

Legal Framework to Gender-Based Violence, Sexual and Reproductive Health Rights of Indigenous Women in Cameroon

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Abstract:

Men and women have different health profiles which necessitate different health needs, as a result of their biology and their distinct status in society. Discrimination and harmful traditional practices in many societies in the global south further affect the reproductive health of indigenous women. The paper will highlight discrimination against women in patriarchal indigenous communities in Cameroon. The paper focuses on violations that affect women's reproductive health. The paper will discuss these violations in light of the country's commitment to Sustainable Development Goal No.3 on good health and well-being and Goal No. 5 on gender equality. The paper will also highlight the national and international laws addressing the right to the reproductive health of indigenous women. It will also examine gender-sensitive interventions, legislation and policies put in place by the indigenous community and the Government of Cameroon if any. The paper will end with conclusion and suggestions/recommendations on ways to improve the reproductive health of indigenous women in Cameroon.

Keywords: legal framework, gender, violence, sexual, reproductive health rights, indigenous women, Millennium Development Goals (MDGs) and Cameroon

1. Introduction

Compared to other women in Cameroon, indigenous women who belong to the Pygmies (Baka, Bakola/Bagyeli and Bedzang), the Mbororo and other ethnic groupings referred to by the United Nations as 'Indigenous Peoples' or 'Indigenous and Tribal Peoples' on account of their way of life, their socio-cultural values based on their ancestral traditions have both higher

morbidity and mortality rates, which result from lack of access to healthcare services. There are other issues like women and girls living with HIV, women and girls living with disabilities, and difficult circumstances, among which are early marriages, adolescent motherhood and gender-based violence. The illiteracy rate of Mbororo Fulani pastoralist women is around 98% according to data collected in 2011 by the Forum des Femmes, Autochtones du Cameroun (FFAC).¹ The Integrated Health for All Foundation (IHAF) Cameroon report of 2008/2009 provides some statistics on indigenous women's (The Mbororo) conditions in the Njikwa Community.² This illiteracy contributes to the vulnerability of these women who already suffer from discrimination and marginalisation, and who face other social difficulties such as young girls being taken out of school by their parents to get married to older men, often having to face polygamy and depend on their husband as they do not work.³ There is a lack of access to education for this indigenous group and high levels of poverty and malnutrition. As compared to the men, the women are the most affected in this community.

In addition, women experience discrimination because of their inability to decide whether to terminate a pregnancy and whether or not to access certain reproductive healthcare services because all this depends on consent from their husbands.

1.1.The Government of Cameroon's Commitment toward Sustainable Development Goal 3 and 5

The adoption of 17 Sustainable Development Goals in September 2015 by the UN was intended to seek solutions that address social injustices and the root causes of poverty. The United Nations Sustainable Development Goal (SDG) 3 provides:

Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality, but working towards achieving the target of less than 70 maternal deaths per 100,000 live births by 2030 would require improvements in skilled delivery care. Many more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues. By focusing on providing more efficient funding of

¹ Aeisatu Bouba, 'Address' (*Office of the High Commissioner for Human Rights*, Geneva, 10 December 2012) <https://www.ohchr.org/Documents/Issues/IPeoples/IFP/Aeisatu_Bouba_December_2012.pdf> (accessed 12 July 2019).

² Integrated Health for All Foundation (Cameroon) Report 2008. Available at: https://www.who.int/pmnch/about/members/database/Integrated_Health_for_All_Foundation/en/ (accessed 19 September 2019)

³ A Bouba, (n 1).

health systems, improved sanitation and hygiene increased access to physicians and more tips on ways to reduce ambient pollution, significant progress can be made in helping to save the lives of millions.⁴

