

African Family Support Systems and Psychological Wellbeing of the Ageing People in Nso of the Northwest Region of Cameroon

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Abstract: This study examined African family support systems and their influence on the psychological well-being of the ageing in Nso of the North-West Region of Cameroon. The eroding psychological well-being of the ageing persons in Nso is disturbing thus the need to explore how it could be revamped through appropriate Africentric social support systems. The concurrent-nested research design was used in conducting the study whereby the qualitative data was nested to add more value to the quantitative data. A sample of 175 (one hundred and seventy-five) was chosen from purposefully selected three rural areas and one urban area. Data were analysed using both descriptive and inferential statistics as well as via content thematic analysis for qualitative data. Based on family social support systems, finding showed that 60.6 % (1060) often and 18.0% (315) always experience family social support system. All three background variables (settlement type, sex, and marital status) were significantly predictive elements on traditional counselling support system with a significant ratio of 0.001. There is a significant, positive, and strong influence between family social support systemship and hedonic well-being. Family and societal relationships were identified as various media of interactions between the old people and the young. These family social support systems happen via the immediate family, extended family, rites of passage and cultural festivals. Because aspects of these family social support system do not portray the same weight as evident in the findings, it is recommended that more attention be focused on the young handling the hygienic aspect of the old and agrarian activities better while the opportunity for the old to attend traditional ceremonies in the company of the young be upheld as has been the case. In this regard, the well-being of the old will hopefully be ensured in its true nature.

Key points: African family support systems; psychological wellbeing.

INTRODUCTION

In Africa in general, and in Nso in particular, the elderly were and are still revered for their having reached such a level. At the family level, mothers and fathers made their children know that their grandparents had to be respected and served without any reservation. The children were also encourage to sit with them to listen to their stories and advice thus bringing about socialisation that equipped the children with folkways and mores to integrate successfully into the society in which they lived. This also brought about social participation on the part of the elderly as they got involved in recreation, cultural, educational, and spiritual dispensation (WHO, 2007). Still at the family level, the elderly are made to stay in abodes they have been used to. This is a support system that makes them feel at home as a result of the familiarity of the environment which can enable them get access to whatever item they want even in the dark. This support system may however, be ignored by some of the elderly especially those who are experiencing Erikson's (1968) positive eighth stage of psychological development (integrity). Such old people may rather prefer engaging in activities involving inventorying and organising belongings, completion of projects, and maintenance of habits and routines that go a long way to preserve their dignity (Nangia, 2015).

As people enter the final stages of life, they have what Erikson (1966) described as a crisis over integrity versus despair. They review the events of their lives and try to come to terms with the mark (or lack thereof) that they have made on the world. People who believe they have had a positive impact on the world through their contributions, live the end of life with a sense of achievement and integrity. Those who feel they have not measured up to certain standards—either their own or others; feel a sense of deception and despair (Biggs, 2001). In traditional African societies, family social support system exists where the younger and older generations live in sustained mutual cooperation and coordination that benefit members of each of these generations (Newman et al., 1997). The younger generation sees the aged as those who are weak and need care and support from the younger generation. It was not surprising that the old-old were not allowed to engage in strenuous or physically taxing work.

CONCEPTUAL AND THEORETICAL CONSIDERATIONS

Family social support system

The family occupies a predominant position as a source of social support in old age (Chappell & Funk, 2011; Gray, 2009). Despite changes in family structure (Serap et al., 2016), family solidarity remains a central element in the social integration of older adults (Melchiorre et al., 2013). Numerous studies have analysed the differentiated roles of family support in the well-being of older adults, whether spouse or partner (Thomas, 2010), children (Grundy & Read, 2012), grandchildren (Moorman & Stokes, 2016), siblings (Jensen & Nielson, 2016), or other members of the extended family (Taylor & Chatters, 1991). In general, results indicate that family social support is complementary and can even be replaced in some situations. Along these lines, older persons perceive support from partner, children, siblings, and other relatives in descending order, and when any of the members are missing, they are compensated by others (Peters, Hoyt, Babchuk, Kaiser, & Iijima, 1987). Previous research shows that, older adults who enjoy well-being or good quality of life tend to be flexible in replacing or seeking nonfamily sources of social support as they age. This source of support usually is incorporated into the space of emotional proximity, and described as close friends (Pahl & Pevalin, 2005).

The family in Africa is a complex institution and one cannot describe it without falling into the trap of generalisations and reductionism. Nevertheless, the family in Africa is the basic social unit founded on kinship, marriage, adoption, and other relational aspects. The family is also marked by tensions between African cultural values, Christian teachings, secularism, religions, and other ideologies. The family is a unit of production, consumption, reproduction, and accumulation. In its simplest form, it consists of a husband, wife and children, and in its complex and most common form, it is extended to include grandparents, uncles, aunts, brothers and sisters who may have their own children and other immediate relatives. Literature on family-care and support for the aged has consistently found out that all societies engage in some level of family social support system (Udegbe, 1990). Most of this literature confirms that throughout the developing world, the family has been the key institution for the aged, their living arrangements, as well as a determinant of their well-being (Cowgill, 1986; Albert & Cattell, 1994). In traditional African societies, the family social support system exists where the younger and older generations live in sustained mutual cooperation and coordination that benefit members of each of these generations (Newman et al., 1997). Family social support can be viewed through intergenerational cooperation and living arrangement supports.

Intergenerational cooperation

The younger generation sees the aged as those who are weak, need care and support from them. It is not surprising that the old-old are not allowed to engage in physically exhausting tasks. There were strong relationships between the aged and the young adults. These relationships do not necessarily have to be family-based as they cut across families and communities. In these societies, children provide care and support for their aged parents “as a means of repaying the tremendous debts ... owed their parents for producing and caring for them in infancy and childhood (Lamb, 2000:46). Much like the young, the aged tend to require support for instrumental (i.e. functional) tasks such as

cooking and shopping, as well as material and psychological support to ensure their survival in old-age. When they are no longer capable of productive activity and when they begin to suffer from ailments that limit their dexterity and ability to carry out tasks necessary for daily survival, they depend on their children (Oppong, 2006). Thus, while support comes from a combination of public and private sources in the developed countries, the family tends to be the cornerstone of social support in the developing countries (Zimmer & Dayton, 2003). This is particularly true in countries like Nigeria with weak institutional security mechanisms (Fajemilehin, 2000) and where children help their parents in economic activities and household chores and assist the family in carrying out farming activities (Eke, 2003).

Nana (2012) elucidates this perception of caring in crisis in her recent book on Ghana's elderly. In contrast, however, survey-grounded data show that throughout much of the developing world, especially in Africa and East Asia, the aged are, for the most part, still entwined in multigenerational living arrangements, most often with an adult child. In certain contexts, the discourse of neglect is part of a traditional pattern of reminding community members about expected ideals of support; in other cases, it is a window through which one can see how the modern world has profoundly altered the accepted social contract between generations. Among the most common processes to provoke this reaction in the developing world is the delocalisation of economic resources that sustain and connect families with their natal communities. Throughout Africa, Latin America and Asia, increasing numbers of a family's young adults must seek employment far from their native home (Vatuk, 1996; Kalache, 1995). Viewing this process in Africa, Weisner (1997) uses a construct of multilocal families to think more realistically about the support of children. This social pattern, the contours of which are still emerging, has great applicability to an analysis of how the old are sustained in most developing countries. The present study focuses on how families are trying to adapt traditional patterns of living arrangements to the powerful changes encountered in Cameroon.

