

**VISION
IN
ACTION
CAMEROON**

**ADVOCACY BRIEF ON REDUCING HIV INCIDENCE AMONG AGYW
THROUGH ACCESS TO COMPEHENSIVE SEXUALITY EDUCATION,
CONTRACEPTION AND HIV PREVENTION**

BY

VISION IN ACTION CAMEROON (VIAC)

NOVEMBER, 2022.



VISION IN ACTION CAMEROON

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Description

Vision in Action Cameroon (VIAC) is a youth-led not-for-profit organization that supports and enables adolescent girls and young women (AGYW) and communities in programs and influences change in the areas of Research (Evidence Generation), Advocacy (community mobilization), information & communication. Through advocacy, creative activism, research, and development, VIAC is committed to feminist principles, using gender transformative and rights-based approaches.

Vision

A community in which reproductive and health rights are recognized for all irrespective of sexual orientation and identity and gender expression.

Mission

To improve sexual and reproductive health rights for adolescent girls and young women in Cameroon through a cohesive program of empowerment, advocacy, creative activism, research and development

Aim

To empower young people with the knowledge and skills on Reproductive Health and Rights to enhance their health rewarding behaviors as well as safety.

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BACKGROUND

The onset of adolescence brings changes to the body as well as vulnerabilities to human rights abuses, particularly in the areas of sexuality, marriage and childbearing. However many adolescent girls and young women face barriers to reproductive health information and care. Even when accurate, reliable information on sexual and reproductive health is accessible adolescent girls and young women find it difficult to access the sexual and reproductive health services they need including contraceptives.¹The unmet need for safe and effective contraceptive services throughout the world is staggering. Despite their desire to avoid or delay pregnancy, roughly 215 million women in developing countries rely on traditional methods only, which have a high failure rate, or do not use any contraceptive method at all.² The Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women (CEDAW Committee) have recognized adolescents' right to contraceptive information and services³. However, adolescents frequently encounter significant barriers to accessing contraceptive information and services, leading to high rates of unintended pregnancy and increased risk of contracting HIV and STIs⁴. Lack of evidence-based sexuality education and information hampers adolescents' ability to make informed decisions around contraceptive use, which in turn leads to high rates of teenage pregnancy⁵ and high abortion rates among adolescents and young women. Like in other developing countries Cameroon requires parental consent in order for adolescents to access contraceptive information and services, which can deter adolescents from seeking necessary reproductive health services. This study is a data driven research that generally aims at identifying strategies that will increase the access to sexual and reproductive health information and care particularly in the case of contraceptive for adolescents in Buea, in the South West Region of Cameroon.

OBJECTIVES

1. To assess knowledge, attitudes, and practices of adolescent girls on contraceptive in Buea.
2. To assess the barriers to contraceptive use among adolescent girls in Buea.

METHODS

A quantitative study was conducted in Buea, in the South West Region of Cameroon. Questionnaires were distribute to 311 girls aged 13 years to 19 years. Descriptive statistical analysis was conducted using SPSS version 25.0.

RESULTS

18% (56) of the respondents are 19 years of age and 16% (50) are 13 years of age. 71% of the respondents don't have a partner while 29% have a partner.

57 % of adolescents have adequate knowledge on contraceptive while 43% have inadequate knowledge on contraceptive with; 42% of adolescents never been taught on contraceptive, 46% of adolescents do not know what a contraceptive is and 48% of adolescent girls do not know the different types of contraceptives among 58% who know 27% mentioned traditional contraceptives that are not effective.

46% of adolescent girls have good perception on contraceptives while 54% have poor perceptions towards contraceptives with; 77% of the girls are of the opinion contraceptives are not good for 13-19 year-olds, 73% of the girls think contraceptives can negatively affect the sexual reproductive health in the future. However, 79% of the girls approve information on contraception will be useful to them, and 60% of the girls think teenagers should be taught on contraceptives.