The monitoring of activities toward the implementation process of the SDGs in Cameroon is done at various levels. Through an institutional framework, the Government of Cameroon has set up a follow-up mechanism with the creation of participatory monitoring subcommittees at local, divisional, and regional levels. Vincent Ledoux Essambe Bome from his conference paper indicated that there is a national framework of indicators developed by the National Institute of Statistics and the United Nations System based on the global framework and reflecting national specificities.⁵ Indigenous communities in Cameroon, like those in other parts of Africa, by their culture, fall within the category of the hard-to-reach vulnerable population. The Mbororo Community, for example, live far off the hills with animals, due to their pastoral activities, causing limited access to reproductive healthcare facilities. Many of these indigenous peoples are less educated, few, and culturally different from their more populous neighbours.⁶ The lack of data shows a lack of recognition of indigenous peoples by African States to institute healthcare programmes for indigenous women. The fact that indigenous women are in hard-to-reach areas, makes them invisible in the data collection of many international agencies and in most national censuses. This provides a disparity in their health situation as compared to other groups in the country.⁷ The Government of Cameroon's commitment in the implementation of SDG 3 among the indigenous communities is largely inadequate due to the cultural adaptation to the delivery of health services, which appears to create a barrier to the enjoyment of the reproductive rights of the women.⁸

As of December 2018, an increase of HIV/AIDS was also noted among the indigenous peoples of Cameroon, which was attributed to the influx of labourers working in the commercial logging industry.⁹ The reproductive health rights of indigenous women in Cameroon may not be improved if the approach is not adapted to their cultural lifestyles. For SDG 5, gender equality and empowerment of women and girls will improve sanitation and

⁴ United Nations Sustainable Development Goals (2015)

<<https://www.un.org/sustainabledevelopment/development-agenda/> accessed 11 July 2019.

⁵ VL ESSAMBE BOME, 'Follow-up of Sustainable Development Goals in Cameroon' *International workshop on Sustainable Development Goals (SDG) indicators* (Beijing 26-29 June 2018).

⁶ Indigenous Peoples' access to Health Services, 'State of the world's indigenous

peoples' <[https://www.un.org/development/desa/indigenouspeoples/wp-](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/03/The-State-of-The-Worlds-Indigenous-Peoples-WEB.pdf)

content/uploads/sites/19/2018/03/The-State-of-The-Worlds-Indigenous-Peoples-WEB.pdf> accessed 12 July 2019.

⁷ State of the world's indigenous peoples (n 6).

⁸ State of the world's indigenous peoples (n 6).

⁹ State of the world's indigenous peoples (n 6).

hygiene as well as increase access to physicians. Indigenous girls in Cameroon below the age of 18 are often denied this right and childhood, often meaning an end to their formal schooling and the start of their life as a wife and mother, with profound physical, psychological and emotional consequences.¹⁰ Commitment toward achieving gender equality and women's empowerment among the indigenous communities in Cameroon requires the active involvement of religious leaders. These leaders can help change existing norms in their communities and be critical allies in the movement to end child marriage and improved reproductive health rights in the communities.

In highlighting gender discrimination among women, the Mbororo women in Cameroon are some of the most discriminated categories of indigenous women.¹¹ The Mbororo men also marginalise the Mbororo women in different ways which put these women into a discriminated state of life. The Mbororo women experience multi-layered discrimination on account of her gender and minority/race status. The Mbororo indigenous women, like all other women, suffer from domestic violence, sexual abuse, and rape.¹² Many of these human rights violations often go unreported since they live in hard-to-reach areas of the country. Even when the victim is courageous enough to report, the authorities trivializes the crimes by asking the victims to go back home and settle the matter with their husbands, or simply that the rape or abuse was provoked by the women/girls because of their clothing or as to how they were dressed.¹³ Rape action in this community cannot be justified on the ground of dressing because the women and girls, by their culture, are not allowed to expose their bodies. The prevalence of gender-based violence among the indigenous communities affecting the reproductive health rights of the women may be attributed to the government's failure to adopt a bottom-up approach in the implementation process of SDG 3 and 5. Taking into consideration cultural barriers, SDG 3 and 5 realisations must entail the participation of indigenous women as essential elements, their need for access to information, for consultation and engagement in decisions.¹⁴ The projection of SDG 5 is such that, with a supplementary

¹⁰ Girls Not Brides, *The Global Partnership to End Child Marriage* (April 2019) <<https://www.girlsnotbrides.org/wp-content/uploads/2019/05/Working-with-religious-leaders-Girls-Not-Brides-2019.pdf>> accessed 13 July 2019.

