



**Convention on the Elimination  
of All Forms of Discrimination  
against Women**

Distr.: General  
20 February 2014

English only

---

**Committee on the Elimination of Discrimination  
against Women  
Fifty-seventh session**

**Summary record (partial)\* of the 1190th meeting**

Held at the Palais des Nations, Geneva, on Wednesday, 12 February 2014, at 3 p.m.

*Chairperson:* Ms. Jahan (Vice-Chairperson)

**Contents**

Consideration of reports submitted by States parties under article 18 of the Convention  
(continued)

*Combined fourth and fifth periodic reports of Cameroon (continued)*

---

\* No summary record was prepared for the rest of the meeting.

---

This record is subject to correction.

Corrections should be submitted in one of the working languages. They should be set forth in a memorandum and also incorporated into a copy of the record. They should be sent *within one week of the date of this document* to the Editing Unit, room E.5106, Palais des Nations, Geneva.

Any corrections to the records of this session will be consolidated in a single corrigendum, to be issued shortly after the end of the session.

GE.14-40793 (E) 140214 200214



\* 1 4 4 0 7 9 3 \*

Please recycle A recycling symbol consisting of three chasing arrows forming a triangle.



*In the absence of Ms. Ameline, Ms. Jahan, Vice-Chairperson, took the Chair.*

*The meeting was called to order at 3.05 p.m.*

**Consideration of reports submitted by States parties under article 18 of the Convention** *(continued)*

*Combined fourth and fifth periodic reports of Cameroon (continued)*  
(CEDAW/C/CMR/4-5; CEDAW/C/CMR/Q/4-5 and Add.1)

1. *At the invitation of the Chairperson, the delegation of Cameroon took places at the Committee table.*
2. **Ms. Nwankwo**, commending the State party's health programmes for women, asked whether an impact assessment had been carried out and, if so, what the outcome had been, as well as whether indigenous women could access them. The main cause of the State party's high maternal mortality ratio was bleeding, a problem aggravated by the scarcity of blood available for transfusions; she therefore wished to know when the relevant bill on safe blood transfusion would be passed. She asked how the Government was promoting contraception and whether it was available to all women, including indigenous women and refugees.
3. She asked whether Cameroon would consider decriminalizing abortion in cases of incest given the State party's ratification of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, which provided for abortion in such circumstances and which took precedence over domestic legislation. Noting the low number of HIV-positive pregnant women and children receiving antiretroviral drugs, she enquired about plans to make the treatment universal.
4. The Committee had received information that the lesbian, gay, bisexual and transgender (LGBT) community was still unable to access health services for fear of stigmatization and arrest; there had even been reports that doctors trained by the Global Fund to Fight AIDS, Tuberculosis and Malaria to meet specific LGBT health needs had refused to treat LGBT patients, resulting in deaths. Furthermore, lesbians were occasionally compelled by their families to become pregnant, sometimes through rape, in order to "prove" their heterosexuality. Was the Government willing to address such issues?
5. **Ms. Haidar** said that the 2035 development vision objective to empower women economically was vital. She wished to know what reforms had been made to improve rural women's access to farmland; to what extent the State funded microcredit projects; how such projects were monitored and adjusted; and how the resulting experience was shared.
6. **Ms. Nwankwo**, noting that the report did not contain information on indigenous women, said that alternative sources claimed that they suffered multiple discrimination and were extremely vulnerable. She asked what measures had the State party adopted, or intended to adopt, to guarantee their collective rights, including the right to ownership and control of ancestral lands and natural resources. What measures were planned to ensure indigenous women's full participation in land reform and infrastructure and conservation projects that affected their right to land and resources? Although women's ownership of land was limited in Cameroon, they played a major role in food production and were often considered owners of crops. She therefore wished to know what the Government planned to do to increase women's landownership, including women from marginalized ethnic groups. Lastly, she asked how the Government provided safe drinking water and sanitation to rural women and whether data on access to water and sanitation were available.
7. **Ms. Abena Ondo** (Cameroon) said that girls' education was a priority for the Government. Education was compulsory and free and awareness and incentive programmes were carried out in priority education zones in partnership with the Islamic Educational,

Scientific and Cultural Organization (ISESCO) and the United Nations Children's Fund (UNICEF). Women's and parents' associations worked with the authorities to undertake radio campaigns in local dialects to encourage families to send girls to school.

8. Since the 1970s, all girls who became pregnant could continue to attend school if they so wished, and their families decided how best to care for the child after the birth. Whether a girl returned to school after marriage depended on her family and the area in which she lived; increasing numbers were returning to school as the population became more aware of the contribution that educated girls could make to families. Sex education, a priority for the Government, had been added to school curricula and was included in the latest editions of textbooks.

9. Studies were being carried out by the Ministry of Labour and Social Security to ensure that all workers were covered by the social security system, including women in the informal sector, and a high-level meeting on the issue had taken place within the Ministry. The authorities relied on citizens to report cases of exploitation of female cocoa plantation and domestic workers; however, no statistics relating to such offences were available.

