

FEATURE

Barriers to Sexual and Reproductive Health Rights and Education in Cameroon: What Way Forward?

Wazeh Nicoline Nwenushi Tumasang

Introduction

Sexual and reproductive health and rights (SRHR) are aspects of human rights recognised globally as essential for individual autonomy and the well-being of communities. In Cameroon, these rights face significant challenges, with numerous obstacles limiting access to SRHR services and quality education. The country's diverse socio-political landscape – marked by deeply rooted patriarchal norms, humanitarian challenges, and weak governance structures – creates a difficult environment for SRHR advancement.

Cameroon is bound by a range of international, regional, and national commitments that aim to enhance SRHR, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the [Maputo Protocol](#), the [UNSCR 1325](#) on Women, Peace and Security (2000), and the Sustainable Development Goals (SDGs). However, implementing these frameworks has been slow and fragmentary, primarily due to cultural resistance, legal barriers, corruption, and a lack of political will.

This article explores the legal, cultural, and socio-political barriers to SRHR and education in Cameroon. It assesses the role of civil society organisations (CSOs), faith-based organisations, and funding institutions in overcoming these challenges and how the latter are compounded by humanitarian factors such as climate change, armed conflict, and forced displacement. In analysing these issues, the article proposes strategies for improving SRHR outcomes.

Legal and policy frameworks for SRHR in Cameroon

International and regional instruments

Cameroon is a signatory to several international and regional treaties that promote SRHR and gender equality.

- Notably, it ratified CEDAW in 1994, which obligates the government to eliminate gender-based discrimination and ensure women's access to health services, including reproductive health care.
- The UNSCR 1325 on Women, Peace and Security highlights the importance of considering women and girls' special needs and human rights in conflict situations, including sexual and reproductive health services.



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- The Maputo Protocol, ratified by Cameroon in 2009, recognises the importance of reproductive rights, including the right to safe abortion in cases of sexual assault, rape, incest, or when the health of the mother or foetus is at risk (article 14(2)(c) XIV 2, C).

The instruments also call for increased access to comprehensive sexuality education (CSE) and family planning services.

However, despite these commitments, the [United Nations Population Fund \(UNFPA\) \(2024\)](#) has reported that the implementation of these frameworks remains weak, with SRHR services often inaccessible in rural and conflict-affected regions. Cameroon's legal environment also remains restrictive concerning abortion and access to contraception is limited by cultural and religious opposition.

National policies

At the national level, Cameroon has adopted policies for improving access to SRH services. The [Cameroon Health Sector Strategy 2016–2027](#) emphasises the importance of reproductive health and the need to reduce maternal and child mortality. This policy also highlights the importance of addressing gender-based violence and harmful traditional practices such as female genital mutilation (FGM), which is still prevalent in parts of the country.

The [Penal Code in Cameroon](#) includes provisions criminalising harmful practices such as FGM, yet enforcement of these laws remains inconsistent. The Cameroon Health Sector Strategy 2016–2027 sets ambitious targets for improving health infrastructure and expanding access to reproductive health services, but funding constraints and corruption undermine its implementation. The government has made some progress in improving maternal health outcomes, but significant gaps remain, particularly in rural areas where access to health care is severely limited due to poor infrastructure and security concerns.

Key barriers to SRHR and education

Legal restrictions

One of the most significant barriers to SRHR in Cameroon is the restrictive legal framework on reproductive rights. Under Cameroon's Penal Code, abortion is criminalised except in cases of rape or when the mother's life is in danger (sections 337 and 339). Even in these circumstances, accessing safe abortion services is often difficult due to bureaucratic delays, stigma, and the reluctance of health-care providers to perform the procedure.

A report by the Guttmacher Institute (2019) found that unsafe abortions are a major contributor to maternal mortality in Cameroon, accounting for more than 36 per cent of maternal deaths. The report highlighted that restrictive laws push many women to seek unsafe abortion services, often provided by untrained practitioners in unsanitary conditions. This contributes to high rates of complications such as sepsis, haemorrhage, and infertility.

