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4. Cameroon



Statistics

GENERAL

Population

- The total population of Cameroon is approximately 14.3 million.¹
- The average annual population growth rate between 1995 and 2000 was estimated to be 2.7%.²
- In 1994, women comprised 50.7% of the total population.³
- In 1995, 45% of the population resided in urban areas.⁴

Territory

- Cameroon covers an area of 475,000 square kilometers.⁵

Economy

- In 1995, the estimated per capita gross national product (GNP) was U.S.\$650.⁶
- Between 1990 and 1997, the average annual growth rate of the gross domestic product (GDP) was 0.1%.⁷
- Approximately 70% of the population has access to primary health care.⁸
- In 1995, 4.3% of the national budget was allocated to the health sector.⁹

Employment

- In 1997, women comprised 38% of the workforce, compared to 37% in 1980.¹⁰
- The distribution of women in the different sectors of the economy was as follows: 64% in agriculture, 32% in services, and 4% in industry.¹¹
- Out of 500,000 unemployed workers in 1994, almost 35% were women.¹²

WOMEN'S STATUS

- In 1997, the average life expectancy for women was 57.2 years, compared to 54.5 for men.¹³
- The adult illiteracy rate was 48% for women, compared to 25% for men.¹⁴
- In 1991, 38.6% of Cameroonian women lived in polygamous unions.¹⁵
- The average age at first marriage for women aged 25 to 49 was 16.5, compared to 17.3 for women aged 20 to 24.¹⁶

FEMALE MINORS AND ADOLESCENTS

- Approximately 44% of the population is under 15 years of age.¹⁷
- In 1995, primary school enrollment for school-aged girls was 66%, compared to 69% for boys. In secondary school, it was 23% for girls and 32% for boys.¹⁸
- The fertility rate of adolescents aged 15 to 19 was 141 per 1,000.¹⁹
- The prevalence of female circumcision/female genital mutilation is estimated at 20%.²⁰
- In 1991, adolescents aged 15 to 19 contributed 14% of the total fertility rate of women.²¹

MATERNAL HEALTH

- Between 1995 and 2000, the average total fertility rate (TFR) was estimated at 5.3 children per woman.²²
- Maternal mortality is estimated at more than 550 per 100,000 live births.²³
- Infant mortality is estimated at 58 per 1,000 live births.²⁴
- Approximately 58% of births are assisted by trained birth attendants.²⁵

- The average age at first birth is estimated at 19.6 in cities, compared to 18.5 in rural areas.²⁶

CONTRACEPTION AND ABORTION

- Contraceptive prevalence is estimated at 19.7% for all methods combined (traditional and modern) and at 4.2% for modern methods.²⁷
- Of those using modern methods, 1.2% used the birth control pill, 0.3% used intrauterine devices, 0.4% used injectables, 0.3% used barrier methods, 1% used condoms, and 1.1% were sterilized.²⁸
- Of women aged 40 to 44, 6.5% have been sterilized, compared to 4% of women aged 45 to 49.²⁹

HIV/AIDS AND OTHER STIS

- In 1997, the number of HIV-positive adults was estimated at 310,000, or 4.89% of the adult population.³⁰
- Among HIV-positive adults, the number of women was estimated at 150,000.³¹
- Since the beginning of the epidemic, 110,000 confirmed cases of AIDS have been recorded among adults and children.³²
- In 1997, there were an estimated 13,000 HIV-positive children and 74,000 orphans due to AIDS.³³

ENDNOTES

1. UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION, at 70 (1998).
2. *Id.*
3. MINISTÈRE DE L'ÉCONOMIE ET DES FINANCES, TABLEAU DE BORD SOCIAL DU CAMEROUN, at 3 (1994).
4. THE STATE OF WORLD POPULATION, *supra* note 1, at 70.
5. TABLEAU DE BORD SOCIAL DU CAMEROUN, *supra* note 3, at 2.
6. THE WORLD BANK, WORLD DEVELOPMENT REPORT, at 190 (1998/99).
7. *Id.*, at 210.
8. THE STATE OF WORLD POPULATION, *supra* note 1, at 70.
9. *Id.*
10. WORLD DEVELOPMENT REPORT, *supra* note 6, at 194.
11. UNITED NATIONS, THE WORLD'S WOMEN, at 147 (1995).
12. COMITÉ NATIONAL POUR LA PRÉPARATION DE LA CONFÉRENCE MONDIALE SUR LA FEMME – BEIJING 1995, RAPPORT NATIONAL SUR L'ÉVALUATION DE LA MISE EN OEUVRE DES STRATÉGIES D' ACTIONS PROSPECTIVES DE NAIROBI ET DE LA DÉCLARATION D'ABUJA SUR LE DÉVELOPPEMENT PARTICIPATIF, at 23 (April 1994).
13. THE STATE OF WORLD POPULATION, *supra* note 1, at 67.
14. WORLD DEVELOPMENT REPORT, *supra* note 6, at 192.
15. DIRECTION GÉNÉRALE DU DEUXIÈME RECENSEMENT GÉNÉRAL DE LA POPULATION ET DE L'HABITAT ET MACRO INTERNATIONAL INC., ENQUÊTE DÉMOGRAPHIQUE ET DE SANTÉ CAMEROUN 1991, at 68 (1992) [hereinafter, 1991 DHS].
16. *Id.*, at 71.
17. POPULATION REFERENCE BUREAU, WORLD POPULATION DATA SHEET (1997).
18. THE STATE OF WORLD POPULATION, *supra* note 1, at 67.
19. *Id.*
20. NAHID TOUBIA, FEMALE GENITAL MUTILATION: A CALL FOR GLOBAL ACTION, at 25 (1995).
21. 1991 DHS, *supra* note 15, at 42.
22. THE STATE OF WORLD POPULATION, *supra* note 1, at 70.
23. *Id.*, at 67.
24. *Id.*
25. *Id.*, at 70.
26. 1991 DHS, *supra* note 15, at 41.
27. *Id.*, at 51.
28. *Id.*
29. *Id.*
30. UNAIDS, REPORT ON THE GLOBAL HIV/AIDS EPIDEMIC, at 64 (June 1998).
31. *Id.*
32. *Id.*, at 67.
33. *Id.*, at 64.

I. Introduction

A German protectorate between 1884 and 1916, the territory currently known as the Republic of Cameroon (Cameroon) was subsequently divided by the British and the French into two parts, administered separately until the beginning of the 1960s.¹ In 1961, the two territories were reunited to form a federation, and in 1972, a new Constitution was approved, making Cameroon a unified republic.² Its first President, Mr. Ahmadou Ahidjo, was elected to office in 1960. He resigned in 1982 in favor of his prime minister, Mr. Paul Biya, who has since been reelected three times and remains the President today.³

Though today Cameroon enjoys a democratic, multiparty system it was not until 1967 that the government adopted a law to legalize opposition parties—and not until 1990 that this law had any real impact, because that was when a new law took effect to simplify party registration procedures.⁴ However, the facilitation of opposition politics did little to reorganize actual power in Cameroon: President Biya was reelected in 1992,⁵ and the 1997 parliamentary elections confirmed the dominance of his party, the Cameroonian People's Democratic Movement (RDPC).⁶ Indeed, one of the three main opposition parties, the Social Democratic Front (SDF), boycotted the presidential elections, also in 1997, which Mr. Biya again won.⁷

The total population of Cameroon is estimated at 14.3 million,⁸ of which women constitute 50.7%.⁹ The main religions practiced in Cameroon are Christianity (53%), traditional beliefs (25%), and Islam (22%).¹⁰ Although Cameroon has 230 different ethnic groups, roughly divided into five main groups (Bantu, semi-Bantu, Sudanese, Peulh, and the Choa Arabs¹¹), English and French are its official languages.¹² Semitic languages are spoken in the North and Bantu in the rest of the country.¹³

Administratively, Cameroon is divided into 10 provinces, which are sub-divided into 58 departments. These departments, in turn, are divided into 269 *arrondissements* and 53 districts.¹⁴

II. Setting the Stage: the Legal and Political Framework

To understand the various laws and policies affecting women's reproductive rights in Cameroon, it is necessary to examine the country's legal and political systems. Without this background, it is difficult to determine the manner in which laws and policies are enacted, interpreted, modified, and challenged. The passage and enforcement of laws often involve specific for-

mal procedures. Policy enactments, however, are not subject to such processes.

A. THE STRUCTURE OF GOVERNMENT

The National Assembly revised the constitution on June 2, 1972, to make it govern Cameroon's political institutions effectively. It was revised yet again on January 18, 1996, with the new constitution (the Constitution) declaring Cameroon "a unified, decentralized, indivisible, secular, democratic, and social state."¹⁵ The Constitution establishes three branches of government: executive, legislative, and judicial.¹⁶

The Constitution also provides for the creation of decentralized territorial units—regions and towns—that enjoy administrative and financial autonomy in managing regional and local interests.¹⁷ The government oversees these units and sees to it that they develop harmoniously.¹⁸ Each region¹⁹ is governed by a Regional Council, a deliberative body whose members are elected to five-year terms.²⁰ The Regional Councils are made up of regional delegates indirectly elected by the people, as well as representatives of the traditional leaders elected by their peers.²¹ The federal government can dissolve the Regional Councils if the latter act in opposition to the Constitution, compromise national security, or jeopardize the nation's integrity.²²

1. Executive Branch

Executive power lies with the President of the Republic (the President), who is elected for up to two seven-year terms.²³ As the head of state, the President embodies national unity, guides national policy, guarantees compliance with the Constitution, ensures the successful functioning of his administration, and preserves national independence and territorial integrity.²⁴ As part of the role of maintaining internal and external security, the President is also the commander-in-chief of the armed forces.²⁵

The President is also responsible for establishing and organizing the administration of his cabinet.²⁶ Most importantly, he appoints the Prime Minister,²⁷ who exercises the duties of head of the cabinet and, in effect, supervises all executive action.²⁸ The Prime Minister proposes the appointment of the other cabinet members, defines their tasks, and has the power to terminate their tenures. (The President, however, presides over the Council of Ministers.)²⁹

The President, jointly with Members of Parliament, has the power to submit bills for consideration.³⁰ He can also issue regulations in matters that do not come under the jurisdiction of the legislative branch.³¹ Moreover, Parliament can authorize the President to issue executive orders in areas that normally come under the jurisdiction of the legislative branch.³² The President can also introduce a national referendum in a policy

domain usually reserved for the legislative branch but that has significant implications for the future of the nation and its institutions.³³

2. Legislative Branch

The Parliament consists of two chambers, the National Assembly and the Senate, each of which exercises legislative authority.³⁴ Members of the National Assembly represent the nation as a whole, while senators represent regional and local authorities.³⁵ The National Assembly is made up of 180 deputies, democratically elected to five-year terms;³⁶ senators are elected regionally and also serve five-year terms.³⁷ Each region has 10 senators, seven of whom are elected indirectly by the people, and three of whom are appointed by the President.³⁸

When a bill is adopted in the National Assembly, it is sent immediately to the Senate for consideration. The Senate has a 10-day period (five in cases of emergency) to: adopt the bill and send it to the President to be enacted; amend it and return it to the National Assembly; or reject it.³⁹ A simple majority of the National Assembly must then approve all amendments the Senate has adopted, and send the bill to the President for enactment.⁴⁰ When the Senate rejects a bill, the National Assembly may then reconsider it and adopt it by an absolute majority. It is then sent to the President for enactment;⁴¹ he must enact any bill adopted by Parliament within 15 days after it is submitted to him. However, he may request that the National Assembly reconsider the bill within the same 15-day period.⁴² If the President does not take any action whatsoever within this period of time, the National Assembly can then enact the bill.⁴³

3. Judicial Branch

The Constitutional Council has jurisdiction over cases pertaining to the Constitution,⁴⁴ a responsibility that entails ruling on the constitutionality of laws and regulating the operation of governmental institutions.⁴⁵ The Constitutional Council includes 11 members whom the President appoints for nine-year nonrenewable terms.⁴⁶ As a court of last resort, it rules on the constitutionality of: laws, treaties, and international agreements; rules of parliamentary procedure; and conflicts over jurisdiction among national public institutions, between the national government and regional administrations, and among regions.⁴⁷ The President, the National Assembly (by its chairman or by one-third vote), the Senate (by its President or by one-third vote), and/or the heads of the regional executive bodies can submit cases to the Constitutional Council,⁴⁸ which may also be called upon to review the constitutionality of bills prior to enactment.⁴⁹ It is also responsible for monitoring the regularity of ballots during presidential and parliamentary elections, and for referenda.⁵⁰

