

Advancing Adolescent Sexual and Reproductive Health and Rights in Cameroon

KEY MESSAGES

- Cameroon achieved a reduction in adolescent fertility rates from 37% in 1998 to 27% in 2018 through targeted ASRHR interventions.
- Key initiatives included the integration of Comprehensive Sexuality Education (CSE) into curricula and the government’s commitment to family planning under the FP2030 initiative.
- Access to skilled birth attendants and adolescent- and youth-friendly services has improved; however, significant gaps persist in the availability of family planning and reproductive health services, especially for vulnerable populations.



Photo credit: Getty Images

INTRODUCTION

Cameroon has made significant progress in enhancing both the supply and demand for adolescent reproductive health (ARH) services, leading to marked improvements in adolescent sexual and reproductive health (ASRH) outcomes. Over the past two decades, targeted interventions have contributed to a notable reduction in the country’s adolescent fertility rate. According to the Demographic and Health Surveys (DHS), adolescent fertility in Cameroon decreased from approximately 37% in 1998 to 27% in 2018, a decline of 10 percentage points. This progress highlights the effectiveness of targeted interventions and underscores the importance of continued investments in ARH services to sustain and build upon these gains.

To further leverage best practices and foster cross-country learning, the ASHER project, under the Exemplars in Global Health program, examined successful policies and programs that contributed to significant reductions in adolescent pregnancy rates in low- and middle-income countries (LMICs) compared to other nations and broader secular trends. By focusing on these positive outliers or exemplar countries, the project identified key initiatives that effectively addressed the prevention and management of unintended pregnancies while advancing adolescent sexual and reproductive health and rights (ASRHR).

This policy brief focuses on Cameroon as one of the exemplar countries, drawing on its successes to provide valuable lessons for shaping future interventions and scaling up strategies within and in other contexts.

Methodology

The study employed a mixed-methods approach, incorporating a review of policies and program documents alongside qualitative and quantitative components. The policy and program review focused on adolescent sexual and reproductive health (ASRH), analysing key policies such as child marriage laws, child protection laws, youth and education policies, family planning policies, HIV/AIDS prevention policies, and strategies to combat sexual violence. The qualitative component involved data collection from key informants, including policymakers, program implementers, donors, traditional leaders, youth leaders, health providers, and parents of adolescents, as well as focus group discussions with adolescents aged 12-19. The quantitative component primarily involved analysing secondary data from sources such as DHS, Multiple Indicator Cluster Surveys (MICS), strategic plan evaluations, and annual reports from relevant facilities and organisations.

TRENDS IN ASRHR IN GHANA

Cameroon has a predominantly young population, with an estimated 24.3 million residents as of July 1, 2019, and women comprising 50.6% of this population. Over half of the population is under 20 years old, with 42.5% under 15. According to the 2018 DHS, 20% of teenage girls aged 15-19 are married or cohabiting, with 18% in polygamous unions. The survey also revealed concerning sexual health statistics: 12% of teenage girls had sexual intercourse before age 15, and one in four adolescents aged 15-19 have begun childbearing, with 19% already mothers. Among those in unions, 26% experience unmet family planning

needs, while 93% of female non-users of contraception have not discussed family planning with healthcare providers, highlighting significant gaps in access to reproductive health services. Educational disparities persist, with 14% of men and 23% of women lacking formal education and only a small percentage completing primary and secondary education.