Although support exchange typifies family social support system between parents and their children across the lifespan, the consequences of providing and receiving support during times when adult children may become more of providers and parents more of recipients, are unclear. Characteristics of family social support system remain important throughout the whole life span (Merz et al., 2007) and are associated with well-being in both generations (Dehart et al., 2004; Treboux et al., 2004). These relationship characteristics, such as support exchange and caregiving, are likely to vary according to developmental stages and phases during the life course and might be associated with well-being differently according to these life stages. In elderly parent-adult child dyads, the balance of the family social support system is tipped toward children giving more support to their parents than receiving (Merz et al., 2008).

Older parents' mental and physical state deteriorates, whereas their children gain in knowledge, experience, and other personal resources (Colin, 1996; Doherty & Feeney, 2004; Merz et al., 2007). Based on the existing cross-sectional studies, however, an estimation of the rate at which these changes occur is hard to give, nor can the possibility be excluded that differences between age groups reflect cohort differences, not the effects of ageing. Additionally, not all dimensions of parent-child relationships may be related with age. Affective characteristics such as quality, most of the time, remain strong and the family social support system is usually characterised by frequent contacts and emotional closeness (Schwarz et al., 2005). Starting from infancy, parent-child interactions translate into mental representations of attachment that tend to self-perpetuate and entrench the quality of the relationship (Sroufe et al., 1999). Not only might the quality of relationships be relatively stable but might also be more strongly interwoven with emotional functioning and well-being than dimensions of relationships related to intergenerational support.

Related to well-being, it has been found out that providing intergenerational support to elderly parents is weakly associated with lower levels of well-being among adult children (e.g., Cicirelli, 1993; Townsend & Franks, 1995). Behind these small effects, considerable variability may exist, however, where providing support may in some groups lead to more well-being if the parent-child

relationship is, and has been, open and emotionally secure (Merz et al., 2007). In addition, older parents may continue to fulfill their parental role, especially concerning emotional support and giving advice. Intensified contact because of their support needs may even provide increasing opportunities to do so. This may partially compensate for the burden that occurs when the members of the younger generation provide support to their parents. Such complexity suggests that much remains to be understood regarding the associations between intergenerational support exchange, relationship quality, and well-being.

Intergenerational support is a complex construct and indeed, emotional and instrumental support may have different associations with well-being (Zunzunegui et al., 2001). It has been found out that receiving emotional support is less negatively associated with the well-being of older adults than receiving instrumental support. Reinhardt et al. (2006) say, this may presumably be the case because emotional support may be more associated with empathy, affection, and emotional commitment within the relationship than with an increased dependency on the parents' side. Generally, caring for older family members has been found to put considerable burden on caregivers. Explanations for this burden range from having to cope with the disruptive life event of becoming a caregiver, the disruption of marital and family life, competition among different roles and duties and the costs in terms of time spent with caregiving tasks (Tooth et al., 2005). These explanations imply that different types of support might have different effects on well-being.

Living arrangements

In most of Sub-Saharan Africa, residing with family members is an essential survival strategy for older people who are unable to take care of themselves. Living arrangements are generally seen as a good proxy for intra-household support (United Nations, 2005). Indeed, the household is often the nexus for the informal redistribution of material, financial, and human resources to provide support for vulnerable family members (Kim, Link and Waite, 2016). Although co-habitation can benefit both younger and older generations, with older parents frequently helping with child care and other housework, living with adult children in many societies in Sub-Saharan Africa has long been “a fundamental means of ensuring that the day-to-day needs of the older population would be met” (United Nations, 2005: 75). It allows older adults to obtain financial, material, and psychological support, particularly when they have insufficient resources, and to benefit from instrumental support in terms of household tasks, such as cooking, shopping, and laundry.

Several studies have examined this issue from the perspective of living arrangements in which co-residence with an adult child is presumed to be the primary source of familial support to older people (Kendall and Anglewicz, 2018; United Nations, 2017). Support from a co-resident adult child is often termed intra-household support and is thought to be the main traditional support mechanism. Familial support can also come from kin living outside the household through remittances and transfers of monetary or in-kind resources to older people; this should be most important when intra-household support is absent or insufficient. It is likely that this kind of support, termed inter-household support to older adults, will become more common in future years, as the living arrangements of older people evolve due to increased rural–urban outmigration of younger generations from the countryside, constrained housing in cities and the growing nuclear nature of the structure of Africentric household (Ruggles and Heggeness, 2008).

Nonetheless, in recent decades, many Sub-Saharan African countries have experienced demographic and socio-economic changes that have been affecting household structures and family organisation, with important consequences for the older population (Kendall and Anglewicz, 2018; United Nations, 2017). Studies have revealed an increased proportion of older adults living alone or only with their spouse present (Zimmer and Das, 2014). Some researchers have argued that the modernisation process and economic development involves a weakening of social ties, giving rise to a nuclearisation of families, along with a reduction of intergenerational co-habitation and intra-household support (Aboderin, 2004). These transformations in co-habitation patterns represent a great challenge to maintaining intra-household solidarity that is essential for the well-being of older adults (Aboderin, 2017). The erosion of traditional patterns of living arrangements in SSA could

lead to a 'crisis' in support for older people that may require policy measures and interventions to address (Aboderin, 2004). It may also encourage the development of new strategies of familial support for older people in 'less-favourable' living arrangements, such as those living alone or only with young children or other older adults. In this respect, the external kin network can play an important role through inter-household transfers to provide assistance to older people.

Researchers investigating the correlation between living arrangements and family transfers to older people are rare and those that exist have contradictory findings. Some studies report that living alone is associated with a decreased likelihood of receiving family support. Khan (2014), in particular, examined the most important determinants of financial transfers among individuals aged between 40 and 79 years living across 21 countries and territories in five major regions of the world: North America, Europe, Latin America, Asia, and Middle East Africa. He attests that older individuals who live as a couple or with other family members are 1.8 times more likely to receive financial support and 2.0 times more likely to receive non-financial support such as help or care, compared with those who live alone. For East Africa, the corresponding chances of receiving financial and non-financial (help or care) support are increased by 2.8 and 2.7 times, respectively, compared to those living alone. Khan (2014), explains these results by the fact that poverty is still a cause for real concern in old age.

Other studies have conversely reported that living alone is significantly associated with a greater probability of older people receiving financial or in-kind transfers. Using the National Transfer Account approach on data from Taiwan, Tung and Lai (2011) show that net inter-household transfers are negligible for older people living with adult children, and positive when they live alone or in skipped-generation households. Similarly, Chen, Leeson, Han and You, (2017), report that older adults in China who do not live with an adult child are more likely to receive intergenerational cash transfers than those living with their children. According to them, this is generally described as an act of respect, spiritual devotion, affection, responsibility and repayment of what has been done for them, as recommended by the Confucian ideals of filial piety (Silverstein, Cong and Li, 2006). Thus, in some aspects at least, the situation in Asian countries appears similar to that in much of Sub-Saharan Africa.

Sex and growing disability risks linked to age also appear to be important factors affecting family transfers to older adults in Sub-Saharan Africa (Kendall and Anglewicz, 2018). Older men and women often find themselves to be in very different economic and social situations. Older women typically have less access to personal financial and material resources, and lower earnings. This 'feminisation of the economic vulnerability' at old age has been observed in Uganda, Senegal, and Cameroon (Yakam, Carrière, Le Grand, Bergouignan, Sanderson and Oris, 2020). Older women also tend to have closer relations with their children – this is especially the case in polygamous unions – and are usually responsible for taking care of the household (e.g. cooking, cleaning, washing, farming), compared to men. As a result, women's needs for support in old age and their ability to solicit assistance from their kin may differ greatly from those of men. In contrast, older men are less likely to be widowers and not uncommonly have younger wives who provide in-home care for them. Given these sex differences, the presence of the spouse in the same household can have quite different implications for older men and women. In addition, for both men and women, it seems likely that the probability of living with others is much higher for older disabled people who are in great need of on-site care, possibly leading to a lower likelihood of receiving inter-household transfers, as their needs are already being taken care of. Thus, sex, age, and disability status are key variables to take into consideration when studying strategies used by both older adults and their families to ensure old-age support in Sub-Saharan Africa.

