

Target Session: 416 – Adolescents Sexual and Reproductive Health

Title: Progress in adolescents sexual and reproductive health and right in Cameroon: What policies and programs were effective?

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Introduction/context

The ability of adolescents to have access to comprehensive sexuality education, essential sexual and reproductive health services and products, and autonomous decision-making power over their health (1), has been a Cameroonian government priority in recent years. The program of action of the International Conference on Population and Development (ICPD) in 1994 affirmed the importance of investing in sexual and reproductive health and rights of adolescents as a means of empowering women and girls (2). The Cameroonian government's adoption of the conference's recommendations led to the revision of legal, regulatory, and institutional frameworks for reproductive health, and the development of national policies, programs, and strategic plans considering adolescent and youth as a key population (3).

Some studies and reports show a remarkably positive trend in some adolescent sexual and reproductive health and rights (ASRHR) indicators in Cameroon (4, 5). Fotso et al., examined trends and differentials in teenage motherhood in Cameroon, with a distinction between premarital and marital teenage pregnancy, by using Demographic and Health Surveys (DHS) data from 1991 to 2018 (4). The analysis showed that the percentage of women who experienced a marital teenage pregnancy declined steeply from 39.6% to 26.4% between 1991 and 2018. The percentage of girls experiencing a premarital pregnancy also fell from 34% in 1991 to 26% in 2018 (Figure 1). Over the same period the percentage of sexually active unmarried teenagers using a modern contraceptive method rose from 4% to 49% (4). According to a UNICEF (United Nations Children's Fund) report on child marriage in West and Central Africa, the percentage of women aged 20 to 24 in Cameroon who were married or in a relationship for the first time before the age of 18, dropped from 42% in 1993 to 30% in 2018 (5).

This context justifies the aim of this study, which is to describe the most influential ASRHR policies and programs in Cameroon over the past 20 years. More specifically, we tried to identify and understand the key interventions and success of the implementation. Results will facilitate uptake of findings in lower performing regions of the country, and other countries.

Data and methods

This qualitative study included a desk review of ASRHR policies and programs in Cameroon and key informant interviews.

Policies and programs review: We reviewed policies to identify adolescent targeted laws and policies implemented in Cameroon over the past 20 years. These included youth, education, sexual and reproductive health, HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome) prevention policies, and marriage and child protection laws. We also analyzed documents of programs implemented in Cameroon that target adolescent development and wellbeing, including sexual and reproductive health and right (SRHR).

We searched the websites of government ministries, United Nations agencies, international and national organizations for relevant policy, strategic plans, program reports, annual reports, and other documents. Additional materials were obtained after discussions with key informants. More than 150 documents were collected and reviewed; 38 proved relevant to our study. We extracted data on implementation period and scale, target groups, key policy actors and stakeholders, key activities and strategies, challenges encountered and any impact.

Key informant interviews: We selected stakeholders following a stakeholder mapping process of ASRHR institutions and individuals in Cameroon. Nine key informants were interviewed. Discussions focused on: the

process of adopting the policies and programs, monitoring and evaluating implementation, implementation challenges and post-implementation feedback.

Preliminary results

Most influential ASRHR policies

The review of policies and programs and discussions with key informants enabled us to trace, to some extent, the evolution of the implementation of national strategies for improving reproductive health in general; and to identify some national interventions that have had a considerable impact on the sexual and reproductive health and rights of adolescents over the years.

Firstly, many national strategic plans (NSPs) for the fight against HIV/AIDS were drawn up from the 2000s onwards to intensify and expand the fight against HIV/AIDS. Although focused on HIV prevention and case management, interventions targeting young people have considered many aspects encouraging them to have a responsible sexuality. Indeed, as part of the operationalization of these plans, interventions focused on communication strategies aimed at improving the level of knowledge about HIV/AIDS and sexuality in general; reinforcing moral values and promoting safer sexual behavior; reinforcing accessibility and promoting the use of condoms; raising awareness about the risks of infection linked to traditional and cultural practices (6, 7, 8). The 2009 Annual Activity Report shows that male condom promotion, distribution and use evolved spectacularly during this period, thanks to the involvement of non-governmental organizations and associations in its promotion and distribution through social marketing (9). Afterwards, particular attention has been paid to youth ownership of HIV/AIDS programs, life skills education in school and out-of-school settings through influential communication vectors, non-formal peer education, and the provision of quality youth-friendly health services (10, 11). The recent NSP has proposed mechanisms for consolidating the acquired knowledge (12).

