High fertility and development in Cameroon

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ABSTRACT

Many scholars of development, in sub Saharan Africa especially, have come to perceive increases in the African population as a threat to what is an already precarious balance between people and scarce natural resources, as well as being a handicap to general development in the region. Since the population increase trails behind food production and economic growth, there is severe population pressure on the environment as people try to scratch a living from the soil. This is also accompanied by the decline of per capita income and quality of life.

Thus, the population hawk position (Teitelbaum 1975) maintains that the unrestrained population growth in Africa is the principal cause of poverty, malnutrition, environmental disruption and other social problems. This paper explores how family planning can be implemented in ways that would produce more positive results and enhance development in Cameroon.

Introduction

THE HIGH FERTILITY rate in Cameroon is one of the fundamental causes of relative underdevelopment in the country. This is because it reduces resources by drawing upon the limited government revenues that would otherwise have been used to provide rudimentary economic, health and social services for everybody in the country, especially for the poor and disabled persons; and which could have otherwise been used for increased production and development. More people means more mouths to feed, more houses to build, more jobs to create, more schools

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to build. Meanwhile, resources are mismanaged and prices of goods and services keep rising. For example Sai (1977) notes that practically all African countries have policies for providing education to all children of primary school age. Only Mauritius approaches the 100 percent school enrolment target. This is true of Cameroon where recently (August 2000) the government passed a law whereby no child in primary school will be asked to pay school fees. Yet enrolment in primary schools during the 2000–2001 academic year is still below the 100 percent school enrolment target. Many parents are still unable to provide their children with basic school needs such as uniforms and writing materials. The school-age population is growing so rapidly that it has become almost impossible to eradicate illiteracy in Cameroon. According to the 1999 statistics from the Cameroon Ministry of Youths and Sports, sixty percent of the population is under the age of 15. With such a high fertility rate the country's prospects for a better life and the attainment of national goals remain bleak. This paper identifies the socio-economic, cultural and health consequences of high fertility on the overall development of Cameroon.

Data and Methods

THE DATA FOR this article were collected both qualitatively and quantitatively. In the former, the data were mainly found in books, journals and newspaper clippings on pertinent population issues in Africa generally and Cameroon in particular. Some information was also obtained from the Ministries of Health, Education, Environment and Forest. Participant observation was also used as the author drew upon personal experiences and interviews on population issues in urban and rural settings in Cameroon, as well as field work in rural and urban areas of the south west and north west provinces of Cameroon.

Data collection was also done by the use of questionnaires and interview guides in formal and informal settings. The respondents in the ministries were usually public officials who were specialists in demography and development. They were usually persons who had 14 or more years of education and therefore had a graduate degree or a higher diploma with a specialization in either population studies or develop-

ment. Health officials such as doctors and nurses as well as school officials provided useful information.

Data in informal settings came from ordinary citizens at social gatherings such as in churches, church associations, tribal development associations and health centres, from school children and teachers during lunch breaks, university students people in bars and eating houses, some male associations and even in people's homes.

The ages of respondents generally ranged from 12–18 years of age (12 being the age at which many young people start engaging in some sort of sexual activity). In addition, women's associations provided a useful source of information of the prevailing gender stereotyping of family planning in Cameroon, that is, the notion that family planning is usually a female domain. In all, 455 persons were randomly selected for this study.

The target group in this study constituted mainly of peasants in the rural and urban settings of Cameroon. These are mostly persons who depend on subsistence agriculture and very low-paying jobs for their livelihood. They usually constitute the most deprived classes of people, the have nots, and they are associated with very high fertility. The ages of the respondents generally ranged from 12 to 80 years of age.

Findings

Brief definition of development

DEVELOPMENT HERE refers to the capacity of a society to use its own resources to provide for its own people even when the population is growing. Slim (1995) also defines development as having "inner limits and outer limits". The "inner limits" cover fundamental human rights, the "outer limits" relate to aspects of the planet's physical characteristics like the environment. In other words the definition focuses on two great concerns of development, namely human development and the protection of the planet and their inevitable interdependence. Thus the definitions of development revolve around guaranteeing people a good quality of life at all times socially, economically, culturally, politically and in terms of health.