The Supreme Court is the highest court in legal, adminis-

trative, and auditing cases,⁵¹ and as such rules on appeals of decisions from both the courts of first instance and the Courts of Appeal.⁵² It includes three chambers: the judiciary chamber, the administrative chamber, and the auditing chamber.⁵³ The judiciary chamber acts as a court of last resort for lower court decisions⁵⁴ while the administrative chamber hears conflicts with the administration, including conflicts over regional and municipal elections.⁵⁵ Lastly, the auditing chamber rules on public accounts and is the judge for public and semi-public businesses.⁵⁶

The High Court of Justice has jurisdiction over all potentially treasonous acts committed in the line of duty by the President, the Prime Minister, other members of the government, and the high officials of the administration with delegated power.⁵⁷

In each province, there is a Court of Appeal⁵⁸ that has jurisdiction to hear appeals of decisions by courts of first instance and lower courts.⁵⁹ In each department, there is a court of first instance that rules on criminal cases (criminal and minor offenses) and social, civil, and commercial cases.⁶⁰ In each *arrondissement*, there are lower courts that rule on criminal cases (criminal and minor offenses) and social, civil, and commercial cases.⁶¹

Besides these “contemporary” judicial channels, justice is also rendered by traditional law jurisdictions that cite custom—except when custom is opposed to law and order and good morals.⁶² In the eight provinces that constitute the former East Cameroon, the traditional jurisdictions are the lower courts attached to a court of first instance and customary tribunals.⁶³ In the former West Cameroon, the traditional jurisdictions are the “customary courts” and the “Alkali courts.”⁶⁴ The customary courts hear patrimonial disputes, in particular those relating to the recovery of civil and commercial credits and petitions for compensation for material and corporeal damage.⁶⁵

B. SOURCES OF LAW

The laws that affect women’s legal status in Cameroon—including their reproductive rights—derive from a variety of sources, both international and domestic.

1. International Sources of Law

Several international human rights treaties that recognize and promote reproductive health and rights impose specific obligations on national governments to advance these rights. In Cameroon, as soon as such treaties or agreements are legally ratified or endorsed, they override national laws provided that, in cases of bilateral agreements, they are also enforced by the other party.⁶⁶

Cameroon is a signatory to, *inter alia*, the African Charter on

Human and People's Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination against Women.⁶⁷

2. Domestic Sources of Law

Individual rights are recognized in the preamble to the Constitution, which declares that inalienable rights are protected “regardless of race, religion, gender, or belief.”⁶⁸ The Constitution also specifies that “the state guarantees all citizens of both genders the rights and liberties enumerated in the preamble to the Constitution.”⁶⁹ It guarantees every person the “right to life and physical and moral integrity,”⁷⁰ and protects the rights to education, work, and a healthy environment.⁷¹

The Cameroonian legal system brings together French, British, and customary legal traditions⁷²—a complex mixture whose composition varies according to the region under consideration. For example, the laws in force in the former Federated State of East Cameroon—which encompasses 90% of the country and in which almost 80% of the population lives—are based mainly on French law, while the laws of the former Federated State of West Cameroon are mainly of British origin.⁷³ Laws in force in the former Federated State of East Cameroon, include French laws enacted before January 1, 1960, the laws of the former Federated State, federal laws, all laws and regulations in force since 1972, and customary law. On the other hand, laws in force in the former Federated State of West Cameroon include laws applicable in the Eastern Nigerian province prior to 1961, all legal precedents in force in England on January 1, 1900 and in Nigeria until 1961, Cameroonian precedent, the “Equity” doctrine, customary law, the federal laws of the former West Cameroon, the federal laws, and the laws of the unified nation.

In addition to regional laws, there is a growing body of federal laws. Thus, although criminal *procedures* remain distinct between East and West Cameroon, criminal *law* itself was unified between 1965 and 1967. There is now a single Penal Code that encompasses both the French and the British approaches.⁷⁴

Custom remains a source of law in Cameroon. Thus, besides the so-called “contemporary law” jurisdictions, there are also “traditional law” jurisdictions. In cases where the two types of legal systems have equal weight, an individual can choose whether to bring his or her case before the statutory law courts or the customary law courts. Case law has often refused to submit certain areas of the law, such as matrimonial settlements, to the Civil Code rules.⁷⁵ In order to assure a legit-

imate interpretation and application of customary law, the presiding magistrate or administrative authority relies upon two assistants—individuals the Ministry of Justice selects from a pool of candidates who are well versed in a particular custom. Each assistant then represents the custom of one of the parties.

Significantly, the Supreme Court has sanctioned the primacy of contemporary law over traditional law. Citing constitutional grounds, it has struck down customary laws that deprive women of their inheritance rights⁷⁶ by violating the principle of filiation based on blood ties.⁷⁷ In addition, all reforms that have occurred since independence have increasingly invoked modern law over traditional law.⁷⁸ The Supreme Court has further reinforced this trend by instituting the rule of “evolved custom,” which in practice reflects modern law. In sum, regarding the coexistence of modern, customary, and religious laws, there has been a clear trend toward the invocation of modern law.

III. Examining Reproductive Health and Rights

In Cameroon, issues of reproductive health and rights are addressed in the context of the country's health and population policies. Thus, an understanding of reproductive rights in Cameroon must be based on an examination of the documents that set forth these policies.

A. HEALTH LAWS AND POLICIES

1. Objectives of the Health Policy

Cameroon's health policy is outlined in a document that articulates the country's major health priorities in order to create an effective primary health care system.⁷⁹ The policy's objectives are:⁸⁰

- Integrating health services at all levels;
- Establishing an effective information feedback system for policy planning that takes into account the results, needs, and objectives of health services in order to streamline the management of equipment, infrastructure, and personnel;
- Defining a drug policy to make essential medicines accessible at all levels;
- Using public health as a basis for building national unity;
- Adopting regulations to decentralize the management of health services at the community level.

Governmental strategies to achieve these objectives include the following:⁸¹

- Mobilizing external and community resources;
- Strengthening coordination efforts between different sectors;
- Integrating the following programs into the health departments of existing and future organizations: priority programs (e.g., HIV/AIDS); specific programs (e.g., maternal and infant health care); prevention, treatment, and follow-up activities;
- Restructuring health facilities in order to streamline equipment use, ensure its maintenance, and make managers more efficient;
- Enabling a more flexible management of resources—generated by decentralization—in order to improve health care delivery systems;
- Facilitating a more efficient supply of medicines in health facilities throughout the country.

With these health policy guidelines, the Cameroonian government intends to make its commitment to health and education more concrete. At the same time, the guidelines affirm the government's goal of giving special emphasis to population health performance indicators for the next 10 years.⁸² The new guidelines should also lead to the implementation of a health care system that is more responsive to the needs of the population. This system would be integrated within development committees.

With regard to primary health care, Cameroon has adopted the slogan: "Health for everyone in the year 2000"—reflecting a belief that only a population in good health can effectively contribute to the socio-economic development of the country.⁸³ Yet although there has been real improvement in the population's health, the overall situation is still poor, particularly with regard to mothers and children, who continue to exhibit the most severe problems. A significant number of child mortality cases are due to infectious and parasitic diseases that are preventable through vaccination, at times coupled with inexpensive interventions.⁸⁴ Despite government efforts to implement a nationwide vaccination program, the vaccination rate for these diseases remains very low.⁸⁵ Approximately 40% of the population have access to vaccinations, with variations between cities (51%) and rural areas (33%). Only half of the women who use prenatal care receive at least one dose of the tetanus shot, compared to the 70% that is considered the standard in sub-Saharan Africa.⁸⁶ This low vaccination rate may be due to inadequate integration of maternal and infant health/family planning (MIH/FP) services with other health services.

The major objectives for primary health care are outlined in the "Statement of the National Primary Health Care Reorientation Policy."⁸⁷ The basic principles of this reorientation are: community participation, so that communities feel more

involved in their own health issues; demonstration of the close link between health and development; and respect for human rights, including the right to information, to health, and to physical integrity.⁸⁸

The "Reinforcement of the National Maternal and Infant Health/Family Planning (MIH/FP) through Primary Health Care Program," was submitted to the United Nations Fund for Population Activities (UNFPA) for financing in 1993, and approved in January 1996. This program aims to reduce maternal and infant mortality and increase access to family planning services. The ministries of Public Health (MINSANTE), Social Affairs and Women's Status (MINESOCOF) are all involved in implementing these projects.⁸⁹

Decree No. 95/040 of December 7, 1995 established the Ministry of Public Health, and Article 1 created the position of Minister of Public Health. The Ministry is responsible for providing advice on and implementing the government's public health policy. It is made up of a special secretariat, a general inspection department, two technical advisers, a communication unit, a central administration, external facilities, and specialized technical organizations.

2. Infrastructure of Health Services

At the time of independence in 1960, health performance indicators in Cameroon showed a hospital capacity of 10,047 beds for a population of 3.2 million people.⁹⁰ In 1995, hospital capacity was 29,124 beds for a population of 13.9 million people.⁹¹ The number of health facilities was counted in 1993 and updated in 1995 and can be broken down as follows: 206 hospitals; 800 health centers; 62 maternity centers and maternal/infant health centers; 312 dispensaries and infirmaries; 288 pharmacies; and 149 practitioners authorized to dispense their own medicines.⁹²

Health districts were created to include village health centers, urban dispensaries, and district hospitals, which function as referral hospitals for the health centers. It is significant that statistics regarding Cameroon's health facilities are current for only five out of the 10 provinces, which means that there are probably more health facilities. The true number, however, would undoubtedly still be inadequate to meet the population's actual needs.

The minimum services that all health centers should offer are:⁹³

- Maternal and infant health care;
- Family planning (e.g., preschool examinations, children's examinations, prenatal consultations, and family planning consultations);
- General consultations and necessary treatments;
- Consultations related to chronic illnesses (e.g., leprosy,

tuberculosis, and diabetes);

- Promotion of public health (e.g., supplying safe drinking water, promoting hygiene and healthy habits, and disseminating information, education, and communication (IEC) related to priority health issues).

Significantly, all health facilities emphasize sexual and reproductive health. In fact, in both the referral and central hospitals, doctors, often gynecologists, specialize in this area. In addition to providing general medical care, health centers and dispensaries also provide family planning services that offer information regarding sexual and reproductive health. These activities are directed especially at women.

As part of the government's third, fourth and fifth plans for five-year development (1971-1986), it established a pyramidal health care structure that included putting special emphasis on building health centers and district hospitals. During this period, especially in 1985, two referral hospitals were built in Douala and Yaoundé, and the university hospital center was equipped with advanced technological equipment.

Recent statistics from the Ministry of Public Health show a total of 729 doctors in all specialties combined, and 11,844 health personnel overall. There is a need, however, for approximately 1,180 additional doctors and 23,474 additional medical personnel.⁹⁴

Private medicine is practiced in accordance with Decree No. 9-266-PM of July 22, 1992, which established the guidelines for managing private health care facilities. Data collected in 1997 show 473 private clinics, 229 pharmacies, and 15 medical analysis laboratories.⁹⁵

In 1996, the number of midwives was estimated at 69, or 0.05 per 10,000 inhabitants.⁹⁶ In fact, the profession of midwife has almost completely disappeared. As for traditional practitioners and other healers, they are almost never consulted on reproductive health questions, except in infertility cases.

