


The shifts in intergenerational relations in Cameroon and their potential impact on the health of older adults

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ABSTRACT

Introduction Africa is experiencing a gradual demographic shift due to rising life expectancy and increasing urbanisation. In sub-Saharan Africa, elderly individuals typically reside with their children. The rise in life expectancy by almost a decade and the prevalence of precarious living conditions raise concerns about the sustainability of the healthcare system, which has traditionally relied on intergenerational solidarity.

Methods The research aims to analyse the evolving role of older adults in Cameroonian society and to examine the potential impact of this change on intergenerational relationships and the health of older adults. A qualitative methodology was employed, using intergenerational focus groups in Cameroon.

Results Traditionally, older adults held a central role in knowledge transmission through discourse. However, the modernisation of society is challenging this position. The emergence of new technologies, particularly communication tools, is leading to a questioning of older adults' experiential knowledge. Societal changes are contributing to a decline in respect for older adults in discourse. Older adults deplore these societal changes and fear for their place in society while young people are questioning the central role of older people in society.

Discussion These changes could reduce the sense of usefulness of older people, with negative consequences for their health. Several studies have highlighted the impacts of ageism on the health of older adults in industrialised countries. However, there are little data on the impact of the marginalisation of older adults on their health in industrialising societies. Further research is needed to study the impact on the health of older adults.

INTRODUCTION

Since the 1980s, sub-Saharan Africa has undergone a process of demographic change.¹ Although Africa's population is still predominantly composed of children and young adults (41% of Africa's population is aged 0–14 and 36.2% is aged 25–64), the proportion of older people in sub-Saharan Africa is continuously increasing,² and African populations are ageing faster than Western populations.³

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Several studies highlight the impacts of ageism on the health of older adults in industrialised countries. Until now, there have been little data on the impact of the marginalisation of the older adults on their health in industrialising societies. Cameroonian society is currently undergoing a demographic, economic and social transition.

WHAT THIS STUDY ADDS

⇒ Our research highlights changes in intergenerational links, in the attitude of the younger generations towards ageing and forms of ageism. Younger people are questioning the role of the older adults as head of the family.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ Having established this, further research is needed to study the impact of these forms of ageism on the health of the older person.

In 1980, the population of people aged 65 and over was 15 million, which accounted for 3.1% of the total population. By 2015, this number had increased to over 40 million, representing 3.5% of the total population. Despite this significant demographic shift, the issue of ageing and its management remains largely ignored by policy-makers.⁴ Poverty and lack of facilities and professionals, particularly acute in rural areas where the majority of older adults reside,⁵ have led to a lack of healthcare utilisation among older people.⁶ Non-recourse to healthcare is also due to a mistrust of 'European/modern pharmaceutical' medicine in favour of traditional medicines. In the 1920s and 1950s, the French colonial governments conducted extensive medical campaigns in sub-Saharan Africa, particularly Cameroon, to combat tropical diseases. The sleeping sickness campaigns were among the largest colonial health



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investments, and for many, their first exposure to modern medicine.^{7,8} For several decades, millions of people have undergone medical examinations and received injections of drugs with questionable efficacy and serious side effects, including blindness, gangrene and death.⁹ Now, the descendants of those who suffered historical trauma still experience its effects, including reduced confidence in modern medicine, resulting in lower vaccination rates.⁹ This raises concerns about the care of older adults, particularly in Africa where residential facilities for the elderly with medical care are scarce.¹⁰ The opening of the nursing home 'La Référence' in Douala, Cameroon, has sparked criticism and questioning in the region. This nursing home has been accused of being a symbol of the 'Westernisation' of Africa. However, it is less medically oriented than European models.¹¹ In sub-Saharan Africa, older individuals typically live with their children.¹² According to the United Nations study database (2017),¹³ 80.4% of people aged 60 and over live with their children in Senegal, 77.2% in Guinea, 73.7% in Burkina Faso and 58.7% in Cameroon. In contrast, this intergenerational lifestyle is less common in Europe, with only 10.2% of older people living with their children in France and 15.8% in Belgium. Grandparenthood is a social role that many senior citizens find fulfilling, as it allows for intergenerational relationships to flourish.¹⁴ In Cameroon, it is common for older adults to be cared for by their children, who are often the primary caregivers. In fact, in the western region of the country, 45% of older adults are solely cared for by their children. It is important to note that besides family members, neighbours may also play a role in providing support to an older adult. So, solidarity and mutual aid in managing loss of autonomy are not limited to the family circle but have a societal dimension. In European countries, older people are more likely to consider asking their children for practical help, such as with household chores or shopping, in the event of illness.¹² However, in France, the practice of seeking assistance from children is less common than in other European countries, especially in cases of illness. Instead, they are more likely to seek help from their neighbours, friends or professional services outside the family.^{15,16}