¹¹ Minority group right international 'minority and indigenous groups in Cameroon' (January 2018). Available at: <https://minorityrights.org/minorities/mbororo-2/> accessed 19 September 2019

¹² EE Njieassam 'Gender Inequality and Land Rights: The Situation of Indigenous Women in Cameroon', (2019)22:1 *Potchefstroom* 44.

¹³ Asian Press Institute, 'Women and Multiple Discrimination: Case of the Mbororo Indigenous Women in Cameroon' (2014) <<http://www.asianpressinstitute.org/?p=935>> accessed 13 July 2019.

¹⁴ EB Weiss & KL Tanya, 'Engaging the World's Poor People in Sustainable Development' (2008) 51 *German Yearbook of International Law* 143-182.

national target, no country should have a maternal mortality ratio greater than 140 per 100,000 live births, and reducing the neonatal mortality rate to no more than 12 infant deaths per 1,000 live births by 2030.¹⁵

SDG 5 adds complementary targets to the maternal newborn ones, such as ensuring universal access to sexual and reproductive health and reproductive rights, including access to family planning services, contraceptives, and safe abortion. To accelerate efforts under the MDGs, the government of Cameroon focused more attention on maternal and child health in terms of investment, strengthening institutional capacity, and improving coordination of partners and stakeholders. Between 1990 and 2015, Cameroon saw its maternal mortality ratio (MMR) decreased from 728 maternal deaths per 100,000 live births to 596 deaths per 100,000 live births, and its infant death rate drop from 86 infant deaths per 1,000 live births to 57 deaths per 1,000 live births.¹⁶ This government effort is not reflected among the marginalised indigenous women. The ratio is felt most among the majority population than the indigenous women.¹⁷

2. Legislation on Gender and Indigenous Women's Reproductive Rights in Cameroon

The Cameroonian legal system brings together French, British, and customary legal traditions - a complex mixture whose composition varies according to the region under consideration. For example, the laws in force in the former Federated State of East Cameroon, which encompasses 90% of the country and in which almost 80% of the population lives, are based mainly on French law, while the laws of the former Federated State of West Cameroon are mainly of British origin.

The preamble of the 1996 Constitution of Cameroon

It provides; *We, the people of Cameroon, ... Resolved to harness our natural resources in order to ensure the well-being of every citizen without discrimination, by raising living standards, proclaim our right to development as well as our determination to devote all our efforts to that end and declare our readiness to co-operate...*

The preamble also states that all persons shall have equal rights and obligations. The State shall provide all its citizens with the conditions necessary for their development; the State shall

¹⁵ Sarah M. Hodin et al., 'From MDGs to SDGs: implications for maternal newborn health in Africa - : commentary' (2016) 20:3 African Journal of Reproductive Health 26–28.

¹⁶ Ibid 27

¹⁷ Ibid 27.

*ensure the protection of minorities and shall preserve the rights of indigenous populations in accordance with the law.*¹⁸

Thus, although criminal procedures remain distinct between East and West Cameroon, criminal law itself was unified between 1965 and 1967. There is now a single Penal Code that encompasses both the French and the British approaches.¹⁹ The Cameroon Criminal Code of 2005 has harmonised and amended the discrepancy in the legal structure of Cameroon relating to the enforcement of criminal procedure.²⁰

Baka and Mbororo women expect financial/technical help and support, employment, and inclusion in decision making positions in local groups. Indigenous peoples' participation in defining priorities, planning, access to resources, resource mobilization, implementation and sharing of benefits and evaluation are nominal not only among endangered indigenous nationalities, including Baka and Mbororo women of Cameroon but also among other women with better living conditions.²¹ National and local governments and other NGOs are going through an adequate and meaningful consultation process before they formulate and implement any programs that concern Baka and Mbororo community.²²

Stocktaking of progress made towards the achievement of the Sustainable Development Goals in the last five years at global and national levels indicate that indigenous women's voices have not been given attention as far as SDGs progress is concerned.

a. Ratification of International laws on Gender and Indigenous Women Reproductive Health Rights

Cameroon has ratified most international conventions that recognize that reproductive and sexual rights are human rights of indigenous women. These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Maputo Protocol,

¹⁸ Law N^o2008/001 of 14 April 2008 to amend and supplement some provisions of law N^o96/6 of 18 January 1996 to amend the Constitution of 2 June 1972.