3. Cost of Health Services

The Ministry of Public Health's budget for 1998-1999 was 38,099,000,000 CFA francs (U.S.\$60,698,851.63).⁹⁷ The social welfare system has gone from one that was almost free to a paid care system: a trend that reflects the almost total abandonment of the idea of a welfare state. Health care, however, remains a public imperative and a right guaranteed by the Constitution.⁹⁸

Thus, health care costs, especially in public institutions, have been maintained at a reasonable level that the population can generally afford. The average price of a medical consultation is 600 CFA francs (U.S.\$0.96), and the cost of a childbirth delivery in a public health organization is 6,000 CFA francs

(U.S.\$9.55).⁹⁹ The real problem lies in the lack of medical supplies and working equipment for hospitals and health centers. Nevertheless, certain provinces have shown an improvement (e.g., East, Coastal, and West) resulting from a GTZ¹⁰⁰ project for the distribution of essential drugs. To contain costs, the Ministry of Public Health has enacted a policy to use generic drugs. GTZ's actions have reinforced this policy.¹⁰¹

With regard to reproductive health, public family planning centers offer free consultations. Nevertheless, both supplies (e.g., condoms, intrauterine devices, and gloves) and the cost of medical interventions must be paid for.¹⁰² Services are free only for persons whom social services have declared indigent.

Under the Labor Code, the National Social Contingency Fund (CNPS) assumes responsibility for workers in the areas of childbirth deliveries,¹⁰³ illnesses, and work-related accidents, as well as compensation¹⁰⁴ and family allowances.¹⁰⁵

4. Regulation of Health Care Providers

Cameroonian law strictly regulates the practice of what it calls the "scientific" medical professions.¹⁰⁶ Public health care providers are divided into the following categories:

- Doctors, pharmacists, dental surgeons, and health engineers;
- Paramedical and social service personnel, including trained higher technicians, midwives, and delivery nurses with a government degree, assistants, and health technicians;
- Paramedical and social service workers and aides, including licensed nurses, licensed delivery nurses, assistant health technicians, kindergarten aides, care assistants, and social service aides.

Act No. 90/036 of August 10, 1990, which regulates the practice of medicine, also regulates the medical profession. No one can practice as a doctor in Cameroon if he or she is not registered with the National Medical Association,¹⁰⁷ which in turn must include all doctors practicing in Cameroon. The Medical Association ensures that doctors adhere to ethical principles indispensable to the profession, and that they comply with a professional code of ethics.¹⁰⁸ Doctors may practice their profession in the private sector with the authorization of the Association Board, after having documented five years of effective practice in a public or private health organization, within the country or abroad.¹⁰⁹ Requirements for membership are: Cameroonian nationality; attainment of the age of majority under civil law;¹¹⁰ and possession of a state degree or a university Doctor of Medicine degree or their recognized equivalent. Members must not have been convicted of any ethical violations, have declared bankruptcy, or be in a state of legal liquidation.¹¹¹

Although Act No. 90/035 of August 10, 1990 regulates the

pharmaceutical profession,¹¹² it is the National Association of Pharmacists (in which all pharmacists are registered¹¹³) that ensures pharmacists adhere to the ethical standards of the profession. It also ensures that pharmacists meet their professional obligations and observe the rules of the professional code of ethics.¹¹⁴ The Association of Pharmacists, which is now incorporated, has the following membership requirements: Cameroonian nationality; attainment of the age of majority under civil law; and possession of a state degree or a temporary certificate indicating acceptance to the grade of pharmacist, or their recognized equivalent. In addition, members must not have been convicted of any ethical violations, declared bankrupt, or be in a state of legal liquidation.¹¹⁵ Foreign pharmacists also have the right to practice in Cameroon under the condition that they have not been expelled from the Association of Pharmacists in their native country or another country.

Act No. 90/034 of August 10, 1990 regulates the dental surgery profession.¹¹⁶ No one can practice this profession in Cameroon if he or she is not registered in the Association of Dental Surgeons. The membership requirements are the same as those required for doctors and pharmacists.

Several national institutions, both public and private, train paramedical and social service personnel. These professions are regulated by Decree No. 68/DF/158 of 1968, which concerns the specific status of public health and population civil servants.

Although the government seems to recognize the value of traditional medicine, its practice in Cameroon is subject to strict regulation:¹¹⁷ given the unverifiable nature of much of the work of traditional practitioners, regulations exist with regard to the facilities in which they practice their trade, the remedies they administer, and their liability.

5. Patients' Rights

In addition to criminal or civil sanctions, under the Penal or Civil Codes, medical personnel are subject to sanction from their respective associations that have an incorporated status and disciplinary authority over their members. The association boards designate a disciplinary committee, composed of four elected members, over which the Chairman of the Board generally presides.¹¹⁸ A supervisory authority (the Ministry of Public Health), a public ministry, or any member of the association who has an interest in acting, can refer a matter to this disciplinary committee.¹¹⁹ The committee then acts as a first jurisdiction when there is any violation committed inside or outside the country that may damage the reputation of the profession, or in cases of professional misconduct. The disciplinary committee may invoke one of the following sanctions: a warning, a reprimand, suspension of activities for three months to one year depending on the seriousness of the misconduct, or

expulsion from the association.¹²⁰

The accused may be defended by a person of his or her choice, and opposition to the verdict may be voiced within 10 days of the decision.¹²¹ The accused must appeal within 60 days before the Court of Appeals, which is comprised of an Appellate Court judge (the chairman), a doctor or a pharmacist designated by the supervisory authority, and all members of the association board.¹²² Court of Appeal decisions can then be appealed at the Supreme Court level under common law conventions.¹²³

i. Criminal Sanctions

Laws governing the medical profession address criminal penalties that relate to medical practice. For doctors, these involve the illegal practice of medicine.¹²⁴ The following are considered to be in violation of the legal practice of medicine:

- Any practitioner who practices his or her profession under a pseudonym, or who gives consultations in commercial premises where the equipment he or she prescribes or uses is sold;
- Any unauthorized person who, even in the presence of a practitioner, participates in diagnoses or treatment through his or her personal actions, consultations, or any other procedures;
- Any practitioner who practices despite a temporary or permanent disbarment of which he or she has been notified.

The penalties invoked range from imprisonment of six days to six months and/or a fine of 200,000 (U.S.\$318.38) to 2,000,000 CFA francs (U.S.\$3,183.75). The court may confiscate the equipment that was used for the offense. Any person that the association board recognizes as guilty must immediately cease his or her activity.¹²⁵

With regard to the pharmaceutical profession, Act No. 90/035 prohibits certain offenses. These include specific types of agreements between pharmacists and members of other professions (either providing additional drugs or offering discounts for the number of drugs prescribed or sold),¹²⁶ illegal advertising,¹²⁷ hindering an inspection by the supervisory ministry,¹²⁸ sale of certain dangerous substances,¹²⁹ or any act that is intended to advertise or promote abortion, such as the sale of abortifacients or intrauterine probes.¹³⁰

The Penal Code also contains several clauses that protect patients' rights. Thus, a "doctor, surgeon, nurse, or midwife, who, to help or harm someone, falsely certifies or conceals the existence of a disease or the result of a vaccination or provides deceitful information about the origin of a disease, the length of a disability, or the cause of a death, shall be punished by imprisonment of two to three months and a fine of 5,000 (U.S.\$796) to 100,000 CFA francs (U.S.\$159.19)."¹³¹ In cases of

corruption, the penalty is two to 10 years of imprisonment.¹³² The Penal Code also punishes any person who, by his or her conduct, facilitates the spread of a contagious or dangerous disease.¹³³ In addition, it also punishes anyone who does not take precautions necessary to avoiding harm to others as a result of his or her dangerous activity, or an activity imputable to his or her egregious carelessness. In practical terms, this means that the Penal Code punishes anyone who does not take the necessary precautions for medical or surgical care, or for the provision or administration of medicines or any other product.¹³⁴

Abortion is prohibited in Cameroon, and the penalties are doubled when a member of the medical profession, or a person related to the medical profession, performs it.¹³⁵ In almost all cases, the public ministry, the person harmed, or any other person who has a direct and specific interest in acting, initiates the proceedings.¹³⁶

ii. Civil Liability

Since the medical profession has an obligation to act, it can be found liable under civil law—a tort is brought before the civil jurisdictions—for its professional conduct only when malpractice has been committed.¹³⁷ However, such cases assume a harmful action, an injury, and a causal link between the conduct and the harm. In sum, laws exist to protect patients from certain types of abuses, even if they do not absolutely guarantee their safety.

The real difficulty lies in proving malpractice, particularly when loyalty and solidarity among medical professionals is taken into account. Quite often the expert and second opinion that are required are not provided. At the same time, public apathy or resignation, particularly when faced with a death due to medical malpractice, impedes the emergence of litigation over medical liability. In addition, despite increasing levels of education, poverty resulting from the economic crisis and structural adjustment programs persists. This leads people to self-medicate, to consult the first available person, or to resort to traditional practitioners, who often turn out to be “charlatans.”

B. POPULATION AND FAMILY PLANNING

1. The Population Policy

While Cameroon has traditionally adopted a pro-natalist policy and considers population growth a positive factor in development, it would like demographic growth to occur in an orderly and controlled fashion.¹³⁸ Thus, on July 23, 1986, in his message presenting the sixth five-year plan, the President of the Republic noted: “Although reproduction is every person’s fundamental right, it can and should be controlled. Consequently, it is a question not of breaking our religious convictions, habits, and customs in this area, but of moving

more and more toward the thoughtful promotion and establishment of conscious and responsible parenthood.”¹³⁹

In 1992, Cameroon adopted a National Population Policy Declaration (DPNP) to improve the quality of life within the limits of available resources, while respecting human rights and dignity. The policy aims to provide for the basic needs of the population (i.e., health, food, education, and employment),¹⁴⁰ and rests on communal liberalism, a fundamental option in the development of the country.¹⁴¹ It is designed for an economic, social, and political context characterized by:¹⁴²

- The coexistence of ethnic linguistic groups (each of which has a rich cultural heritage), based on respect for human beings and inter-community solidarity;
- The population’s pro-natalist stance, evident in the aspiration of each couple to have many children while, at the same time, ensuring the health of the mother and child;
- The decline in public concern for communal welfare that has led to increased impoverishment of a significant segment of the population;
- The social changes caused by modernization, urbanization, and increasing levels of education, all of which have contributed to the declining importance of certain cultural values;
- The gradual democratization that is evident in the existence of political pluralism and the affirmation of freedom of expression;
- The persistent malnutrition and absence of food security in the midst of the current economic crisis.

The DPNP contains both general and specific objectives. The general objectives are: improving the health of the population as a whole, particularly that of mothers and children; reinforcing self-sufficiency and promoting food security; advancing basic education for everyone, particularly girls; developing human resources; promoting the welfare of families and couples; providing for the integrated and harmonious development of cities and rural areas, while preserving the environment; and furthering research on population.

The specific objectives are: reducing mortality; creating health facilities, especially primary care structures; promoting responsible parenting through family-life and sexuality education; improving the education and school enrollment of girls, and discouraging early school drop-outs; enhancing family planning services to help individuals manage fertility; and preventing the social maladjustment of young people, disabled persons, and the elderly. Other specific objectives are aimed at: improving economic and health conditions with a particular emphasis on HIV/AIDS and other sexually transmissible infections; coordinating programs to make them more effective; encouraging more ethical behavior; and promoting IEC.

It should be noted that during the first 25 years after independence, Cameroon's development and population strategies were formulated through five-year plans established by laws. However, the first four plans, carried out before the publication of Cameroon's first census in 1978, suffered from a lack of reliable demographic data. Only the fifth plan (1981-1986) made effective use of demographic data and trained personnel. Each plan reflected the general guidelines adopted for long-term national economic development.

The National Population Commission (CNP) is the body charged with developing and implementing the population policy. Created by Decree No. 85-275 of March 1, 1985, its mission is to help the government define, administer and coordinate its population policy, on the one hand, and formulate strategies for implementing this policy, on the other. The specific responsibilities of the CNP are:¹⁴³

- Providing an opinion on the government's population policies;
- Proposing appropriate solutions to allow better coordination of population programs;
- Assessing results periodically;
- Coordinating the activities of organizations capable of influencing the government's population policy;
- Ensuring that demographic factors are taken into account during the implementation of policies related to economic, social, and cultural development.

Implementation of the DPNP began with the creation of local agencies responsible for implementing it. The CNP originally planned to develop the national action plan, and the sector and regional action programs. Unfortunately, however, institutional restrictions,¹⁴⁴ methodological difficulties (especially the lack of an integrated approach), and the lack of rigor in the programming of activities have prevented effective implementation until now.