Nutrition and high fertility

In Cameroon there are no acute food shortages as such, but the problem of malnutrition is high. Many people do not eat balanced diets, which explains why the Ministry of Health is currently sensitizing the population on the necessity of eating balanced meals.

The general ignorance of family planning in Cameroon, resulting in relatively high fertility and poverty, has contributed to food problems (See Tables I and II). Many large families are unable to afford balanced diets daily. Instead, there is generally a very high intake of carbohydrates (foods such as cocoyams and cassava both tuber crops) and a very low intake of foods containing other important nutrients such as protein, minerals and vitamins. For instance a kilo of beef currently costs 1500 francs CFA – about 2 US dollars, which the average Cameroonian finds very expensive. Thus many Cameroonians do not eat meals which contain all the six important food nutrients[2] in quantities adequate to their physical needs.

The problem of high fertility resulting in poverty and malnutrition is shown in Table I. When respondents in Kumba – an urban area in the South West Province of Cameroon – were asked why they did not practice some form of family planning the majority of them (29%) said it was because they were did not know about family planning. The major constraint seemed to be lack of knowledge about family planning, rather than time or poverty.

On the other hand, tradition and disagreement within the family were significant factors (18% and 16.5% respectively) that limited or prevented their use of contraceptives. This confirmed the notion that Cameroonians generally cherish large families, no matter what their financial circumstance. Traditionally a woman in Cameroon is believed to have two basic roles – bearing and raising children and doing household chores, especially cooking. Being a patriarchal society men always have the final say as to the number of children their wife or wives should have. There is also a preference for male children because male

[2] Namely, carbohydrates, proteins, fats, minerals, vitamins and water

Table I: Reasons for not practising family planning in Kumba, South West Province

	male (nos)	female (nos)	%
Economic	6	5	10.6
Time	4	1	4.8
Ignorance	17	13	29.0
Tradition	11	8	18.0
Disagreement within family	3	14	16.5
No response	12	9	20.0
TOTAL	53	50	100.0

Table II: Use of contraception by adolescent girls in Santa-Akum, North West Province

Use of Contraceptives	Frequency	%
Always	10	25
Sometimes	18	45
Don't know	12	30
TOTAL	40	100

children often carry the responsibility for the survival of the lineage. Thus, since inheritance is tied up with lineage perpetuation, women will avoid being disinherited by bearing many children so that the sex composition, as well as children's survival probabilities, will guarantee that they have at least one or two sons who will obtain a portion of the family property. In many Cameroon cultures today, women without surviving sons are condemned to destitution upon the death of their spouse because they cannot inherit his property in their own right. The survival of male children is also known to act as a deterrent to divorce and desertion in families (Adepoju 1997).

Such norms and values have to a large extent reinforced large family sizes in Cameroon. On the average a Cameroonian woman is expected

to have six to eight children. Such a high fertility rate in these mainly peasant families results in a variety of crises, among which is the malnutrition problem and continued impoverishment.

The situation of high fertility is worse in rural areas of Cameroon. As Table II illustrates, many adolescent girls (30%) in Santa-Akum, a rural area in the North West Province of Cameroon, were ignorant about the use of contraceptives. This explains the high rate of unwed adolescent mothers in Santa-Akum and many rural areas in Cameroon. Unwanted pregnancies among adolescent girls in these areas are rife. This study revealed that one out of every five households in the Santa-Akum area had an unwed adolescent mother. Only 25% of adolescent girls in this study used some form of contraceptive when they had sexual intercourse. Less than half the girls (45%) used contraceptives from time to time. All this only goes to increase the number of mouths to be fed in these mainly impoverished peasant households. They simply cannot afford, financially, to eat balanced meals on a regular basis. Given these circumstances, one cannot rule out the problem of food shortages in these areas.