Research on intergenerational relationships in Africa is limited but typically centres on power dynamics, cohabitation and solidarity between generations. Regarding power relationships, some studies have shown that gerontocracy is losing its continuity in African societies. This is particularly evident in the Rwa society in Tanzania¹⁷ due to the scarcity of land caused by demographic growth, socioeconomic and land issues, and living conditions that result in the older generation being disrespected by the younger. Antoine¹⁸ made a similar observation, stating that social transformations in Africa, particularly in terms of control over marriage and land, have weakened decision-making power. Furthermore, the challenges of declining incomes for older adults and the lack of a state social security system make conditions difficult for both the elderly and the young. Additionally, the fact that life

expectancy has increased by almost a decade and people are living in precarious conditions raises concerns about the sustainability of a care system that has traditionally relied on intergenerational solidarity.¹² Sub-Saharan Africa is currently experiencing a shift of young people migrating to cities, motivated by the hope of higher financial gain than in rural areas and the social status provided by urban living.¹⁹ This migration is contributing to a geographical distance between generations. In Cameroon, 77.2% of people over 60 live in rural areas.¹⁰

The dispersion of generations may disrupt the traditional oral transmission of knowledge from older individuals.²⁰ This reduction in transmission could negatively affect the sense of purpose of older individuals. However, having a sense of purpose in life has been shown to positively impact one's health,^{21,22} especially in old age.^{23,24} Research suggests that a higher sense of utility is associated with healthier lifestyle behaviours, better physical function, reduced risk of chronic disease and reduced mortality.²⁵⁻²⁷ A loss of social roles and a diminished sense of usefulness for the older population could negatively impact their life expectancy. These societal changes could lead to the exclusion of older people or even ageism. Ageism was first defined by²⁸ as a profound psychosocial disorder characterised by institutionalised prejudice, stereotyping and the establishment of distance from and/or avoidance of older people. Negative stereotypes and prejudices towards older adults can lead to discrimination that is deleterious to health. Several studies have shown that holding a negative view of old age can have short-term and long-term consequences on the overall health of older individuals, including physical, psychological and social health.²⁹⁻³¹ Not all societies share the same perspective on ageing, and ageism exists at varying degrees.^{32,33} The prevailing notion in literature is that Eastern cultures foster a positive outlook on ageing and instil in young people the values of respect, obedience and care for their elders.^{34,35} Conversely, Western societies are often viewed as youth-centric, resulting in a more pessimistic view of ageing.³⁶ In collectivist societies, individuals primarily interact socially and economically with members of a specific religious, ethnic or family group. Contracts are enforced by 'informal' economic and social institutions. Members of collectivist societies feel a strong sense of involvement in the lives of other members of their group. In individualistic societies, economic transactions are carried out between people belonging to different groups, and individuals frequently move from one group to another. Contracts are mainly enforced through specialised organisations.³⁷ Studies indicate that ageist attitudes are present in collectivist societies as well as individualist ones. Collectivism is associated to more negative age stereotypes, which can result in resentment and stereotypes towards older adults. Industrialisation, resource conflicts and intergenerational contacts may better explain a society's level of ageism than its collectivist or individualist nature.^{38,39} Therefore, it is appropriate to examine the case of Cameroon, which is

currently undergoing industrialisation and urbanisation. The study aims to analyse intergenerational relations in a sub-Saharan African population, with a focus on the changing role of older adults in Cameroonian society and the potential impact of these changes on the health of older individuals.

METHODOLOGY

This study aims to comprehend the evolving role of older adults in Cameroonian society and its potential impact on their health. To achieve this, we used a comprehensive interactionist methodology. Specifically, we employed a qualitative methodology.^{40–42} More specifically, focus groups are considered the most relevant method for studying interactions, behaviours, and power relationships between generations,⁴³ particularly in so-called ‘speech societies’—societies in the process of development, such as African societies.⁴⁴ In December 2022, intergenerational focus groups were conducted in Cameroon. Observation complements focus groups and provides access to realities that may be difficult for interviewees to verbalise or conceal. It also allows avoiding preconstructed discourses that are designed to control self-representation.⁴⁵ The data collection process was completed through observations.

Participant recruitment

The focus groups included participants from three distinct age groups: older adults (aged 50 and over), middle generation (aged 20–50) and adolescents (aged 12–15). The decision to exclude 16–19 years was made to ensure clear generational distinctions, which are closely correlated with Cameroon’s demographic situation. Cameroon has a median age of 17.7 and a life expectancy below 60 for men in 2018.

Participants were recruited on a voluntary basis. The study was presented to the heads of primary and middle schools at three separate sites. The heads then presented the project at parent-student meetings. Participants were recruited on a voluntary basis. As the study involved underage children, parental authorisation was obtained. The focus groups took place on the premises of the surveyed schools. They were held after school hours, which meant that parents of underage participants had to wait outside. Participants were randomly selected from those who had agreed to take part in the study. They were required to speak and write French, not know any of the other focus group participants, and belong to the predefined age group. Recruitment was conducted with the aim of achieving gender parity.