2. The Family Planning Policy and Government Delivery of Family Planning Services

Until the 1980s, Cameroon had a pro-natalist policy supported by measures that encouraged births.¹⁴⁵ Cameroon's population has remained largely pro-natalist because of attitudes and customs that place a high value on many heirs—a situation that has limited the effectiveness of government action to promote better planning of births.¹⁴⁶

Social services throughout the country have recorded a growing number of unwanted pregnancies. In light of this, starting in 1988, the government embarked on an awareness-raising campaign, not only to highlight the disadvantages of an imbalance between available resources and too many children, but also to advocate "responsible parenthood." This last con-

cept includes education on a range of issues such as family and community life, sexuality and birth control, as well as the socio-economic issues that affect reproductive life.¹⁴⁷ In keeping with this campaign, the government has introduced family planning centers in some cities, including the Yaoundé and Douala Maternal and Infant Health Centers. Similarly, in several regions throughout the country, it has sponsored a "Woman's House," which has provided an ideal setting for women to debate and discuss contraception and child spacing issues.¹⁴⁸

Currently, almost all public health facilities have a family planning center. Seminars organized by the Ministry of Public Health train personnel (doctors, nurses, and nurses' aides) to administer the range of services to be provided. The most frequently used contraceptives are condoms, injections, and birth control pills. The IUD is the least used, and, despite advertising, Norplant[®] has generated little interest. Cases of tubal ligations are rare and usually performed due to medical necessity when the woman's health is in danger.¹⁴⁹ In 1997, the government introduced a bill that strictly governs the use of irreversible sterilization. The bill states that the procedure may be performed only on women who have at least five children and are at least 35 years old. In addition, both the partner's consent and a waiting period are required.

Family planning consultations are free, but patients must still pay for the equipment used (such as IUDs, gloves, and condoms). Low inventory and insufficient income contribute to the low usage rate of modern contraceptive methods.

3. Services Provided by NGOs and the Private Sector

Several private clinics and medical centers offer family planning services that generally operate in the same way as those in the public sector: that is, consultation is free, but the equipment used must be paid for. In addition, non-governmental organizations play an important role in promoting family planning. Thus, the Cameroonian National Association of Family Welfare (CAMNAFAW), created in 1995 and acting under the aegis of the Ministry of Social Affairs, has produced a variety of IEC/FP materials. It has also started a family planning clinic in Yaoundé and youth education and sensitization centers in the Coastal province. The Cameroon Social Marketing Program (PMSC) promotes and distributes condoms, thus linking a family planning activity with an AIDS prevention tactic. The Association of Women Doctors and the Association of Women for Food Security and Development provide family planning information, especially for women and adolescents, through seminars.

C. CONTRACEPTION

1. Prevalence

The only nationwide study addressing the issues of contraception and family planning in Cameroon was the 1991 Demographic and Health Survey (1991 DHS), conducted within the context of global fertility survey programs.¹⁵⁰ As expected, the survey's results showed that most women had knowledge of at least one method of contraception (72.5%).¹⁵¹ At the same time, however, it showed inadequate usage of contraceptive methods in general (41.8%), as well as low usage of traditional methods (15.5%). Only a very low percentage of women used modern methods (4.2%).¹⁵² In addition, at the time of the survey, only 19.7% of women used any type of contraceptive method at all.¹⁵³

The use of modern contraceptive methods among women of childbearing age is low relative to the level of knowledge: 66.4% of the women surveyed were familiar with at least one modern contraceptive method;¹⁵⁴ among these, 60.3% approved of family planning;¹⁵⁵ 51.4% knew a source of procurement;¹⁵⁶ and 23.2% showed a desire to use a contraceptive method in the future.¹⁵⁷ The survey showed that 22% of the nonusers had contraceptive needs that were not met. Thus, the total demand for contraceptives concerns 38% of women.¹⁵⁸

Among the women surveyed, female sterilization was the best known modern contraceptive method (53.1%), followed by the birth control pill (49.0%). Fewer than one out of two women knew about condoms (44.1%) and injectables (40.8%), and fewer than one out of three was familiar with the IUD (3.1%). Only 17.1% of the women stated that they knew about spermicides and 8.1%, about male sterilization. With regard to traditional methods, periodic abstinence (44.6%) and total abstinence (41.1%) were slightly better known than withdrawal (37.1%).¹⁵⁹

Low contraceptive prevalence could be due to a variety of factors. First, the number of health facilities offering family planning services is too low, and these units, for the most part, are located in urban areas. Other factors are the scarcity of long-lasting methods (subdermal implants and surgical contraception are used in only a few centers), and limited family planning IEC and awareness-raising activities. In addition, economic crises have negatively affected social sector services, including reproductive health services in general, and MIH/FP in particular. This is evident in the reduced share of the national budget allocated to health. Less spending on health has meant little investment in new equipment, and fewer resources to maintain old equipment and existing infrastructure. On the other hand, economic growth over the past few years has made it possible to increase this budget and has raised expectations for improvement in family planning services. In this regard, IEC activities are crucial because knowledge of the

different methods and where to obtain them are prerequisites for any increase in contraceptive use.

2. Legal Status of Contraceptives

Act No. 80/10 of July 14, 1980 legalizes the sale of contraceptives; article 79 of this Act stipulates that only pharmacists are authorized to sell prescription drugs and birth control products.

3. Regulation of Information on Contraception

Act No. 90/035 concerning the pharmacist's profession prohibits birth control advertising.¹⁶⁰

D. ABORTION

It is difficult to obtain official statistics on abortion, even though the practice is common, especially among adolescents. In fact, most abortions are clandestine. A 1991 study showed that 40% of emergencies admitted to obstetrics and gynecological units were related to induced abortion. Health personnel, traditional practitioners, and even lay people perform abortions, which can be very dangerous.

1. Legal Status of Abortion

The legislature has repealed the 1920 French law prohibiting incitement to abortion and contraceptive propaganda. However, Chapter 4, Article 78 of Act 80/10 of July 14, 1980, reinstates Articles 1 and 2 of the 1920 Law. It prohibits promotion of abortion, either through the sale or distribution of abortifacient materials or through advertising.

The Penal Code permits abortion in a limited number of cases.¹⁶¹ Abortion is considered to be infanticide, and the Penal Code punishes women who have an abortion, as well as persons who assist her.¹⁶² Nevertheless, abortions are allowed to save the health of the pregnant woman, and in pregnancies resulting from rape.¹⁶³

The act regulating the pharmaceutical profession calls for controlling the display and distribution of all products capable of inducing or promoting abortion. (This act also prohibits birth control advertising).¹⁶⁴

2. Requirements for Obtaining a Legal Abortion

Cameroonian law clearly stipulates the conditions required for an abortion. The procedure must be justified and may be performed only by a trained practitioner. Thus, only a licensed physician may perform abortion in specific locations. As with other medical interventions, a pregnant woman must give her consent. When she is not in a condition to give it, it must be given by her guardian or spouse.¹⁶⁵

3. Policies Related to Abortion

Since independence, Cameroon has been concerned about population growth, which it has always considered an important factor in development. The under-population of some

regions and the existence of communities with low birth rates (Eastern Province) prompted decision-makers to adopt pro-natalist measures. The first five-year plan (1961-1966) mentioned that “Cameroon does not suffer from over-population . . . but from a pronounced imbalance in the distribution of its workforce, and the resulting loss of its economic potential.”¹⁶⁶

This pro-natalist bias was even more pronounced in the third five-year plan (1971-1976).¹⁶⁷ In fact, it confirmed that rapid population growth would have a positive effect on the country’s economic and social development. This growth would increase the demand for goods, as well as for workers, and would improve productivity through the development of new regions. The government therefore provided incentives to encourage large families, incentives that apply until the sixth or seventh child. Accordingly, Cameroon’s pro-natalist policy seems difficult to reconcile with statutory law authorizing abortion.

4. Penalties for Abortion

Under the Cameroonian Penal Code, illegal abortion is a crime, and the punishments related to it are severe. A woman who has an abortion or who consents to it may be punished by imprisonment of 15 days to one year and/or a fine that ranges from 5,000 (U.S.\$7.96) to 200,000 CFA francs (U.S.\$318.38).¹⁶⁸ A person who helps a woman obtain an abortion, even with her consent, shall be punished by imprisonment of one to five years and a fine of 100,000 CFA francs (U.S.\$159.19) to 200,000 CFA francs (U.S.\$318.38).¹⁶⁹ These penalties are doubled for any one who regularly performs illegal abortions and for medical practitioners or persons who practice an activity related to this profession.¹⁷⁰ The authorities may also order the professional premises where abortions are performed to be closed, and ban the provider from practicing his or her profession.¹⁷¹

The Penal Code also punishes severely any violence committed against a pregnant woman. It states: “Anyone who, by committing violence against a pregnant woman or a child being born, causes the death or permanent disability of the child, even unintentionally, shall be punished by imprisonment of five to 10 years and a fine of 100,000 (U.S.\$159.19) to 2,000,000 CFA francs (U.S.\$3,183.75).¹⁷²

5. Regulation of Information on Abortion

Chapter 4, Article 78 of Act 80/10 of July 14, 1980 upholds the 1920 Law’s prohibition on promotion of abortion, either by the sale or distribution of abortifacient materials or through the dissemination of information on abortion.

E. STERILIZATION

In Cameroon, the use of sterilization as a contraceptive

method is rare, and doctors use it mostly as a last resort. In fact, few couples visit health centers to request it. In addition, doctors may perform this operation only under certain conditions, on penalty of imprisonment. Cameroonian law stipulates that anyone who deprives another person permanently of the use of all or part of a limb, organ, or bodily sense shall be punished by imprisonment of 10 to 20 years.¹⁷³

There is no punishment when medical procedures are performed by an authorized person with the patient’s consent, or that of his or her guardian when a patient can no longer express his or her will. Finally, there is also no punishment when injuries or violence result from a medical intervention that is justified by immediate necessity to prevent serious harm to the victim.¹⁷⁴

F. FEMALE CIRCUMCISION/FEMALE GENITAL MUTILATION

1. Prevalence

Female circumcision/female genital mutilation (FC/FGM) is still practiced in some regions of Cameroon, especially in the Extreme-North, Southwest, and Northeast.¹⁷⁵

2. Laws to Prevent FC/FGM

Currently, Cameroonian law does not address the subject of FC/FGM and there is no systematic treatment or counseling of victims of the practice. However, rights to physical integrity and health, guaranteed in the preamble to the Constitution, together with certain clauses of the Penal Code, may be applicable in terms of preventing FC/FGM, which is performed frequently on little girls and adolescents.

3. Policies to Prevent FC/FGM

At present, Cameroon has no policies that address this subject.

G. HIV/AIDS AND OTHER STIS

1. Prevalence

The first documented AIDS cases in Cameroon were in 1987. Prior to that, the government had detected some asymptomatic HIV-positive cases. At that time, such cases among blood donors were rare. In December 1987, however, 12 out of 168 Yaoundé prostitutes, or 7%, were identified as HIV-positive. In June 1988, a sampling of 300 Yaoundé prostitutes confirmed this percentage.¹⁷⁶ According to current statistics, the percentage is close to 9-10%.¹⁷⁷

AIDS is a serious health risk throughout the entire country, including rural areas. According to the most recent UNAIDS report, in 1997 the number of HIV-positive adults was estimated at 310,000, or 4.89% of the adult population.¹⁷⁸ Among HIV-positive adults, the number of women was estimated at

150,000.¹⁷⁹ Cameroon recorded 13,000 HIV-positive children, and the number of orphans due to AIDS was estimated at 74,000.¹⁸⁰ Since the beginning of the epidemic, 110,000 AIDS cases have been confirmed among adults and children.¹⁸¹ According to projections, the prevalence of AIDS will increase in Cameroon in the coming decade. Between now and the year 2005, the government predicts about 140,000 new cases of AIDS in Cameroon.¹⁸²

2. Laws Related to HIV/AIDS

Cameroonian law does not explicitly address HIV/AIDS. However, certain provisions of the Penal Code relating to imprisonment and dangerous activities, together with the Civil Code, may make it possible to prohibit certain behaviors deemed criminal.

3. Laws Related to other STIs

There are no specific laws related to sexually transmissible infections.