In sum, scientific literature is consistent with the view that older individuals and couples, their children and, to a lesser degree, other relatives develop strategies to ensure support for vulnerabilities related to ageing and to attain other goals. With age, different frailties and needs arise; some may call for only modest financial or material support, while others require more-intensive assistance with their daily life (bathing, cooking, etc.). Inter-household transfers and co-

resident support are alternative ways to provide support, but they are not perfect substitutes, as financial transfers alone cannot replace physical assistance or affective support. It is also important to recognise the simultaneity of decisions among different members of the family with regard to the levels and types of support, meaning that living arrangements and transfers are, to some extent, endogenous.

Ageing/Old-age in Africa and other cultures

There are many definitional, conceptual and methodological problems in discussing these issues. However, in this study, elderly people (aged) are taken as those who have attained a minimum age, generally 60 years, although some international data sets and commentaries may prefer to use 55 or 65 years. Also, scholars have dealt variously with diverse ways old-age and the aged are perceived in different societies. Much of these studies reveal that perception of old-age and the way the aged are seen or treated varies from society to society (Sijuwade, 2009). Ageing persons typically refer to those who have reached an advanced stage of life, commonly associated with the later years of adulthood and beyond. The exact definition of aging can vary across contexts, but it generally refers to the process of growing older and experiencing the physiological, psychological, and social changes that come with advancing age (Ndiaye, 1994).

Physiologically, ageing is characterised by gradual and progressive changes in bodily systems. These changes can include a decrease in physical strength and stamina, changes in sensory abilities such as vision and hearing, and an increased vulnerability to certain health conditions and chronic diseases. Psychologically, ageing may bring about changes in cognitive abilities, memory, and processing speed. While cognitive decline can occur for some individuals as they age, it is important to note that mental faculties can remain intact, and wisdom and life experiences can continue to develop and be valuable aspects of ageing. Socially, ageing persons often experience changes in their roles and responsibilities within their families and communities. They may transition from work or caregiving roles to retirement, and their social networks may evolve as relationships change over time. Community support systems, family structures, and societal attitudes towards ageing can have a significant impact on the well-being and quality of life for the individuals concerned. It is important to recognise that ageing is a diverse and individualised experience, and it varies widely among individuals based on factors such as genetics, lifestyle choices, socio-economic status, and access to healthcare. Societies and cultures vary in the ways they value and support ageing individuals, and understanding the unique needs and perspectives of the elderly ageing persons can help inform policies and practices that promote healthy and fulfilling ageing experiences (Bledsoe, 1994).

Psychological well-being at old-age

Psychological well-being and health are closely related, and the link may become more important at older ages, if only because the prevalence of chronic illness increases with advancing age. As life expectancy increases and treatments for life-threatening disease become more effective, the issue of maintaining well-being at advanced ages is growing in importance. Studies of older people indicate that evaluations of quality of life are affected by the person's state of health, but the frequent finding that average self-reported life evaluation in the population increases with age suggests that psychological well-being is affected by many factors other than health. These include material conditions, social and family relationships, social roles and activities, factors that also change with age. There is a growing research literature suggesting that psychological well-being may even be a protective factor in health, reducing the risk of chronic physical illness and promoting longevity. It has also been argued that psychological well-being should be addressed in measures of health valuation, and be considered in health-care resource allocation.

What is the association between well-being and age? The best information available is from large-scale international surveys that have asked about life evaluation, although more recent surveys have also included measurement of hedonic and eudemonic well-being. One recent study examined assessments of life evaluation (broadly-defined "happiness" with life or life satisfaction) in several European, American, Asian, and Latin American cross-sectional surveys over several time periods,

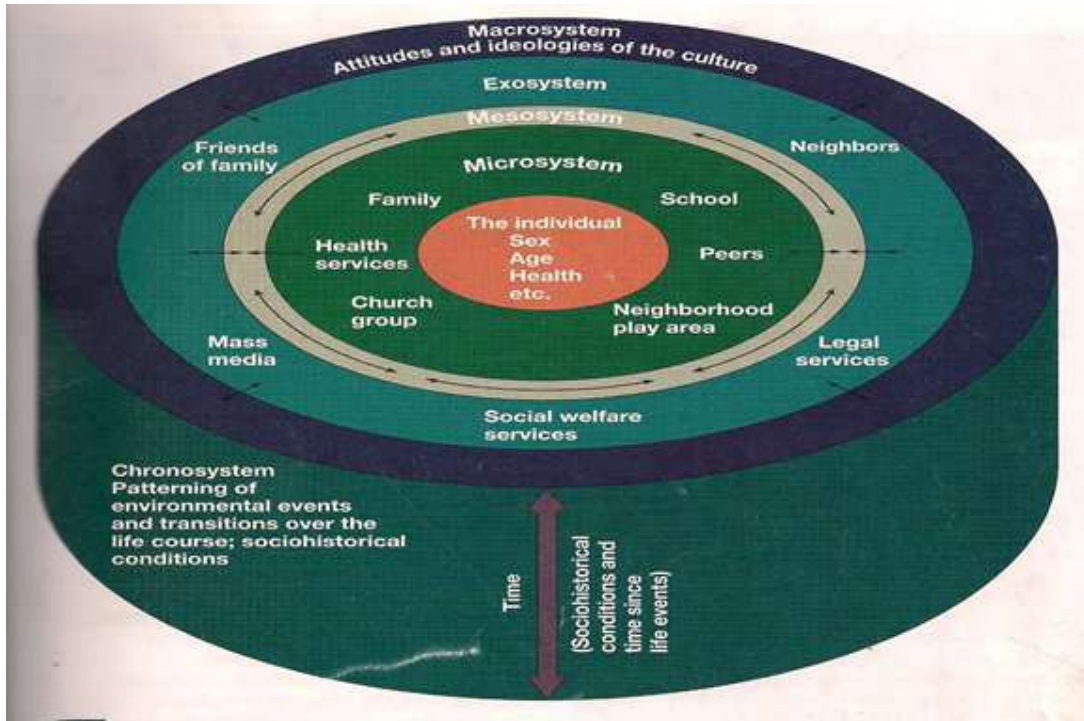
and replicated prior findings of a U-shaped association between age and well-being with the nadir at middle age and higher well-being in younger and older adults (Blanchnio, 2011). The U-shape of life evaluation is often taken to be a standard finding, and has recently been replicated in non-human primates, but there are a number of studies with different results, and one analysis of longitudinal data from Britain, Germany, and Australia finds no such shape once individual-fixed effects are incorporated. Life evaluation followed the U-pattern with a nadir in the mid-50s; however, the occurrence of 'a lot of stress' or 'a lot of anger' yesterday declined throughout life, more rapidly so, after age 50. Worry remained elevated until age 50 and declined thereafter, whereas two positive emotions were similar in pattern to that of life evaluation. These findings are consistent with other results such as a recent study on income and well-being, and argue that hedonic and evaluative well-being are essentially different, so multiple indicators should ideally be assessed (Kahneman & Deaton, 2010).