In addition to restrictive abortion laws, access to contraception is limited, particularly for unmarried women and adolescents. Cultural and religious opposition to contraception, combined with a lack of education on reproductive health, means that many women do not have the information or means to prevent unintended pregnancies. According to the Cameroon Demographic and Health Survey (2018), only 23 per cent of married women use modern contraceptive methods, while the unmet need for family planning stands at 20 per cent. These legal restrictions also compound the unique challenges faced by LGBTQIA+ individuals and organisations in advocating for their rights.



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Cultural and religious barriers

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Cultural and religious norms play a significant role in shaping attitudes toward SRHR in Cameroon. The country is deeply influenced by religious institutions, particularly Christianity and Islam, which often hold conservative views on reproductive rights. Religious leaders influence public opinion, particularly in rural areas, where traditional values are strongly upheld.

In some regions, particularly in the Far North, Imams discourage the use of contraceptives, citing religious doctrine that promotes large families. Similarly, some Christian denominations, particularly Catholic and evangelical churches, oppose contraception and CSE. This religious resistance poses significant challenges to implementing SRHR policies and programmes.

A 2017 study by the Centre for Reproductive Rights found that more than 50 per cent of religious leaders in Cameroon opposed the introduction of CSE in schools, arguing that it would promote immorality and promiscuity among young people. As a result, many schools do not offer CSE, leaving young people uninformed about their reproductive health and rights.

At the same time, cultural norms that value large families and male dominance in decision-making further limit women's ability to access SRHR services. In many communities, women have to seek permission from their husbands or male relatives before accessing health care, including contraception and maternal health services. This patriarchal system restricts women's autonomy and reinforces harmful gender stereotypes that devalue women's health and well-being.

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Corruption and governance

Corruption remains a significant challenge in Cameroon's health and education sectors. Transparency International ranked Cameroon 142nd out of 180 countries in its 2022 Corruption Perceptions Index, indicating a high level of perceived corruption. Funds allocated for health care and SRHR services are often siphoned off by corrupt officials, leaving health facilities under-resourced and unable to provide adequate care.

In the health sector, corruption manifests in various forms, including the misappropriation of funds meant for maternal and child health programmes, the illegal sale of medication meant to be free for patients, and the diversion of medical supplies to the black market. Such corruption exacerbates already severe funding shortages in the health sector, leaving many health facilities without the resources needed to provide SRHR services.

Corruption also affects education, with reports of bribery in school admissions and diversion of funds meant for educational infrastructure. As a result, many schools, particularly in rural and conflict-affected regions, are severely underfunded. This lack of resources compromises the quality of education, limits the availability of teachers, and prevents the effective implementation of CSE programmes. Moreover, the mismanagement of resources allocated for SRHR services undermines efforts to improve healthcare infrastructure and access to essential reproductive health services.

Humanitarian challenges: Armed conflict, climate change, and forced displacement

The interconnected crises of armed conflict, climate change, and forced displacement represent significant humanitarian challenges to realising SRHR in Cameroon.

The Boko Haram insurgency in the northern regions and the anglophone crisis in the northwest and southwest regions have led to large-scale displacement, with more than 800,000 internally displaced persons (IDPs) as of 2022. These crises destabilise health-care systems, reducing access to essential services, including reproductive health care, maternal health, and contraception.

Women and girls are particularly vulnerable, facing heightened risks of sexual and gender-based violence, unintended pregnancies, and unsafe abortions in displacement camps and conflict zones, where health infrastructure is either destroyed, disrupted or inaccessible.

Additionally, climate change exacerbates these challenges, particularly in northern Cameroon, where droughts, erratic rainfall, and the shrinking size of Lake Chad force communities to migrate, further straining limited resources. Women in these regions often suffer disproportionately, with restricted access to SRHR services in overcrowded, under-resourced camps and health centres, leading to poor maternal outcomes and increased rates of sexually transmitted infections.

Addressing these humanitarian challenges requires an integrated approach that builds climate-resilient health systems, prioritises SRHR in humanitarian aid, and ensures that reproductive health services are accessible to displaced populations.

Climate change, as noted, has emerged as a significant challenge in Cameroon, exacerbating vulnerabilities and displacing communities, particularly in the northern regions. The Lake Chad Basin, which includes northern Cameroon, has been heavily impacted by climate change, with rising temperatures, erratic rainfall patterns, and the shrinking of Lake Chad affecting livelihoods, particularly of those dependent on agriculture and fishing.

