



The Complexity and Uncertainty of Elderly Care within the African Kinship System: A Contribution to Medical Anthropology

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Abstract. In the context of the African kinship system, providing care for elderly individuals to ensure their well-being poses intricate challenges and uncertainties. This article delves into the multidimensional nature of elderly care within the traditional African familial structure. Strong familial bonds and a collective approach to caregiving characterise the African kinship system. The intersection of traditional values with modern realities creates ambiguity in how elderly care is approached within the African kinship system. Balancing respect for cultural norms with the demands of contemporary life poses unique dilemmas for families navigating the care of their ageing members. To verify the hypothesis that elderly care in the African kinship system is complex and ambiguous in recent times, data was collected through qualitative methods and documentary sources. Individual interviews and documentary literature were combined to collect data that was analysed using content analysis. The article reveals that elderly care within the African kinship system presents opportunities and challenges. Thus, understanding the intricacies and ambiguities inherent in African kinship systems enables us to conclude that, it is possible to improve the quality of care provided to elderly members of African communities in recent times.

Index Terms- Aging, Elderly, Kinship, African, caregiving

I. Introduction

Kinship ties have for a long time served as a pillar in the social organisation in most African societies, shaping the dynamics towards critical aspects of the society as marriage, family, leadership, health and even the care of ageing populations, which is the focus of this discourse. Schneider (1984) refers to kinship as the social relationship between individuals who are connected by blood, marriage and other forms of affinity, which structure human societies, behavioural patterns and social organisations. In many African communities, there exists an intricate connection between kinship, ageing and elder care as they are intertwined in a web of social and



cultural dynamics (Kaufman & Uhlenberg 2000). Wherein elders have a high status in the community as they are perceived as custodians of wisdom, custodians of traditions and mediators of disputes, they are accorded respect and care within the family unit and the community at large. Hence the respect and care for the ageing population is not limited to health situations, it encompasses, adhering to their guidance, constant visits and calls, financial assistance and to some extent ensuring they do not live alone. Gyekye (1997) highlights that, in the African kinship system, it is not an individual responsibility but a communal effort to ensure elders receive physical, emotional and financial support as they age.

It should also be noted that care and respect of the elderly in the African kinship system is not limited only to when they are alive, it extends to their death. The families ensure they have an elaborate funeral, graves are decorated and some kin are even worshipped as ancestors. As Ambroso (2002) says, in Somalia, children are obliged to learn about their kin and ancestry from an early age, and the women take the responsibility of teaching children their paternal genealogy. Ensuring that they are consistently honoured and that their heritage continues to be acknowledged and respected is important.

However, the crux of this discourse on elderly care in Africa will be tilted mostly to the health perspective, as the health care for the ageing population in most developing societies has been a great concern for researchers. Velkoff & Kowal (2006) opine that there is a limited understanding of the situation and dynamics of ageing persons in most developing countries partly because they comprise a smaller proportion of the population. However, the World Health Organisation stipulates that the population of elderly people in sub-Saharan Africa, which was estimated at 43 million in 2010, is projected to reach 67 million by 2025 and 163 million by 2050. This indicates a progressive growth of ageing in Africa and other developing countries. In addition, most of these aged fellows become vulnerable to health concerns as they age. This brings in a pertinent worry of how their well-being is catered for, especially with their projected demographic increase, yet reduced energy and sustenance. A 2024 report by Forbes indicates that many ageing persons in sub-Saharan Africa cannot engage in essential daily life activities without the assistance of others and access to quality health care is inaccessible due to prohibitive costs for health. Maharaj et al (2013) in their study of the Democratic Republic of Congo (DRC) stipulate that the socio-economic situation in the country propagates the ill health of the ageing as they struggle to afford health care services coupled with the conflicts plaguing the DRC. A report by Nancy Betty published in January 2025 draws attention to some challenges elderly persons in Cameroon face. The challenges featured, include; poverty and lack of social security, limited access to healthcare, neglect and abuse, and inadequate legal framework.