Bronfenbrenner's (1979) Ecological Model of Human Development

Ecological models explain how human development and behaviour are influenced by a set of interactions between system structures, such as family, cultural, socioeconomic, political, and psychological domains, which ultimately shape our behaviour, life decisions, wellness and psychological well-being over a lifetime. Bronfenbrenner's (1979) ecological or bioecological model of human development, formulated in 1979, connected disparate fields of research to explain how human beings and the interplay of their environments contribute to human development (Bronfenbrenner, 1994). Bronfenbrenner's model asserts that human development is an evolving complex reciprocal interaction frequently occurring over time between individuals, objects, and symbols in their environments. These environmental interactions are referred to as proximal processes, which are found or which take place when one learns new skills or performs difficult tasks. Proximal processes aim to explain how the interaction between individual characteristics and the immediate and distal environments in which the processes are unfolding result in desired or undesired developmental outcomes.

The basis of Bronfenbrenner's (1994) ecological model resides in levels of environmental influences that put the individual at the innermost nested level and expand outward toward larger social systems of influence. The first level of influence involves microsystems. Microsystems include interpersonal interactions among family members, friends, teachers, and colleagues. The second level of influence, mesosystems, comprise the relationships and processes that take place between two or more microsystems such as interactions between home and work (Bronfenbrenner, 1994). The next level of influence, exosystems, is the larger social system that comprises two or more settings, including direct and indirect components (e.g., politics, economics, and culture). The final level, macrosystems, consists of overarching cultural and subcultural characteristics that influence all other levels, such as belief systems, knowledge, resources, and lifestyle factors. The macrosystem encompasses the broader cultural, social, and historical context in which the individual lives. It includes cultural norms, values, beliefs, and societal institutions. The macrosystem influences the development of the individual through its impact on the other systems within the ecological model. Another dimension of influence recognised by Bronfenbrenner (1979) is chronosystems. Chronosystems extend individual and environment factors to account for the passage of time in which an individual resides and changes or consistencies that occur over the life course, for example, employment and family structure changes. The chronosystem recognises that development occurs over time and includes historical and temporal dimensions. This system takes into account the influence of important life events, such as changes in family structure, socio-economic factors, or historical events, which can shape an individual's development. The above systems are represented in the figure below:

Figure 1. Bronfenbrenner's Ecological Model for Human Development



Source: Bronfenbrenner' and Ceci (1994)

Bronfenbrenner's (1979) ecological systems theory emphasises the importance of understanding the interaction between individuals and their various environments. It highlights that the fact that factors at multiple levels, from immediate relationships to broader cultural contexts, play a role in shaping an individual's development. This theory has implications for understanding family and community social support system and their impact on psychological well-being. It suggests that the quality of relationships within the microsystem, such as supportive family dynamics or positive peer relationships, can contribute to psychological well-being. Additionally, the mesosystem highlights the importance of coordination and collaboration between different systems, such as family and community organisations, in providing a supportive network for individuals (García & Magnuson2000).

From an Africentric perspective, Bronfenbrenner's (1979) ecological systems theory can be used to examine the unique cultural, social, and historical contexts in African American communities and how they influence family and community support systems. It allows for an exploration of the specific micro- and mesosystems within these communities, such as extended family networks, religious institutions, or community-based organisations, and their impact on psychological well-being. The ecological model described by Bronfenbrenner (1994) in the context of healthy environments is a broad framework which takes into account the physical environment and the psychosocial environment. The proposed ecological model demonstrates the functional relationships between the ageing person and the micro-, meso-, exo-, macro-, and chronosystem levels of the environment, along with the unstable equilibrium between environment and individual competence in old-age. The environment includes the natural and the man-made components alongside each other, which significantly affects the health-state and psychological well-being of an older person. According to Bronfenbrenner (1994), ecological systems of low quality results in decreased physical health, associated with high prevalence of degenerative disease, incidence of falls, cardiovascular mortality, and reductions in longevity and increased disability, poor quality of life, and poor self-reported health. Moreso, several mental health issues also emanate including: depression, anxiety, anger, psychological well-being, and cognitive functioning (mental processing, speed, and working memory).

Bronfenbrenner's (1979) Ecological Model for Human Development is related and relevant to this study in that, it enables us to understand that the quality of interpersonal relationships between the members of a society and the amount of their involvement in their community is very important to their psychological well-being and that the environment you grow up in affects every facet of your life, and social factors determine your way of thinking, the emotions you feel, and your likes and dislikes.

This theory furnishes us with a unique perspective on how social systems and interactions impact individual's well-being, hence it is relevant to us when considering the Africentric social support systems and the psychological well-being of the ageing. The theory advances systems in which individuals are embedded. Such systems include the microsystem (direct interactions, and relationships), mesosystem (interactions among different microsystems), exosystem (external influence indirectly affecting individuals), and macrosystem (socio-cultural systems). From the foregoing, it goes without saying that we can, in terms of Africentric social support systems and the well-being of the elderly, examine how different social contexts (family, community, culture) and socio-political factors influence the psychological well-being of the elderly and how such factors span through the lifespan (chronosystem).

Bronfenbrenner's ecological systems theory provides a framework within which to understand the influence of family and community social support system on the psychological well-being of the elderly from an Africentric view-point. From the explanations of the five systems contained in this theory above, we can see that an individual's development is influenced by multiple interacting systems which from the Africentric perspective, play a very important role in shaping the experience and well-being of the elderly.

In Africentric communities, family support is of utmost importance hence, the elderly rely on the intergenerational networks within the family for emotional, financial, and practical support. This microsystem (the family) provides a sense of belonging, security, and cultural identity to the old people and that fosters their psychological well-being.

In terms of the mesosystem, connections between different microsystems is also of relevance from the Africentric perspective in that older persons often maintain strong connections or relationships not only with extended family members but also with the community at large. These connections make them feel like members of an in-group (belongingness) with social strings and shared cultural heritage. All these positively influence the psychological well-being of the elderly.

As for the exosystem, it acknowledges the influence of external social setting on the well-being of individuals. In an Africentric concept, community groupings, religious institutions, and cultural celebrations play a vital role, thus providing support, guidance and validity of the elderly, resulting in the reinforcement of their psychological well-being.

The large cultural context which is the macrosystem also has its value in the Africentric setting. This is because the cultural normative code, values, traditional and historical experiences, and norms, shape the social support system and the psychological well-being of the elderly. In Africa, stronger support network such as interdependence, collectivism, respect for elders, community responsibility, and groupthink enhance the psychological well-being of the elderly.

One can thus conclude that from an Africentric perspective, this theory can be used to examine the unique cultural, social, and historical context in which Africans evolve and age, and how they influence family and community support systems. It therefore is a good tool in examining or exploring relations within families, and communities such as immediate and extended family networks, religious institutions or community-based organisations and their impact on psychological well-being especially of the old.

METHODOLOGY

Research Design

The concurrent-nested research design was used in conducting this study. In this light, both quantitative and qualitative research paradigms were adopted in the study. Hence a mixed approach was used with collection and analysis of both quantitative and qualitative data. The qualitative data was nested and used to further explain the findings from the quantitative data. Data was collected using a validated and reliable questionnaire as well as an interview guide.

Study area

The study was carried out in Nso is located in Bui Division in the North-West Region of Cameroon. The study was therefore carried out in both urban and rural settlements of the Fondom. Nso has a very rich cultural heritage and the people have a very great respect for cultural institutions. The eco-cultural orientation is based on communalistic practices, whereby the young and old interact with each other. It is the place of the young to learn from the old, while taking care of the old. Obedience, responsibility, and conformity to customs make the culture to be highly contextual and based on collective and interdependent values. Children play and interact with their peers as well as elders. This interdependence calls for external social referencing on parents, peers, siblings, and elders of the society. Environmental adaptation is global and holistic.