4. Programs Related to Prevention and Treatment of HIV/AIDS and other STIs

A multidisciplinary National Committee for the Prevention of AIDS (CNLS) was formed in 1985.¹⁸³ The CNLS is composed of subcommittees responsible for developing action plans in five different areas: IEC; STI treatment and counseling; a blood transfusion laboratory; epidemiology; and research.¹⁸⁴ Nineteen eighty-five also saw the government begin to make counseling available to asymptomatic HIV-positive people to inform them of the status of the infection, offer advice about prevention and distribute condoms. Doctors who notify patients of their HIV-positive status also provide medical and psychological follow-up.¹⁸⁵

In July 1998, the National AIDS Prevention Department (SNLS) was created to implement the directives of the CNLS and its subcommittees.¹⁸⁶ The SNLS, however, is currently overwhelmed by its responsibilities and its ever-expanding agenda. At the same time, the World Health Organization (WHO) developed an emergency plan, consisting of a Short Term Plan (STP) (one-year) and a Medium Term Plan (MTP) (five years), to address the problem of HIV/AIDS. These plans created ELISA HIV testing centers, and training centers for technicians throughout the country, as well as a Western BLOT confirmation system at the Pasteur Center.¹⁸⁷

The MTP turned out to be problematic in that it was not possible to establish fixed plans of action over a five-year period for this rapidly changing public health problem. It is now apparent that these plans must be revised periodically to incorporate both knowledge learned from prevention programs in other countries, and changing circumstances and needs.¹⁸⁸ Thus, at the request of the Cameroonian govern-

ment, the WHO dispatched a four-member team to evaluate the results of actions already undertaken, whether related to the MTP or not, and to suggest possible improvements.¹⁸⁹

IV. Understanding the Exercise of Reproductive Rights: Women's Legal Status

Women's reproductive health and rights cannot be fully evaluated without investigating women's status within the society in which they live. Not only do laws relating to women's legal status reflect societal attitudes that affect reproductive rights, but such laws often have a direct impact on women's ability to exercise those rights.

The legal context of family life, women's access to education, and the laws and policies affecting their economic status can contribute to the promotion or the restriction of women's access to reproductive health care and their ability to make voluntary, informed decisions about such care. Laws regarding the age of first marriage can have a significant impact on young women's reproductive health. Furthermore, rape laws and others related to sexual assault or domestic violence present significant rights issues and can also have direct consequences for women's health.

A. LEGAL GUARANTEES OF GENDER EQUALITY/NON-DISCRIMINATION

The Cameroonian Constitution proclaims that every human being possesses inalienable rights regardless of race, religion, gender, or belief. It further states that all persons have equal rights and duties, and that the state guarantees to all citizens the conditions necessary for their development.¹⁹⁰

B. RIGHTS WITHIN MARRIAGE

1. Marriage Law

Marriage can be defined as a solemn legal act by which a man and a woman enter into a legally bound contract. In Cameroon, marriage is governed by several texts: the Civil Code, Order 81/02 of June 29, 1981, which regulates the civil service; the various clauses related to the status of individuals (in the former East Cameroon); the 1870 Married Women's Property Act (which legitimates women's right to property); and the 1857 Matrimonial Clauses Act (which regulates matrimonial affairs in the former West Cameroon). Within this context, a marriage license establishes the existence of a marriage. Unions formed by customary rules are not considered to be marriages; rather, they are treated as free unions or common-

law marriages. Nevertheless, although their legal status is not defined, they are considered to be a step toward marriage.

The type of marriage is specified during the ceremony before the registry official and noted in the marriage license. This choice is then consigned in an agreement between the prospective spouses, which is authenticated by a notary. When the form of marriage is not specified, case law and doctrine establish the terms. In these instances, marriages are assumed to be polygamous,¹⁹¹ and based upon a community-of-property marriage agreement governed by the Civil Code.¹⁹²

Lawful marriages must meet the following conditions: women must be at least 15 years old, and men, 18, unless the President of the Republic grants an exemption for serious reasons;¹⁹³ the couple must announce their intention to marry one month before the planned marriage date, though the President of the Republic may alter this time frame for serious reasons; the spouses should be of different sexes, have given their free consent, and, if one spouse is a minor, obtain the parents' consent; and the spouses should both be living; when one is deceased, the other can celebrate his or her marriage with the deceased only with the President of the Republic's express authorization.¹⁹⁴ The registry official of one of the prospective spouse's birthplace or residence performs the ceremony¹⁹⁵ after first ascertaining that the parties are not related in a manner prohibited by law.¹⁹⁶

Customs are not codified, and vary by ethnic group. The Civil Code does not recognize two common customs: the use of bride-price and parents' selection of a spouse. However, the Civil Code does recognize the system of settlement in trust, in which the bride brings property to her husband-to-be to help cover the marriage costs.¹⁹⁷

A marriage contracted without the free consent of both spouses can be declared null and void.¹⁹⁸ The Civil Code cites other grounds for annulling a marriage: spouses must cohabit and support, assist, and be faithful to one another; they must also feed, look after, and raise their children together.¹⁹⁹

The Civil Code designates the husband as head of family, and as such he is regarded as the principal moral and financial manager:²⁰⁰ he establishes the marital home and assumes main responsibility for household expenses. However, in cases where the residence chosen by the husband presents physical or moral dangers for the family, the court may grant the wife authority to establish another residence for herself and her children.²⁰¹ The husband also manages the community property he and his wife possess, as well as his wife's personal property.²⁰²

The Civil Code (inherited from the French colonial era) does not discuss polygamy, nor does it mention polyandry. The legal status of polygamy must be interpreted or deduced from

Order 81/02 of 6/29/81 and the Penal Code. This interpretation makes it evident that polyandry, which allows a woman to have several husbands, is prohibited, whereas polygamy, which allows a man to have several wives, is permitted.²⁰³ Indeed, the Supreme Court has ruled in this manner.²⁰⁴

In principle, a married woman may practice a different profession than her husband.²⁰⁵ If this is the case, she may open an account in her own name to deposit or withdraw the funds that are freely at her disposal. However, she must contribute to household expenses. In addition, if a married woman incurs debts on behalf of the household, her husband is held responsible for these debts.²⁰⁶

2. Divorce and Custody Law

The Civil Code regulates all aspects of divorce, from its grounds to its consequences, as well as the procedures.²⁰⁷ It does not recognize no-fault divorce, but only fault-based divorce, which assumes that the spouse who petitioned for divorce can prove that the other spouse committed an offense. The law recognizes the following grounds for divorce: adultery, the revocation of one spouse's civil rights resulting from an afflictive and defamatory penalty, or domestic abuse or injuries. To be recognized as grounds for divorce, these actions, on the one hand, must constitute a serious or recurring violation of the marriage duties and obligations, and, on the other hand, make it intolerable to maintain the marriage bond.²⁰⁸ The first two grounds are mandatory; when proved, a judge must grant a divorce.²⁰⁹ The other grounds are optional, and leave the granting of a divorce to the judge's discretion.²¹⁰ The judge may also use his or her authority to assess the variety of customary grounds that may be cited before traditional jurisdictions.²¹¹

The petition for divorce can be brought before a high court or a lower court (traditional jurisdiction). Although the Civil Code rules apply to everyone, those related to custom apply only when the interested parties agree to be bound by them. If one of the parties were to refuse to be bound by customary law, the traditional jurisdictions would be found incompetent to hear the case.²¹² The court may order all necessary measures with regard to children, food and lodging for the entire duration of the hearing.²¹³

In order to guarantee her rights either to the community property or her own property, both of which the husband manages during the marriage, a woman can obtain protective measures, such as having seals affixed on the property.²¹⁴ In addition, she can request that the judge who is deciding the divorce nullify all the deeds executed by the husband to alienate the joint assets.²¹⁵ All these temporary measures can be amended during the hearing.

With regard to child custody, the Civil Code awards it to

the spouse who obtains the divorce. However, a judge can override this principle after ordering an investigation into the family's financial, moral and living conditions, as well as the children's supervision. The judge-conciliator reviews the results of such an investigation to reach a decision as to whether to grant custody of all the children or some of the children to one or the other of the spouses (even the spouse who has lost the divorce, or possibly a third party).²¹⁶ Regardless of who obtains custody of the children, both father and mother retain their rights to oversee the children's upbringing and education, and are required to contribute to them in proportion to their abilities and resources.²¹⁷ Thus, the judge may require the non-custodial parent to pay family support to the other parent. Generally, in setting the amount, the judge takes into account the income of both former spouses as well as the children's needs.²¹⁸

In practice, custody of the younger children is generally granted to the mother, and of the older children, to the father. Mothers, however, often face several types of difficulties. They are the ones who are most often called upon to leave the marital home with their children. They must leave without any of the financial compensation due to them, or child support, which husbands rarely pay immediately. Women must initiate other proceedings to recover their rights, taking on the expenses these involve. For this reason, many women become discouraged and abandon the process.

C. ECONOMIC AND SOCIAL RIGHTS

1. Property Rights

The right to property is cited in the preamble to the Constitution as an inalienable one that the state guarantees to each individual. The exercise of this right, however, may not do harm to the public or society, or to the safety, liberty, existence, or property of others. The law guarantees to all without discrimination the right to use, enjoy, and dispose of property. Constitutional law states that no one may be deprived of this right, except on grounds of public utility and with payment of compensation under terms established by law.²¹⁹ The Civil Code has upheld this definition and principle to regulate property rights.

Women's property rights diverge sharply between theory and practice. With regard to inheritance law, which represents an important way to acquire property, Cameroonian women are granted equal rights to men: they can inherit property, and use it as they please, and the same principle holds for gifts. Discrimination lies in customs that prohibit a woman from inheriting from her father or mother because it is considered a woman's vocation to get married. In fact, once married, a woman is considered part of her husband's "estate," in the same

category as his personal property and real estate. Moreover, a married woman's rights to her own property are limited throughout the course of her marriage; her husband alone manages the community property, which he can sell, abandon, or mortgage at any time.²²⁰ He also manages his wife's personal property, and exercises all rights to it.²²¹ When a marriage ends, the community property agreement is dissolved, and, in theory, the property is shared equitably between the former spouses. In practice, however, the wife often faces her husband's bad faith unless she renounces her property rights. Nevertheless, she does recover her personal property.²²²

When a deceased person is not survived by relatives who are eligible to inherit,²²³ or by illegitimate children, the estate belongs completely to the surviving spouse, except in cases of divorce or legal separation.²²⁴ A woman may also inherit from her husband when he is survived by relatives who are eligible to inherit only on one side of his family, either the paternal or maternal side; in this case, the share that the other side of the family would have inherited is allocated to the surviving spouse, except in cases of divorce or legal separation. Legal separation results in the division of property, which makes it possible for a woman to manage her own property and her share of the community property.

With regard to the right to land ownership, the law does not discriminate against women.²²⁵ Any person may individually or collectively acquire land rights so long as they obtain a land title that designates his or her property rights.²²⁶ In practice, however, these legal provisions often discriminate against women. In fact, under most customs, a woman is considered stateless, and therefore, unfit to own land, which by its very nature is fixed. That is, a woman does not reside permanently in one place, either in her family of origin, which she is supposed to leave to get married, or in her family by marriage, to which she remains an outsider.

2. Labor Rights

The preamble of the Constitution proclaims that every person has the right and the duty to work. Similarly, the Labor Code recognizes every citizen's right to work and states that the government should do everything possible to assist citizens in finding and maintaining employment.²²⁷ The Labor Code also states that work is a national duty for every able-bodied adult.²²⁸

Labor statutory law does not explicitly discriminate against women in the workforce.²²⁹ It guarantees women equal opportunity to employment, free choice of a profession and a job, and equal pay and treatment for the same work.²³⁰ It also ensures the right to health and safe working conditions, and therefore prohibits women's nighttime work in industrial facilities²³¹ as well as dismissal due to pregnancy or a woman's mat-

rimonial status. It also grants women the right to paid maternity leave.²³²

In effect, this law enables pregnant women to break their work contract unilaterally, without having to pay compensation to their employer, if their health status no longer allows them to perform their tasks. By contrast, as mentioned above, employers cannot fire women due to pregnancy.²³³ The Labor Code grants pregnant women a 14-week paid maternity leave that can be extended six weeks in cases of pregnancy-related illness.²³⁴ In addition, women receive daily compensation from the National Social Contingency Fund equal to their salaries,²³⁵ and may take breaks to nurse their children for up to 15 months after returning to work.²³⁶ During this period, women may also break contracts without notice and without having to pay compensation to employers.²³⁷

Women have the right to paid vacations, and retirement, sick, and disability benefits. The length of their leave increases according to their seniority at work and their responsibilities as working mothers.²³⁸

In reality, there is much discrimination, as husbands have the right to oppose their wife's profession or business by citing the interest of the household and children.²³⁹ Only a court order can lift this opposition.