High fertility and the environment

AT 1960 THE POPULATION was 5.6 million with a growth rate of 3.3%. No statistics were available before 1960. The growth rate is shown in Table III. The negative effects of high fertility on the Cameroon environment are numerous. For instance, it has been argued that the traditional method of farming in most of sub Saharan Africa – slash and burn or shifting cultivation – was productive when the population was small and there was enough land to allow for a fallow period of several years. However, with the increase in population, the land is now farmed annually or at the most left fallow for only one or two years. This is not enough for full recuperation, given that fertilizers are not easy to obtain. This has aggravated the problem of deforestation and desertification as well as urban congestion.

Apart from agricultural expansion, another major cause of deforestation in Cameroon is the high demand for wood. This is used by almost all rural inhabitants and a fairly large proportion of the urban popula-

Table III

Population of Cameroon, 1960–2000.

Year	Population
1960	5.6 million
1970	7.4 million
1980	10.2 million
1990	12.0 million
2000	14.1 million

tion for cooking and house-building. Many of the houses in the South West, South, East and Centre Provinces of Cameroon are built of wood.

Desertification results from over-cropping, overgrazing and deforestation, all of which strip the vegetation cover from the topsoil, depriving it of nutrients and organic matter and exposing it to the sun and erosion caused by the winds and heavy rains. These direct causes themselves stem from the pressure of rapid population growth. The deforestation which may result in desertification because of population pressure on land acts as a major barrier to economic, social, political and cultural development. The carrying capacity of our habitat is overstretched. In Cameroon deforestation and desertification are particularly acute in the northern region where the weather is erratic and where problems of food insufficiency, water shortages and malnutrition, resulting especially from overgrazing and over-cropping, are constantly reported. About 350,000 hectares of forests are being cut down annually (Ministry of the Environment and Forestry 1999). This will only worsen an already bad situation.

Given that many people in the northern region of Cameroon have access to only rudimentary agricultural technology, there is a continuous problem of environmental degradation in the context of high population growth rates and the increasing demand by families for fertile agricultural land. Women and children have to walk for long distances to search for water and firewood. This has greatly increased their workload. Not only do people in this region have to manage an increasingly deteriorating environment, but the situation is worsened by hazards

such as floods, draughts and even locust invasions. It therefore has become difficult to sustain families from the food crops grown in this area. People in the northern region of Cameroon recently suffered massive losses of resources and whole communities were displaced in July 2000, when there were constant floods in the area.

High fertility and health care delivery

IN CAMEROON AND other African countries the characteristic failure to achieve planned health objectives and nutritional status is also linked to rapid population growth. There has been a relative increase of the budgetary allocation for providing preventive and curative services cheaply to the population in recent times. For example before the year 2000, the budgetary allocation for health was always around 25 milliard francs CFA – about US $34 million. There has, however, been a substantial increase of the health budget this financial year (2000) to 56 milliard francs CFA – about US $77 million – representing 4.5% of the national budget. This increase has mainly had the effect of cushioning the effects of the Structural Adjustment Plan and the increase of HIV/AIDS.

However there remains much to be done in this key sector in Cameroon. In relative terms the budgetary allocation for health may seem large but in absolute terms it is rather low, considering the amount of work to be done in the health sector. For example it is currently estimated that one out of every 14 Cameroonians has been affected by the AIDS virus (Ministry of Health 2000). Table IV and V show the trend of HIV/AIDS infections in Cameroon from 1992–1998.

Although some persons may imagine that by reducing population growth AIDS also reduces strain on resources, this has not been the case in Cameroon or, for that matter, anywhere else. In fact the HIV/AIDS pandemic is undoubtedly one of the most serious challenges to the well-being of the family and development in general. It weighs very heavily on the health budget. The transmission of HIV/AIDS in Cameroon and many other African countries is almost universally heterosexual. Thus everyone who is sexually active is at risk, as well as infants born to sero-positive mothers.

