

Effects of the Cameroon Anglophone Armed Conflict on the Sexual and Reproductive Health of Adolescent Girls in Batibo Subdivision in the North West Region

Abstract

The ongoing armed conflict in English-speaking of Cameroon like many other armed conflicts, is subject to widespread negative implications for the sexual and reproductive health of young people. Even though many of these negative impacts such as rape, unprotected transactional sex, unintended pregnancies, increased spread of STDs including HIV/AIDS are often discussed, there is little evidence to illustrate the situation. Using both quantitative and especially data collected in August 2023, this study reveals that this armed crisis led to social and economic vulnerability of youths which put their sexual and reproductive health at risk. During the various focus groups, many cases of rape, unplanned pregnancies, unsafe pregnancies were reported. The findings of this study bring into focus the need to strengthen interventions and policies to improve on the sex and reproductive health of the population in general and particularly young girl in regions affected by armed conflicts such as the North West Region of Cameroon.

Keywords: armed conflict, sexual and reproductive health, youths

Introduction

Reproductive health is a fundamental human right. It is in this light that the Cairo International Conference on Population and Development of 1994 articulated in its Program of Action the reproductive health needs of refugees for the first time. This can be extended to persons to people affected in internal armed conflicts. The lack of or insufficient good quality reproductive health services for persons in armed conflict areas leads to negative health outcomes such as increases in sexually transmitted diseases including the deadly Human Immune virus (HIV)/AIDS, increased rates of unintended pregnancies and unsafe abortions, increased morbidity and mortality due to high fertility and poor birth spacing. Young girls are often disproportionately affected by these challenges. In situations of crises such as the North West Region, young people especially girls, are more likely than boys to be victims of trafficking in human beings which involves deception, coercion; forced and violent sex, sexual exploitation and forced prostitution. During armed conflicts, women especially girls face severely compromised health conditions particularly their sexual and reproductive health due to rape, sexual abuse, STIs including HIV/AIDS; trauma and unwanted pregnancies (UNFPA, 2022).

This paper documents and analyses the negative sexual and reproductive health outcomes endured young people especially girls during ongoing armed conflict in the North West Region of Cameroon. This study also come out with recommendations on preventing and /or addressing the harms caused by ongoing armed conflict on the sexual and reproductive health of young people in the North West Region of Cameroon. To better understand the gender dimension of the effects of the armed conflict on sexual and reproductive health, this paper

notes the gendered patterns of the negative impact of the crisis on young girls and women. This paper ends with recommendations from stakeholders for addressing adolescent sexual and reproductive health challenges in this region hit by an armed conflict that has been going on for over six years.

Methods and Data

This study uses qualitative and quantitative data collected by a three researchers, a demographer, a sociology and a medical doctor specialized in sexual and reproductive health following a model used by youth-led organization based in the regional capital of the North West Region called Youth-2-Youth Cameroon. The setting of the data collection exercise was Batibo Subdivision, a subdivision of 64000 people (BUCREP, 2005). This subdivision is one of the most hard-hit by the current armed conflict between Cameroon Anglophone Separatist Fighters and government forces. The aim of this data collection exercise was to identify the urgent needs of the community in terms of sexual and reproductive health in the face of an ongoing armed conflict. The data collection design consisted of organizing community discussion forums with community stakeholders (parents, youths, religious leaders, community leaders, secondary school teachers, health workers, media professionals and representatives of non-governmental organizations). During each forum, discussants completed a questionnaire and took part in a focus group discussion on youth sexual and reproductive health focusing on knowledge, perceptions, availability and access to reproductive resources and recommendations for addressing gaps.

Target Population

As stated above, the target population for this study consisted of parents, youths, religious leaders, community leaders, secondary school teachers, health workers, media professionals and representatives of non-governmental organizations. Participants consisted of stakeholder holders selected from various villages of Batibo Subdivision. Participants (stakeholders) were purposively selected using convenience and snowball techniques. There were seven (7) focus group discussions. Separate focus group sessions were held for each of the 7 stakeholder categories (teachers, religious leaders, community leaders, health professionals, and representatives of non-governmental organizations). Each focus group discussion was made up of at most 12 persons and at least 8 discussants. In all, this study used 74 participants. All participants were people who have lived in the region since the start of the armed conflict.