As communities lose their sources of income due to climate-induced changes, women and girls are disproportionately affected. Many are forced to migrate to urban areas or refugee camps, where access to healthcare services, including SRHR, is severely limited. According to the International Organization for Migration (IOM), more than 60,000 people are displaced annually due to climate-related disasters in northern Cameroon. These displaced populations face additional challenges, such as food insecurity, limited access to clean water, and overcrowded living conditions, negatively impacting SRHR outcomes.

Women and girls in displacement camps are particularly vulnerable to sexual and gender-based violence, with limited access to health services, including maternal care and contraception. The disruption of health services in these regions further limits access to reproductive health care, exacerbating the risks of maternal mortality, unintended pregnancies, and sexually transmitted infections. Addressing these issues requires a concerted effort to build climate-resilient health systems and ensure that SRHR services are available to displaced populations.

Strengthening partnerships between the government, civil society, and faith-based institutions will also be crucial to changing harmful cultural norms and expanding access to SRHR services.

The role of civil society organisations

Addressing SRHR gaps

CSOs have been instrumental in filling gaps left by the government and addressing the challenges to SRHR and education in Cameroon. Organisations such as Pathways for Women's Empowerment and Development (PaWED-IATC), Hopes Advocate Africa (HADA), and Network of Aunties for the Empowerment of Adolescent Mothers (RENATA) have been at the forefront of advocacy efforts to improve access to SRHR services, particularly for women and girls in marginalised communities and conflict-affected areas. In addition to conducting advocacy, CSOs play a critical role in service delivery. Many provide direct health-care services, including contraception, maternal care, and post-abortion care, in regions where government services are limited or non-existent. They also work to raise awareness about SRHR issues, educate communities about reproductive health, and challenge harmful cultural norms that limit women's autonomy.

Funding institutions

Several international funding institutions support SRHR and educational initiatives in Cameroon. The UNFPA has been a key player in promoting reproductive health services in the country, particularly in conflict-affected regions. The Global Fund for Women provides flexible and equitable funding to CSOs engaged in SRHR, especially advocacy for free and safe abortion; it has also been pivotal in funding health programmes in Cameroon, particularly in the areas of HIV/AIDS, malaria, and tuberculosis.

Other organisations such as Amplify Change, Open Society, and Her Voice Fund have also been instrumental. Likewise, the World Bank has provided financial and technical support for education initiatives in Cameroon, particularly those aimed at improving access to education for girls. Through its Global Partnership for Education, it has funded programmes that aim to reduce gender disparities in education and increase the enrolment and retention of girls in

school. This support is critical, as education is a key factor in improving SRHR outcomes, with educated women more likely than others to access reproductive health services and make informed decisions about their health.

The role of faith-based and cultural institutions

Resistance to SRHR

Faith-based institutions in Cameroon wield significant influence, particularly in rural areas, where religious leaders play a central role in community life. However, many of these institutions have been resistant to SRHR initiatives, particularly those related to contraception and CSE.

The Catholic Church, which is the dominant religious institution in many parts of Cameroon, opposes the use of contraception and views abortion as morally unacceptable under any circumstances. This stance has had a significant impact on public policy and the availability of reproductive health services, particularly in regions where the Church wields considerable influence.

In the Far North, some Islamic leaders oppose certain SRH services, particularly contraception, which they argue contradicts religious teachings that promote large families. This resistance complicates efforts to promote family planning and reduce maternal and child mortality in these regions. According to a 2017 study by the Centre for Reproductive Rights, many faith-based leaders in Cameroon believe that promoting CSE in schools encourages promiscuity, which has further limited the implementation of SRHR programmes targeting young people.

Positive contributions

Despite this resistance, some religious institutions have begun to engage with SRHR issues in a more constructive way. For instance, the Catholic Church has been active in providing maternal care services through its network of health centres, particularly in rural areas. In some cases, religious leaders have

partnered with CSOs to promote maternal health, particularly around issues like birth spacing, which can help reduce maternal mortality rates.