3. Access to Credit

In Cameroon, laws governing financial and credit institutions do not discriminate against women. Nevertheless, women have difficulty obtaining credit because they seldom meet the financial criteria required by credit institutions.

4. Access to Education

The preamble to the Constitution guarantees all children in Cameroon the right to an education. Primary education is compulsory, and the government is responsible for providing education at all levels. Furthermore, laws governing education clearly do not discriminate against women. At the same time, it is difficult to apply this principle of nondiscrimination, especially with regard to compulsory primary education. In practice, customs continue to promote education for boys but not for girls, who are destined for marriage.²⁴⁰

The disparity between girls and boys with respect to education becomes more pronounced in secondary school. Girls withdraw from school at a significant rate throughout secondary school. Only 0.5% of women reach higher education.²⁴¹ A synthesis of demographic surveys conducted in Cameroon since 1964 shows that the school attendance rate of both girls and boys increased until 1990.²⁴² Starting in 1991, however, this rate slowed among both sexes, though more markedly among girls. This is explained by the fact that during economic recessions, parents prefer to pay for boys' education

over girls.²⁴³

D. RIGHT TO PHYSICAL INTEGRITY

1. Rape

In Cameroon, every person has the right to life and physical and moral integrity.²⁴⁴ Criminal statutory law guarantees this right and provides for a number of penalties. Under the Penal Code, persons who, by using physical or emotional violence, force a woman or pubescent girl to have sexual relations with them are sentenced to five to 10 years in prison.²⁴⁵ Cameroonian law seems divided over the issue of marital rape, and case law maintains a cautious stance.²⁴⁶

2. Incest

The Penal Code punishes incest, which is the act of having sexual relations with close relatives, by imprisonment of one to three years and a fine of 20,000 CFA francs (U.S.\$31.84) to 500,000 CFA francs (U.S.\$795.94).²⁴⁷ Due to the broad definition of "close relatives" in Cameroonian customs, the Code specifies the type of relationship in which sexual relationships are prohibited. It includes legitimate or illegitimate parents, legitimate or illegitimate brothers and sisters, or half brothers and sisters.²⁴⁸ Significantly, a perpetrator of incest can be prosecuted, and therefore punished, only if a blood relative, regardless of how distant, brings a tortious action.²⁴⁹ In reality, very few incest proceedings reach the courts. Authorized persons refrain from bringing such actions out of a sense of modesty, to preserve family secrets, or due to fear of becoming societal outcasts.

3. Domestic Violence

Generally, criminal law punishes the perpetrators of violence by emphasizing the status of the perpetrators and victims, rather than the place where the violence was committed. Punishable offenses consist of light assault and battery,²⁵⁰ light injuries,²⁵¹ violence against children,²⁵² parents,²⁵³ and pregnant women.²⁵⁴ They also include infanticide,²⁵⁵ neglect of the disabled,²⁵⁶ serious assault and battery,²⁵⁷ mortal blows,²⁵⁸ grievous injuries,²⁵⁹ assassinations,²⁶⁰ and murder.²⁶¹

4. Sexual Harassment

In Cameroon, there are no laws regarding sexual harassment. A law to this effect would help address this issue, which is one of the causes of discrimination against women. In fact, many workshops and conferences have addressed the prevalence and vicious nature of sexual harassment in Cameroon.

v. Focusing on the Rights of a Special Group: Female Minors and Adolescents

The reproductive health needs of adolescents are often unrecognized or neglected. Because early pregnancy has disastrous consequences for the health of mothers and children, it is important to study the reproductive lives of adolescents between 15 and 19 years old.

According to UNFPA data, over 44% of the Cameroonian population is younger than 14, and almost 20% is between the ages of 15 and 24.²⁶² The demographic implications of the population's relative youthfulness represent a significant challenge for all economic and social services, particularly in the areas of education, health, and employment.

A. REPRODUCTIVE HEALTH OF FEMALE MINORS AND ADOLESCENTS

In Cameroon, of all women between 15 and 19 years of age, 29.7% have already had at least one child and 5.3% are pregnant with their first child.²⁶³ Early childbearing is much more noticeable in rural areas, where 39.8% of adolescents have borne children, compared to 25.2% in Yaoundé/Douala, the political and economic capitals, and 30.7% in the "other cities."²⁶⁴ The proportion of adolescents in Adamaoua, the North, and the Extreme-North who are already mothers or who are in their first pregnancy (48.1%) is also much higher than in other regions. This ratio is the lowest (27.4%) in the western and coastal regions of the country.²⁶⁵

There is a strong correlation between adolescent fertility and level of education. More than 50% (53.4%) of adolescents without education have already had a child or are pregnant for the first time. This proportion decreases to 37.8% for adolescents with primary education, and falls to 21.3% for those with a secondary or higher level of education.²⁶⁶

Among adolescents who already have at least one child (29.7% of those aged 15 to 19), a little more than one quarter have two or more (8.3% out of 29.7%).²⁶⁷ This is especially true for the oldest adolescents, as 17.8% of 18 year-old women and 14.9% of 19 year-old women already have two or more children. The number of children per woman increases with age, and 19 year-old women already have an average of 0.68 children.²⁶⁸

Until 1980, Cameroon had a pro-natalist policy backed by measures aimed at encouraging births.²⁶⁹ Cameroon's abandonment of this policy in 1980 was marked by the opening of family planning centers that offered counseling for girls, as well

as campaigns to raise awareness and provide education on responsible parenthood. In addition, new statutory laws regarding contraceptives were also passed.²⁷⁰ Within the context of the 1992 Population Policy, the government launched the following initiatives:²⁷¹

- Facilitating access to voluntary family planning services, especially in rural and semi-rural areas. Particular emphasis is placed on sexuality education for girls, especially by providing information about contraceptive methods and sexually transmissible infections, particularly AIDS;
- Promoting girls' education in order to increase enrollment and raise the age of first marriage.

Although Cameroon's Population Policy provides an important framework for action, much effort will be necessary, particularly for girls. Special emphasis should be given to the problem of adolescent pregnancy, especially unwanted pregnancy. The latter problem is evident in the ever-increasing number of maternal deaths, unsafe abortions, child abandonment and infanticide.²⁷² Efforts must include promotion and facilitation of voluntary family planning services, particularly for adolescents: these will help manage fertility, especially by establishing these centers throughout the entire country, and chiefly in rural areas.²⁷³

B. FEMALE CIRCUMCISION/FEMALE GENITAL MUTILATION OF FEMALE MINORS AND ADOLESCENTS

Female circumcision/female genital mutilation (FC/FGM) is a partial or total removal of a woman's external genital organs. FC/FGM is still practiced in some regions of Cameroon, such as the Extreme-North, Southwest, and Northeast.²⁷⁴ Because the practice endangers a woman's health and welfare, and infringes upon her rights,²⁷⁵ the Ministry of Social Affairs and Women's Status (MINASCOF), in collaboration with some NGOs, has launched a widespread campaign against it, calling for its elimination.²⁷⁶

C. MARRIAGE OF FEMALE MINORS AND ADOLESCENTS

The age at first marriage or first sexual relationship has a significant effect on a woman's reproductive behavior, as well as on her reproductive health and her social status. Generally, marriage of a minor results in early pregnancy. Early pregnancy, in turn, constitutes a significant risk factor in both the maternal mortality and the school drop-out rate. It also constitutes a major risk factor for the children born to these young mothers. In light of these risks, the Cameroonian legislature has expressly determined a minimum age at first marriage.

1. Age at First Marriage

Article 52 of Order No. 81-02 of June 29, 1981 on the civil service stipulates that: "No marriage may take place if the girl is younger than 15 or the boy is younger than 18, unless the President of the Republic grants an exemption for a serious reason.²⁷⁷ Only the President may determine whether or not the reason is "serious."²⁷⁸

2. Opposition

Any person with a legitimate interest may oppose the celebration of a marriage. Those with such an interest include a father, mother, or guardian, if the prospective spouses are minors, as well as the customary leader.²⁷⁹

3. Consent

The prospective spouses must consent freely to the marriage. The consent of a prospective spouse who is a minor is valid only if it is backed by the consent of his or her father and mother.²⁸⁰

4. Appeal

An order prohibiting or sanctioning the celebration of a marriage may be appealed in the high court at the behest of the parties.²⁸¹ Any dispute that arises due to the existence, payment, or payment terms of customary bride-price, however, is inadmissible, even if it was agreed to beforehand. The total or partial payment or nonpayment of bride-price, or the total or partial implementation or non-implementation of any prenuptial agreement, has no effect on the validity of the marriage.²⁸²

5. Early Marriage

In light of concerns over early marriage's negative consequences for girls, the 1995 World Conference on Women in Beijing focused a good deal of the discussion on "girl-child" issues on the marriage of very young girls, sometimes at ages below a nation's legal age of first marriage.²⁸³ In Cameroon, very early marriage still occurs in certain tribes (in Adamaoua and the Northwest, and in the Extreme-North between eight and nine years of age).²⁸⁴

Some customs call for pre-pubescent girls to leave their homes and live with their husbands. Most of the time, the husband is a friend of the girl's father, and the marriage has been arranged without her being consulted.²⁸⁵ It is in the house of this "stranger-husband" that she will experience her entire sexual and domestic life. The harmful consequences of this type of marriage are obvious: these "little-girl wives" must make motherhood their sole occupation to the exclusion of formal education, training, employment, work experience, and personal development. This early marriage custom should start giving way to first marriage at an older age.²⁸⁶

Education can delay marriage indirectly by increasing girls'

desire and ability to regulate their fertility.²⁸⁷ Education provides girls with knowledge about contraception and empowers them to make informed contraceptive choices.

D. EDUCATION FOR FEMALE MINORS AND ADOLESCENTS

Despite the commitment many governments have made to the concept of universal education, girls' access to education varies significantly from nation to nation. This variation seems closely correlated with the legal age of first marriage. Generally, early marriage is accompanied by girls' abandonment of secondary or higher education.

One of the overall objectives of Cameroon's National Population Policy is to promote primary education for everyone, especially girls. This objective is followed by a specific objective that focuses on promoting and strengthening girls' education, primarily to discourage them from dropping out of school early, but also to raise their educational level and the age at first marriage.²⁸⁸

To attain this objective, the government is in the process of developing several programs and strategies aimed specifically at girls' empowerment. One example is the program that has already been implemented in the northern part of the country by the ministries of Education (MINEDUC), Social Affairs and Women's Status (MINASCOF), with UNICEF support. This program aims to promote mass access to education and school enrollment for girls.²⁸⁹ Its activities range from providing day care programs, mobilizing parents, and training supervisory personnel, to the acquisition of adequate teaching materials and the construction of schools.²⁹⁰ Some NGOs contribute various types of technical support to this program.