Table IV: HIV/AIDS among blood donors in 6 provinces in Cameroon in 1998

Province	No. Tested	No. Positive	%
South West	2272	242	10.6
Littoral	1790	89	4.97
Adamoua	1068	56	5.2
North West	1814	158	8.7
Ceentral Yaounde	8682	712	8.2
West	5495	424	7.7

Table V: Prevalence of HIV among female prostitutes in the two main cities of Cameroon – Douala and Yaounde, 1992–1995

Year	Douala	Yaounde
1992	45.3%	26.6%
1993	35%	23%
1994	–	21%
1995	17.7%	15%

SOURCE: ADAPTED FROM MINISTRY OF HEALTH, YAOUNDE 2000.

Among the social-cultural behaviour that supports the spread of HIV/AIDS in Cameroon is:

- The early age of first sexual contact for a large number of boys and girls
- A variety of traditional practices such as Levirate (the inheritance of wives by surviving brothers) and
- The practice of having multiple sexual partners as in cases of polygynous marriages, concubinage and tacitly acknowledged mistresses and girl friends. There is also the pressure to commoditize sex in exchange for financial gain as African economies continue to suffer. This is common among females especially. This group of persons has been particularly infected by the HIV virus in Cameroon (see Table V).

The overall impact of HIV/AIDS on the family and the nation as a whole is considerable. It may have reduced population growth but its general impact on development of the country remains profound. Although the impact of AIDS mortality is better known, the effects of morbidity associated with AIDS are less visible but very burdensome. In the socio-economic domain HIV/AIDS has considerably reduced the productive potential of the nation. This is because many of the people infected in Cameroon are between the ages of 15 to 50, an age group with high productive potential. This automatically reduces productivity and the overall development of the country. Moreover any financial gains that may have been made as a result of the reduction of population growth is eventually lost or drastically reduced through the long-term nursing of stricken persons. In particular, family members and friends of the sick persons also suffer from enormous stress and mental anguish as they struggle to understand what is happening to the patient and as they perform the time-consuming and tedious task of nursing the patient. The financial burden is also very heavy on these families as HIV/AIDS drugs are very expensive. The stress greatly reduces their productivity at work and their consumption of goods and services is reduced due to financial strain. Inevitably the AIDS orphans become the responsibility of the surviving family members as well as the government and other social organizations. Thus in the end, the economy suffers and the long-term development of the country is slowed down considerably.

This also compromises government's efforts in implementing health policies. For example the establishment of even primary health care in every part of the country has not been realized, especially in the remote areas of Cameroon (such as parts of Ndian in the South West Province and Wum in the North West Province), where people have to travel for miles before reaching a health centre[3]. Even when they eventually do get to a health centre they are unlikely to have adequate medical treatment because of the lack of trained health personnel and drugs. Rapid

[3] The health centre is the first level of contact the population has with the health system in Cameroon. It is where primary health care is given, especially in rural areas.

population growth, together with the crippling economic crisis in the country, make it increasingly costly to develop the health infrastructure by building enough facilities, training enough skilled personnel and providing enough funds to meet the health needs of the country. Estimates for the 1989–1994 period show that there were 12,060 persons per physician and 2,010 persons per nurse in Cameroon (World Bank, 1996). Today the estimate is 13,500 persons per physician and 2,400 persons per nurse (Ministry of Health 2000).

Recently (September, 2000) a non governmental organization, German Technical Co-operation (GTZ), donated the sum of 6 billion francs CFA – US $ 8.3 million – for training health personnel and the provision and maintenance of health equipment in health centres in Cameroon. However this is still not enough, considering the enormous need for health personnel and health equipment in the country[4]. Given such conditions, Cameroon is unable to develop an adequate and comprehensive health service for everybody. The slogan "Health for all by the year 2000", remains an empty notion here in Cameroon.