¹⁹ Law N^o 2005/007 of 27 July 2005; The Cameroon Criminal Procedure Code

²⁰ Ibid

²¹ International Labour Organisation <http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/publication/wcms_100609.pdf> accessed 04 October 2018.

²² Sophia Carodenuto & Kalame Fobissie 'Operationalizing Free, Prior and Informed Consent (FPIC) for REDD+: Insights from the National FPIC Guidelines of Cameroon', (2015) 9:2 *Carbon & Climate Law Review* pp. 156-167.

the Protocol to the African Charter on the Rights of Women in Africa, etc. In June 2006 The UN General Assembly adopted the United Nations Declaration on the Rights of Indigenous Peoples.²³

The declaration has acknowledged that the Charter of the United Nations, the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights (ICCPR), as well as the Vienna Declaration and Programme of Action.²⁴ These documents affirm the fundamental importance of the right to self-determination of all peoples, by virtue of which they freely determine their political status and freely pursue their economic, social and cultural development.²⁵

3. Cameroon's use of the term "marginal populations" is contrary to international law and denies the rights of indigenous peoples

In its second periodic report to the African Commission, Cameroon explains its use of the term "marginal populations:" In Cameroon, certain categories of the population such as the Pygmies (Baka, Bakola/Bagyeli and Bedzang), the Mbororo and other ethnic groupings referred to by the United Nations as "Indigenous Peoples" or "indigenous and tribal Peoples" on account of their way of life. the term marginal people are on the account of their socio-cultural values based on their ancestral traditions. marginal peoples are also the result of indigenous peoples' departure from the socio-cultural identity of the majority of their fellow citizens.

The following are classified by Cameroon as marginal populations: the "Pygmies"; the Mbororo; highland peoples such as the Mafa, Mada, Mandara, Zougrou, Ouldémé, Molko, Mbodko, Dalla and Guemdjek; island and creek populations as well as cross-border populations. First, to date, there has been minimal and inadequate participation by indigenous peoples and supporting NGOs in developing any draft bill for the welfare of these marginal peoples in Cameroon. The work was commissioned by the Minister of Social Affairs and will be the basis for drafting a bill on marginalised populations. Little information has been made

²³ United Nations General Assembly Resolution 1/2 of 29 June 2006 'Declaration on the Rights of Indigenous Peoples'. Available at: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf accessed 19 September 2019 .

²⁴ Vienna Declaration and Programme of Action (25 June 1993). <https://www.ohchr.org/en/professionalinterest/pages/vienna.aspx> accessed 19 september 2019.

²⁵ 'The Preamble of United Nations Declaration on the Rights of Indigenous Peoples' (2008) 3.

public about this process and various indigenous and other organisations are greatly concerned about the lack of transparency in the approach adopted thus far.²⁶

a. Growing Civil Society Action for Collective Change

The global campaign and actions such as the UN Permanent Forum on Indigenous Issues, the UN Special Rapporteur on the Situation of Human Rights, and Fundamental Freedoms of Indigenous Peoples, aim to make poverty and social discrimination history.²⁷ There is a concerted effort among civil society organisations to eradicate poverty and social discrimination. The reproductive health and rights of indigenous women should be central to this campaign.

The 6th Africa Conference on Sexual Health and Rights held in Yaoundé, Cameroon on February 5-7, 2014 highlighted the broad range of factors rooted in systemic and institutional weakness, including economic challenges as well as socio-cultural and religious barriers, amongst others, that continue to underpin the vulnerabilities of women and girls to sexual and reproductive health vulnerabilities.²⁸

They further noted that on-going continental and global policy dialogue processes, such as the Africa Union vision 2063, ICPD beyond 2014, and Post-2015 MDG agenda setting, provide a unique opportunity to highlight critical Sexual and Reproductive Health Rights (SRHR), engage a wide range of stakeholders involving all segments of the population, and facilitate commitment to strategic targets. The African Union Agenda 2063 emphasizes the critical linkages between universal access to SRHR and the promotion of rights to the achievement of Africa's development agenda.