The NSP for Adolescent and Youth Health in Cameroon (3) is also a key element in the promotion of adolescent sexual and reproductive health in Cameroon. It was developed in response to the persistence of ASRH problems, whose control strategies were mostly embedded in global strategies covering the entire population. As part of this plan, social mobilization around ASRH has been strengthened, ASRH's service offering has been enhanced, community ownership of interventions has been strengthened, and coordination and monitoring/evaluation of ASRH's activities have been improved.

Other efforts have been made to delay marriage or enforce the law on the minimum age for marriage. Cameroon has ratified the African Charter on the Rights and Welfare of the Child and the United Nations Convention on the Rights of the Child, which set the minimum age of marriage for boys and girls at 18. Cameroon's Penal Code is in line with this international standard and stipulates in article 356: "Anyone who forces a person to marry is punishable by 5 to 10 years' imprisonment and a fine of 25,000 CFA francs (around US\$50) to 1,000,000 CFA francs (around US\$250)". To date, a budgeted multi-sectoral action plan for the abandonment of child marriage in Cameroon (2020-2024) exists, with a focus on raising awareness and mobilizing the population by creating new platforms for social dialogue leading to collective and public decisions aimed at the abandonment of child marriage.

However, it should be made clear that several other policies have also had an impact on improving adolescent sexual and reproductive health in Cameroon. We have presented here only those deemed most influential according to certain indicators. Key informants also stressed that it is difficult to say that one policy is more effective than another, as they are complementary. This is implicit in the following statement by a ministry program manager:

"In reality, it is impossible to dissociate all these policies from one another; they are all linked. The strategy sets the course, the other documents operationalize it... So, each document has its place, and you cannot say that one is more important than the other. All are important."

Adolescents sexual and reproductive health programs

The policies developed have been accompanied by the implementation of numerous ASRHR programs or interventions. Here we present a few, mainly those programs that have been progressive and have adopted an integrated approach.

The Combined HIV prevention program for adolescents implemented by UNICEF, is a long-standing program that has been in existence for many years and has undergone several modifications and rebranding over the years. It's a wide-ranging program that includes:

- *Programmatic approach Youth 3 +1*: It is an integrated package of interventions in SRH, HIV/AIDS and COVID 19. "3" means using 3 platforms (school, community, health facility) to raise awareness and offer services to young people. "+1" is the subsequent integration of the digital platform (the U-Report).
- *U-report Initiative*: It is a digital platform through which young people can participate and discuss with their peers, on issues concerning SRHR.
- *U-test Initiative*: It is a self-testing mechanism to overcome barriers faced by teenagers. Teens could self-administer the HIV/AIDS test using their saliva and a tool called "Ora Quick".
- *AGYW (Adolescent, Girl and Young Women) approach*: An approach to keep young girls in school.
- *Initiative "All In"*: An initiative to reduce new HIV infections and increase HIV treatment among adolescents.

Another effective project is "ADO avance ensemble" project, implemented in the South, Centre, Littoral and North-West regions by CAMNAFAW (Cameroon National Association for Family Welfare). The project has 3 main objectives: Improve demand for and access to SRHR information and services for vulnerable adolescents; Strengthen public and community health systems, working with and through existing systems, and stimulate collaboration between the public and private sectors; Promote a supportive political and societal environment that enables vulnerable adolescents to access the quality sexual and reproductive health information and services they need to realize and protect their sexual and reproductive health rights. The distinctive feature of this project is that it does not focus solely on adolescents and young people. It targets the entire youth ecosystem, including health providers in youth-friendly services, peer educators, parents/family, friends, neighbors, and anyone else who could influence young people. Advocacy is also carried out for the revision of policies and legislation. Reason why according to one respondent from an implementing organization, this project has a greater impact than the others.