Population, sample and sampling technique

The target population of this study included the ageing persons (85 years and above) selected from one urban (Kumbo) and one rural (Nkum) settlements of the Nso Fondom with the population of 83,479 and 44,059 respectively. The accessible population in both urban and rural settlements were 200 and 184 respectively.

The sample of the study is calculated at 95% confidence level and 10 confidence interval (Krejcie & Morgan, 1970, and The Research Advisors, 2006). Hence, from a total accessible population of 384, a sample of 192 respondents was chosen for the study.

A purposive sampling technique was adopted first to choose the various settlements and the participants of the study. In this regard, specific elements which satisfied particular criteria of the study were considered. Hence, the researcher took extra care to select those villages that satisfy the requirements of the research purpose, namely village settlements where indigenous support systems could still be highly practised and urban settlements where support systems may be fast dying out, with the aim of comparing the well-being of old people in rural and urban settlements, and the ageing persons and youth—the ageing persons (old) who were 60 years and above as well as the youth who were between 20 and 30 years engaged in an economic activity and living either with the parents or around them.

Data Processing and Analysis

A combination of quantitative and qualitative approaches was used in the analysis and interpretation of findings as well as two different interpretations of results and different statistical packages. In order for the questionnaire (closed-ended) and the interview guide (open-ended) to be in line with the standardised approaches of data processing and analysis, the data management and analyses processes followed a number of steps all complementary to one another

Linear regression analysis model was employed to appraise the influence of Africentric social support systems on psychological well-being of ageing persons as the dependent indicator variable. The explanatory power of background indicators was tested using the likelihood ratio test.

The qualitative data obtained from the field with the aid of an interview guide characterised by open-ended questions, were analysed with the aid of a well demarcated phase labelled thematic-content analysis and precoding. By the end of the pre-coding exercise, a code list was derived that summarised the major concepts that emerged from qualitative data. A code in this context is an umbrella term that summarises concepts. For example, a given idea could be expressed by different

research participants, and an umbrella term or code was then appropriately defined to group them. This was done with support of Atlas T: 5.2 (Atlas T: GMBS 2006).

Ethical considerations

Participants were able to understand that the right to keep their socio-demographic information away from the public was not to be questioned. Anonymity and confidentiality were maintained throughout the study and it was ensured by not including any item on the questionnaire that required the name of the respondents. No identifying information was entered into the questionnaire, and questionnaires were to be numbered only after data collection.

FINDINGS

Psychological wellbeing of ageing persons

Table 1. Psychological Well-being of Ageing Persons

	Items	Always (A)	Often (O)	Sometimes (S)	Never (N)	Mean	Stdev	Ranking
Hedonic well-being	I find my life pleasurable because my family and/or community provides me with good food.	50 (28.6%)	75 (42.9%)	25 (14.3%)	25 (14.3%)	2.83	1.02	1
	I find my life enjoyable because I am well sheltered by my family and/or community.	45 (25.7%)	85 (48.6%)	20 (11.4%)	15 (8.6%)	2.83	0.99	1
	I feel my life pleasurable because my health needs are taken care of by my family and/or community.	55 (31.4%)	50 (28.6%)	50 (28.6%)	20 (11.4%)	2.83	0.94	1
	I enjoy my life because my safety needs are taken care of by my family and/or community.	30 (17.1%)	65 (37.1%)	45 (25.7%)	35 (20.0%)	2.59	0.95	2
	I find my life pleasurable because my family and/or community takes care of my personal hygiene and body care.	35 (20.0%)	50 (28.6%)	40 (22.9%)	50 (28.6%)	2.47	1.02	3
	Multiple Response Set (MRS)	215 (24.6%)	325 (37.1%)	180 (20.6%)	145 (16.6%)	2.71	0.98	
Eudemonic well-being	I am in control of my life as a result of the support I receive from my family and/or community.	35 (20.0%)	75 (42.9%)	50 (28.6%)	15 (8.6%)	2.83	0.99	1
	I am happy with my personal growth as a result of the support I receive from my family and/or community.	25 (14.3%)	75 (42.9%)	60 (34.3%)	15 (8.6%)	2.83	0.94	1

The support I receive from my family and/or community has made me to accept myself in a positive direction.	55 (31.4%)	50 (28.6%)	50 (28.6%)	20 (11.4%)	2.83	0.95	1
I have a mastery of life and a sense of purpose thanks to the support I receive from my family and/or community.	10 (5.7%)	65 (37.1%)	60 (34.3%)	40 (22.9%)	2.59	1.02	2
The support I receive from my family and/or community has made me to relate positively with others.	35 (20.0%)	70 (40.0%)	55 (31.4%)	15 (8.6%)	2.47	0.95	3
Multiple Response Set (MRS)	160 (18.3%)	335 (38.3%)	275 (31.4%)	105 (12.0%)	2.71	0.97	

Table 30 shows that hedonically, 28.6% of the respondents said that they find their lives pleasurable because their family and/or community provides them with good food always, 42.9% said often, 14.3 % said sometimes, while 14.3% said never, with the mean of 2.83 and the standard deviation of 1.02, having a ranking position of 1. Furthermore, 25.7% of the respondents said that they find their life enjoyable because they are always well sheltered by their family and/or community, 48.6% said often, 11.4 % said sometimes, while 8.6% said never, obtaining the mean of 2.83 and the standard deviation of 0.99, with a ranking position of 1. To proceed, 31.4% of the respondents said that they feel their life pleasurable because their health needs are taken care of by their family and/or community always, 28.6 said often , 28.6 % said sometimes, while 11.4% said never, scoring the mean of 2.83 and the standard deviation of 0.94 , with a ranking position of 1. Moreover, 17.1% of the respondents said that they enjoy their life because their safety needs are always taken care of by their family and/or community, 37.1% said often, 25.7 % said sometimes, while 20.0% said never, with the mean of 2.59 and the standard deviation of 0.95, obtaining a ranking position of 2. Again, 20.0% of the respondents said that they find their life pleasurable because their family and/or community takes care of their personal hygiene and body care always, 28.6% said often, 22.9% said sometimes, while 28.6 % said never, scoring the mean of 2.47 and the standard deviation of 1.02, with a ranking position of 3.

Eudemonically, 20.0% of the respondents said that they are always in control of their lives as a result of the support they receive from their family and/or community, 42.9% said often, 28.6% said sometimes, while 8.6% said never, with the mean of 2.83 and the standard deviation of 0.99, having a ranking position of 1. To proceed, 14.3% of the respondents said that they are happy with their personal growth as a result of the support they receive from their family and/or community always, 42.9% said often, 34.3 % said sometimes, while 8.6% said never, obtaining the mean of 2.83 and the standard deviation of 0.94, with a ranking position of 1. Moreover, 31.4% of the respondents said that the support they receive from their family and/or community has made them to accept themselves in a positive direction always, 28.6% said often, 28.6% said sometimes, while 11.4% said never, with the mean of 2.83 and the standard deviation of 0.95, obtaining a ranking position of 1. Furthermore, 5.7 % of the respondents said that the support they receive from their family and/or community has always made them to relate positively with others, 37.1% said often, 34.3% said sometimes, while 22.9% said never, obtaining the mean of 2.59 and the standard deviation of 1.02, with a ranking position of 2 .

Finally, 20.0 % of the respondents said that the support they receive from their family and/or community has made them to always relate positively with others, 40.0% said often, 31.4% said sometimes, while 8.6 % said never, with the mean of 2.47 and the standard deviation of 0.95, having a ranking position of 3.

