

CONTEMPORARY WORLDVIEW PERSPECTIVES OF ADOLESCENT PREGNANCY AMONG THE NGIE COMMUNITY OF THE NORTH WEST REGION OF CAMEROON

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ABSTRACT

This is an ethnographic study that examines reasons for the increasing rate of adolescent pregnancies and births in Ngie Sub Division of the North West region of Cameroon. This is also the main objective of our presentation. Although teenagers constitute the most active sexual population, there is insufficient knowledge on family planning and reproductive health due to poor infrastructures like health, communication networks, etc. For that reason our main hypothesis tested the fact that activities of present day worldview are responsible for the influenced that has resulted to risky sexual activities among the youths. To facilitate the collection of data and analysis, worked with 100 informants using in-depth interviews, focus group, participant observations, questionnaires and documentation. On the field, we realized that socio-cultural as well as economic factors contribute to sexual vulnerability among adolescents. Consequently, many negative implications like setbacks associated with school disruption, economic constrain, limited job prospects, emotional stress and even social stigma are evident to this. Some suggestions brought forth to curb down this social ill include: In-depth information on reproductive health and related knowledge, attitudes and practices among unmarried adolescents needs to be collected. As well as other mentioned suggestions as in our presentation.

Key words: Contemporary, Worldview, Perspectives, Adolescent Pregnancy

INTRODUCTION

One of the fundamental challenges posed by current international agreements and women's advocacy movements is the application of both public health and human rights principles to reproductive health programs. The Programme of Action of the 1994 International Conference on Population and Development (ICPD), for example, calls on governments and international donor agencies to increase and renovate existing programs, and to suggest services that are broad, incorporated, and generally accessible in addition to deliver in a consistent manner health rights as goals.

All over the world, adolescents form part of the overwhelming mass exploited and those living in poverty. This is confirmed by the United Nations Development Programme (UNDP) 1998 issued statement indicating that the majority of people who suffer from poverty are women and children.

Obviously, the implications of these changes for services alone are enormous, and even in the best of conditions reflect goals that will require many years to realize. The evident challenges, proof suggests that in practice, the claim to existing programs of reproductive rights ethics lags far behind the assumption.

This paper explores these issues and argues that reproductive health programs have a crucial but unfulfilled role to play in the promotion of rights, health and gender equity. The rights of couples and individuals to decide on the number and spacing of children and to have access to information, education and the to obtaining them, the right to attain the highest standard of sexual and reproductive health, and the right to make decisions concerning reproduction free of discrimination, intimidation and violence. World Bank (1995) indicated that illiterate and poorly educated mothers are less able to care for their children. Also, low educational levels are responsibilities for household work that prevent women from finding productive employment or involvement in decision making. This is because; inferior status usually prejudiced their lifestyles. Understanding and applying of the phenomenon explains the fact that adolescent reproductive health is given due consideration in developing world, Cameroon and in the Ngie community in particular.

However, the proliferation of early childbirth has dominated the society by sexual immorality and premarital sex habits, making a decline in premarital sex abstinence which in the past and even till date is considered the model before marriage. The National Centre for Health statistics (2006) realized teen birth increased for the first time in 15 years. The rate rose from 40.5 in 10.000females in 2005 to 41.9 per 10.00 in 2006. WHO (2002) explains that in many countries, 2/3 of adolescent of aged 15-19 have had sexual intercourse. Meanwhile, in Cameroon, GTZ Health report in 2000 on sexual activities revealed that more than 1/5 of pregnancies are unintended. This is a common phenomenon among adolescents group. As confirmed by many other sources, it is therefore our goal to examine the factors pertaining to the high rate of adolescent pregnancies in Ngie since one could easily see 02 out of 05 adolescents having a baby or is expecting.

PRESENTATION OF RESEARCH AREA

Ngie is a sub division found in Momo Division, of the North West region of Cameroon in West Africa. Like most parts of the North West region, the landscape is very mountainous and slopes from north to south. This renders settlement, movement and agricultural activities difficult. Irrespective of all these topographic difficulties, human activities linked to its cultural touristic nature can still be felt. According to RGPH 2005, Ngie has a population of 17.697 inhabitants with a total of 8637 men and 9060 women respectively. It is divided into 19 villages.