High fertility and urbanization

THE HIGH FERTILITY rate in Cameroon has also led to rapid urbanization and its attendant ills. There has been a massive degree of rural-urban migration in Cameroon in recent years. According to Black News Index on Africa No. 000194-002, 1994, Cameroon's rural-urban migration rate was about 44.5% in 1994. Today, migration is on such an enormous scale that there is not only a physical exodus from rural areas but also a massive brain drain. Cameroon's rural-urban migration rate is now estimated at 48% (Ministry of Urbanization, 2000). The cities of Yaounde and Douala and other towns such as Limbe and Kumba in the South West Province, Bamenda in the North West Province and Bafoussam in the West Province, have all witnessed large population increases in recent years. For example in 1995 Douala's population was 1,037,894. It is now estimated at 1,214,930. Similarly Yaounde's population was esti-

[4] The urban areas benefit more than the rural areas from these programmes because most health centres are in urban areas.

mated at 926,586 in 1995. Today it is 1,085,714 (Ministry of Urbanization 2000). This has mainly been due to the fact that many people are unable to make a living in rural areas as a result of the population pressure on the land (subsistence farming being their main mode of obtaining a livelihood), and suffer under discriminatory policies based on gender and age in both traditional beliefs and modern practices of land use in rural areas. As a result people drift to towns and cities in Cameroon to look for employment, mainly as unskilled workers. Often, the people – mainly men[5] who have left their villages for the cities – are paid only minimum wages and are housed in work camps while those without work live in shanty towns such as Briquetterie in Yaounde and New Bell in Douala. Thus they make up the unskilled labour force in large cities. They are constantly in search of work and often move from one low-paid job to another. The unemployment rate in Yaounde alone is estimated at 35% (National Employment Fund 2000). This has led to an informal work sector of street vendors or *sauveteurs*, as they are known in Cameroon, pavement repair shops, prostitutes, shoe-shiners and other low-paying occupations. Today in Cameroonian cities there are also many unemployed persons. This has led to moral decline, malnutrition and high infant mortality. Crime and drug abuse are also rife, especially among young unemployed persons. There is also severe underemployment as young, able-bodied men and women sell bread, groundnuts and small trays of cigarettes in car parks and along the streets.

Other urban problems are water pollution, overcrowded housing, congested streets and lack of waste management. These problems will only increase as it has been predicted that, in the next 50 years, the rural character of third world countries will no longer exist as many will be transformed into cities of immense size. The current rate of urban popu-

[5] Until recently rural-urban migration was overwhelmingly male. However the levels of female migration, particularly autonomous female migration, have been rising. This relatively new phenomena constitutes important changes in gender roles in Africa. A considerable number of women in urban Cameroon today are the main breadwinners in their families. This results in new forms of family and creates challenges for policymakers.

lation growth in Africa is estimated at 5 percent. This means that its urban population doubles every fourteen years. This rapid growth rate is unknown in the history of the world. With urban problems now taking on a new dimension, these is much debate about whether the urban growth in Cameroon is a blessing or a curse. All these problems make the realization of political stability, social order and, of course, economic progress in African countries less likely (Hess *et al.* 1988).

Indeed during these times of democracy in Africa a great deal of socio-political unrest has been taking place in towns and cities. During the early 1990s when there was political unrest in the country, much of the looting and burning of public property and private houses occurred in the cities of Douala, Yaounde, Bamenda, Limbe, and Bafoussam.

Impact of high fertility in rural areas

THE LARGE POPULATION characteristic of rural areas still poses a problem to the general well-being of people and national development. In recent decades Cameroon, like other sub Saharan African countries such as Nigeria and Ivory Coast, has become part of an international economic system. When this happened the local production of food crops was largely replaced by the production of cash crops such as cocoa and coffee that can be used in international exchange for the most needed foreign currency. This leads to the impoverishment of villagers, given that they have for the most part abandoned their traditional subsistence farming (growing food crops and breeding animals) so as to grow cash crops such as cocoa, bananas, coffee and tea. As a result local farmers have become dependent on the world market where any sudden drop in the price of the primary cash crop means instant poverty for them. Even when the prices for cash crops are good, this does not necessarily mean that there is always sufficient money to cater for large families characteristic of rural areas in Cameroon.

As the urban areas in Cameroon become overpopulated, the rural areas become depopulated. This disrupts the traditional division of labour. Consequently the rate of food production drops correspondingly. Increasing numbers of women, children and the aged are left behind in the villages. This places enormous strain on women who now

have to work twice as hard, both outside the home and inside, as well as doing their daily domestic chores. In addition they now have to take care of children and the aged which is both time-consuming and hard work. They are simply overburdened with work, which endangers their health.