The conference recommended that the governments of the African States:

Ensure adequate resourcing and implementation of the programmes that response to the sexual and reproductive health and rights of all segments of the population including those with special needs;

²⁶ Center for Environment and Development, 'Indigenous peoples' rights in Cameroon' (*African Commission on Human and Peoples' Rights*, 2010).

²⁷ Carol Chi 'Indigenous peoples' right to sustainable development and the green economy agenda', (2015) *44:4 Africa Insight* 31.

²⁸ 6th Africa Conference on Sexual Health and Rights, 'Outcome Document' (Yaoundé, Cameroon, 5-7 February 2014).

Setup actions to eliminate harmful practices especially child marriage, female genital mutilation (FGM) and all forms of violence and discrimination against girls and women.

The conference also strongly discouraged socio-cultural practices that violate the sexual and reproductive health and rights of every segment of the society, especially marginalised/vulnerable girls and young women. The Africa States and Governments to support the provision of sexuality information and services to all segments of the community in a manner consistent with evolving capacities to facilitate informed choices.²⁹

b. Role of Indigenous Women and other Groups in Cameroon in the Protection of Sexual and Reproductive Health Rights

Women's Major Group, representing 500 women's organisations from all around the world, today addressed UN Secretary-General Ban Ki-Moon with regard to his report to the 68th General Assembly on the progress towards the MDGs and the UN's development agenda beyond 2015.³⁰ In the letter, which is supported more than 50 civil society groups (including GPF), the coalition calls for a stronger recognition of women's rights in the debated -post-2015 development agenda as well as for a meaningful approach for a truly transformative approach to the prevailing macro-economic model. The address calls on the UN SG *"to ensure that human rights are firmly placed at the centre of the new development paradigm and to warrant that any new framework should be fully coherent with existing agreements and processes on (women's) human rights"*.

While appreciating SG support for this more limited agenda, the groups feel that it does not go far enough, and asked for the inclusion and protection of universal access to "sexual and reproductive health and rights," encompassing holistic, comprehensive, and good quality sexual and reproductive health services, including safe abortion, contraception, maternity care, and prevention and treatment of STIs and HIV, and comprehensive sexuality education, among others. This ask was supported in the outcomes of the recent ECE and ECLAC ICPD+20 regional conferences.³¹

The Traditional Ruler of Aboh in the Northwest region of Cameroon addresses his population in a restitution meeting on gender-based violence as part of the Centre for Human Rights and

²⁹ *ibid.*

³⁰ Pinar Ilkcaracan (Global Policy Forum) 'Letter by Women's Major Group to Ban Ki Moon on his MDG/Post-2015 Report', 6. September, 2013. Available at: <https://www.globalpolicy.org/component/content/article/252-the-millennium-development-goals/52476-letter-by-womens-major-group-to-ban-ki-moon-on-his-mdgpost-2015-report.html> accessed 20 september 2019.

³¹ *ibid*

Peace Advocacy (CHRAPA) initiative. This was to raise awareness and understanding among traditional leaders on CEDAW and women's rights.³²

In 2007, civil society organizations in Cameroon, in collaboration with relevant government stakeholders, recognized the value of CEDAW as a powerful tool to stimulate change if it is widely disseminated and used as the basis for understanding universally accepted human rights principles, namely those relating to gender equality. They developed a training manual titled "CEDAW Made Easy," which was used as a resource for a network of traditional leaders. The manual aimed to empower them to use the Convention to bring about concrete improvements in the lives of women in their communities. By simplifying the provisions of CEDAW and using examples of violations of women's rights from the local context, the facilitators were able to explain the importance of the Convention to the realization of women's rights in Cameroon.

c. IHAF Community Outreach and Reproductive Health Education and Sensitization Campaign

The Integrated Health for All Foundation (IHAF) is a non-profit organisation with its head office in Yaoundé, Cameroon. In 2008/ 2009 IHAF reported on its community outreach and reproductive health education and sensitisation campaign that was carried out within the Mbororo people of Njikwa Subdivision in the North West Region of Cameroon. The report focused on the reproductive health rights of the Mbororo people who are one of the minority indigenous groups in Cameroon.³³ As a semi-nomadic community, the Mbororo community who are cattle herders and traders, arrived in Cameroon in the early eighteenth century, and later moved from place to place looking for pastures for their animals, and areas suitable for cattle rearing.³⁴ IHAF outreach campaign was based on community experience in which, women or girls in the mainstream society look down on the Mbororo women and girls. The Mbororo Fulani women are mostly uneducated, little exposed to other community activities, and sometimes do not speak the Lingua Franca [the language used to communicate in most informal settings in Cameroon: e.g market, streets, hospitals etc.] many times they are isolated from