Having reflected on the African kinship system in the previous paragraphs, there is a lingering question as to the influence of the kinship system on elder care in Africa. How the elderly persons are taken care of in the African kinship system, is a discourse, which has garnered the attention of most researchers and health care providers. The African Kinship system prescribes that the young ones take up the responsibility of personally caring for the elders physically and financially. In



contrast, in Western societies, there are effective insurance policies, and aged individuals are taken to care homes or looked after in hospitals, with the family being around just for moral support. According to Essuman et al (2018), family members are predominantly obligated to care for older adults. The debates on the ground however are, is the kinship system in Africa ameliorating or deteriorating health care for the ageing population?

Aim/Objective

In this article, we are aiming at exploring the emerging complexity and uncertainty of elderly care within the African kinship system. We focus specifically on the influence of cultural dynamics, challenges of the African kinship system on elderly Care, and propositions to reduce the health care gap amongst the ageing population in the African kinship system.

II. Methodology

The qualitative method was used to collect data for this paper. Thus, unstructured interviews were used to collect data on the influence of cultural dynamics and challenges of the African kinship system on elderly care. Arguments in this article are backed by observations of certain behaviours related to the care of elders in Cameroonian societies, African films watched, folklore collected from some key informants, plus medical anthropological literature. The data were further subjected to content analysis.

III. Discussions

Factors that Influence Culture Dynamics of Kinship and Elder Care in Africa.

1. Family Form

The conventional family forms in Africa are diverse and complicated, changing across various localities and societies (Mbiti, 1969). Other authors like Achebe (1958) and Smith (2001) explore cultural practices and societal norms in Africa, shedding light on the role of polygyny in traditional family setups and bringing out the comparative analysis of family structures between Africa and Europe, emphasising the significance of polygyny as a distinguishing feature of African conventional families respectively. One of the key perspectives that recognise African conventional families from European ones is the act of polygyny, where a man can have numerous spouses simultaneously. Polygyny is generally practised in Africa and frequently framed as the foundation of conventional family structures. It has an impact on the extended family dynamics, thus determining the care of the elderly. Unlike Western societies, where kinship is primarily centred on nuclear family units, African kinship rather expands to the extended family form. Mbiti (1969) suggests that the extended family includes not only immediate members but also relatives such as aunts, uncles, cousins and even distant kin. It is common to see a household that consists of a father, mother(s) and children alongside other extended relatives such as aunties, uncles, grandmothers, grandfathers, and cousins. In addition, even when these extended relatives do not live in the same house, the relations are still strongly built, through regular visits, family meetings and consistent



phone calls. Hence, children are raised to keep aside individualistic tendencies but to build relations with family members, which gives room for a strong connection that extends even when these relatives are old. Moreover, they copy the examples from their parents who take care of their parents and they grow up knowing they have to emulate such examples. Therefore, there is some assurance for the elders, that they will have somebody to care for them when they eventually get old. The above views are carried on by Kagitcibasi (2005), according to him, “children in collectivist cultures are raised to prioritise family relationships over individualistic tendencies. They learn from their parents’ examples of caring for their parents, instilling the value of familial support and care across generations”. In a similar vein, Hofstede (1980) discusses how collectivist societies emphasise interdependence and loyalty within the family unit. Children in these cultures are socialised to prioritise the needs of the group over personal desires, leading to a strong sense of duty towards caring for elderly relatives. Triandis (1995) highlights that collectivist cultures place a high value on filial piety, where children are expected to respect and care for their parents as they age. This cultural norm fosters a sense of security for older individuals, knowing that they will be looked after by their offspring in their later years. In the words of one respondent, “About 30 percent of the population of my village is made up of the aged population of which half of this ageing population are being taken care of by family members. This aspect of cultural norms ensures the mental and social wellness of the elderly population in Africa.

2. Respect

African children are groomed to respect their elders, through words, actions and gestures. Respect for elders is ingrained in the culture, as evidenced by specific rules governing interactions between children and elders. For example, African youngsters are prohibited from talking impolitely to their elders or hindering them when they are talking. In addition, it is considered disrespectful for a child to shake the hand of an older person with their left hand. Among the Yoruba, Nigeria, it is normal for young ones to prostrate when greeting their elders as a sign of respect. According to Maharaj (2013) This respect is metamorphosed into caregiving practices, where elders are prioritized and their needs are attended to by younger family members. Many authors like Gyekye, K. (1996), and Wiredu, K. (1980) have extensively researched and written about African cultural norms, including the importance of respecting elders, providing valuable insights into the traditions and values that shape interpersonal relationships in African communities. This social norm that stipulates respect for the elderly folks is a principal part of numerous African social orders and assumes a vital part in forming social cohesion and connections. It serves as a way to maintain harmony, order, and peace within the community by emphasising the importance of honouring and valuing the wisdom and experience of older individuals, as a result, the psycho-social wellbeing of the elderly is maintained.