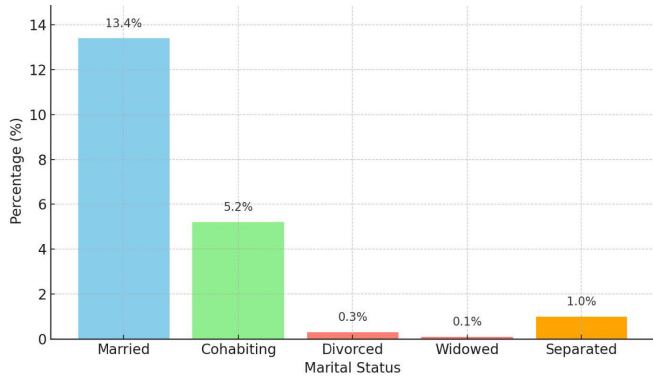


Figure 1: Marital status of teenage girls aged 15-19

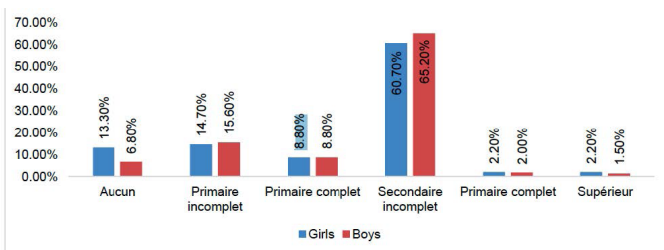


Figure 2: Comparative educational attainment of adolescents aged 15-19 in 2018

Although the share of adolescent girls who have begun childbearing outpaces those who are married, indicating that early or child marriage may not primarily drive adolescent fertility, improvements have been noted in reproductive health. Over time, the median age at first sex, marriage, and birth has increased, correlating with declines in adolescent fertility rates. However, approximately 42% of pregnancies among adolescents aged 15-19 remain unintended, with nearly half of these resulting in abortion. The modern contraceptive prevalence rate (mCPR) and unmet need for contraception have both decreased, leading to declining demand for modern contraceptive methods, including condom use and abstinence, which has dropped from 7% to 1% among adolescents. While both sexual and physical violence have declined sharply between 2011 and 2018, disparities remain, with higher HIV rates among adolescent women and increased rates of other STIs among adolescent men. Despite advances in gender equality, the proportion of women in the labor force has decreased, and the number of youth not engaged in education, training, or employment is rising.

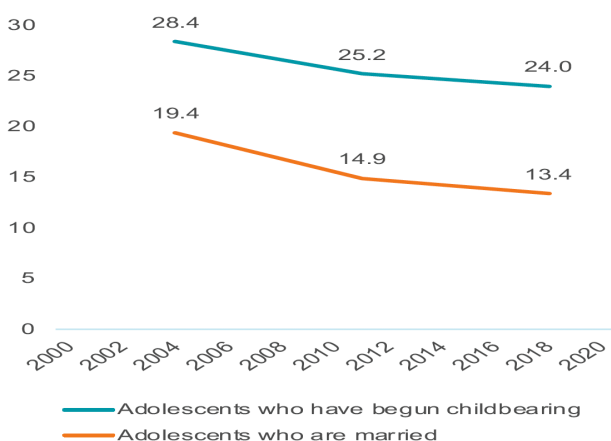


Figure 3: Marital and childbearing status, women ages 15-19 (DHS)

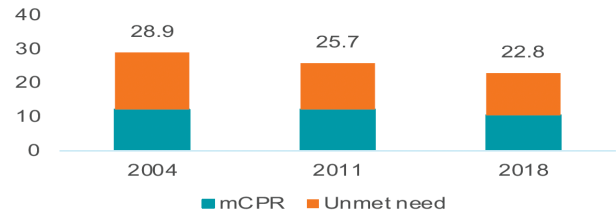


Figure 4: Total demand for modern methods of contraception, ages 15-19 (DHS)

contraception, ages 15-19 (DHS)	2004	2011	2018
Condom	11.3	11	8.5
Abstinence	7.1	2.5	1
Injections	0.6	0.5	0.9
Pill	0.2	0.2	0.3
Withdrawal	0.3	0.3	0.3
Implants	0.1	0.1	0.2
LAM	0	0.1	0.2
EC	0	0	0.1

Figure 5: Current use of contraception ages 15 - 19 DHS

KEY FINDINGS

Increase in Access to Family Planning

Cameroon made significant progress in improving adolescents' sexual knowledge and behaviour through a series of strategic initiatives aimed at enhancing ASRHR. The government implemented multiple National Strategic Plans (NSPs) to combat HIV/AIDS from 2000 to 2023, focusing on comprehensive sexuality education, safer sexual practices, and increased condom accessibility. These efforts equipped adolescents with essential knowledge and tools for responsible sexual behaviour by integrating family life education into school curricula and extending outreach to out-of-school and vulnerable youth, thereby fostering a supportive environment for informed sexual health decisions.

The introduction of Comprehensive Sexuality Education (CSE) was formalised in 1998. It was expanded through interministerial decisions in 2007 and equipped young people with essential knowledge and skills for making informed choices about their sexual health. The National Comprehensive Sexuality Education Guide, developed in 2018, harmonised approaches among stakeholders and facilitated the creation of contextualised sectoral guides for diverse educational settings. Complementary interventions, such as peer education, awareness campaigns, and digital platforms, improved outreach and accessibility to critical health information. Noteworthy programs such as the HIV/AIDS Prevention Project in Central Africa (PPSAC), UNICEF's Combined HIV Prevention Program, and the Pro-ECS project by CAMNAFAW focused on empowering youth through education, community mobilisation, and advocacy. The Youth Connekt Cameroon Project and the Youth Platform for Achieving Transformative Results further promoted equitable access to information and services, ultimately contributing to significant improvements in ASRHR outcomes in the country.

Adoption & Commitment of Family Planning Policies

Cameroon's commitment to the FP2030 initiative, signed on June 2, 2022, significantly improved ASRHR. The initiative aimed to increase modern contraceptive prevalence from 15.4% to 35% by 2030 while reducing unmet family planning needs from 23% to 10%. Key goals included: expanding access to quality contraceptive services in underserved areas, safeguarding

adolescents' rights to these services, and integrating family planning promotion into civil society organisations' action plans. Additionally, it committed to raising state funding for family planning by 5% annually until 2030. These efforts contributed to a decline in teenage pregnancy rates from nearly 37% in 1998 to 27% in 2018, supported by comprehensive policies such as guidelines prohibiting marriage before age 18 and the National Strategic Plan for Reproductive, Maternal, Newborn, and Child Health (2014-2020).