Collected data

Four intergenerational focus groups were conducted in Cameroon’s administrative and economic capitals, Yaoundé (Y1 and Y2) and Douala (D1 and D2), respectively. The focus groups were led by two Cameroonian members of the research team who were trained in qualitative methodologies. The interview guide previously

drawn up by the research team was followed for all the focus groups. The French researcher acted as an observer.

The focus groups began with an individual questionnaire to collect sociodemographic data. After completing the questionnaires, participants were asked to write down on Post-It notes the first words that come to mind when they think of an older adult and a young person.⁴⁶ The ideas were then collected and discussed within the group. The interview guide included questions about the role of each generation in society and the evolution of their roles. After the discussions, an individual questionnaire was used to collect sociodemographic data, such as biological age. The researcher used an ethnographic approach^{47 48} to gain insight into lifestyles and cultural issues. The data were collected through participant observation and extended beyond the time frame of the focus groups to the general research context. Data collection for the analysis included the French interviewer’s arrival on site, her discussions with local residents, informal moments with host families and the setting up of the focus group room. Additionally, observation time before and after the focus groups was conducted, such as the younger children in the neighbourhood who spontaneously came to help set up the room. To accomplish this, photographs were taken and a field notebook was completed either in real time or at the end of the day if conditions did not permit real-time completion. Ethnography involves the researcher’s immersion in the world,⁴⁹ but tools of distancing are employed to counterbalance this involvement, such as double analysis of the data by two independent researchers. One of the researchers did not attend the focus groups. The French researcher acted as an observer and was not acquainted with the participants. The process of collecting and analysing data is based on a field diary and dated, contextualised recordings.⁵⁰

Data analysis

The focus group exchanges were recorded using a small, discreet camera placed on the sidelines to avoid influencing the speeches and attitudes. The recordings were then fully transcribed and anonymised in accordance with the General Data Protection Regulation. A mixed-method analysis was employed.^{51 52}

Qualitative analysis

The researchers analysed the initial corpus of data using the thematic analysis method^{53 54} with NVivo software. The research team then carried out a coding stage to identify the themes in the transcripts through a process of decontextualisation–recontextualisation.⁵⁵ Two ethnography-trained researchers independently analysed the videos under the supervision of an experienced researcher. The video recording allowed for the observation of participants’ behaviour, emotions (such as laughter, frustration and hesitation) and gestures (such as leaning back or crossing arms). Through the analysis, we were able to observe how the group reached consensus or negotiated differences.⁵⁶ To ensure

accurate interpretation of observed behaviours, the analysis focused on quantifiable criteria such as interactions, power dynamics, the number of speakers and communication styles. Two trained researchers systematically conducted this work. The video viewing and analysis process was repeated three times to ensure precision. If the two researchers disagreed on the interpretation of the observed action's meaning, the team of trained observers discussed and agreed on a collective interpretation. The results aim to faithfully describe the observed situations.

Quantitative analysis

Verbal fluency of each participant was measured based on several variables: (1) the number of sessions attended, (2) the number of words spoken during focus groups and (3) average number of words spoken per session. Additionally, pauses and speaking patterns were quantified. (4) The ways of speaking were classified into three groups. The study examined three types of speaking: spontaneous speaking, speaking after requesting permission and speaking after invitation. These types were cross-referenced with age groups. Bivariate Wilcoxon tests were used to compare the scores of different variables across age groups. The external Cameroonian and French judges were asked to define the connotation (negative, neutral or positive) of the words on the Post-It notes using a Likert scale ranging from -5 (most negative) to +5 (most positive). For instance, they were asked whether the word 'death' when associated with an older person had a positive or negative connotation. The survey was conducted using LimeSurvey and was distributed to the general public by the research teams in both countries. The questionnaire was completed anonymously by a total of 62 individuals, including 36 French respondents (29 women and 6 men) and 26 Cameroonians (14 women and 12 men). Of the respondents, 9 were under the age of 25, 33 were between the ages of 26 and 55, and 20 were 56 or older. The connotation of each word was determined by calculating the average of the responses, a measure that has been validated in various studies.^{46 57–59} The connotations of the Post-It were quantified based on a survey of external judges and cross-referenced with the age range of the participants.

All analyses were performed by using R software, V.4.2.3 (15 March 2023). The manuscript follows the Consolidated criteria for Reporting Qualitative research.⁶⁰

Patient and public involvement

Studies on the subject, and an exploratory study we carried out, highlighted the need to explore intergenerational relations and forms of ageism in developing countries. The participants were not involved in the design, recruitment or conduct of the study. In the information notice, participants were told that they could have access to the results of the study, in the form of a scientific article, if they requested it.

Methodological limitations

The study acknowledges several methodological biases. Focus groups, which are intended to be a space for thought and argument,⁶¹ or even communication, seem to be primarily a place for interaction. However, interaction is influenced by certain contextual factors⁶² including the hierarchy within a group.⁵⁶ In this society, where older individuals hold more power, younger people may not feel comfortable expressing themselves freely.