Girls' education is a major priority for Cameroon, especially in the north where there is a significant disparity between boys' and girls' education levels.²⁹¹ At the same time, however, the severe economic crisis affecting the entire country led some families to promote their sons' education over their daughters'.²⁹² The advantages of girls' education, however, are universally acknowledged and take on particular importance for Cameroon. That is why one of the most profitable investments Cameroon can make for the future is to commit itself strongly to promoting girls' education.²⁹³

Until the mid-1970s, Cameroon experienced an impressive increase in education levels.²⁹⁴ Between 1976 and 1987, the illiteracy rate among people 11 years and older fell from 53% to 41%,²⁹⁵ while the school enrollment rate for six to 14 year-olds rose from 67% to 73%.²⁹⁶ This contributed to a reduction in educational disparities, both between men and women, and between rural and urban areas, even if marked differences remained.²⁹⁷

In addition to Cameroon's efforts to improve youth education through the formal education system, the government is also planning to implement a program aimed at reducing the number of school drop-outs and improve the efficacy of the education system.²⁹⁸ This program focuses mainly on reallocating budgetary resources more efficiently and increasing public assistance for the development of basic education; expanding school capacity (infrastructure and various types of equipment); and improving the management of human and financial resources for education. With regard to out-of-school youth, the Ministry of Youth and Sports (MINJES) is developing a social assistance program for adolescents through advanced professional training centers.²⁹⁹ A significant obstacle remains, however, in the imbalance between training and employment. If this problem is not addressed, it will continue to result in a rise in unemployment, particularly among young people with degrees.³⁰⁰

E. SEXUALITY EDUCATION FOR FEMALE MINORS AND ADOLESCENTS

Sexuality education remains a taboo subject in Cameroon, except in the Muslim community, which teaches it in Koran school.³⁰¹ Information on reproductive health is not always easily accessible to adolescents.³⁰² The resulting ignorance increases the risk of a host of problems, including: sexual promiscuity, premarital sexual activity, adolescent clandestine abortions with their attendant complications, adolescent girls' inability to identify the fertile period of their menstrual cycle, high school drop-out rates, prostitution, and the spread of STIs/HIV/AIDS.

Family planning centers do exist, though adolescents rarely visit them. In addition, there are women's houses where girls are exposed to some basic sexuality education and small-business training. Attempts to raise awareness through televised messages and advertising about family planning and STIs/HIV/AIDS, including a sketch on the use of condoms, have been effective. They have been accessible, however, only to the urban and suburban adolescent population with access to television or the movies.

The problem of adolescent pregnancy is urgent and must be addressed by locally developed and culturally appropriate educational material on reproductive health, sexuality education, and STIs.³⁰³ It is necessary to raise the awareness of the relevant authorities, like MINEDUC and MINSANTE, about the need to introduce sexuality education in school curricula and to encourage girls' education and school attendance.³⁰⁴ Information, education, and communication (IEC) can increase the acceptance of family planning, and thereby help avoid the need to resort to unsafe abortions. It is

therefore important to develop effective reproductive health awareness-raising programs for adolescents.³⁰⁵

F. SEXUAL OFFENSES AGAINST FEMALE MINORS AND ADOLESCENTS

Cameroon has ratified the International Convention on the Rights of the Child. In addition, its national legislation provides protection for children under both criminal and civil law, including protection of a child's bodily and moral integrity. Therefore, it severely punishes the corruption of youth, indecent acts committed against a person under 16 or against a minor 16 to 20 years old, kidnapping of minors, incitement to debauchery, homosexuality, and incest.

1. Corruption of Youth

The Penal Code punishes the corruption of youth. It provides: "Any person who stimulates, promotes, or facilitates the debauchery or corruption of a person younger than 21 years of age shall be punished by imprisonment of one to five years and a fine of 20,000 (U.S.\$31.84) to 1,000,000 CFA francs (U.S.\$1,591.88). The sentence is doubled if the victim is under 16 years of age."³⁰⁶ Article 30 of this Penal Code may also be applied; it "deprives the convicted person of his/her paternal rights in any guardianship relationship, for one to five years."³⁰⁷

2. Indecency

The Penal Code also provides that "Anyone who commits an indecent act in the presence of a person younger than 16 years of age shall be punished by two to five years in prison and a fine of 20,000 (U.S.\$31.84) to 200,000 CFA francs (U.S.\$318.38).³⁰⁸ The penalties are doubled if the indecent act is committed with violence, or if the perpetrator is one of the ... [following]: a person who has authority over the victim or legal or customary custody; a civil servant or a religious minister; or a person assisted by one or several other persons."³⁰⁹

"The penalty is 10 years in prison if the perpetrator has had sexual relations with the victim, even if the victim gives his/her consent."³¹⁰ "In cases of rape, imprisonment is 15 to 20 years, with a penalty of life in prison if the perpetrator is one of the persons listed above."³¹¹ In cases of sexual relations with a victim younger than 16 years old, the sentence is 10 to 15 years in prison.

3. Kidnapping of Minors

The Penal Code punishes anyone who, without deception or violence, abducts a person younger than 18 years of age against the wishes of those who have legal or customary custody, by imprisonment from one to five years and a fine of 20,000 (U.S.\$31.84) to 200,000 CFA francs (U.S.\$318.38). These

penalties do not apply, however, if the minor subsequently marries the perpetrator. Moreover, the same Code punishes by imprisonment of five to 10 years anyone who, by deception or violence, abducts or kidnaps a person younger than 21 years of age against the wishes of those who have custody of that person.³¹² If a physical assault against an abducted minor results in death, the penalty is increased and the perpetrator may be sentenced to death.³¹³

4. Incitement to Debauchery

Another form of corrupting a minor is to incite, promote, or facilitate the debauchery or corruption of a person younger than 21. The perpetrator of such behavior shall be punished by imprisonment of one to five years and a fine of 20,000 (U.S.\$31.84) to 1,000,000 CFA francs (U.S.\$1,591.88) or double these penalties in an aggravated case in which the victim is younger than 16 years of age.³¹⁴

5. Homosexuality

The Penal Code punishes "Any person who has sexual relations with a person of the same sex, by imprisonment of six months to five years and a fine of 20,000 (U.S.\$31.84) to 200,000 CFA francs (U.S.\$318.38)."³¹⁵ Paragraph two punishes, with more severe penalties if necessary, indecent acts committed between persons of the same sex when the perpetrator is older than 21 and the victim younger than 18 years of age.

6. Incest

The Penal Code also prohibits incest. It states: "Independently of the penalties provided in Articles 346 (3) and 347 (1), anyone who has sexual relations with (a) any legitimate or illegitimate relatives and/or; (b) either maternal or paternal half-brothers or half-sisters, shall be punished by imprisonment of one to three years and a fine of 20,000 (U.S.\$31.84) to 500,000 CFA francs (U.S.\$795.94)."³¹⁶ The crime of incest can also be prosecuted under common law offenses, such as those provided for in Articles 346 and 347 of the Penal Code regarding the indecent exposure of persons younger than 16 or minors 16 to 21 years of age.

The penalties provided for offenses stipulated in Articles 295, 296, and 347, namely indecency, rape, and homosexuality, are doubled when the victim is a minor between 16 and 20 years of age.³¹⁷ If the perpetrator is a minor and criminally liable, a judicial inquiry is opened. The sentence, handed down in the judge's chambers, will be mitigated by the fact that the perpetrator is a minor.³¹⁸

Finally, there are no judges for children in the Cameroonian legal system and, even more problematic, no special or exclusive prisons for children. Children are jailed in special sections of ordinary prisons.

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101. SANTÉ DE LA REPRODUCTION, PLANIFICATION FAMILIALE, SANTÉ SEXUELLE – BILAN ET ORIENTATIONS STRATÉGIQUES, *supra* note 86.
102. Statistics obtained from the Bonassama-Douala District Hospital, which offers family planning services.
103. Act No. 77 of July 13, 1977 concerning the compensation for and prevention of work accidents and professional illnesses.
104. *Id.*
105. *Id.*
106. Decree No. 68/DF/158 of April 20, 1968 concerning the specific status of public health and population civil servants, Part I, arts. 1, 2, 3, 4, and 5.
107. Act No. 90/036 of August 10, 1990 focusing on the practice and organization of the medical profession, arts. 2 and 19, Collection of New Texts – Rights and Freedoms (Collection of New Texts, Editions SOPECAM, December 1990, at 169).
108. Professional Code of Ethics, Act No. 90/036 of August 10, 1990, Art. 22.
109. Act No. 90/036, *supra* note 107, Arts. 5 and 6.
110. Article 388 of the Penal Code stipulates that the civil age of majority is 21 years of age in Cameroon.
111. Act No. 90/036, *supra* note 107, on the conditions for registering in the association, Arts. 34 and 35.
112. Act No. 90/035 of August 10, 1990 related to the practice of the profession of pharmacist, Collection of New Texts – Rights and Freedoms (Editions SOPECAM, December 1990).
113. *Id.*, Art. 2.
114. *Id.*, Arts 81 and 82.
115. *Id.*, Art. 97.
116. Act No. 90/034 of August 10, 1990 related to the practice and organization of the profession of dental surgeon, Collection of New Texts – Rights and Freedoms (Editions SOPECAM, December 1990).
117. Act No. 96/03 of January 4, 1996 concerning the legal framework in the area of health.
118. Act No. 90/036 of August 10, 1990, *supra* note 107, Art. 41, ¶ 1 and 2.
119. *Id.*, Art. 42.
120. *Id.*, Art. 48.
121. *Id.*, Arts. 50, ¶ 1.
122. *Id.*, Arts. 51 and 52.
123. *Id.*, Art. 55.
124. *Id.*, Art. 16.
125. *Id.*, Art. 17.
126. Act No. 90/035 of August 10, 1990, *supra* note 112, Arts. 17 and 18.
127. *Id.*, Arts. 19 and 20.
128. *Id.*, Arts. 21 to 27.
129. *Id.*, Arts. 67 to 71.
130. *Id.*, Arts. 75 to 78.
131. PENAL CODE, Laws No. 65-LF/24 of November 12, 1965 and 67-LF-1 of June 12, 1967, Art. 259.
132. *Id.*
133. *Id.*, Art. 260.
134. *Id.*, Art. 228 (1) (2c).
135. *Id.*, Art. 337.
136. Act No. 90/035 of August 10, 1990, *supra* note 112, Art. 119.
137. CIVIL CODE, Art. 1382, Codes and Laws of Cameroon, Volume II, Collection up-to-date on May 1, 1956, published in the Official Journal of January 15, 1967, TOCOR, No. 14 and 15 of September 14, 1968.
138. MINISTÈRE DU PLAN ET DE L'AMÉNAGEMENT DU TERRITOIRE, DÉCLARATION DE LA POLITIQUE NATIONALE DE POPULATION, MINPAT/DP/UPP 93 ISBN 2909 646 06 05 (Yaoundé, March 1993), at 3 (Preamble).
139. *Id.*, at 32 *et seq.*
140. *Id.*, at 4 (Preamble).
141. Mr. Paul BIYA, Head of the Cameroonian State, "For Community Liberalism".
142. DÉCLARATION DE LA POLITIQUE NATIONALE DE POPULATION, *supra* note 138, at 29 to 30.
143. *Id.*, at 32 to 42 (Preamble).