31% of adolescents have good practice on contraceptives while 69% have poor contraceptives practice. 59% of adolescent girls with partners never use a condom, out of

the 41% who use a contraceptive just 2 % use it often. While 24% of adolescents who don't current have partners use a contraceptive method.

27% of adolescents prefer to get contraceptives from a hospital, 35% prefer to get contractive from pharmacies and drug stores and 19% of adolescents prefer to buy contraceptives from street vendors.

CONCLUSION

There is a need for education on contraceptives for adolescent girls in Buea. There is a need in increasing access to contraceptives for adolescents due to the high number of adolescents with sexual partners who do not use any form of contraceptives exposing them to teenage pregnancy, unsafe abortions and STIs including HIV.

RECOMMENDATIONS

- Accurate information about modern methods of contraceptives like early morning pills, implants, intrauterine and injections should be made available for adolescents.
- Adolescents should have increased access to adolescent friend contraceptive providers in pharmacies, drugs stores as well as hospitals.
- Health service providers should debunk the practice of traditional or non-effective methods in preventing, pregnancy and HIV or Sexually Transmitted Diseases.
- Contraceptives should be included in educational curriculum.

REFERENCES

1 UNFPA, Adolescent sexual and reproductive health (2014), available <https://www.unfpa.org/resources/adolescent-sexual-and-reproductive-health>

2 Susheela Singh et al., Guttmacher Institute & United Nations Population Fund (UNFPA), Adding it Up: The Benefits of Investing in Sexual and Reproductive Healthcare 17 (2009), available at <http://www.guttmacher.org/programme> of Action of the International Conference on Population and Development, Cairo, Egypt, Sept. 5–13, 1994, ch. VII, para. 7.3, U.N. Doc. A/CONF.171/13/ Rev.1 (1995) [hereinafter ICPD Programme of Action] (“[R]eproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents.”).

3 Id. para. 7.12.

4 Committee on the Rights of the Child, General Comment 4: Adolescent health and development in the context of the Convention on the Rights of the Child, para. 28, U.N. Doc. CRC/GC/2003/4 (2003) [hereinafter CRC, General Comment 4]; see also Committee on the Rights of the Child, Concluding Observations: Argentina, para. 19, U.N. Doc. CRC/C/15/Add.35 (1995); Armenia, para. 39, U.N. Doc. CRC/C/15/Add.119 (2000); Belarus, para. 14, U.N. Doc. CRC/C/15/Add.17 (1994); Bhutan, para. 45, U.N. Doc. CRC/C/15/Add.157 (2001); Bolivia, para. 50, U.N. Doc. CRC/C/15/Add.256 (2005); Cambodia, para. 53, U.N. Doc. CRC/C/15/Add.128 (2000); Egypt, para. 44, U.N. Doc. CRC/C/15/Add.145 (2001); Ethiopia, para. 61, U.N. Doc. CRC/C/15/Add.144 (2001); Georgia, para. 51, U.N. Doc. CRC/C/15/Add.222 (2003); Guatemala, para. 45, U.N. Doc. CRC/C/15/Add.154 (2001); Lesotho, para. 46, U.N. Doc. CRC/C/15/Add.147 (2001); Lithuania, para. 40, U.N. Doc. CRC/C/15/Add.146 (2001); Mali, para. 27, U.N. Doc. CRC/C/15/Add.113 (1999); United Republic of Tanzania, para. 49, U.N. Doc. CRC/C/15/Add.156 (2001); Uruguay, para. 22, U.N. Doc. CRC/C/15/Add.62 (1996);

Vanuatu, para. 20, U.N. Doc. CRC/C/15/Add.111 (1999); Venezuela, para. 27, U.N. Doc. CRC/C/15/Add.109 (1999).

5 Susheela Singh et al., Guttmacher Institute & United Nations Population Fund (UNFPA), *Adding it Up: The Benefits of Investing in Sexual and Reproductive Healthcare* 17 (2009), available at <http://www.guttmacher.org>



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