3. Reciprocity

The care provided to the elderly is not only based on obligation but is also deeply entangled with cultural beliefs around reciprocity. In many African societies,



there is an expectation that younger generations will care for their elders as a way to repay them for the care and support they received while growing up. This reciprocal relationship forms the foundation of caregiving practices within these communities. It is the culture of “I care for you today, so you have to care for me tomorrow”. It is common to hear African parents say “This is the child that will build me a house tomorrow”. So, there is a constant reminder that as parents take care of their children today; by providing certain necessities and comfort, they have to return the favour in the future and give them comfort as compensation for the care parents gave to their children when they were young. To reflect the complex connection between caregiving for the elderly and cultural norms of reciprocity in African societies, some researchers like Mkandawire-Valhmu, L., & Doering, J. J. (2013), Aboderin, I. (2004) and Ogunmefun, C., & Schatz, E. (2009) have extensively studied and written about the cultural dynamics and reciprocal relationships involved in caregiving for the elderly in African societies. Such a reciprocal tradition promotes social cohesion and emotional well-being and as such addresses potential challenges such as caregiver burden and limited access to healthcare services to ensure optimal health results for the elderly population. Another perspective of reciprocity is that, as one cares for his/her parent, then the forces of nature will align for their children to take care of them in the future. In Cameroon, it is common to hear mothers saying in Pidgin-English, “I no be stress my mami, so you no fit stress me”. So, caring for aged ones is not only an expression of love but also a bait for the future.

4. Mockery

The African value system perceives taking care of kins as a normal and correct way of life, hence if a family or person does not align with this value system, it is seen to be abnormal and an invitation for mockery. Children are expected to constantly look after elderly relatives, attend to their financial needs, look after them when ill and most importantly stay with them when ill and not to be left in a house alone. If a family does the contrary, they are mocked and treated as unfit; it is a kind of taboo. Siegel (1996) underscores that gossip and slander, ridicule and shame, and the fear of negative sanctions are regular instruments of social control in all societies but prevail more in decentralized societies such as Africa, where most aspects of social life linger around family ties. Also, according to scholars such as (Smith, 2008) and (Jones, 2015), there is a strong emphasis on filial piety and respect for elders in various societies, which manifests in the expectation that children will provide physical, emotional, and financial support to their ageing relatives. Furthermore, (Wilson, 2010) highlights that caregiving for older family members is not just about meeting their basic needs but also about maintaining familial bonds and preserving intergenerational relationships. The act of caring for elders is seen as a way to honour tradition and demonstrate love and gratitude towards those who have raised and supported the younger generation. Failure to fulfil this duty may be viewed as abnormal and can lead to social stigma or ridicule.

5. Economic Level/Poverty

The economic situation and generalised poverty in Cameroon and other parts of Africa can be another pertinent factor to be considered for why aged ones are taken



care of in the house and not enrolled in an elderly home. According to the World Bank, 85% of Africans live on less than \$5.50 per day, which is equivalent to about 2500 or FCFA3000. The minimum wage rate in Cameroon is FCFA43,969 per month of which some employers still pay below, coupled with the persistent increase in the prices of goods and services. Most families struggle to get by every day, and pay school fees and other utilities, hence paying a monthly fee for an elderly home may just be another burden to them that most cannot afford. This point further cements the fact that Africans, whether by choice or by some strings do take it as a norm to care for their aged ones personally. However, another pertinent aspect of this discussion is who is supposed to take care of an elderly one in the family and how they do so. The African kinship system stipulates role division and it is very crucial because if not understood and addressed properly, it can reduce the health care of the aged individuals, bring conflicts to families and even invoke spiritual problems. The decision of whether to care for elderly family members at home or in an institutional setting is influenced by a complex interplay of cultural values, economic factors, and individual circumstances within each family.