³²Kumichii Ndichia 'Beijing +15 The Reality of Cameroon and the Unfinished Business: Assessing the Implementation of the Beijing Platform of Action in Cameroon', (2010) Review Beijing Cameroon. Available at: <https://library.fes.de/pdf-files/bueros/kamerun/08018.pdf> accessed 20 September 2019.

³³ Integrated Health for All Foundation, Cameroon unpublished Bi-annual Report of 2008/2009b.

³⁴ Jabiru Muhammadou 'The Mbororo Problem in North West Cameroon a Historical Investigation', (2017)33: *American Scientific Research Journal for Engineering, Technology, and Sciences (ASRJETS)* 37.

other women in the local communities. According to the report of Forum des Femmes, Autochtones du Cameroun (FFAC) of 2016, illiteracy rate among Mbororo Fulani pastoralist women is around 98%.³⁵ This illiteracy contributes to vulnerability of these women who already suffer from discrimination, marginalisation and who face other social difficulties such as child marriages to older men and often having to face polygamy and depend on their husband as they do not work.

4. African Charter on Human and Peoples Rights on the Rights of Women in Africa

The African Charter on Human and Peoples Rights of 1981 (hereinafter The Charter) provides, in Article 2, for the enjoyment of rights and freedom of every individual, without distinction of any kind such as race, ethnic group, colour, sex, language, religion, or any other opinion, social origin or another status. To live life with dignity entails the enjoyment of basic or universal inalienable rights. The African Charter as a binding legal instrument has imposed a number of duties on both the African States and individuals in the respect and promotion of human rights and dignity of all persons. In Article 4 of the African Charter, ‘every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of this right’.³⁶ Issues of gender-based violence and other social discrimination in patriarchal indigenous communities in Cameroon contravene the Charter. The framers of the Charter took cognisance of collective rights and the duty to safeguard equality, all without discrimination. In Article 28:

Every individual shall have the duty to respect and consider his fellow beings without discrimination and to maintain relations aimed at promoting, safeguarding and reinforcing mutual respect and tolerance.³⁷

This provision is a collective responsibility imposed on both the State and members of the society to ensure or guarantee equal rights of all. Cases of gender-based violence, child marriages, unwanted pregnancies, and patriarchal domination within the indigenous communities violate this provision of the law.

³⁵ The World Bank: Pan-African Forest-Dependent Indigenous Peoples FCPF Capacity Building Program on REDD+ Project (2016) 12. Available at: <http://documents.worldbank.org/curated/en/624771526709254642/pdf/Disclosable-Restructuring-Paper-Pan-African-Forest-Dependent-Indigenous-Peoples-FCPF-Capacity-Building-Program-on-REDD-Project-P155373.pdf> accessed 25 September 2019

³⁶ The African Charter on Human and Peoples Rights 1981, s 4.

³⁷ The African Charter on Human and Peoples Rights 1981, s 8.

The most vulnerable communities are the Pygmies and Mbororo indigenous women who face social exclusion, female genital mutilation (FGM), trafficking, restricted mobility and early marriage, reproductive health complications, among others. Society needs to be fixed so that girls and women can have equal access to health information and services, education, employment and political positions.³⁸

4.1. The Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa 2003

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) provided to establish real equality of rights and opportunities for men and women in the labour market. Global efforts related to safe motherhood and women's reproductive health and rights should also pay attention to the specific concerns of indigenous women in Cameroon. Accordingly, indigenous women have called on the United Nations bodies and processes related to women to adopt the UN Declaration on the Rights of Indigenous Peoples 'as a minimum standard in the fulfilment and enjoyment of rights by indigenous women'.³⁹

A number of organizations are working to address violations of women's reproductive rights and on promoting gender equality, like MBOSCUDA and IHAF. These and other organizations encounter many challenges, especially as it concerns cultural reforms to uplift the voices of indigenous women by protecting their sexual and reproductive health rights and gender-based violence. These activists found the need to treat women's reproductive rights and indigenous rights as interrelated. African Union member states to raise awareness and build the capacity of indigenous women on how the human rights framework can be used as a concrete mechanism to uplift their social status, with special attention to the ratification of the optional protocol on ESCR Rights.⁴⁰ Article 14 (1) (b) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa provides that:

³⁸ Make Every Woman Count. Available at: <http://www.makeeverywomancount.org/index.php> accessed 25 September 2019.