Although, most rural settings face a problem of inadequate healthcare as a whole, the Ngie population in general and for the female in particular is greatly affected. The Ngie community practices folk medicine alongside modern medicine. Besides the existence of medical pluralism, traditional and informal seeking behaviors are dominant as the society is not involved due to its geographical obscurity and poor accessibility. Though the health units around face problems of equipment and staff, many serious cases are referred to Acha General Hospital which is the nearest better equipped hospital to the sub-division.

The family is the basic unit of production and consumption in the area with differences in descent

roles and types. The family head is the father who is assisted by the mother, the first and the second child in order of birth. It is a patrilineal and patrilocal group. The extended family is a composition of families grouped around the family. Such extended families may not necessarily live together in the same place. The nuclear family is made of the father, mother and children while an extended family is made up of the father, mother, step brothers and sisters, cousins, aunties and uncles.

Politically, there exist both the traditional and the modern systems with the political system not having a place for the woman. Meanwhile, there are priests who are custodians of the land as well as the spiritual leaders. The chiefs and elders are the custodians of the customs and traditions of the community and serves as entry points and liaisons between the community and outsiders.

According to A. S Hornby et al. (1963). Custom or tradition is a usual and general accepted behaviour among members of a social group. Among the Ngie people, ceremonies such as death, birth, marriage, fortunes or misfortunes are characterised by drinking, singing, eating, or dancing. These ceremonies bring people of many different social relations together and some used these occasions to solve some outstanding problems. Therefore, ceremonies among the Ngie people are better moments of reconciliation, meeting and creation of new relations. This has been passed down from generation to another, otherwise known as their tradition.

In matters of marriage, the people of the Ngie community understand that marriage is a ceremony whereby a man/boy ask for the hand of a girl/woman for a marriage, and there is a meeting of the two families, with a cock and at least a sum of ten francs handed to the girl's father by the girl, though many are still victims to free love. As a result, each person is influenced differently and thus has different measures and implications resulting from this. This is because culture demands that procreation should take within the framework of marriage. Though many are victims of premarital sex that usually has implications as well, some are as a result of their socio-cultural backgrounds.

In education, both formal and informal education exists. Parents provide informal education at home about their environment and what the community expects of them. While formal education is taught in schools. In the past, female formal education was not considered important because society saw that their only role is childbearing and home management. However, with improved standards and gender equality, many communities not leaving out the Ngie, have discovered the indispensable role of a woman in sustainable development through education.

As far as gender bias is concerned, reproductive health is looked at as a female problem. This is proved by the limitation of men's involvement in women's sexual and reproductive health rights. Evidenced is men's dominion and food bias for women as a result of cultural influences that still retard the female child since, men's are given priority in authority, food and desires. Also, though we find remarkable improvements in educating the female child, boys are always a priority to girls since many drop out due to economic or social reasons than boys. In P.H.S Ngie for example, we have 186 boys and 230 girls in 2010 as a mark of equality in education. But when it comes to inheritance and ownership female are not given access to property. Although some change is being experienced in reproductive matters, a lot needs to be done as we explore the causes of adolescent's pregnancy in Ngie.

METHODOLOGY

Our study is basically an ethnographic qualitative and quantitative study which describes and examines factors pertaining to the increasing rate in adolescent pregnancy among the Ngie community. Our data was obtained from primary and secondary sources. Our target population was those between the ages of 10-19. This involves children who were adolescent mothers and fathers and assumed that socio-cultural factors were responsible for their situation. Most of our informants were questioned for at most two hours and at least one hour. Informants had the freedom to talk on without divergence on the trend researched on. We worked with 100 persons of different ages. They were also of different religious backgrounds such as Catholicism, Islam, Protestantism, and paganism but were predominantly from the Protestant faith. Some of the professions of informants included: students, teachers, farmer, trader, nurse, medical attendance, housewife, herbalist, officer and driver. In our different working teams, we worked with 01 medical doctor, 10 nurses, 01 midwife 60 teenagers with 45 girls and 15 boys. 03 religious authorities were interviewed with 06 school teachers and 20 parents were talked to. Their different professional and demographic backgrounds permitted us to understand the awareness of the respondents on the level of information on adolescent reproductive health. In-depth interviews, participant's observations, indirect observation, focus group and a questionnaire were methods and tools used to gather the information. We chose periods of transhumance like summer holidays and end of years for our research programme so that we could gain concrete information from many people who usually filled the localities.