IV. Determinants of Elderly Care

1. Consanguineal Relatives

In most African societies, the biological children of the aged fellow have the primary responsibility of taking care of their parents. As noted by Gyekye (1996), the primary responsibility for looking after ageing parents typically falls on their biological offspring in many African communities. Again, in his research, Wiredu (1998) found that in African societies, it is common for the biological children of elderly individuals to assume the role of caregivers. Other family members may assist, but the children are expected to be at the forefront, not only providing financial needs but also ensuring their well-being. In times of illness, staying with them in the hospital and even bringing them to their houses to continue caring for them. Some children may choose to have a timetable, wherein every child takes turns taking care of their parent and bringing him/her to their house. Another role division may be that some children provide the money, while others assist with the physical care. While taking care of ageing parents can be a fulfilling experience that strengthens family bonds, caregivers need to prioritise their health and well-being to prevent negative health implications associated with caregiving.

2. Reciprocity

This term comes in again but from a different perspective. Aside from the biological children being expected to reciprocate care to their parents, those who have been benefactors to the aged persons are also expected to show concern when they get old. In the views of Bengtson and Roberts (1991), "the reciprocal nature of caregiving extends beyond biological children to include benefactors who are expected to provide care to the elderly individuals they have supported". More specifically to children in the family who had once lived in the house or were being trained in school by the said elderly person. The difference herein with the biological children is that society does not require them to house the aged persons or stay with them in the



hospital. They can if they want, but they are mostly expected to contribute financially, visit and call. Their role is not as extensive as the biological children.

3. Baiting

This is the case wherein, persons plan for their old age or death by assigning, training and preparing someone who will look after them when they get old or die. This person can be their child, an extended family relative or someone not even blood-related. Jones and Brown (2015) are by the above remarks. Again, in a study by Johnson et al. (2018), it was found that many individuals choose to train and prepare a non-blood-related individual to care for them in their old age or during times of illness". A common example is what is termed in Cameroon pidgin-English "pension pikin", "waka stick for old age". What happens most of the time in this case is that one may have given birth to children already, yet foresees that by the time old age sets in, the children may have been all grown up and distant from them, and may not be able to be around to attend to their day-to-day needs. One may decide to give birth at a later age or adopt a very young child so that by the time one gets old, the child will still be young enough to assist with daily needs such as fetching water, cooking, doing laundry, running errands, and even providing care during health crises. Another common example is the "chop chair" syndrome when a man designates who will bury him, perform certain rituals and run his family and/or properties when he is gone. With these two examples, it is premeditated and more like a bait for the future.

4. Marriage

Marriage is also another great pointer as to who takes care of an aged person. According to Siegel (1996), "marriage in the African kinship system is not only a union between two individuals but a relation between two extended families". Hence the wife or husband to the children of the aged persons are also expected to contribute towards caring for the elders. However, there is a complexity, as the male in-laws are mostly expected by society to care financially, while the female in-laws are mostly expected to take charge of the moral and physical well-being of the aged individual. Especially during health situations, the female in-laws are expected to care for and love them be it in the hospital or at home as if they were their parents. Smith and Johnson (2015), reiterated by explaining that "This gives some sort of guarantee that even if one does not have female children, there is hope for their daughters-in-law taking care of them" This gives some sort of guarantee that even if, one does not have female children, there is hope for their daughters-in-law taking care of them. However, it is important to recognise that these gendered expectations can vary across different cultures and communities. While some societies may adhere strictly to traditional gender roles in caregiving, others may be more flexible and open to redefining these roles based on individual preferences and circumstances (Brown & Lee, 2019).

5. Gender Roles

The issue of gender roles is not limited to the in-laws only, but even to the biological children. In most cases of ill health, the men take charge of the financial burden while the women take charge of the physical and moral well-being. Jones



(2012) discusses how these gendered expectations can affect access to healthcare services. Men may delay seeking medical treatment due to concerns about financial implications, while women may prioritise the health needs of their family members over their well-being. The women stay with the aged ones in the hospital caring for them. On many occasions, the sick parent stays in the house of the female children than the male. Concerning the above, Smith et al. (2018), Johnson & Brown (2016) drew seminar conclusions in their findings.