Moreover, certain religious groups have been receptive to programmes aimed at reducing gender-based violence and child marriage. By engaging with faith-based institutions and incorporating religious perspectives into SRHR programming, there is potential to shift attitudes and promote a more supportive environment for reproductive health rights in Cameroon.

Challenges and the way forward

Strengthening legal reforms

Legal reforms are critical to advancing SRHR in Cameroon. The current legal framework, particularly around abortion and contraception, needs to be harmonised with international and regional commitments, such as the Maputo Protocol. Advocacy groups, CSOs, and international bodies like the African Commission on Human and Peoples' Rights, and United Nations Human Rights Council (UNHRC) during Universal Periodic Reviews (UPR) have called on the government to expand access to reproductive health services, including safe abortion, and remove legal barriers that restrict access to contraception, particularly for adolescents and unmarried women.

These legal reforms should also address issues of gender-based violence, ensuring that survivors have access to justice and healthcare services, including post-rape care and psychological support. While some progress has been made in criminalising harmful practices such as FGM, enforcement remains weak, and more needs to be done to hold perpetrators accountable and protect women and girls from violence.

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Conflict resolution and humanitarian aid

Efforts to resolve the ongoing conflicts in the northern and anglophone regions must prioritise the health and education of women and girls. International organisations, including the United Nations, the African Union, and the Economic Community of Central African States (ECCAS), should continue to pressure the Cameroonian government to engage in dialogue and seek a peaceful resolution to the anglophone crisis. In the meantime, humanitarian aid should focus on rebuilding health and education infrastructure in conflict-affected areas. Programmes that provide mobile health clinics, reproductive health services, and education in displacement camps can help mitigate the impact of conflict on SRHR outcomes.

Enhancing SRHR education

CSE is a key component of improving SRHR outcomes, yet it remains controversial in Cameroon due to cultural and religious opposition. However, evidence from other countries shows that CSE can help reduce rates of unintended pregnancy, HIV transmission, and gender-based violence, particularly among adolescents. To enhance SRHR education, the government should work with CSOs, educators, and religious leaders to develop culturally sensitive CSE programmes that respect local values while providing young people with the information they need in order to make informed decisions about their health.

Climate-resilient health systems

Given the impact of climate change on health systems in northern Cameroon, there is a need for climate-resilient health infrastructure. This includes building health facilities that can withstand extreme weather conditions, training healthcare workers to respond to the unique needs of displaced populations and ensuring that SRHR services are integrated into emergency response programmes.

Conclusion

The realisation of SRHR and education in Cameroon remains a significant challenge, hindered by legal restrictions, armed conflict, cultural and religious opposition, corruption, and climate change. While international and regional frameworks provide a strong foundation, their implementation has been inconsistent, and significant gaps remain in access to services.

Women and girls, in particular, thus face substantial barriers, including restrictive abortion laws, limited access to contraception, gender-based violence, and a lack of CSE. Armed conflicts, particularly in the northern and anglophone regions, have exacerbated these challenges, displacing hundreds of thousands of people and further weakening health and education systems.

Despite these obstacles, there are opportunities for progress. CSOs have played a critical role in filling gaps left by the government, providing vital services and advocating for the rights of women and girls. Funding institutions, including UNFPA, Global Fund for Women, Amplify Change, the Global Fund, the World Bank and others, have provided essential resources to improve health and education infrastructure, though corruption and governance issues continue to undermine these efforts.

Moving forward, a multi-pronged approach is necessary to overcome the barriers to SRHR in Cameroon. Legal reforms should be prioritised to expand access to reproductive health services, while efforts to resolve the ongoing conflicts must address the health and education needs of women and girls. Strengthening partnerships between the government, civil society, and faith-based institutions will also be crucial to changing harmful cultural norms and expanding access to SRHR services. Furthermore, building climate-resilient health systems will be essential in addressing the challenges posed by climate change and forced displacement. By addressing these issues holistically, Cameroon can make significant strides toward ensuring universal access to SRHR and education for all.

Wazeh Nicoline Nwenushi Tumasang is a jurist, a gender and development expert, and the founder and CEO of Pathways for Women's Empowerment and Development/Integrated Agricultural Training Center (PaWED-IATC). Cameroon

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