ANTHROPOLOGICAL VIEW OF ADOLESCENT PREGNANCY IN THE NGIE COMMUNITY

Adolescent group like any other society entity have a distinct function with a define role and responsibility as members of that group. To that effect, adolescents depend on ties from their peers for protection and survival than their families. Being members of this group, they exercise the same attitudes characterised by comparison and imitation. Sexuality as well is not left out as individual's needs are met by the social structure of his/her culture. Therefore, to understand the reproductive behaviour of the Ngie people, we must understand their cultural background. Through their cultural practices, one can clearly understand the reasons responsibly for the increasing rate of pregnancy among the adolescent population. This is because culture comprises of every aspect of an existing society, for example childbirth is seen as a virtue because of the attachment given to a child. Thus among the Ngie, it is only when a boy fulfills manhood rite by impregnating a girl or a girl gets pregnant and effectively undergoes the pains of childbirth that she is considered a woman among the Ngie people. Consequently, infertility is attributed to some lope hoop in culture with the woman usually accused of being responsible. Nevertheless to solve this problem, rituals are requested and performed. By so doing, the people ask for pardon and request blessings from their ancestors. This further explains the cultural practice of early marriage common among the Muslims teen's early birth because it increases the level of fecundity.

Despite, the desire attached to childbirth, culture demands some respect to custom, some of which include: the perception of virginity, menstruation, sexual age, age of first intercourse, etc. When we talk of virginity, it is a state that somebody has never had sexual intercourse with the member of the opposite sex. In African society, virginity is seen as a virtue. In addition to this, Kuate Defo (1999:24) exposes the fact that with the Dii society of the Adamawa region of Cameroon, virginity

is checked by inserting a banana or egg into a girl's vagina. Meanwhile among the Nso people of the North West region, custom allows the girl to visit her suitor in the area during the fattening period, but this must be secret at night with some close relatives. This special relation known as too nente can only be prevented by natural circumstances like menstruation. It is after this proof that the girl is a virgin that the suitor's family starts with wedding preparations comprising of palm wine, food, chicken money and others.

Virginity is important as the Bamum Muslims still hold it with high esteem even till date. Evidence being that a Bamum mother, whose daughter is a virgin, announces to the general public her willingness to give her out for marriage when she attained puberty. Consequently, many suitors would come among which the girl will make her choice. While in this process the suitor who finds favour before the girl goes home with her for seven days with some relatives who will witness how she will be deflowered. Sexual intercourse is carried out on a new pair of white bed sheets. In due course if the bed sheet is stained with blood, it is taken to the girl's compound which calls for celebration because the girl has proven to be a virgin.

In the Ngie community, a girl is said to be a virgin when she is still covered and has not been burst or known by men. Therefore, the Ngie community like many other communities considers virgins as models and good examples for people to try to be like them. Thus, a girl is expected to adopt a responsible sexual life before marriage and keep her virginity for her husband. Since virginity brings honour to the family from which a girl comes from. From our field survey of the 60 teens talked to, 15% agreed that they had never had sexual intercourse therefore, only a minority.

Meanwhile in most African countries, menstruation determines maturity and puberty in a young girl. According to the information received on the field, a menstrual cycle is important because it permits a woman to prevent herself from pregnancy. It is thus a natural contraceptive to birth control though characterized by some irregularities, that explains why many young girls risk becoming pregnant.

Table I: Respondent in relation to age of menstruation

Age	Number	Percentage
10	02	0.9%
11	04	1.8%
12	04	1.8%
13	10	4.5%
14	07	3.15%
15	06	27%
16	03	1.35%
17	05	2.25%
18	02	0.9%
19	02	0.9%
Total	45	47.25%

Source: Fieldwork, 2008

From our field survey the first age of menstruation varies from 10 to 19 with 15 being the main age

with a percentage of 27. Furthermore, from every indication menstruation comes with maturity, sexual desires to mention a few.