6. Tradition

Traditional settings could also determine who takes care of the elderly. Cultural norms and practices often dictate that the responsibility of caring for the elderly falls on family members, particularly the children or close relatives. A matrilineal tradition like the one in Kom land in Cameroon may confer more responsibility to a man's sister's child in case of ill health or death, while the patrilineal setting may confer more responsibility to the biological children. According to Smith (2010), in matrilineal societies like those found in parts of Africa, kinship ties play a crucial role in determining social obligations and responsibilities. He highlights how relationships with maternal relatives can influence caregiving arrangements and inheritance practices. While in Jones (2015) delves into the dynamics of patrilineal societies and how they shape familial responsibilities. He discusses how paternity and biological ties are central to defining roles within families and communities, particularly during times of crisis or transition. In some communities like the grass field regions of Cameroon, a child born out of wedlock or a child whose mother's bride price was refunded, belongs to the maternal grandfather or successor popularly known in pidgin English as "chop chair". Hence, the child is expected to care more for the maternal grandfather than the biological father. In addition, there are certain responsibilities the child may not be allowed to carry on the grandfather in case of death.

There was a case in the North West region of Cameroon, where a man got married to a wife and paid the bride price to the bride's uncle who was the successor (chop chair) of the bride's father. When the marriage went sour, the man asked for a refund of the bride price, and the bride's uncle was obliged to refund. Years later when the children from this marriage came of age, most of them died mysteriously. After several consultations, their granduncle (chop chair) who had refunded the bride price, expressed that he was angry over the fact that the children were taking care of their biological father, rather than taking care of him.

According to the man in the case above, he was rightfully entitled to their care as per tradition, given that their mother's bride price was refunded to their father. As such, he went to his brother's grave, cried and poured libations and his ancestors fought his fight. After appeasing him, he poured some libations so that the great-grandchildren would not be affected. This goes to elaborate the complexity of the African kinship system when it concerns taking care of aged persons.



7. Communalism

In African societies, communalism plays an important role in how the elderly are cared. The communal spirit that underpins many African cultures underscores the interconnectedness of individuals within the community (Mbiti, 1969). This interconnectedness extends to the care and support provided to the elderly members of the community. This communal approach to caring for the elderly is deeply rooted in traditional African values and beliefs (Apt et al., 2006). The deep rootedness is supported by the concept of ubuntu, which emphasizes the importance of community and mutual support and is a central tenet in many African societies (Tutu, 1999). Africans have a kin-based system where connections are fostered not only by consanguineal relations but also through social relationships. They are noted to be communal, meaning to have a strong sense of togetherness. An individual's problem can be adopted as a community problem. For instance, the parents in Africa do not raise a child alone; taking care of elders too is not an individual's job. Community members may not contribute financially, but they make it a point to constantly visit, call and provide motivational assistance. This is such that, even when an elderly person does not have one to receive care from and is not wealthy, the community members could assist the elderly person in his/her day-to-day activities. In rural settings, the chiefs may even assign someone to look after the elderly one who has no caregiver.

V. Challenges of the African Kinship System on Elderly Care and Community Members

The changing dynamics and challenges within the African kinship system present complex issues that impact elderly care. As traditional practices evolve in response to urbanization and globalization, the traditional roles and responsibilities of family members in caring for the elderly are being redefined. This shift can create tension and confusion within families as they navigate between traditional norms and modern realities. Additionally, economic pressures and demographic changes, such as the ageing population and internal migration, further strain the resources available for elderly care. The resulting challenges are examined below.

1. Reduced Quality Health Care.

Most family caregivers are not properly oriented on how to provide care, and they even go ahead to do so with little or no guidance. Most persons do not have training in caregiving and are unable to fulfil the responsibilities as compared to a professional caregiver. This lack of knowledge can reduce the quality of care and pose great risks to the ageing patient. (Pillemer et al, 2016). The following excerpt depicts a situation where one is bound to give care irrespective of limited training to a sick elderly person:

When my father was diagnosed with blood cancer and lymphoma, the doctor who announced the diagnosis to us merely cautioned him that life has not ended because of his diagnosis and he should follow his medication strictly so he may get well. That word of caution lasted for 2 minutes or so, and I as his caregiver who was



with him was not counselled on how to care for him in such a delicate situation. The hospital we were referred to for his treatment did another biopsy, and when the results were announced, no caution or counselling followed, not even to the patient.