Cumulatively, based on the Africentric social support systems and hedonic well-being, the majority of ageing people (respondents), 325 (37.1%) often, 215 (24.6%) always, 180 (20.6%) sometimes, while 145 (16.6%) never, experienced hedonic well-being. Meanwhile from the eudemonic point of view cumulatively, the majority, 335(38.3%) often, 275 (31.4%) sometimes, 160 (18.3%) always, while 105 (12.0%) never, experienced eudemonic well-being.

Multiple responses set on the family and psychological well-being of ageing

Table 2. Family Social Support System

Items	Always (A)	Often (O)	Sometimes (S)	Never (N)	Mean	Stdev	Ranking
In my society, old and young people live together and young people take care of the old.	25 (14.3%)	100 (57.1%)	50 (28.6%)	0 (0.0%)	2.84	0.65	4
Old people receive support from young people for their security needs.	40 (22.9%)	80 (45.7%)	45 (25.7%)	10 (5.7%)	2.84	0.84	4
Old people receive support from young people for their health needs.	45 (25.7%)	70 (40.0%)	50 (28.6%)	10 (5.7%)	2.84	0.87	4
Old people receive support from young people for their personal hygiene and cleaning.	25 (14.3%)	90 (51.4%)	45 (25.7%)	15 (8.6%)	2.70	0.82	7
Old people have the opportunity to share stories with young people.	20 (11.4%)	150 (85.7%)	5 (2.9%)	0 (0.0%)	3.07	0.39	2
Old people have the opportunity to attend social gatherings with young people.	20 (11.4%)	150 (85.7%)	5 (2.9%)	0 (0.0%)	3.07	0.39	2
Old people have the opportunity to attend traditional ceremonies with young people.	25 (14.3%)	150 (85.7%)	0 (0.0%)	0 (0.0%)	3.13	0.38	1
Old people interact with young people who help them in domestic chores.	45 (25.7%)	75 (42.9%)	30 (17.1%)	25 (14.3%)	2.78	0.98	5
Old people interact with young people who help them in farm duties.	25 (14.3%)	100 (57.1%)	30 (17.1%)	20 (11.4%)	2.73	0.84	6
Young people are available and run errands for old people.	45 (25.7%)	95 (54.3%)	25 (14.3%)	10 (5.7%)	2.96	0.91	3
Multiple Response Set (MRS)	315 (18.0)	1060 (60.6%)	285 (16.3%)	90 (5.1%)	2.89	0.67	

Table 12 shows that 14.3% of the respondents said that in their society old and young people always live together and young people take care of the old, 57.1% said often, 28.6% said sometimes while

0.0% said never, with the mean of 2.84 and the standard deviation of 0.65 , having a ranking position of 4. Furthermore, 22.9% of the respondents said that old people always receive support from young people for their security needs, 45.7% said often, 25.7% said sometimes, while 5.7% said never, with the mean of 2.84 and the standard deviation of 0.84, having a ranking position of 4. To proceed, 25.7% of the respondents said that old people always receive support from young people for their health needs, 40.0% said often, 28.6% said sometimes, while 5.7% said never, with the mean of 2.84 and the standard deviation of 0.87 , having a ranking position of 4. Moreover, 14.3% of the respondents said that old people always receive support from young people for their personal hygiene and cleaning, 51.4% said often, 25.7% said sometimes, while 8.6% said never, scoring the mean of 2.70 and the standard deviation of 0.82 , with a ranking position of 7.

Again, 11.4% of the respondents said that old people have the opportunity to share stories with young people, 85.7% said often, 2.9% said sometimes, while 0.0% said never, with the mean of 3.07 and the standard deviation of 0.39, with a ranking position of 2.

Furthermore, 11.4% of the respondents said that old people always have the opportunity to attend social gatherings with young people, 85.7% said often, 2.9% said sometimes, while 0.0% said never, scoring the mean of 3.07 and the standard deviation of 0.39, with a ranking position of 2. To proceed, 14.3% of the respondents said that old people always have the opportunity to attend traditional ceremonies with the young, 85.7% said often, 0.0% said sometimes, while 0.0% said never, scoring the mean of 3.13 and the standard deviation of 0.38 , with a ranking position of 1. Moreover, 25.7% of the respondents said that old people always interact with young people who help them in domestic chores, 42.9% said often,

17.1% said sometimes, while 14.3% said never, with the mean of 2.78 and the standard deviation of 0.98, having a ranking position of 5.

Again, 14.3% of the respondents said that old people always interact with young people who help them in farm duties, 57.1% said often, 17.1% said sometimes, while 11.4% said never, scoring the mean of 2.73 and the standard deviation of 0.84, with a ranking position of 5.

Furthermore, 25.7% of the respondents said young people are always available and run errands for old people, 54.3% said often, 14.3% said sometimes, while 5.7% said never, with the mean of 2.96 and the standard deviation of 0.91, having a ranking position of 3.

Cumulatively, the majority of the respondents, 1060 (60.6%) said they often, 315(18.0%) said always, 285(16.3%) said sometimes, while 90(5.1%) said never experienced family social support systems.

Predictive power of background indicators on family social support system

Table 3. Likelihood Ratio Test on Background Indicators on Family Social Support System

Effect	Model Fitting Criteria	Likelihood Ratio Tests		
	-2 Log Likelihood of Reduced Model	Chi-Square	df	Sig.
Settlement type	109.131	3.027	4	.003
Sex	132.621	25.438	16	.489
Marital status	113.776	7.673	8	.466

According to this test, the lesser the test ratio, the greater its predictive value. Thus, according to the likelihood ratio tests, it was seen that settlement type was the most predictive element on family social support systems with a significant ratio of 0.003. This was followed by marital status 0.466, and sex 0.89. But marital status and sex were not significant predictors of the family social support system. Hence, settlement type has a high effect on the family social support system where rural settlements are more inclined to the family social support system than urban settlements.

Qualitative findings

Accordingly, family and societal relationships were identified as various media of interactions between the old people and the young. These family social support systems happen via the immediate family, extended family, rites of passage and cultural festivals. This was exemplified by voices from respondents as: *“One of the ways by which old people relate with the young is through the immediate family. Because we can relate at family level, it promotes the well-being of the old.”*; *“Rites of passage are common ways by which old people relate with the youths. e.g during a rite like naming of a child, it is often an old person that names the child and then this child grows in a relationship with the old person that gave the name”*; *“During cultural festivals there are always great interactions between the young and the old people. The young learn how to practice the culture from the old”*

Hypothesis: There is no significant influence of the family on the psychological well-being of the ageing persons in Nso

Table 4. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.654 ^a	.427	.412	15.11412

The Model Summary Table shows that a moderate positive relationship (R = 0. 654) exists between family social support system and psychological well-being of the ageing in Nso . Furthermore, R-Square for the overall model is 0.427 with an adjusted R of 0.412.

Table 5. Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	30.097	3.470		8.672	.000
	family social support systems	.306	.058	.654	5.326	.000

The Table for regression coefficients indicates that the regression equation is given by psychological well-being = 30.097+ 0. 306 x family social support system. Thus, when there is an increase in family social support system, the psychological well-being of the ageing in Nso is at 30.097 but when family social support system increases by one unit, the psychological well-being increases by 0.306. This increase is significant as indicated by the p-value of 0.000.

Table 6. ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6479.413	1	6479.413	28.364	.000 ^b
	Residual	8680.587	38	228.436		
	Total	15160.000	39			

The ANOVA Table shows F (28.364) with p = 0.000. This suggests that there is a significant influence between family social support system and psychological well-being of the ageing in Nso. Consequently, Ho₁ was rejected and it can therefore be concluded that family social support system has a significant influence on the psychological well-being of the ageing in Nso.