Looking at sexual matters, intercourse implies the insertion of a man's penis into a woman's vagina usually leading to the ejaculation of semen. However, the concept of sexuality is socially constructed and varies through cultures. In some cultures, sex is regarded as bad, intrinsic, shameful and something to be relegated to the darkness of the night. This idea is supported by the Fulani notion of the Afo (first born) who are delivered and raised in their grandparent's compound without their mother calling them by name because they are considered a disgrace to the mother. Disgrace because it was the sexual act that led to the lost of the mother's virginity.

Among the Ngie community, sex is meant purposely for procreation. This explains the practice of postpartum in the locality wherein a woman is supposed to abstain from sexual intercourse for at least two years after having given birth in the past. This belief is supported by the fact that a woman is not supposed to check if her husband is having an affair with another woman since she is breast feeding. Thus, marital sex was considered legitimate. Premarital sex on the one hand and extra marital on the other hand is prohibited by the custom. That not with standing, coital sex is being practice, commercialization of sex by media, pornography, sexual books, are all sources that have made the young generation to look at sex as pleasure. Consequently, this perception has increased their sexual drive to satisfy their sexual and biological desires.

Although different people have different perceptions about sex, many are influenced by their socio-cultural or economic backgrounds. That is why with our sample population some expressed the fact that sex is good while others saw it as being bad. Meanwhile, respondent's positive and negative perception towards sexuality depended on the individual factors. Teenage pregnancy refers to all procreation before and within marriage of a girl child aged 10-18. The UN and WHO regard this age as that which a child is not supposed to bear her own child. Though this not considered world wide as a social problem, even some individuals in the same community like Ngie do not support it when it is normal to some.

Generally, a woman of 30 years of age posed a problem especially if she is does have a child and at times she is considered barren and is being mocked at as well as isolated. The needs to provide a grand child, successor, or continuation of a family lineage are all indications that a girl child is held with esteem be that she is married or unmarried. The attributions to a child in the Ngie society gives room to numerous cases of teen's voluntary sex behaviour and birth. These circumstances explain reasons for teenage pregnancy among the Ngie community.

PRESENTATION OF RESULTS FOR FACTORS ACCOUNTING FOR ADOLESCENT PREGNANCY IN THE NGIE COMMUNITY

The most important obstacles to the realization of the reproductive rights and health agenda are the continued lack of attention to enabling conditions, and the absence of institutional and political environments that support, promote and protect rights. Poverty, lack of social investment and the dislocation caused by rapid globalization and privatization worldwide, among other things, continue to undermine individuals' rights and sense of entitlement. Fundamentalist religious and political movements pose particularly profound threats to women's health and rights.

In Mexico, where national reproductive health policies extol the ICPD agenda, data from the late 1980s through the late 1990s show that problems with both informed choice and informed consent are embedded in the public sector's family planning program. Looking at the situation of the Ngie community in relation to teenage pregnancy, we witnessed that culture, social, economic, health are responsible as would be presented below.

Culturally, the practice of early marriage has an adverse effect on the reproductive health of adolescent. Accordingly, marriage is seen as being early when it happens before a girl is 18 years of age. This is because at this age a girl is regarded as immature to take any decision. The international Planned Parenthood Federation, IPPF (2000) sees marriage at this age as being physical and emotional maturity. In a survey carried out, WHO (2000) indicated that in 35 countries where studies were carried out on early marriage, in Bangladesh the main age for marriage is 14 and 18 years since 1960. Just like the Ngie community, when a girl completes primary school or drop out of school for economic or social reasons, the next thing is to get married. Usually at what age? under 20 years of aged. This is mostly children from very poor backgrounds. The reason for this is because the Ngie community places great value to fertility and young people equally desire a child to affirm their identity and the social status of being recognized as adults.

Still in connection with culture, among the Muslim group, a woman is looked upon as a child bearer and care taker of the family. Consequently, there is a non-valorized female education as the female folk drops out of school and form an overwhelming illiterate population.