"The other projects focused on the young people themselves, but ADO avance ensemble is a project that affects the entire ecosystem surrounding the young people. At the same time, you raise the awareness of the young person, you also do it for parents and authorities, and you advocate for legislation. So, this project has a slightly greater impact than other projects."

Some bottlenecks

The implementation of these policies and programs faces several bottlenecks that hamper the achievement of objectives. The main bottleneck is the lack of financial resources, which gives rise to a number of other implementation challenges, including poor coverage and functioning of youth-friendly services; low motivation of trained health providers to provide services as required; frequent staff turnover in the public sector; low coordination of intervention; low involvement of young people in the implementation of interventions; and low involvement and ownership of interventions by local actors (civil society and community leaders).

"The difficulties we encounter during implementation are the involvement of these adolescents themselves, because in many localities, there is no youth organization, no youth platform that can accompany these adolescents" (Donor respondent)

Conclusions and implications

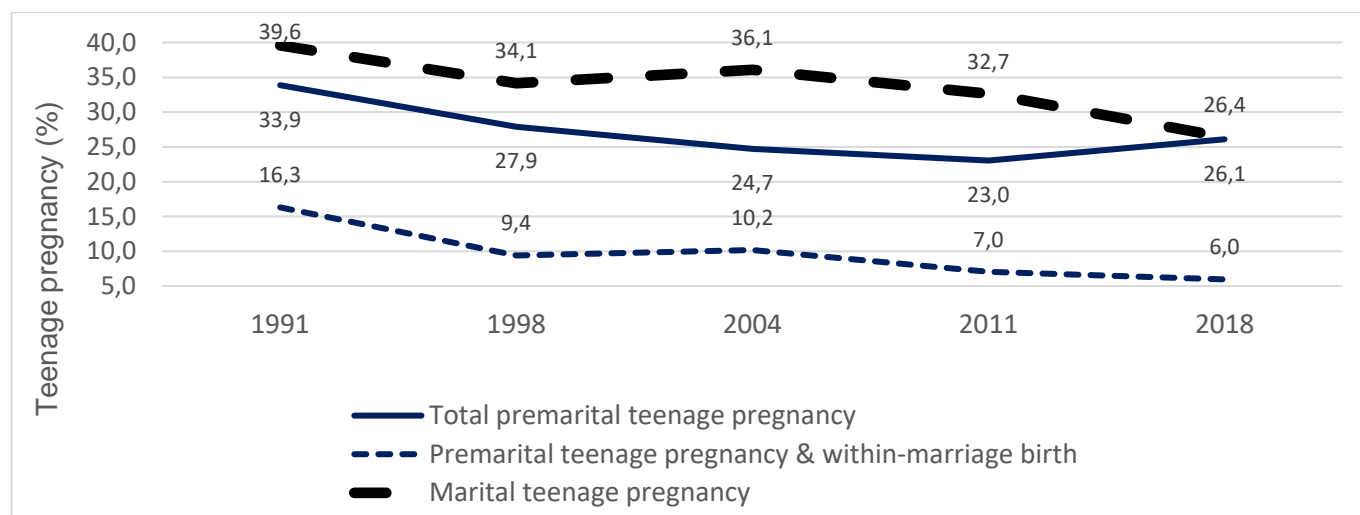
The aim of this study was to describe the most influential ASRHR policies and programs in Cameroon over the past 20 years, to draw up recommendations adapted to the Cameroonian context as well as to other African countries. As a result, numerous policies and programs have been developed and have evolved over the years, to better meet

the needs of adolescents. But despite the existence of all these interventions, the country's adolescent reproductive health situation remains worrying, given the results of the latest DHS survey published in 2018.

There is no need to develop new ASRHR programs, but rather for the Cameroonian government to strengthen and intensify the implementation of existing interventions. Strengthening current interventions should consider the entire adolescent ecosystem and involve all sectors, emphasizing religious leaders, traditional chiefs, and local administrative authorities in program implementation.

Tables and Figures

Figure 1. Trends in within-marriage and premarital teenage pregnancy among women 20-24, Cameroon 1991-2018 DHS



Source: Fotso et al (2022). Teenage pregnancy and timing of first marriage in Cameroon—What has changed over the last three decades, and what are the implications?

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