144. MM. BALEB AND LAMLENN, POPULATION ET STRATÉGIES DE DÉVELOPPEMENT; BILAN ET ORIENTATIONS STRATÉGIQUES – CAMEROUN (APES), at 16 (1997).
145. LA PROBLÉMATIQUE DE LA PLANIFICATION FAMILIALE ET LA PARTICIPATION, MINASCOCF (February 1994).
146. DIRECTION NATIONALE DU DEUXIÈME RECENSEMENT GÉNÉRAL DE LA POPULATION ET DE L'HABITAT ET MACRO INTERNATIONAL, INC., ENQUÊTE DÉMOGRAPHIQUE ET DE SANTÉ – CAMEROUN 1991, at 45 (1992) [hereinafter, 1991 DHS].
147. MINISTÈRE DES AFFAIRES SOCIALES ET DE LA CONDITION FÉMININE, EDUCATION OF THE POPULATION ON RESPONSIBLE PARENTHOOD, at 1 and 5 (1990).
148. *Id.*
149. Study conducted by R. LEKE and TIKUM, 1991.
150. 1991 DHS, *supra* note 146.
151. *Id.*, at 46.
152. *Id.*, at 51.
153. *Id.*
154. *Id.*, at 46.
155. *Id.*, at 64.
156. *Id.*, at 47.
157. *Id.*, at 58.
158. *Id.*, at xxii.
159. *Id.*, at 46.
160. Act No. 90/035 of August 10, 1990, *supra* note 112.
161. PENAL CODE, *supra* note 131, Art. 339 (1) (2).
162. *Id.*, Art. 337. Articles 337 and 338 are not applicable if the actions were carried out by an authorized person and justified by the necessity to save the mother from a serious threat to her health.
163. Article 339 of the Penal Code stipulates that “Articles 337 and 338 of the Penal Code are not applicable if the actions were carried by an authorized person and justified by the necessity to save the mother from a serious threat to her health. When there is a pregnancy caused by rape, medical abortion does not constitute an offense if it is performed after certification of the Public Ministry on the materiality of the facts”.
164. Act No. 90/035 of August 10, 1990, *supra* note 112.
165. Interpretation of the medical and consent agreement that exists between a doctor and his/her patient. This agreement complies with the rules of contractual civil liability, and is not subject to special regulation in Cameroon, but rather to medical practical experience.
166. POPULATION ET STRATÉGIES DE DÉVELOPPEMENT, *supra* note 144, at 10 and 11.
167. *Id.*, at 11.
168. PENAL CODE, *supra* note 131, Art. 337 (1).
169. *Id.*, Art. 337 (2).
170. *Id.*, Art. 337 (3).
171. *Id.*, Art. 337 (4).
172. *Id.*, Art. 338.
173. *Id.*, Art. 277.
174. *Id.*, Art. 86 about the state of necessity.
175. ACAFEM Workshop, 1992.
176. MINISTÈRE DE LA SANTÉ PUBLIQUE ET ORGANISATION MONDIALE DE LA SANTÉ, REVUE DU PROGRAMME QUINQUENNAL DE LUTTE CONTRE LE SIDA, at 1 (November 1989).
177. *Id.*
178. UNAIDS, REPORT ON THE GLOBAL HIV/AIDS EPIDEMIC, at 64 (June 1998).
179. *Id.*
180. *Id.*
181. *Id.*, at 67.
182. DIVISION DE LA POPULATION ET DES RESSOURCES HUMAINES, DÉPARTEMENT DE L'AFRIQUE CENTRALE ET DE L'OCÉAN INDIEN, RÉGION AFRIQUE, BANQUE MONDIALE, CAMEROUN – DIVERSITÉ, CROISSANCE ET RÉDUCTION DE LA PAUVRETÉ, at 81 (April 4, 1995).
183. *Id.*, at 1.
184. *Id.*
185. *Id.*
186. *Id.*
187. *Id.*
188. *Id.*
189. *Id.*
190. CAMEROON CONST., Preamble.
191. Order No. 81-02 of June 29, 1981, organizing civil status (JORUC), and No. 14 of August 1, 1981, Art. 49.
192. CIVIL CODE, *supra* note 137, Art. 1401 *et seq.*
193. *Id.*, Arts. 52 (5) *et 67*.
194. Order 81-02, *supra* note 191, Art. 52 (1).
195. *Id.*, Art. 48.
196. Civil Code, *supra* note 137, Art. 161, 162, and 163.
197. *Id.*, Art. 1540 to 1573.
198. *Id.*, Art. 189, and Ord. 81-02, *supra* note 191, Art. 65.
199. CIVIL CODE, *supra* note 137, Art. 203.
200. *Id.*, Art. 213.
201. *Id.*, Art. 215.
202. *Id.*, Art. 1401.
203. It is important to note that the draft of the 1996 Civil Code, currently being studied, maintains polygamy as the marriage option that will be assigned in the absence of an explicit choice by the prospective spouses in favor of monogamy.
204. CS order ASSO and others.
205. Ord. 81-02, *supra* note 191, Art. 75.
206. CIVIL CODE, *supra* note 137, Art. 223.
207. *Id.*, TITLE II, Chapter 1, Arts. 229 *et seq.*
208. *Id.*, Arts. 229 to 232.
209. *Id.*, Arts. 229, 230, and 231.
210. *Id.*, Art. 232.
211. Unpublished CS order No. 86 of April 11, 1974 that confirmed that a contagious disease like gonorrhoea was grounds for divorce in Béti.
212. Decree 69/DF/544 of December 19, 1971 establishing the organization of the judiciary and proceedings before traditional jurisdictions in East Cameroon, at 112 *et seq.* (Edition MINOS, 1995).
213. CIVIL CODE, *supra* note 137, Art. 240.
214. *Id.*, Art. 242.
215. *Id.*, Art. 243.
216. *Id.*, Art. 302.
217. *Id.*, Art. 303.
218. *Id.*, Art. 301.
219. CAMEROON CONST., Preamble.
220. CIVIL CODE, *supra* note 137, Arts. 1421 and 1422.
221. *Id.*, Art. 1428.
222. *Id.*, Art. 1449.
223. CIVIL CODE, *supra* note 137, Arts. 740 *et seq.*: the inheritance order is as follows:
- descendants
 - preferred ascendants and preferred collaterals
 - ordinary ascendants
 - the surviving spouse
 - the state
224. *Id.*, Art. 767.
225. Order 74-1 of July 6, 1974 establishing the land system.
226. Decree No. 76-165 of April 27, 1976 concerning the acquisition of a land title.
227. Act No. 92/007 of August 14, 1992 on the Labor Code, Art. 2 [hereinafter, LABOR CODE].
228. *Id.*
229. LABOR CODE, and texts on work-related accidents and illnesses.
230. *Id.*, Art. 61 (2).
231. *Id.*, Art. 82.
232. *Id.*, Art. 84.
233. *Id.*, Art. 84 (1).
234. *Id.*, Art. 84 (2).
235. *Id.*, Art. 84 (5).
236. *Id.*, Art. 85 (1).
237. *Id.*, Art. 85 (2).
238. *Id.*, Art. 90.
239. CIVIL CODE, *supra* note 137, Order 81-02 of June 29, 1981, *supra* note 191, and the Commerce Code, Art. 4.
240. Comité National pour la Préparation de la Conférence Mondiale sur la Femme – Beijing 1995, Rapport National sur l'Evaluation de la mise en Oeuvre des Stratégies d'Actions Prospectives de Nairobi et de la Déclaration sur le Développement Participatif, at 28 *et seq.* (April 1994).
241. *Id.*, at 29.
242. *Id.*
243. *Id.*
244. CAMEROON CONST., Preamble.

245. PENAL CODE, *supra* note 131, Art. 296.
246. Stanislas MELONE, Lecture on General Criminal Law (1985).
247. PENAL CODE, Art. 360 (1).
248. *Id.* It should be noted that full brothers and sisters have the same parents; there are half-brothers and half-sisters with the same father or those with the same mother.
249. *Id.*, Art. 360 (2).
250. *Id.*, Art. 280.
251. *Id.*, Art. 281.
252. *Id.*, Art. 300.
253. *Id.*, Art. 351.
254. *Id.*, Art. 338.
255. *Id.*, Art. 340.
256. *Id.*, Art. 282.
257. *Id.*, Art. 279.
258. *Id.*, Art. 278.
259. *Id.*, Art. 277.
260. *Id.*, Art. 276.
261. *Id.*, Art. 275.
262. UNITED NATIONS POPULATION FUND, RECOMMENDATION BY THE EXECUTIVE DIRECTOR ON ASSISTANCE TO THE GOVERNMENT OF CAMEROON, at 2 (February 9, 1998).
263. 1991 DHS, *supra* note 146, at 43.
264. *Id.*
265. *Id.*
266. *Id.*
267. *Id.*, at 44.
268. *Id.*
269. Act No. 78/11 of June 12, 1976 establishing family allowances.
270. Act No. 90/035 of August 10, 1990 on the profession of pharmacists, *supra* note 112.
271. DÉCLARATION DE POLITIQUE NATIONALE DE POPULATION, *supra* note 138, at 20, 33, and 35.
272. UNFPA, APES, REINFORCEMENT OF THE NATIONAL MIH/FP PROGRAM THROUGH PRIMARY HEALTH CARE. Program is ongoing.
273. MINISTÈRE DE LA SANTÉ PUBLIQUE, PROJET SANTÉ – FÉCONDITÉ – NUTRITION, financed by the World Bank.
274. ACAFEM, MANUEL POUR LA DISSÉMINATION DES RÉSULTATS DE RECHERCHE SUR LES PRATIQUES TRADITIONNELLES BÉNÉFIQUES ET NÉFASTES QUI AFFECTENT LA SANTÉ REPRODUCTIVE DE LA FEMME AU CAMEROUN, Dr. NKONGO, at 13 (1992).
275. Organization of African Unity, African Charter on the Rights and Welfare of the Child, Art. 24 (3) (1990).
276. IPPF, RAPPORT SUR L'ÉLIMINATION DES BARRIÈRES JURIDIQUES À LA SANTÉ SEXUELLE ET DE LA REPRODUCTION DANS LES PAYS D'AFRIQUE FRANCOPHONE – SITUATION DU CAMEROUN (Benin, March 1997).
277. Order No. 81-02 of June 29, 1981, *supra* note 191, Art. 52.
278. Act No. 82/14 of November 26, 1982 establishing the organization and the operation of the Higher Magistracy Council.
279. Order No. 81-02 of June 29, 1981, *supra* note 191, Art. 58.
280. *Id.*, Art. 64 (2) (3).
281. Order No. 72/4 of August 26, 1972, concerning the organization of the judiciary.
282. Order No. 81-02 of June 29, 1981, *supra* note 191, Arts. 61, 64, and 70.
283. Platform for Action, Beijing Conference, A/Conf 177/L 1 (New York, May 24, 1995).
284. MANUEL POUR LA DISSÉMINATION DES RÉSULTATS DE RECHERCHE SUR LES PRATIQUES TRADITIONNELLES BÉNÉFIQUES ET NÉFASTES QUI AFFECTENT LA SANTÉ REPRODUCTIVE DE LA FEMME AU CAMEROUN, *supra* note 274, at 14.
285. *Id.*
286. DM UPCHURCH and McARTHUR, THE TIMING OF FIRST BIRTH AND HIGH AMERICAN SOCIOLOGICAL REVIEW, at 224-234 (1990).
287. Donald PMC, SOCIAL ORGANIZATION AND NUPTIALITY IN DEVELOPING SOCIETIES (London, 1985).
288. MINISTÈRE DE L'ÉDUCATION (MINEDUC), ÉTATS GÉNÉRAUX DE L'ÉDUCATION NATIONALE (1995).
289. WORLD BANK, KEY ISSUES IN EDUCATION AND TRAINING IN CAMEROON (July 1995) [hereinafter WORLD BANK REPORT].
290. Decree No. 90/1461 of November 9, 1990 establishing the terms for creating, opening, operating, and financing educational and private training institutions.
291. THE BRITISH COUNCIL, RAPPORT DES CONSULTANTS BRITANNIQUES AUX ÉTATS GÉNÉRAUX DE L'ÉDUCATION (July 1995).
292. MINEDUC, DÉVELOPPEMENT DE L'ÉDUCATION, RAPPORT NATIONAL DU CAMEROUN (July 1995).
293. WORLD BANK REPORT, *supra* note 289.
294. TABLEAU DE BORD DE L'ÉDUCATION AU CAMEROUN (May 1995).
295. Order No. 293/B1/5233/MINEDUC/DETP/DEP of November 21, 1980 creating an Improvement Board in public and private technical education high schools and colleges.
296. TABLEAU DE BORD DE L'ÉDUCATION AU CAMEROUN, *supra* note 294.
297. Interministerial Order No. 242/L/MINEDUC/MJS organizing post and preschool activities.
298. *Id.*
299. *Id.*
300. *Id.*
301. MANUEL POUR LA DISSÉMINATION DES RÉSULTATS DE RECHERCHE SUR LES PRATIQUES BÉNÉFIQUES ET NÉFASTES QUI AFFECTENT LA SANTÉ REPRODUCTIVE DE LA FEMME AU CAMEROUN, *supra* note 274, at 15.
302. *Id.*, at 16.
303. *Id.*
304. *Id.*, at 17.
305. REPORT OF THE WORLD HEALTH ORGANIZATION (WHO), SEMINAR ON TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND CHILDREN, KHARTOUM – 1979.
306. PENAL CODE, *supra* note 131, Art. 344 (1) (2).
307. *Id.*, Art. 344 (3).
308. *Id.*, Art. 346 (1).
309. *Id.*, Art. 346 (2).
310. *Id.*, Art. 346 (3).
311. *Id.*, Art. 346 (4).
312. *Id.*, Art. 352 and 353.
313. *Id.*, Art. 354.
314. *Id.*, Art. 344.
315. *Id.*, Art. 347 a.
316. *Id.*, Art. 360.
317. *Id.*, Art. 347.
318. *Id.*, Art. 80.