What's more, the burden of a child upbringing by an adolescent is not much felt by many since kinship networks bring assistance. This is in a situation where a teenager gives birth to a child. That child is considered not only as hers but everybody's child. As it is said in the Ngie community, a child belongs to the mother only when she is still in the womb. The child's upbringing becomes the responsibility of relatives, neighbours and grandparents thus, lightening the burden of the teenager in upbringing. Many even testify that when they were pregnant their parents were angry and abandoned them but their grandparents were happier and took care of them.

In addition, culture hinders many children from having sex education since it is considered a taboo. To this effect, parents normally oppose sex education. They think that the discussion of sex with children will arouse their curiosity. By this, reduce their silence about sexual matters and encourage sexual activity. On the field, of the 20 parents interviewed whether they have ever discussed about sex with their children, 80% refused not having discussed about sex with their children. Reasons for some was that they will take it negatively while others said they talk about preventing STIs. Some are embarrassed discussing the issue.

In the economic domain, we realized on the field that the main economic activity and the only source of income to many people is farming. Given that the lack of money could contribute to the involvement of youths into sexuality. For that reason a poor girl can be tempted to get into sexual relationship because of hardship. Many parents do want to educate their children but due to their economic background they do not provide all what it takes for these children to study. At times, some lack basic items and so have no bargaining power in their sexual relations. Most of them are

unable to protect themselves from pregnancy and STIs. For those who are not students, young girls engaged in prostitution in order to support their fatherless children.

Due to the above factors many have given their lives to many sex partners with long run consequences. Plagued by economic difficulty many have chosen to have many sex partners to solve their different problems. Thus, many girls have ended up having economic and social factors as criteria for choosing the men they date or want to marry. Males on their part claimed that having just one girl will mean eating the same food everyday. Also, having more than one girl increases a boy's fame and proof of toughness as well as masculinity.

Socially, many adolescent pregnancies are as a result of exposure to media. Children who go on holidays or study out of the milieu have access to the media through television and radio or even information is received through magazines, books, internet, etc. much of such information is either wrongly received or transmitted thus misleading many to a wrong knowledge of sex and its consequences.

More to the point, information watched in films and music which many try to imitate after watching a film or listening to music with friends or sex partners, contribute to young people observing their peers and wanting to be like them. As stated by Kuate Defo (1998), adolescents especially girls enter into premarital sex due to influence from peers. In the Ngie community, because of background, a girl who is still a virgin at 18 or above is considered an anti-social and is marginalized. Meanwhile many youths are undecided about sexual practices or were pressured to have sex, causing them to start intimate sexual relation with the opposite sex within the same peer group. This is the same thing with dressing, prostitution, childbearing, etc. In our quest to understand if some of these children behave the way they do because of influenced, we decided to ask their feeling or opinion about sex.

Table 3: Respondent's opinion about sex

Opinion about sex	Number of persons	Percentage
Good	25	15%
Bad	10	6%
Normal	20	12%
Indifferent	05	3%
Total	60	36%

Source: Fieldwork, 2007

From our survey the highest number of informants accepted that sex was good. This was followed by 15% for those who saw it as being normal. Just to say there is nothing bad in knowing or taught about sex among youths, this number majored 12%. This therefore shows that a good population of teenagers in the Ngie community is sexually active and has different attitudes towards sex. Although 3% were indifferent, 6% saw it as being bad.

Religion on its part is a universal phenomenon because every culture believes in some form of religious practices. In the Ngie community religion is an institution of social order but voluntary to change. Though the community is made up of many religious groups, such as Islam, Catholicism,

Protestantism, paganism, the community is dominated by Protestantism.

According to the different religious opinion shared, Muslims do encourage early marriage since parents needs to find a husband for their girl child if she does not have one as an obligation. This permits them to marry as virgins as their religion demands.

The Catholic Priest educate that sex education is not necessary since it is believed that the body of a Christian is the temple of the Holy Spirit and should not be defile with any impurity. Thus Catholics are discouraged from using contraceptive and maintain that there are not necessary for children as sex is meant only for adult. Unable to check their privacy, many youths do not follow these doctrines and are victims to unprotected premarital sex.