10. Indigenous women were included in programmes aimed at indigenous communities, including agricultural projects and training for young indigenous people. In order to provide proper sanitation for rural women, the Government and its partners were digging wells and installing toilets as part of a bigger dam-construction project. Although no impact assessment had yet been carried out, the project was a major step towards addressing the lack of water and sanitation in rural communities.

11. **Ms. Adebaba Esseneme** (Cameroon) said that because sexual harassment had not yet been criminalized, only administrative sanctions could be applied. One such case involved several university employees who had been suspended without pay for sexually harassing female students.

12. With regard to land ownership, women in rural areas were affected by problems relating to traditional practices and a general lack of land rights. Displaced people were usually compensated in order to protect collective rights and a range of programmes and projects ensured that indigenous women could access health-care and education services.

13. **Ms. Abena Ondo** (Cameroon) said that the Government was working to ensure that blood was available for transfusions in all medical facilities. A secretariat had been established by the Ministry of Public Health to manage the process and combat maternal mortality caused by severe bleeding. The appearance of HIV/AIDS had had a significant impact on the availability of blood supplies, not only because some donated blood could not be used, but because many potential donors preferred not to donate blood for fear of revealing that they were HIV-positive. Contraceptives were widely available and most health-care facilities had family planning services. In recent months, the price of female condoms had been reduced to that of male condoms. Awareness-raising programmes directed at young people covered family planning, contraception, early pregnancy and HIV infection. Antiretroviral treatment was available free of charge and the Government was striving to make it accessible to all.

14. **Ms. Adebaba Esseneme** (Cameroon) said that legal abortions could be obtained when the health or life of the mother was in danger and in cases of rape. In the latter instance, the office of the public prosecutor must attest to the facts of the case and certify that charges of rape had been brought and an investigation launched. Victims of incest, however, did not have the right to abortion. Cameroon was a party to the Protocol on the Rights of Women in Africa.

15. **Ms. Epoh Adyang** (Cameroon) said that the authorities were working with civil society organizations, the International Organization for Migration and the Office of the

United Nations High Commissioner for Refugees to tackle problems experienced by women domestic workers. The Government was looking at ways of improving access to social services for indigenous peoples living in remote areas, such as Pygmies and Mbororo communities, and better addressing their needs, for instance by adapting the timing of school terms to the hunting and pastoral seasons.

16. **Ms. Abena Ondo** (Cameroon) said that some school textbooks had been produced in the languages of indigenous peoples in order to facilitate their access to education. The Ministry of Women's Empowerment and the Family had launched a project to help rural women to access low interest loans. The project had proven successful in three regions, where a number of women had started small businesses. There were no detailed statistics on the numbers involved, however. Other ministries were developing similar projects. At the same time, the Ministry had run awareness-raising campaigns to ensure that women did not mistake the loans for handouts.

17. **Mr. Abessolo Asseko** (Cameroon) said that the majority of recipients of funds funnelled through the Government by international agencies for community development programmes were women. Most of them had been able to launch small businesses, which in turn had created a virtuous circle of economic development. Thousands of young women had also benefited from the work of the Rural and Urban Youth Support Project and National Employment Fund and received training that would open up employment opportunities for them.

18. **Ms. Nwankwo** reiterated her concern that members of the lesbian, gay, bisexual and transgender (LGBT) community tended not to access medical services because they were afraid of being arrested should they declare their sexual orientation.

19. **Ms. Pimentel** asked how the Government ensured that women had access to safe abortions in cases not covered by criminal law such as rape or when the health or life of the mother was in danger.

20. **Ms. Abena Ondo** (Cameroon) said that health services were available to all. The denial of health care to persons on the grounds of their sexual orientation was punishable by law.

21. **Ms. Adebaba** (Cameroon) said that the Government and civil society conducted campaigns to make medical, judicial and law enforcement personnel more aware of discrimination issues. Capacity-building programmes on such issues were conducted under the auspices of the Ministry of Justice. The fact that homosexuality was illegal in Cameroon in no way impinged on the right to universal health care. It was true that some rape victims were reticent to request abortions even though they were in possession of certificates from the office of the public prosecutor attesting to the facts of the case. In such cases, however, doctors had a legal obligation to perform abortions. The Government intended to adopt measures to facilitate access to abortion on the grounds provided for under the law.

22. **Ms. Schulz** said that the slow pace of legal reform was a source of concern. Moreover, it was by no means clear that key areas of discrimination against women would be tackled under the new legislation, in particular amendments to the Criminal Code and the preliminary draft family code. Although the legal minimum age for marriage would be set at 18 years, it appeared that exceptions would be made where girls who were minors consented to marriage with parental approval. The Committee had been informed that around 30 per cent of marriages in the State party currently involved girls under the age of 15. It also appeared that the definition of the husband as head of the family would remain unchanged, giving him the sole right to decide on matters affecting the entire family, and that the management of family assets would remain in the hands of men alone. Only when such disparities were eliminated would the State party's legislation comply with article 16 of the Convention.