Table 1: Groups of Participants Used for Focus Group Discussion

Group Number	Group Name	Number of Participants
1	Parents	10
2	Teachers	12
3	Adolescents	12
4	Religious leaders	9

5	Health Workers	8
6	Teachers/NGO representatives	12
7	Community Leaders(chiefs, politicians, notables)	11
Total		74

Data Collection

The various focus group discussions were conducted by persons with sufficient knowledge in sexual and reproductive health. Before each focus group discussion session, an anonymous questionnaire made up of sixteen questions was completed by each stakeholder. This questionnaire obtained information on the socio-demographic features of the stakeholder such as age, religion, residence, profession and educational attainment. This questionnaire also assessed stakeholders' knowledge and perception on sexual and reproductive health. Discussions were semi-structured involving themes connected to the effects of the crisis on sexual and reproductive health and proposed solutions to identified urgent needs. With the consent of discussants, the discussions carried out in English and Pidgin English were recorded with the consent of the participants. At the same time, key points raised during the discussions noted.

Data Analysis

Data for this study came from qualitative and quantitative sources. Quantitative data is only used to support the main analysis which is qualitative. The focus group discussions were recorded using an android phone. A content analysis was carried after listening to the recorded information. Three researchers listened to the recorded data many times and took down key themes and patterns. After comparing notes, the three researchers agreed on the major themes to be analyzed together with major declarations from discussants to be used

Ethical Approval

Apart from getting ethical approval from the North West Regional Ethics Committee for Research Involving Human Subjects, Cameroon, each discussant signed a consent paper. This consent note indicated the acceptance of participants to freely take part in the discussions and that any information revealing the identity of the discussants was not to be released.

Definition of key Concepts

Rape

Rape is defined as the insertion under conditions of force, coercion or duress, of any object, including but not limited to a penis, into a victim's vagina or anus, or the insertion, under condition of force, coercion or duress, of a penis into the mouth of the victim (Dyan, M. and Khristopher, C., 2006). Rape is defined in gender neutral terms but girls and women form a majority of victims

Sexual Violence

This includes both physical and psychological attacks directed at a person's sexual characteristics such as forcing a person to strip naked in public, genital mutilation, or silencing off a female's breast (Gaye J., McDougall, 1998)

Sexual Exploitation

Sexual exploitation is any abuse of a position of vulnerability, differential power, or trust for sexual purpose; this includes profiting monetarily, socially or politically from the social exploitation of another. It is a form of gender-based violence and its widespread in conflict zones (Dyan, M. and Khristopher, C., 2006).

Unwanted Pregnancy

An unwanted or unintended pregnancy is a pregnancy that is either undesired such as a pregnancy that occurred when no children or no more child is desired or the pregnancy is mistimed, such as occurring earlier than desired.

Sexual and Reproductive Health

Good sexual and reproductive health is a state of the complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so.

Transactional Sex

Transactional sex refers to sexual relationships where the giving and/or receiving of gifts, money or other services is an important factor. The participants do not necessarily frame themselves in terms of prostitutes/clients, but often as girl friends or sugar babies /sugar daddies/mamas (Dunkle, 2004)

Research Questions

This study seeks to answer the following key questions:

- i) What are the gendered sexual and reproductive health outcomes endured by young people during ongoing armed conflict in the North West Region of Cameroon?
- ii) What are the recommendations from stakeholders for addressing adolescent sexual and reproductive health challenges in this region hit by an armed conflict that has been going on for over six years?

Brief Literature Review (to be provided later)

Table 2: Socio-demographic Characteristics of Respondents

Characteristic	%
Sex	
Females	60.8
Males	39.2
Education	
Primary	15.2
Secondary	48.8
University	36.0
Age Groups	
15-24	20.3
25-35	32.4
36 -50	18.9
More than 50	29.4
Marital Status	
In Marital Union (Monogamy, polygamy, cohabitating)	67.6
Single/ divorced/ separated	32.4

Themes that Emerged from FGDs

Theme 1: Rape

Theme2: Transactional Sex

Theme 3: Likelihood of STIs Infection

Theme 4: Unwanted Pregnancies

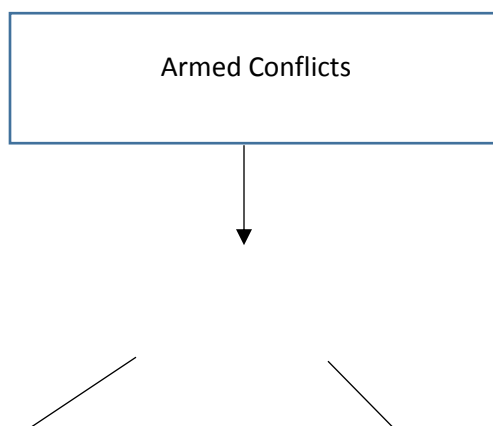
Theme 5: Abortion

Theme 6: Teen Mothering and Its Implications

N.B The examination of each theme that came out of the discussions will be supported by a key declaration (s) from the discussants.

The analysis ends with Discussion of findings, Conclusion and Recommendations

Figure 1: Conceptual Framework for Examining the Effects of Armed Conflicts on the SH of Displaced Female Youths



Breakdown of order/ destruction of livelihoods, displacement