In other sexual cases, social relations which individual build for personal reasons exposes youths to pregnancy. This can be seen in the desire to have a husband. Some girls in this case can perceive a sexual partner as a future spouse thus this can lead to nurturing sentiments of future attachment which is a child.

Also, the refusal of some people to practice unprotected sex as a means of showing seriousness or love could results to adolescent pregnancy. Rape which is another dangerous social ill has lead many to become unplanned mothers.

In the meantime lack of health infrastructures to provide family planning items and information to the people posed a problem to many female who are exposed to risky abortions, or unplanned pregnancy.

PRESENTATION OF CONSEQUENCES FOR ADOLESCENT PREGNANCY IN THE NGIE COMMUNITY

When one looks at the different reasons for adolescent pregnancy, it should be understood that although motherhood or proof of fertility at some stage in life was paramount, in the context of adolescence it was viewed as a major setback. These setbacks are associated to school disruption, economic constrain, limited job prospects, emotional stress and even social stigma. Below we outline some cases witnessed on the field.

Although being a mother and caregiver is a significant part of long gender ideas, the value of motherhood is balanced against more immediate aspirations concerning education, career and financial stability. Hence, due to consistent existence of pregnancies among teenagers in Ngie, parents have turned to accept their children's pregnancies. This is tolerated more so as to avoid some bad measures which some of these youth get in to. Some of which include clandestine abortions, disappearance or suicide. To this effect, some crude abortions have lead to infertility in future, STDs and even HIV/AIDS. While some parents have had a double lost of lives. Nevertheless, not all situations can be the same, thus some of these child are admitted but with mothers experiencing difficulties. Some feel bad, ruined, rejected or like a failure and ashamed at home after thinking that their father knows they slept with a man.

Furthermore, adolescent pregnancy brings about tension and long lasting conflict between parents

and young mothers, resulting to a breakdown in family ties. These goes with irresponsibility on the part of the teenager and abandonment in most cases by the male party. Among the female victims interviewed, 60% said that their fathers did not accept to be solely responsible for the pregnancy. This led to the abandonment of the pregnant mother. Such situations usually give room to hostility and bitterness, as parents expressed their anger in many ways including physical violence.

In most cases the girl was always the first to be rejected or expelled from school. At times parents reject pregnancy and childbirth before marriage because it is a great handicap to marriages in the locality. Just like virgins were desired in the past for marriage so are non pregnant mothers preferred for marriage these days than young mothers. Among the Ngie community, children taken into marriage are always regarded as outcast.

In addition, expect in a situation where in-laws need a successor or do not have another child through the mother, bringing a child into marriage often posed a problem. That is why the mother or some parents prefer to get rid of the pregnancy. Though only a minority of parents admits that they help in eliminating their child's pregnancy, it was a case of rape. Some teenage abortions are because of shame or lack of money as they have no means of living but depend on their parents. Those with multiply sexual partners resolve to abortion because they are confused as to whom the pregnancy biologically belong.

Psychologically, an unintended pregnancy has an impact of marginalization from the society. Therefore, teenage mothers are often looked upon as those who could set a bad example to the children or even mislead them. Thus in the Ngie community, victims feel relegated to the background or avoided and this causes them to experience an emotional disturbance due to physical abuse. Moreso, girls who get pregnant at their teens without much care, suffer from premature aging, depression and inferior sense of status. This could affect even the child brought forth as well.

Coupled to the above points, most girls who cannot continue school after being dropped out because of pregnancy or birth related issues end up doing jobs like sales girls in restaurants, hotels, mini businesses along the road and these exposed them to strangers who constitute the overtures to sexual victimization.

Health wise, many pregnant women do face health risk at delivery whether young or old. But young girls married or unmarried are likely to suffer from delivery complications more than older women. Cephalopelvic disproportion is very common to young women whose pelvic growths are not yet complete. Also prolonged labour associated with cephalopelvic disproportion increases the risk which may lead to a tear between the vagina and the urinary track or rectum. This allows urine to come out of vagina uncontrolled. According to UN (1989), women less than 20 years suffer pregnancy complications and the health risk of unsafe abortions result to genital infections, sepsis infection caused by sanitary instruments, incomplete abortion, haemorrhage, injuries to genital organs and cervical cancer. More so, the untreated herpes infections may infect a baby at the time of birth, thus increase chances of prenatal mortality.