Moreover, because in recent years thousands have been laid off work in urban areas due to the austerity measures imposed on Cameroon by the International Monetary Fund and the World Bank, many people working in urban areas are unable to send money back to their families in rural areas. This is ironical because for many their *raison d'être* for being in urban areas is to support their rural families. This has had serious consequences on the socio-economic well being of persons in rural areas who largely depend on money from urban relatives for their sustenance.

When mainly women and children are left behind in the villages, the peasant economy is seriously undermined. There may not be enough people left to cultivate the land, taking into consideration the women's workload. This results in shortages of food crop surpluses which could have been sold and the money used for to buy other vital goods and satisfy the health needs of rural dwellers. This also results either in food shortages or price-hikes in food products, since most of the food consumed in urban areas of Cameroon comes from the rural areas. Given these circumstances, shortages of food for personal consumption in villages are likely as women struggle to make ends meet.

Conclusion and recommendations

THUS FAR, IT IS clear that the increase in population is causally linked to the main economic, social and health-care problems being experienced in Cameroon as well as those predicted in the future, such as the high cost of energy and material resources, the increasing problem of illiteracy, unemployment and inflation, overcrowded cities accompanied by urban ills and general underdevelopment. It also puts added pressure on the government, which often results in failure of government to cater for the most basic needs of the people such as water, medical care and decent housing. This often leads to mass suffering and depriva-

tion. Even when the government tries to meet minimum standards of welfare for its citizens, it is just not possible to fulfil expectations. This often results in strains and conflict which take the form of socio-economic and political turmoil. All these are detrimental to the well-being of the masses as well as the general development in the country.

The above discussion not withstanding, it should be noted that underdevelopment in Cameroon also results in large part from the misallocation, misappropriation and mismanagement of public resources and funds. Moreover, resources are inequitably distributed with the élite living in affluence while the vast majority of the people find themselves at the bottom of the heap struggling to keep body and soul together. However, as this essay has amply demonstrated, even if resources had been equitably distributed, there is little doubt that the increase in population will certainly result in a diminishing of resources per head as scholars of Malthus' view have argued. Thus if development means improving people's quality of life then the impact of the population increase in both negative and positive ways cannot be overlooked.

It should therefore be the task of the Cameroon government and similar African countries to help people regulate their fertility rates of their various countries if development is to be realized. This could be achieved by making birth control methods available at affordable prices or even free to those who cannot afford it. Subventions from international organizations, the communities involved and the government could help to reach this goal. Mobile teams of family planning experts should be sent to the remotest areas of the country to educate people on birth control and make available or distribute appropriate contraceptives to the masses as the need arises. The general public should also be educated about the advantages of family planning and be encouraged to use them birth control methods. Often African government leaders are reluctant for political reasons to contravene the religious and cultural beliefs of their people that encourage high fertility. They are afraid it might cost them votes during elections, especially now that democracy has been introduced in most of these countries. Yet they should do all in their power to make sure their citizens understand the

necessity of regulating birth. It should not be imposed upon the people in a dictatorial fashion but the people should be educated in ways that make them willing to use some form of birth control. For instance, as it is the case in Bangladesh, free contraceptives and counselling on the use of contraceptives should be provided to newly-weds. People should be made to understand that regulated fertility is a prerequisite for development and vice versa. Population control or birth control should be taught from primary school level. Already in Cameroon there are groups partially or fully involved in the teaching and implementation of family planning. They include groups like the Cameroon Family Planning Movement, the Billings Family Movement Group in the Catholic Church, associations among various traditional groups and church fellowships, especially women's groups like the Christian Women's Fellowship (Presbyterian, Catholic and Baptist Associations). The educational arm of family planning must be strengthened, especially in rural areas where the majority of people still live. To achieve this other health delivery systems and agents should be put in place or increased in number. These should include more family planning clinics, hospitals, health centres and primary health care posts; more traditional birth attendants well trained in modern birthing and birth control methods, more maternal and child health clinics (NCHs), more community health nurses and, above all, the free distribution of contraceptives whenever possible.