³⁹ 'Indigenous women shape women's rights' (*Forest Peoples Programme*, 3 June 2011) <<http://www.forestpeoples.org/topics/gender-issues/news/2011/06/indigenous-women-shape-women-s-rights>> accessed 20 September 2019.

⁴⁰ GCAP Annual Report, *The World We Want* (2011) accessed 25 September 2019.

States Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted. This includes the right to decide whether to have children, the number of children and the spacing of children.⁴¹

In Article 14 (2) (b) (c) of the Protocol; ‘state parties shall establish and strengthen existing pre-natal, delivery and post-natal health and nutritional services for women during pregnancy as well as protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus’.⁴² This provision of the Protocol is an important step for women in Africa including the indigenous women, where sexual and reproductive health rights have previously been ignored as issues that are culturally sensitive and dominated by patriarchal communities.⁴³ State obligation as a duty bearer under Article 14 of the Protocol includes the to promotion of social determinants of good health, such as environmental safety, education, economic development and gender equity because these are elements necessary to support the state’s role, ensuring that indigenous women in Cameroon are able to enjoy their rights.⁴⁴

5. Conclusion

The cultural background of gender roles ascribed to indigenous women serves to blind them from appreciating their right to maintain good reproductive health. Positing that indigenous rights and women’s rights as inextricably linked, indigenous women that work to secure these inter-related rights using international human rights instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) are challenges activists and NGOs have to deal with when addressing challenges faced by indigenous women. It is worth noting that the Government of Cameroon has made some effort to ensure the protection of reproductive health rights of indigenous women by including the protection of the rights of minorities and indigenous population in the preamble of her Constitution. This constitutional provision and the contributions from other actors are necessary to improve the

⁴¹ The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa 2013, s 14 (1) (b).

⁴² Protocol of the African Charter in Human and Peoples Rights on the Right of Women 2013, s 14 (2)(b)(c).

⁴³ Megan Geldenhuys et al. ‘The African Women's Protocol and HIV : delineating the African Commission's General Comment on articles 14(1)(d) and (e) of the Protocol : focus : sexual and reproductive health rights and the African Women's Protocol’, (2014) *14:2African Human Rights Law Journal* 683.

⁴⁴ Megan Geldenhuys et al. (n 43) 693.

reproductive health rights of vulnerable indigenous women in Cameroon. The adoption of the African Charter Protocol on the Rights of Women was a continental attempt to break cultural barriers difficult for indigenous women to claim their human rights without the protections and assistance offered by the state. As a regional instrument, the African Women's Protocol serves as a benchmark in which state parties ensure adequate protection for women in Africa.⁴⁵

5.1. Suggestions/recommendations

some recommendations may be useful measures to fight against cultural barriers which are repugnant to indigenous women's fundamental rights. Institution of strong measures should be taken to ensure the elimination of social and cultural beliefs that are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.

Socio-cultural practices are detrimental to indigenous women's reproductive health rights such as Female Genital Mutilation, premature motherhood or early marriages, and high rates of illiteracy. Indigenous women in Cameroon need to be empowered and should have the right of self-determination and control of their sexuality, and the right to make decisions regarding their sexual and reproductive health rights.

When indigenous women manage institutions, resources and development initiatives, they enhance and improve their social and economic situation. Promote meaningful and non-discriminatory community participation in decision making and policy dialogue processes relating to SRHR. One of the best ways to help people understand real-life problems or situations is by acting them out. When followed by an organised group discussion, a role-play can help a group look at attitudes, customs, and pattern of behaviour, and how they affect women's health. Role-playing is useful for developing awareness and exploring alternative solutions to social problems.

⁴⁵ Ibid

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