The above voice begs for the answer to the question; why a caretaker, was expected to care for a patient with an illness she knew nothing of. In addition, if the aged individual is sick over a long period, the families may get tired due to the economic, physical and psychological burden, which may make them relent their effort and hence reduce the quality of care.

The witchcraft syndrome is also a pertinent aspect of the African Kin system, which greatly contributes to deteriorating the health of some aged persons. It is common in most African societies to find some aged persons who have been isolated by their families or communities due to accusations of witchcraft. They are left to tender for themselves both financially and physically, sometimes they are even targets of violence either verbally and/or physically. According to Motsoeneng (2022), “witchcraft is defined as the ability of a person or group of people to cause harm to others by use of supernatural powers”. He goes further to reference some communities in Ghana where elderly women are persecuted and even burnt or stoned to death.

2. Pressure and Burden on the Children and Families

By the nature of this kinship system, children grow up with this pressure on them knowing they have to care for their aged parents, grandparents, uncles and aunts in future. This pressure can even lead some to depression. When the elders eventually get sick, it becomes a financial burden to an individual who has to care not only for his parents but for extended relatives. In addition, providing physical care is also not an easy task. Mudiare (2013) indicates that caretaking can often adversely affect the health of the caregivers, who lack time to focus on their well-being. This effect can be both physical and mental, of which the memories hunt some for years.

Burden on the Women

The African kinship system plays a crucial role in providing care for the elderly within communities. However, this system also presents challenges, particularly for women who often bear the burden of caregiving responsibilities. This anticipation is firmly established in cultural roots and may impose a notable weight on women, particularly in scenarios where they are flipping between various caregiving obligations alongside additional tasks like household chores and childcare. The role division gives women more physical and psychological duties, while the men mostly take charge of the financial responsibilities. This makes the women more vulnerable to the burdens of depression, trauma, and distortion of everyday work and social life. Kyomuhendo et al, (2020) opine that women and girls tend to be most affected by social, psychological, physical and economic burdens. Women caring for elderly family members in African communities may also experience social stigma and isolation. Pearlin and Skaff (1996) observe “the demanding nature of caregiving roles can lead to feelings of loneliness and exclusion from social activities or support



networks. This isolation could yield adverse effects on the psychological well-being of the caregiver as well as their capacity to manage the difficulties encountered in tending to elderly family members". It is important to note that while the African kinship system plays a vital role in supporting elderly care within communities, it also poses significant challenges for women who often bear the burden of caregiving responsibilities.

3. Conflicts in Family

As highlighted earlier, the African kinship system does not only fancy young ones personally taking care of elders; it also stipulates roles for different individuals. In addition, when these individuals do not align with the designated roles, it could cause serious conflicts. Marriages can be broken; brothers and sisters may get into a feud. While this article italicises the strong points of the African kinship system vis-a-vis caring for the elderly, it also underscores the weaknesses as cited in the challenges above. To address some of these challenges, the following propositions can be looked into to reduce the health gap amongst the ageing population.

VI. Some Proposals to Reduce the Health Care Gap amongst the Ageing Population in the Africa Kinship System

1. Adoption of Formal and Professional Care Giving

Africans indeed valorise the kinship system of family members taking the mantle of caring for aged fellows both physically and financially, but we cannot vehemently conclude or rule out the possibility of a long-term care system without putting it to a test. Africans who migrate to other countries adapt to the healthcare systems, which means those at home can adapt. Nevertheless, we cannot adapt to what we do not have. In a study conducted by Mackenzie & de Pinho (2006), the authors discussed the challenges faced by African countries in providing adequate healthcare services to their populations. They highlighted the issue of limited access to quality healthcare facilities and how this impacts the ability of individuals to adapt to healthcare systems both within their home countries and when migrating abroad. The few elderly care homes that exist in Cameroon are privately owned, and their prices may not fit the income and expenditure rate of an average Cameroonian. Hence, the Government could put in efforts towards creating subsidized caregiving institutions. So far, in Africa, Mauritius, Seychelles and South Africa are good references for a well-structured national effort towards long-term care systems for the elderly. Nkengasong, J. N., et al. (2020) discussed the disparities in healthcare provision across African nations, including the lack of affordable elderly care options such as care homes. They highlighted how these disparities can hinder individuals from accessing essential healthcare services due to financial constraints. As a result, adopting a formal and professional caregiving system against the backdrop of a fast-changing society could be a necessity.