DISCUSSIONS AND CONCLUSION

Discussions

According to the findings of the study, the majority of the respondents were of the opinion that the presence of the family social support system had a positive influence on the psychological well-being of the ageing in Nso. In general, the test of hypothesis revealed that family social support system significantly influences the psychological well-being of the ageing. The findings of the present study are consistent with those carried out by Peil (1985) during the 1980s, which showed consistently high levels of co-residence and family-based support in both rural and urban areas. She reported that about 80 per cent of her respondents over age 60 were receiving help from children, grandchildren or siblings, through the family social support system. This shows that aspects of the family social support system are mostly practised in family circles, where the old receive support for their psychological well-being from their children, grandchildren and siblings.

Hence, unlike in Western cultures where old people are mostly placed in care-giving centres, care for the old in African cultures is provided at the family level. In this regard, it is very common to find co-residences where the old frequently interact with the young. Albert and Cattell (1994) in this light had similar findings from surveys carried out in the mid-1990s, which showed continuing pattern of high co-residence in most cultures in Africa. Oral traditions in African history are replete with accounts of avid concern for and actual cultivation of communities built on the foundation of intergenerational solidarity. Africans, in general, believe firmly in the ethos of establishing healthy, inclusive societies in which the community shares very warmly in achievements and challenges as they come. Africans have therefore, established, cherished, and maintained, the family social support system fostered by the dependence of the young on the older generations at some point in the lifespan and the dependence of older persons on the young in a reciprocal manner especially later in life.

Traditionally, it was common to find that anywhere one went in the subcontinent, older persons contributed financially, physically, socially, emotionally, and spiritually to the upbringing of the younger generations. In pre-colonial days, the informal learning systems and curricula relied extensively on the machinery of the family social support system, as knowledge was freely shared between the young and the old during moonlight stories at the village square. The cultivation of inclusive societies was the duty of everyone, young and old, grandchildren and grandparents alike, and social tensions and frictions were rare. African informal family and community-based care systems were so treasured that Africans had little desire or need for the dominant structuring of formal public welfare systems.

It can therefore be inferred from the findings of this study that in most African communities, interactions between generations were based on a hierarchical age structure, whereby respect and status were accorded on the basis of one's age. The norm was, the greater the age, the higher the status. This was further complemented by a sex-based system of awarding status whereby men were given higher status. This was the case largely because most communities, except a few in the southern part of Africa, subscribed to a patriarchy system. As a result, family relationships were subject to a strict order of seniority, with the eldest men at the helm. It is, however, important to note that children and women also had their place in society.

The findings are consistent with those of Muia, Maina and Mwangi (2010) who found out that in most cultures in Africa, women were referred to as the carriers of generations due to their roles of bearing and rearing of children. They were thus often assigned adoring names. On the other hand, children were valued as they were the promise of continuity of the community. It is for this reason that there were elaborate ceremonies to welcome children into the community. Children belonged to the community and the larger society. Again, it was unexpected for married couples to live without children, hence the acceptance of polygamy especially in those cases where a wife never bore children. At the family level, the relationships were based on reciprocity and exchange. Children were taken care of in the expectation that they would, in turn, take care of their parents in old-age. Caring for one another among generations was thus an expected obligation, and indeed duty. This

reality has endured in most parts of Africa and thus, it is still believed that older and younger generations of a community should live in mutual cooperation and coordination for the benefit of the two groups. This situation is characterised by mutual honour, adoration, and respect of the old by the young and is underpinned by a strong socialisation culture. Furthermore, it is supported by an institutionalised system of gerontocracy. Hence, in such a milieu of co-existence, each generation 'owes' the other.

Despite the above positive views, a critical reflection on the family social support system in Sub-Saharan Africa, however, shows that these values are currently being threatened and eroded by modernism, post-modernism, globalisation, and numerous socio-economic challenges. This is consistent with the findings of the present study, which indicated that settlement type was the most predictive element on the family social support system, with those in rural settlements experiencing greater family social support system than those in urban areas. In this light, Cruz-Saco et al (2010) equally found out that the family social support system and action in Sub-Saharan Africa is being dwarfed in importance and visibility by urbanisation and its effect of exclusivity in family relations. The extended family and intergenerational ties that made Africans very proud in the past are being thrown overboard. The emergence of urbanisation and industrialisation means that young Africans seek economic solace in the big towns and cities, leaving the rural areas almost exclusively to the aged. Intergenerational ties are weakened daily by the increasing changes in African value systems as communities are opened up to cultural globalisation (Cruz-Saco et al., 2010).

The changing pattern of the family social support system experienced in urban areas as visible in this study are equally discussed by Muia, Maina and Mwangi (2010) who found out that in colonial period in Africa, the family social support system became shaped by Western values and practices. The attendant changes were more or less determined by the Western powers in charge of each territory after the scramble for Africa. Newer systems of generational relationships therefore emerged and became even more pronounced in the British-ruled colonies in Africa. Some of the notable changes affecting intergenerational dynamics included the introduction of homes for the elderly as well as remand homes for law-breakers of that time. This meant that the elderly Africans were isolated from the rest of the community members, their children, grandchildren, and even great grandchildren. This needs to be understood within the context that in traditional African society, care was given within the community and offenders were equally rehabilitated within the community. It was only in extreme cases that one would be excommunicated or ostracised from the community.

Oduaran and Oduaran (2004) have argued that the modern world seems to be industrial, expansionist, capitalistic, and bureaucratic and is therefore not supportive of the communal and mutual cooperation characteristic of pre-colonial societies. As industrialisation and urbanisation, expansionism, capitalism, and bureaucracy continue to flourish, generational relationships in Africa continue to change in an unprecedented way. At the same time, family structures are getting dismantled as the role of the extended family in fostering harmonious generational relationships is continually challenged.

The diversity of family formations in Africa is clearly illustrated by the expansive definitions of family in African family charters, which accommodate both the traditional African family and emerging family forms. While "Family" and "household" are sometimes used interchangeably because of their close relationship to each other, in most African societies, they are likely not to connote the same social unit. It is common for members of the same family (including members of the same nuclear family or members of an extended family that functions as a close unit) to straddle more than one household. In turn, members of the same household are likely not to be of the same nuclear family. In Black South Africa, for instance, children are taken care of by extended families who are not necessarily biological parents. Thus, in 2012, some 531, 000 orphaned children were cared for by foster parents, most of whom are members of the extended family who in turn receive social assistance from the government. According to the Department of Social Development,

approximately 80% of foster carers are extended family members (South African Institute of Race Relations, 2013).

Family in the African context often refers to what in Western terms would be the extended family. A family is generally constituted by three processes, which are blood relations, sexual unions or adoption. Societally sanctioned sexual unions between (two and in cases of polygamous unions, which are not uncommon in Africa, more than two) adults, and on the other hand, blood relations in Africa typically constitute wider relationship than those that are characteristically in Western nuclear families. African families are typically extended to aunts, uncles, grandparents, cousins, and other relatives that form a family that functions in unison. The broad concepts of family in many African societies is illustrated in Mandela's autobiography "Long Walk to Freedom" where he states, "My mother presided over three huts at Qunu, which as I remember, were always filled with babies and children of my relations. In fact, I hardly recall any occasion as a child when I was alone. In African culture, the sons and daughters of one's aunts and uncles are considered brothers and sisters, not cousins." In several African communities, family is not limited to space and time, thus, it cuts across generations, relatives living far and near, the living and those who have joined the ancestors, as well as the ancestors themselves who continue to play a role in the lives of the living (Lugira, 2009). This may be viewed as a very inclusive family system, which models the broader inclusive nature and type of African communities.