There should also be a gender face to the development strategies of African countries. The participation of women in the development of Cameroon should be seen as a necessity and not an option (Gorman 1995). There should therefore be a focus on the empowerment of women to do away with the existing debilitating *status quo*. They should be well educated so they can take charge of their bodies and their fertility and be masters of their own destiny with or without the co-operation of their male partners. The effect that this empowerment will have on population control will be tremendous. Kabeer (1995) states that the provision of new economic resources, rather than resources which merely reinforce women's traditional roles within a given society, should be stressed. Women should not be limited to stereotypical low-paying and low status jobs such as nursing and teaching in primary school, as the

situation is in Cameroon. Instead they should be free to choose any job, even jobs that have traditionally been reserved for men. Such provision sends out an important signal about the productive potential of poor women against the general tendency to regard the existing division of resources as culturally immutable. It suggests that poverty reduction programmes could help to continue pushing back the boundaries of what is considered possible or permissible for women to do in a given society. If women in Africa are not looked upon as lesser beings, as child-like creatures who must be led and told what to do by men, they will be in a better position to help in the development of their various countries. If they are not regarded as mere machines for producing and rearing children whenever they are asked to do so by their partners they will be able to decide when it is proper for them to bear and raise children. This could go a long way in regulating birth in Cameroon.

When women are well-educated, as is the case now with many men in Cameroon, the chances are that they will be involved with nation-building in important and more self-fulfilling ways as well as bearing and raising children, which is just as important. When more women are educated, there will be more educated and skilled people. This will not only help in the process of controlling births but will lead to the general development of the country and the general well-being of people. Thus the non-marginalization of women is a prerequisite of development in any society. Moreover, since it is now clear that more and more women would like either to delay the birth of their next child or stop bearing children altogether, government efforts, in conjunction with support from international family planning agencies, could have a dramatic impact on the spread of the knowledge and use of birth control in Cameroon. The government can thus ensure that there is a specific agency to monitor continuously the use of birth control in the country. The agency should also be able to devise effective and rational methods of motivating individuals and communities to participate actively in the planning and implementation of a national population policy.

Lastly, countries in the sub Saharan African region should ensure that public resources and funds in their various countries are not misappropriated and mismanaged by selfish individuals. Instead, they

should be used appropriately to help in nation building. The right people should be put in the right managerial positions and the right resources should be used for the right goals. The Cameroon Government should attempt to ensure that families are smaller, healthier and better educated. This could help in controlling population growth.

Similarly, the need for financial aid from foreign donors cannot be over-emphasized especially during these times of economic hardship. The increase in population in most of Africa has been accompanied by declining incomes, massive unemployment and widespread poverty. This has left governments and communities that previously resisted family planning with no alternative but to accept foreign methods of birth control in order to be eligible for aid from the West. These countries have also been forced to have their economies restructured using draconian adjustment plans, which have often resulted in massive retrenchment, unemployment, and general suffering, especially among the masses. Many countries in Africa, including Cameroon, will have populations three times larger than what they were in 1945 by the year 2002, which warrants that they control their population growth.

Currently some of these birth control programmes seem to have a rural bias. Moreover many projects do not involve the beneficiaries in the planning and implementation stages. As a result they tend to be western-oriented and fail to meet the people's aspirations. Family planning should be a part of other health care services such as the treatment of malaria, aiming at improving the quality of life of the people generally as well as at reducing the population. It should not be seen as agent of death but as an agent of life and prosperity. While it is true that Africa needs help; the aid should not come with strings (such as forbidding abortions as a means of contraception) that will render the programme difficult to implement while at the same time bringing more suffering to the people.

Many Africans, especially African women, seem to be highly motivated and wish to practice family planning but do not know how to go about it. Therefore family planning policies in Africa must ensure that the religious and cultural values of the people are sufficiently addressed as a *sine qua non* to better deal with the population problem.

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