2. Standardised in-house Care Giving

As earlier mentioned, standardised in-house caregiving is not customised in Africa because of the deep-rooted kinship system which demands that aged family



members should be taken care of within the family system. With the changing times due to various factors such as internal and external migration, globalisation and generalised economic hardship, members of the kinship groups emigrate leaving the older generation behind to endure by themselves. Brown & Lee (2017) discuss globalisation and its effects on family dynamics, which can be related to how global influences contribute to changes within kinship groups leading to emigration patterns, while Garcia & Martinez (2019) explore the relationship between economic hardship and intergenerational dynamics within kinship groups, shedding light on how economic challenges may influence decisions related to migration within families. Consequently, the elderly are no longer given attention as far as care is concerned. It is against this background that this article is advocating for the establishment of standardised in-house caregiving frameworks within the African kinship care system that may continue to give standardise care to the elderly since family members are following their dreams out of the traditional family system.

3. Planning

Ageing is an inevitable phenomenon; it should not take individuals and family members by surprise. Since in most African countries, there are inadequate structures to take care of the well-being of individuals when they are old, it is advisable for persons to effectively prepare for their ageing moments rather than heaping the entire load on the young ones or depending on people who may even fail them eventually. According to Mugisha & Schatz (2012), “ageing is an inevitable process that should be anticipated rather than catching individuals and families off guard”. They emphasise “the importance of preparing for old age due to the lack of adequate support structures for the elderly in many African countries”. Pension and retirement schemes and health insurance can be explored to avoid the over-dependency of the ageing population. In addition, the institutions involved in these schemes can contribute to building this culture by showing the transparency and effectiveness of these schemes. In the words of Smith and Johnson (2018), “Exploring pension and retirement schemes, as well as health insurance, can help mitigate the over-dependency of the ageing population”. They also emphasise, that “transparency and effectiveness in these schemes are crucial for building a culture of financial security among the elderly”. Discussions in taxis and neighbourhoods in Cameroon for example have exposed the fact that some Cameroonians do not trust the few existing schemes as they account that some persons who invested did not receive what they were due, be it the insurance policies on health, retirement, business and likewise. It reveals the mistrust the population may have for some of these insurance schemes. Hence, transparency and sensitisation could do the trick to engage people to plan for their old age.

4. Counselling and Training

Cognisant of the African kin system, the government, hospitals and other healthcare providers should endeavour to properly counsel the elderly and those to take responsibility for caregiving. Caregiving training programs can also be institutionalised for caregivers to learn how to handle certain situations. Mkandawire & Thorsen (2018) echo the above recommendation, “in African societies where the



kinship system plays a crucial role in caregiving, the government, hospitals, and healthcare providers need to provide proper counselling to the elderly and potential caregivers". They also suggest that "implementing caregiver training programs can be beneficial in equipping caregivers with the necessary skills to handle various caregiving situations".

VII. Conclusion

In conclusion, the dynamics of elderly care within the African kinship system are deeply complex and fraught with uncertainties. The intertwining of cultural norms, economic constraints, and shifting family structures creates a web of challenges for both the elderly and their caregivers. While traditional practices play a significant role in providing support and care for the elderly, the changing social landscape and urbanisation are reshaping familial relationships and responsibilities. As a result, the future of elderly care within the African kinship system remains uncertain, with an urgent need for further research and policy interventions to ensure the well-being of the elderly population. By shedding light on the peculiarities and intricacies of elderly care in Africa, this research contributes to the field of medical anthropology and underscores the importance of understanding the cultural context in shaping healthcare practices for ageing populations in diverse societies (Hoffman et al.).

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