more equitable and respectful care for the rights of elderly people (Noubiap et al., 2020).

Ultimately, this research invites us to rethink support as a relational and ethical process, based on

care, capable of meeting the multiple needs of elderly people while taking into account the cultural specificities of the Cameroonian context. It also opens avenues for future research, particularly on the interplay between representations of ageing, social policies, and the subjective experience of quality of life in sub-Saharan Africa.

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