African communities, creating a family-like lens through which several social actors are included and relationships interpreted. Obligations to wider kin vary with time, and typically more widely invoked during times of crises, or during certain life-cycle events such as funerals, and this remains a common practice in extended families on the continent, despite social change. Other dimensions of the family institution and system in Africa, as observed by Therborn (2006) which offer both challenges and opportunities for SDG 16 in Africa include the strong patriarchal nature of such systems, with different levels of sexual permissiveness; the common practice of polygamy, and the cultural significance of family lineages and fertility. While patriarchy has negative implications for justice and sex equality, understanding the values associated with lineage and fertility and how this shapes the notion of family, inclusion and exclusion in terms of belonging and access to resources, could enhance efforts towards achieving inclusive societies. For instance, children are highly desired and loved in many African communities, and their presence has far-reaching consequences for social status, respect, quality of life, perception, and veneration of an individual in life and death. Thus, infant mortality and infertility are among the worse tragedies to befall an individual, the family, and lineage (Siegel, 1999).

Siegel (1999) also notes that lineage in the African family context is not only biological, nor is it always objectively genealogical, but can be sociological as well. This means that lineage and kinship can be edited. People can be inserted, or insert themselves into certain lineages, often symbolically, but in a very meaningful and effective way. In addition, the notion of family often expands and, depending on place and context, non-blood relations and other kinds of relationships may assume familial significance and meaning. Families are expanded through marriages, for instance, and it is also not uncommon for a close friendship to mature into 'family', or for a friend to be named, regarded and treated as a member of a family in acknowledgement of length of friendship and felt levels of closeness, trust, and reliability. This is one way through which the family is linked to the broader community.

As Siqwana-Ndulo (1998) state, the institutions of family, marriage and household in African societies revolve around community. Thus, not only is the family formation broader, its function is grossly enhanced by being interlocked with the general community. Although the salience of family ties may be situational, they are rarely entirely lost, and often, take priority over certain kinds of ties in many instances, despite changes brought about by modernisation that sometimes create a rift between family members. The usefulness of these lasting family ties is often seen in the ways deportees are able to easily reintegrate into their families. Siegel (1999) cites the example of the over one million Ghanaian migrants deported from Nigeria in the 1980s, who, while Western Aid

Agencies planned intervention, reintegrated into their families and communities within two weeks. This is also seen among African deportees from several parts of the world.

As stated above, in recognising both traditional and contemporary family forms, the charters did not imply a homogeneous static institution but did acknowledge that social changes have affected African family formations and structures over time. Thus, it expressed a need for family policies to acknowledge and embrace adaptations in families. The overview of families in Africa reveals that significant adaptations have happened over the years, brought about by a number of factors, which include globalisation, modernisation, migration and the HIV/AIDS pandemic. Nevertheless, multi-generational and extended families remain the most common family structure among the majority of the African people. Unfortunately, the recognition of “African family” in policy documents has not been translated into social policies and programmes that take cognizance of the African extended families that have increasingly been influenced by mobility. Increasing mobility and migration have been such that there are fewer co-residing primary family units. Thus, families may live far apart or be dispersed ‘across national borders and stretched kinship networks across vast geographic space’ (Turner, 2002). As Richter and Amoateng (2003) urge: “.....Given the range of possibilities for family formations, accepting this multiplicity of social relations within and across households would offer an improved understanding of livelihood strategies and more accurate theorizing of contemporary South Africa’s social terrain.” Thus, it is important to analyse the ways in which mobility is shaping the African understanding of family.

The United Nations’ Department of Economic and Social Affairs Report (UNDESA, 2009), understood social inclusion as a process through which equal opportunities are made available for everyone to realise their full potential, and conditions created for active and full participation of people in all aspects of social life. It is at the same time a process through which societies seek to bring an end to social exclusion and poverty. This can be achieved through social cohesion and social integration. For social inclusion to be achieved, the UNDESA argues that certain elements are necessary and must be pursued. These include: the rule of law; civic, political, economic and social participation; universal access to social infrastructure; and facilities, strong civil society, equal access to public information, equity in wealth and resource distribution, effective leadership, education, respect for human rights and freedoms, and the creation of a positive narrative about the inclusive society of the future (UNDESA, 2009).

UNDESA’s framework of inclusive societies has an affinity within the African extended family. The African extended family is an institution that functions as a locus for social inclusion and individuals’ resources for sustainable development. It is an institution for mutual help and reciprocity, nurturing and sustainable development. While African societies have several challenges that promote exclusion, the positive values enshrined in the extended family institution are critical in promoting inclusive societies. The notion and practices around family discussed earlier, indicates that inclusion is a central tenet of African family life and meaning, and ensures different levels of participation in the family. However, more importantly, the family institution is the foundation and at the same time reflects the much-valued notion of Ubuntu, which has been conceptualised as inclusion, from an African perspective (Shanyanana & Waghid, 2016). While a highly discussed and almost over-used concept, the principles and practices of Ubuntu, the notion emphasises the fundamental humanity and connectedness of everyone as the bases for life, individuality and community. Thus, by nature, this is a highly inclusive framework upon which African family is rooted. It also promotes inclusive society as imagined by the SDG 16. The intention here is not to suggest that African societies at any historical stage perfectly enjoyed such inclusivity or that the notion itself does not contain some forms of exclusion (Shanyanana & Waghid, 2016). Rather, it is to suggest that this notion, which is interwoven with the understanding of family in the African context, offers a perspective from which to understand, justify, and pursue inclusiveness of society.

Ramose (2002), explains that the notion of Ubuntu implies that one’s humanity is affirmed through the humanity of other people, and this forms the basis for family relationships that are nurturing, respectful, and life enhancing. Ramose (2002) notes that faced with a choice between wealth and

preservation of a human's life, "Ubuntu" demands choosing the preservation of life. This principle demands respect for life, respect for the happiness and prosperity of others, the welfare of extended family members, and above all, that of the community as a whole. These values are learned and begin to be enacted from the family level before they are manifested in the community. Thus, family, from an African perspective, plays a fundamental role in the achievement of inclusive societies. Being a microcosm of the broader society and community, it shapes the individuals for participation in society from an early age.

The family exposes people to their earliest leanings in social and personal values, and broken family institutions usually influence other social institutions. While emerging ideas in the West especially among elite groups attempt to view the family as simply one among several institutions, which has lost its traditional significance in society, the family has remained consistent as the basic, natural unit of African societies (Carlson, 1999). Thus, social inclusiveness can both start and end with the family. The family can be a great resource as well as an impediment to achieving the goals of inclusivity.

Conclusion

The idea of institutionalisation of care for the aged, or homes for old people is an alien one in Africa (Kanyongo-male & Onyango, 1984). The practice is considered as inconsistent with traditional beliefs and practices that form part of the African culture. In traditional African societies the aged were cared for by their children or members of the extended family (HAK situational Report, 1988; Kayongo-male & Onyango, 1984). They lived together with other members of the community and formed part of what has been called the extended family. In all African communities, the aged were held in high esteem and were usually the judges, rulers and religious leaders. They were considered as the wise old leaders who provided guidance, counselling, and teaching to younger members of society (Carva & Liddiard, 1982). They acted as the embodiments of wisdom and experience; the repository of societal norms and values which were imperative for survival and continuity of society. Living together within the community facilitated smooth continuity of community life, with older members providing directions on how to maintain the four very important cultural heritage and younger members providing the aged with the necessary means of subsistence. The mutual co-existence of the different generations within a community welded them into a coherent whole - a socially integrated group which provided the impetus and basis for community life. The fore-going scenario still holds sway today most especially in rural areas.

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