To analyse the discussions in detail, the focus groups were filmed. This raises the question of the authenticity of the exchanges. However, any social interaction, including the interviewer—respondent relationship, can be analysed as a set of actors in performance.⁶³ The behaviours captured on film are simply a staging of the self that is present in all interactions.⁶⁴ These biases are, in fact, present in qualitative methodologies and integrated into the analysis. During the focus groups, the presence of a French woman researcher may have introduced certain biases due to her unfamiliarity with the cultural codes.⁶⁵ At the start of the first focus group, participants appeared hesitant to answer the researcher's questions. To mitigate cultural bias, a Cameroonian researcher moderated the focus groups. The French researcher used participatory observation to attend the focus groups and observe gestures, non-verbal communication and contextual factors.

The focus groups were conducted in Yaoundé, the administrative capital and Douala, the economic capital, which are the two largest cities in the country. As a result, the population studied is predominantly from urban areas, which may not be representative of Cameroonian society as a whole. Additionally, the requirement for participants to have knowledge of written French may have led to a certain level of education among them, including several former teachers. However, the interviewer's observations and immersion in the field, particularly in the neighbourhoods, provided additional data sources from a more diverse population, which helped to counterbalance potential biases. To ensure representativeness of the Cameroonian population, it would have been beneficial to conduct focus groups in rural areas, given the country's urbanisation.¹⁹ However, recruiting participants from rural areas proved to be challenging due to the low number of French speakers. To mitigate this bias and gain a better understanding of the rural environment, individuals from rural areas were invited to participate in the focus groups in the city. Participants were compensated for their time and contribution.

RESULTS

Details on participants' sociodemographic data are presented in [table 1](#). The study included a total of 28 participants, consisting of 7 adolescents (aged 12–15),

Table 1 Participants' characteristics

FG	Participants*	Age group	Activity
D1	Abbi	Adult	Student (master degree)
D1	Edwin	Older adult	Secretary
D1	Etia	Adult	Professional engineering trainee
D1	Igor	Older adult	Teacher—researcher
D1	Khen	Adolescent	Student
D1	Neh	Adult	Contractual administration executive
D1	Phil	Adolescent	Student (fourth grade)
D2	Andi	Older adult	Retired—former entrepreneur
D2	Béa	Older adult	Contractual executive
D2	Elie	Adult	No profession
D2	Emil	Adolescent	Student
D2	Emmanuel	Adult	No profession
D2	Jean Jules	Adolescent	Student (third grade)
D2	Ornella	Adult	Student
D2	Tiana	Older adult	Retired—no profession
Y1	Ahmed	Adolescent	Student (average 2)
Y1	Christian	Adult	General supervisor at the college
Y1	Jean Bernard	Older adult	Retired—former statistician
Y1	Ornelle	Adolescent	Student (sixth grade)
Y1	Paul	Adult	Teacher
Y1	Salif	Older adult	Teacher
Y2	Achille	Adult	Laboratory technician
Y2	Bernadette	Older adult	(No information)
Y2	Hervé	Adult	Teacher
Y2	Lucie	Adult	Maid
Y2	Ludovic	Adult	Farmer
Y2	Paul	Older adult	Retired military
Y2	Vicky	Adolescent	High school student

*All participant names are pseudonyms to protect the privacy and confidentiality of participants.

12 adults (aged 22–42) and 9 older adults (aged 50–77). Focus group 1 (D1) was held in Douala and attended by seven individuals, including two adolescents (a 14-year-old girl and a boy of 14 years), three adults (a 25-year-old man, a 25-year-old woman and a 27-year-old man) and two elderly individuals (a 59-year-old man and woman). Focus group 2 (D2) was held in Douala and attended by eight participants: two boys aged 12 and 14 years, 2 women aged 22 and 23 years, one man aged 24 years, two women aged 50 and 55 years, and one man aged 73 years. Focus group 3 was held in Yaoundé (Y1) and attended by six participants: two boys aged 12 and 15 years, two men aged 34 and 36 years, and 2 men aged 60 and 72 years. Focus group 4 (Y2) was conducted in Yaoundé and attended by seven participants, including one adolescent (a 14-year-old boy), four adults (three men aged 25, 36 and 37 years, and a 42-year-old woman)

and two elderly individuals (a 77-year-old woman and a 68-year-old man).

The focus group method produces a broad range of data. The findings presented in this report are derived from 6 hours of video recordings (1.5 hours per focus group) and written notes, as well as a series of non-verbal qualitative observations. Quantitative data complement the analysis. Focus group extracts are indicated in italics and enclosed in quotation marks.

The African elder, a central figure in society

A figure of authority

The participants' discourse reveals that older men are respected for their role as the head of the family and as advisors.