23. She would like to know how divorce resulting from adultery and the distribution of assets after divorce would be addressed under the new family code. While welcoming the fact that penalties for adultery under amendments to the Criminal Code would apply equally to both sexes, she asked whether such penalties were appropriate. Would not alternative approaches, including mediation, be better adapted to the needs of families encountering such difficulties? The Committee would welcome statistics on the application of current criminal provisions in cases of adultery. She asked whether the Government was taking steps to discourage the practice of polygamy and reduce the discrimination that it often engendered. She asked how equality between wives and their respective children in polygamous marriages was safeguarded and whether NGOs working with women could represent them in court in discrimination cases.

24. **Ms. Abena Ondo** (Cameroon) said that, although she did not have official figures to hand, the assertion that 30 per cent of all marriages in the State party involved girls aged under 15 was greatly exaggerated.

25. **Ms. Adebaba Esseneme** (Cameroon) said that the preliminary draft code of the person and the family had been incorporated into the preliminary draft civil code, which was being drawn up. A great deal of new legislation was being developed in accordance with article 16 of the Convention to dispel any authoritarian notion of the husband as the head of the household. Under the amended Civil Code the husband's role would encompass responsibility towards his spouse, who must be consulted on matters such as property and child-rearing. Article 16 of the Convention had primacy in the courts and women could sue their husbands for selling the family home without consultation, for example.

26. Legislation on the minimum age for marriage, which was currently set at 15 years for women and 18 years for men, was being amended to bring the age to 18 years for both. In all cases, the consent of both parties was required for marriage. In addition, the Government was discussing how polygamy might be regulated to meet the needs and reflect the customs of society. Monogamous unions were promoted in society, in accordance with the Protocol on the Rights of Women in Africa. Initiatives were being taken to raise women's awareness of the need to voice their consent to monogamy during the marriage ceremony, as silence was interpreted as consent to polygamy. Two courses of legal action were available to persons seeking the prosecution of adultery cases. Under civil law, a party could sue for divorce if the other spouse was suspected of adultery. The Criminal Code, however, required the wronged party to lodge a complaint before proceedings could be instituted. While it contained different definitions of adultery for men and women, the Code was being amended to provide for equal treatment for both. The Civil Code regulated marriages in general but contained no specific provision for polygamous unions or the division of property under such unions. There was a requirement, however, for couples to declare shared or separate assets in divorce cases and campaigns had been launched to inform women of the possibility of maintaining separate assets in polygamous marriages. Lastly, non-governmental organizations provided legal advice to women. Qualified lawyers belonging to those organizations sometimes represented the women in court.

27. **Ms. Schulz** said that clarification was needed of the changing notion of the husband's role as the head of the household, which still seemed to contradict article 16 of the Convention. Girls who were 15 or 16 years of age were children and, as such, could not consent to marriage. She requested further information on measures to discourage early marriage and on reports that local law enforcement authorities had taken action against families who married off underage girls. Did the Government foresee reversing the interpretation of the woman's silence at a marriage ceremony from consent to polygamy to consent to monogamy? Would the draft civil code currently under discussion regulate polygamous marriages?

28. **Ms. Abena Ondo** (Cameroon) said that since 2007, the Ministry of Women's Empowerment and the Family had worked to address the problem of informal marriages, which placed women and children in such families in a vulnerable situation. No marriage certificate was issued, for example, which resulted in the absence of a birth certificate for the children of those unions. Many people entered into such unions because there was no requirement of a dowry, which was unaffordable for many families. Collective marriage ceremonies, which excluded the need for a dowry, had therefore been introduced to regularize marriage and enhance the protection of women's rights. Seminars were conducted prior to the marriage to inform women of their rights and the consequences of polygamous marriages. Nonetheless, some women continued to opt for polygamy.

29. **Ms. Adebaba** (Cameroon) said that the law had been silent with regard to marital status because marriages were deemed by tradition to be polygamous in Cameroon and that assumption had persisted. However, the relevant law had been reviewed and currently required the civil registrar's office to specify the type of marriage in the marriage certificate. It was foreseeable that polygamy would diminish in view of the challenges posed to such unions, which included the requirement that each wife must have a separate household, a shift in societal attitudes towards monogamy and women's increasing economic empowerment. Amendments to the law to increase the minimum age for marriage for women to 18 years had not yet been adopted. Under the laws in force in that area, girls could marry at 15 years of age as they were not considered minors. Their consent was nevertheless required for marriage.

30. **Ms. Schulz** said that, in the light of the present Convention and the Convention on the Rights of the Child, which took precedence over national legislation and contained provisions on the minimum age for marriage, national legislation was not aligned with international standards.

31. **Ms. Abena Ondo** (Cameroon) said that additional documents would be sent for review and sincerely thanked the Committee members for the constructive dialogue.

*The discussion covered in the summary record ended at 4.35 p.m.*