SOME SUGGESTED COPING STRATEGIES TO ADOLESCENT PREGNANCY

One enormous confrontations of the government is to set up suitable services for married adolescents that attend to difficult subjects, such as sexuality. Both men and women need to be

prepared for a healthy reproductive life through education about premarital sex and the risks linked to unsafe sex practices. Community leaders, and religious leaders, need to learn about the risks of early marriages and consequences of early childbirth. Some of the suggested immediate policy implications are:

The national program should encourage the use of media to broadcast messages about safe sex before and after marriage. The radio seems to be particularly effective at reaching young people. To this affect the following points could be discussed over the media with more emphasis to the youths.

- Data on the reproductive health knowledge and behavior of unmarried adolescents should be enriched to develop appropriate information and service programs. Adolescent programs should include social messages about gender equity in relationships, delaying sexual initiation as well as marriage, and other essential reproductive health messages;
- In-depth information on reproductive health and related knowledge, attitude and practices among unmarried adolescents needs to be collected;
- More programs should be designed to target adolescent boys;
- Efforts to improve services for adolescents should be complemented with campaigns targeting elders in the community (e.g., parents, guardians, teachers);
- Mothers and female guardians/ and other family members need to be informed about the consequences of malnutrition and early marriages of adolescent girls;
- Appropriate policy and programmatic measures should be undertaken immediately to reduce the incidence of early childbearing;
- More rigorous family planning programs focused specifically on newly married adolescent couples are needed;
- Pre-marital contraception counseling for adolescents should be reinforced;
- Community leaders need to be more involved in providing information to adolescents about the bad outcomes of late marriage, drug abuse, pre-marital sex as well as information on the prevention of STD/HIV/AIDS, etc., to ensure a healthy future.

CONCLUSION

The research findings above are discussed within a normative approach premised on certain assumptions regarding adolescence as a developmental stage that must be made known in a healthy and safe environment. Where a reproductive health burden falls on adolescents (for example, sexual activity, exposure to risks of disease, early marriage, and childbearing), the inherent disagreement will be that such a load should not exist at all preceding to adulthood. Where such burdens do exist, adequate support services and opportunities for education and work must be offered to adolescents. In addition, where lack of information and limited opportunities for adolescents is, it can prevent them from making knowledgeable decisions. The emphasis should be on the need to revise the situation. Finally, the gender disparities and the increased vulnerabilities of adolescent girls are presented with a view to emphasizing the urgency of creating equity and equality between the sexes. Two themes run through the paper, and if kept in mind by the reader will assist in the task of conceiving a plan of what it means to be an adolescent today in the Ngie community. First, adolescents in Ngie are not excluded from the reproductive health problems faced by the adult population, particularly females. Secondly, the research conducted in Ngie so far will make known that there are particular biases against adolescents that put their reproductive health at greater risk than that of adults.

The problems that adults and adolescents face include: lack of information, inability to access services, maternal health burden, taboos on sexuality, and risk of exposure to sexually transmitted diseases and sexual violence/exploitation.

Nevertheless, adolescents are not adults: they are more vulnerable and require more information and protection. Adolescents face the same issues as adults, but with different emphasis. For example, adolescent girls are often more restricted in their mobility and access to health and family planning services, even if married, than are older women.

One bias against adolescents that shows up throughout the research is the discrimination against girls. Another bias, which puts adolescents as a group at risk compared to adults, is the added vulnerability to sexual violence that is experienced by both boys and girls. Finally, decisions and mistakes made during adolescence will define and limit their options for the rest of their lives. For example, if an unmarried girl experiences an unwanted pregnancy due to lack of adequate information and support, she is likely to suffer extreme consequences of punishment that will negatively impact the rest of her life.

It is clear that much subjugation and oppression of women by men in African societies is due to men's ignorance of women's view point and feeling and their preparedness to accept these women from the view point of what society has placed them.

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