In African social life, ageing is associated with a figure of authority. The elder is considered the sole authority in the family. When discussing age, it is important to note

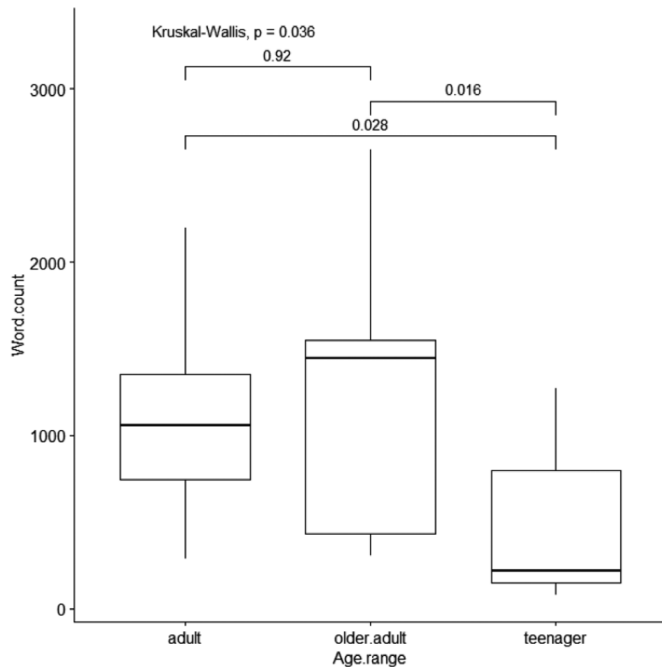


Figure 1 Average number of words spoken by age group.

that one’s age is determined by the number of years they have lived.

[The elder] is the sole authority. He’s the only one. In terms of age, nobody reaches the number of years he’s lived. (Christian, Y1, adult).

During focus group 3 (Y1), two adolescents aged 12 and 15 did not consume the provided snacks, which included biscuits and drinks. Towards the end of the session, the oldest member of the group, a 72-year-old man, silently gestured towards the biscuits, prompting the adolescents to help themselves. The same was true in the other focus groups. Adolescents always waited for approval from an elder before helping themselves.

The interactions and group dynamics observed during the focus groups reflect a generational hierarchy. We compared the average number of words expressed by each participant according to their age group. On average, young people speak 495 words while adults speak 1119 words and older adults speak 1196 words (figure 1). There is a significant difference in the number of words spoken by younger people compared with their elders. Bivariate Wilcoxon tests show a significant difference in the number of words between adolescents and older adults ($p=0.01$) and between adolescents and adults ($p=0.028$). There was no significant difference in word usage between adults and older adults ($p=0.92$).

The frequency of speech among young people is lower (25.9 times on average per young person) compared with adults and older adults (44.2 and 52, respectively). The statistical significance of the results is approaching the threshold, with a p value of 0.054 for adolescents versus older adults and a p value of 0.051 for adolescents versus adults. Additionally, adolescents tend to speak less spontaneously, often requesting permission to speak (eg,

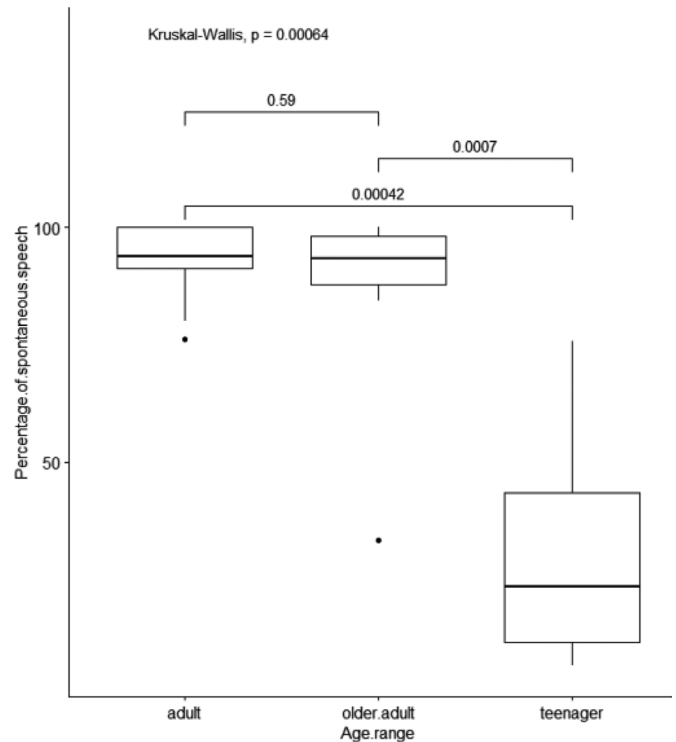


Figure 2 Percentage of spontaneous speeches by age group.

raising their hand) or waiting for explicit invitations to do so, more frequently than the other two age groups. Young people spoke spontaneously 30.97% of the time they spoke, compared with 92.95% for adults and 86.90% for older adults (figure 2).