Targeted interventions, including the Access to Reproductive Health Services Program (PASSR) and the Project to Support the Elimination of Mother-to-Child Transmission of HIV (PETVISIDAME), further enhanced service provision by training health providers and integrating family planning into youth promotion centres. The "Ado Avance Ensemble" project also increased the demand for sexual and reproductive health information among vulnerable adolescents, particularly in several regions of Cameroon.

Multi-sectoral approach and coordination

Cameroon made significant progress in enhancing ASRHR services by establishing a comprehensive framework for their creation and operation. This framework included the development of key normative documents, such as the Norms on Adolescent- and Youth-Friendly Socio-Health Services (2009, revised in 2014), the National Strategic Plan for Adolescent and Youth Health (2015-2019), and a circular letter from the Ministry of Public Health in December 2022 for implementing Adolescent Reproductive Health Units (ARHUs) in various health facilities. Additionally, adolescent- and youth-friendly services were integrated into numerous healthcare settings, including social, medical centres, Multifunctional Youth Promotion Centers, and Women Empowerment and Family Centers. Training for healthcare providers and community agents was prioritised to enhance service delivery, supported by the Ministry of Public Health and collaborative projects. An evaluation of the 2015-2019 National Strategic Plan for Adolescent and Youth Health highlighted that this training remained crucial for effectively mainstreaming adolescent and youth-friendly services nationwide.

Access to Abortion

Abortion policies in Cameroon significantly impacted ASRHR. Despite ratifying the Maputo Protocol, which allows for medical abortion in specific circumstances, Cameroon only authorised abortion in cases of saving the mother's life or in instances of verified rape. This restrictive legal framework, coupled with harsh penalties for those involved in abortion, resulted in many adolescents resorting to unsafe practices, such as seeking traditional medicine or using unregulated drugs. Social pressures, including fear of parental reactions and peer stigma, often influence teenagers' decisions to terminate pregnancies. However, there has been a gradual shift in societal attitudes, with increased recognition of the need to support pregnant adolescents. To address unsafe abortions, initiatives like the Women Health Project (WHP) were implemented to improve access to safe abortion services and post-abortion care while promoting public awareness about the risks of unsafe procedures. These efforts aimed to reduce maternal mortality associated with unsafe abortion and foster supportive environments for adolescents, contributing to improved ASRHR in Cameroon.

Availability of Resources

The availability of resources significantly influenced the improvement of ASRHR in Cameroon. Evaluations of the 2015-2019 PSNSAJ highlighted progress in providing quality services through the training of healthcare providers, with approximately

30.8% receiving specialised training in adolescent and youth health (AYH) programs, project management, and communication techniques. This training was a critical asset for mainstreaming services tailored to adolescents. Additionally, around 43% of Adolescent Reproductive Health Units (ARHUs) were equipped with essential materials, including contraceptives and educational aids, enabling them to offer comprehensive information, counselling, and care services.

The ARHUs effectively provided family planning services, with an average of 74% of adolescents utilising these services. The user-friendly nature of ARHUs facilitated access to reproductive health services, as most were offered free of charge, thereby eliminating financial barriers for adolescents and young people. These efforts collectively contributed to enhancing ASRHR outcomes in Cameroon.

Multi-sectoral approach and coordination

The effective intersectoral coordination significantly enhanced ASRHR in Cameroon. Recognising adolescent health as a government priority, various sectors, including public institutions, private entities, and community organisations, collaborated through the Multisectoral Program to Combat Maternal and Infant Mortality. This initiative fostered stakeholder synergy, as evidenced by improved communication and streamlined interventions among ministries responsible for health, education, gender, and justice. Key policies, such as the National Gender Policy and laws prohibiting child marriage, supported this collaborative framework. While the coordination led to notable progress in ASRHR services, challenges, including funding constraints, indicated a need to enhance stakeholder collaboration and activity implementation.

Recommendations

Cameroon has established a policy and regulatory framework that promotes young people's sexual and reproductive health and rights. However, many existing strategic plans have become outdated and require revision. To enhance ASRHR in Cameroon, a multifaceted approach should be adopted, focusing on strengthening key interventions across various sectors;

- The government, along with public, private, and civil society partners, should intensify efforts to promote counselling and service provision in both school and out-of-school settings, ensuring greater accessibility to condoms and family planning services.
- Comprehensive training on gender-sensitive behaviour change communication should be implemented, along with integrating sexual and reproductive health topics into school curricula.
- Coordinated actions should focus on establishing functional adolescent reproductive health units in healthcare facilities.
- Efforts should be made to empower young people through enhanced employability programs, strengthen civic values, and improve the dissemination of adolescent reproductive health documents.
- Innovative technological tools should be leveraged to effectively engage youth, and associations and youth platforms should be actively involved in program implementation.
- A robust data management and resource mobilisation framework should be established to ensure sustainable support for ASRHR initiatives, leading to improved adolescent outcomes across the country.