Although there are noticeable differences in the way adolescents and older adults speak, adults and older adults appear to be less diverse.

Additionally, during the focus groups, participants consistently deferred to the eldest member of the group when a question was asked, regardless of the older person’s gender. Younger individuals, including both adults and adolescents, showed deference to their elders before speaking. If the older person is a woman, the younger ones will systematically turn to her.

According to the older participants, the position of older adults as the head of the family is rarely questioned, and this family hierarchy persists even into adulthood.

‘An adult is afraid of the elder and remains a child before the elder’ (Salif, Y1, older adult).

In the discourses, this position of authority is associated with wisdom, knowledge and experience, making the elder the guarantor of traditional culture and knowledge.

The older person is the one who has more wisdom than the young person because they’ve lived through life and learned a lot. (Vicky, Y2, adolescent)

Furthermore, disability or loss of independence does not call into question the elder’s place as head of the family. Senescence does not mean isolation, and older

adults retain their decision-making roles and their place as educators of younger people.

It is up to him to decide [even if he starts to lose his memory] (Paul, Y1, adult)

The older women: a major player in the education of young people
As an authority figure, the older adult not only assumes the role of ‘patriarch’ or ‘matriarch’ who makes family decisions but is also someone who is expected to educate the youngest generation. The discourses refer to young people as carefree, in need of guidance and direction ‘on the right path’. Experience and years of life are seen as a guarantee of knowledge and define the older person as a provider of advice. The role of the oral transmission of knowledge is particularly noteworthy and, in the discourses, comes from the rural world:

Because young people are smart, but they’re not wise (...) whereas someone older can give you (...) the pros and cons (Etia, D1, adult).

African wisdom is learned in the villages, in the oral tradition. (Béa, D2, older adult)

The figure of the elderly becomes the bearer of values and the guarantor of traditions. Just as the care of the elderly is a family affair, the education of children is more a family affair than a state affair. Most of the educational work falls to the family, and especially to the elders, who are considered more suited to this role of authority. The interviews reveal that older women are particularly involved in this educational role, especially grandmothers and aunts.

Well, mom and dad, they have a lot to teach me, but not as much as grandma, because she has even more to teach them. (Vicky, Y2, adolescent)

While the discourse reflects a positive perception of old age, the stereotypes activated during the fluency task at the beginning of the focus groups (Post-Its) reveal a more negative view of old age than of youth ($p=0.000001897$). In fact, the survey of external judges (62 complete responses, 36 French judges and 26 Cameroonian judges) made it possible to define the connotation (negative, neutral and positive) of 182 words collected, of which 103 related to old age and 79 to youth. There is a greater proportion of ‘negative’ words related to old age than to youth: 27.18% of the words related to old age are negative while 6.32% of the words related to youth are negative (figure 3). Conversely, more words related to youth are positive than those related to old age (74.68% vs 43.68%). As far as old age is concerned, the expression ‘loss of capacity’ is used 14 times (every second participant). On the other hand, the word ‘vigour’ is the most used word for youth (seven times), together with the word ‘strength’ (six times). While adults tend to be more positive about youth than older adults (54.23% of positive words about youth were written by adults, 25.42% by adolescents and 20.33% by older adults), it is adults who express the most negative

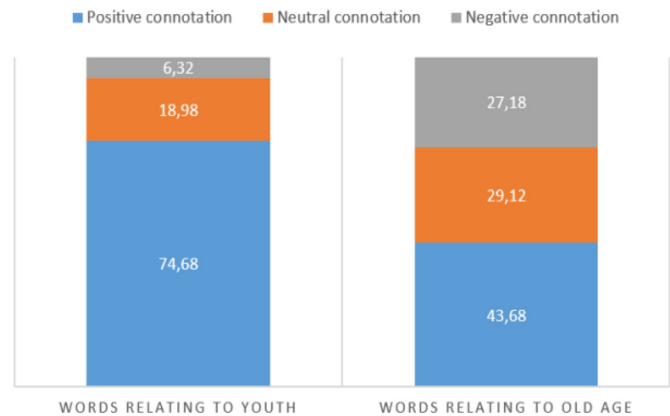


Figure 3 Connotation of words relating to youth and old age.

words about old age (50% of negative words about old age were written by adults, 39.28% by older adults and 10.7% by adolescents).

It appears that the female participants have a more positive perception of old age than the male participants. In fact, 52.3% of the words the female participants wrote about old age had a positive connotation, compared with 37.7% for the male participants.

However, the person who wrote the most negative words about old age in the fluency task was a 50-year-old woman (6 out of 28 words). She wrote eight words related to old age, six of which had negative connotations: ‘boring’, ‘weariness’, ‘loss of capacity’, ‘filth’, ‘witchcraft’ and ‘ugliness’. In addition, she spoke more in the group she was in than her 73-year-old eldest (2648 words compared with 425). In her discourse, old age is a return to childhood, to a state of dependence on others. For her, it is up to the family to take care of their elderly family member:

Because when you get old, you’re like a baby. But old people need the warmth of their families and friends. It even prolongs their life. (Béa, D2, older adult)

On the other hand, the positive words related to old age were written more by young people aged 12 and 14 (8 out of 20 words). In the focus groups, they spoke as often as the rest of the group, but they did so more by asking for permission to speak. They spoke less spontaneously than the two older people in the group: 87.8% of what Andi (73) said was spontaneous (without asking or being asked to speak); 93.4% for Tiana (55). In contrast, 62.1% of what Emil (12) said was spontaneous, and 75.9% for Jean Jules (14).

The changing role of the older adults: from knowledge transfer to marginalisation

The Westernisation of society, brought about by access to new technologies, is leading to new social changes and a questioning of traditional values.

With television, we copy the model of life of outside civilizations (Hervé, Y2, adult).

First of all, it’s our culture that’s gone to waste. We’ve abandoned our values. Maybe someone thinks it’s good to think

of himself as a Westerner when he's really African. It's this lack of self-esteem that leads to cultural denial. (Paul, Y1, adult)

The speeches reveal an evolution in the place of each generation and in the intergenerational links. Access to new technologies and the outside world has changed intergenerational relationships:

Intergenerational relations are more conflictual today than in the past. They are more complex because of the influence of technology. Technology has had a great impact on people's lifestyles, both inside and outside Cameroon. We've talked about the media and social networking. (Hervé, Y2, adult).

The stereotypes that emerge about the different generations revolve around the contradiction between tradition, represented by the older generation and modernity, embodied by the younger generation. The discourses reveal the marginalisation of older adults. Older adults, the bearers of tradition, are sometimes associated with witchcraft.

With the years, the respect there decreases. (Etia, D1, adult)

Young people think that with the development of technology, as soon as you do indigenous things, you're called a witch. (Andi, D2, older adult)

Forms of marginalisation of older adults are emerging. The discourses reveal an evolution in the place of older adults in society and a form of distancing. Marginalisation is an expression of discrimination and, more specifically, of ageism. Until now, respect for older adults has been linked primarily to their place in the family structure. In their discourses, however, older people deplore the consequences of the Westernisation of society. They lament the emergence of a democratisation of social practices within African societies and its impact on their relationships with younger people:

Our society is becoming decadent today because there's democracy in the homes. Democracy doesn't work very well in Africa. (Béa, D2, older adult)

These new concerns challenge the figure of the head of the family. The discourses of the middle generation reflect a questioning of the authority and knowledge of the older generation.

But today, when we look at the outside world, we tell ourselves that what we've been taught may not be as true as it seems. (Paul, Y1, adult)

Older adults see technology and access to communication tools as the main factor in Westernisation. These tools contribute to the devaluation of experiential knowledge, which was previously the monopoly of older people. In discourse, younger people are more likely to turn to their peers for advice, judging them more legitimate than their elders in light of societal developments.

I think that since society is changing every day, it would be better for the adult, so the one in his thirties, to be the

advisor of the cadets (...) because he's in society, he knows what's going on, whereas the old guy, he's withdrawn. (Ludovic, Y2, adult)

If the knowledge of older people is questioned, their role in passing on knowledge to younger people could be diminished. This raises the question of the impact of the loss of this role on older people's sense of usefulness.

DISCUSSION

The overall objective was to examine intergenerational relations and discuss the potential impact on the health of older adults in a sub-Saharan African country. The findings suggest that older adults occupy a central place in Cameroonian society. The statements made by each generation in the focus groups reveal the authority of older adults and a hierarchy that is recognised and respected by all. The higher number of statements made by the older adults and the lower number of statements made by the youth is an indicator of intergenerational exchange. The less spontaneous utterances of the youngest also reflect the hierarchical nature of the exchange. In the discourse, the older adults play a crucial role in the education of the young. Until now, the transmission of knowledge has been the role of the older adults. The transmission of traditions and ancestral values is also expected from older adults, especially in rural areas. However, the words generated during the fluency task highlight a more negative view of ageing than of youth. We have not investigated in detail the relationship between representations of old age and youth and behaviour within an intergenerational group. These data have yet to be exploited. It would be interesting to use these results to corroborate research on the impact of stereotypes on behaviour. The discourse reveals that the westernisation of society in Cameroon is having a negative impact on intergenerational relations. The social roles of elders seem to be redefined and their place in the transmission of knowledge is questioned.

The differences in the way generations are perceived between Western countries and Africa revolve around the question of social usefulness. While Western countries emphasise paid work as a determinant of an individual's value and social usefulness,⁶⁶ in sub-Saharan Africa, it is the role within the family that is crucial. The dominant role of older adults in transmitting values and educating future generations is a marker of their social usefulness. This form of social organisation induces an operation based on a logic of contribution/countercontribution,⁶⁷ which induces a sense of 'debt'²⁰ to elders for their care of the home and children. However, new economic and social challenges and the need to open up to the outside world are affecting this intergenerational organisation and heralding a change in the role of older adults. We can wonder about a possible impact on the sense of usefulness of older adults in Cameroon. The loss of this role could affect the older adults' sense of usefulness

and negatively affect their health.^{25–27} Life expectancy of older adults may be reduced.^{23 27 68 69}

The migration of younger people to urban centres and the political and material development influenced by foreign political powers (France, China and Russia) in sub-Saharan Africa point to changes in social relations and their construction in Africa.⁷⁰ Industrial growth in cities contributes to the migration of younger populations to urban centres, resulting in a generational divide. This rural–urban divide is indicative of a gradual change in socio-cultural relationships with the community and the family. The discourses in the focus groups also show how deeply rooted rural traditions are, in contrast to the new urban values. Nevertheless, links with the family in the village are maintained: the participation of ‘city dwellers’ in village events remains frequent and even expected. Even if the links between urban dwellers and their elders persist, many examples point to a weakening of care for older adults, particularly in the health sector,^{71 72} where these people are affected by specific pathologies. Our results do not reveal a real intergenerational divide, but rather the beginning of a weakening of intergenerational ties, in particular by questioning the knowledge of older people and their place in society. Indeed, various studies show the first signs of the consequences of economic and social change on the African continent on intergenerational relations.^{73 74} It would be interesting to follow the evolution of representations in this society in transition. This geographical distance between generations could isolate older adults. The detrimental effects of isolation on health are well known.^{75–79} Social isolation increases mortality risk. The urbanisation of Cameroonian society raises questions about the potential risks of isolation for older adults.

In discourse, societal changes lead to a decline in respect for older adults. Our findings are consistent with modernisation theory⁸⁰ which explains that the negative stereotyping of older people in Western societies is a consequence of industrialisation. The devaluation of experiential knowledge, as seen here in our results, is one of the consequences of this industrialisation. This theory allows us to consider ‘technological modernity (and the resulting obsolescence of oral knowledge), individualism (and the end of daily contact with elders) and capitalism (and the loss of power of leaders, who are often older adults)’.²⁰ The findings of this research illustrate the three counterparts of this theory.

We find the devaluation of the oral knowledge of elders and the questioning of their role as head of the family, brought about by the openness to the outside world made possible by new technologies. Urbanisation is leading to a proliferation of generations and a decline in intergenerational relations. Even if the stereotypes associated with ageing are generally positive, we can question the evolution of these stereotypes. Indeed, according to modernisation theory, which can predict potential changes in industrialising societies²⁰ new forms of ageism (age discrimination) may emerge in the country. Although

ageism is particularly pronounced in developed societies, not all industrialised societies have negative attitudes towards older adults, such as in the Middle East,^{81 82} Japan⁸³ and collectivist societies in general.^{83 84} Modernisation theory alone does not explain the different forms of ageism in a society.

The social changes underway in Cameroon and the increase in life expectancy are already highlighting changes in intergenerational relations. The position of older adults is changing, and their sense of usefulness, although a determining factor in life expectancy, is in danger of diminishing. However, purpose is a determinant of life expectancy.^{85–87} The questioning of ancestral values by the middle generation, induced by openness to outside civilisations (especially Western), could upset intergenerational dynamics and the place of each individual in society.

Several studies highlight the impact of ageism on the health of the elderly^{29–31 88} in developed countries. Until now, there have been little data on the impact of the marginalisation of older adults on their health in industrialising societies. Our study highlights changes in the social roles of older people and in intergenerational relations. There are few studies on ageism in sub-Saharan Africa and its impact on the health of older adults. More research is needed in this area. The issue of ageism and health is an important avenue for future research.

CONCLUSION

Cameroonian society is still primarily based on strong solidarity within the family and the community. Indeed, caring for dependent elders is a family affair, just like raising children. The elderly hold a special position of authority as head of the family, guarantor of traditions and particularly valued figure of experiential knowledge. However, the new economic and social concerns of Cameroonian society suggest that this position is evolving. What is more, the emergence of new technologies, especially communication tools, contributes to challenging the experiential knowledge of older adults. Knowledge and openness to other, mainly Western, ways of life are leading younger people to question the knowledge handed down by their elders. While elders used to play a central role in the transmission of knowledge, the modernisation of society is overturning this position. These changes could reduce the sense of usefulness of older people, with negative consequences for their health. In addition, the migration of younger people to cities is exacerbating these disparities. This geographical separation of generations could lead to the estrangement of families and a dichotomy between the ancestral values of the old in the village and those of the young in the city. It could also lead to the isolation of the elderly, with negative effects on their health. The industrialisation of the country could lead to an increase in negative stereotyping of older adults and the emergence of new forms of ageism. There is a need for further research on the

impact of changes in intergenerational relations and the roles of older adults on the health of older people in sub-Saharan Africa.

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