

# Immigration and Refugee Board of Canada

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## Responses to Information Requests

Responses to Information Requests (RIR) respond to focused Requests for Information that are submitted to the Research Directorate in the course of the refugee protection determination process. The database contains a seven-year archive of English and French RIRs. Earlier RIRs may be found on the UNHCR's [Refworld](#) website. Please note that some RIRs have attachments which are not electronically accessible. To obtain a PDF copy of an RIR attachment please email [Basesdedonnees.DatabaseUnit@irb-cisr.gc.ca](mailto:Basesdedonnees.DatabaseUnit@irb-cisr.gc.ca).

24 November 2014

**CMR105001.FE**

Cameroon: Whether a man can obtain information on the fertility of a woman he wants to marry; infertility treatment options, through both modern medicinal and traditional practices (2011-November 2014)  
Research Directorate, Immigration and Refugee Board of Canada, Ottawa

### 1. Access to Information on the Fertility of a Future Wife and the Importance of Fertility in Cameroon

In correspondence sent to the Research Directorate, a representative of the Ministry of Women's Empowerment and the Family (Ministère de la Promotion de la femme et de la Famille) in Cameroon stated that it is possible for a man to obtain information on the fertility of the woman he wants to marry (Cameroon 17 Nov. 2014). She added that "this is a common practice in some ethnic groups in the Northern, West and North-West Regions of Cameroon, where we commonly experience 'early betrothal'" (ibid.). The Ministry representative added that, in the West Region of Cameroon, "it is common to have a family give their daughter out for a fertility trial in union with her suitor [to ensure that she can become pregnant], before dowry/bride price can be paid" (ibid.).

However, in correspondence sent to the Research Directorate, the Executive Director of Reach Out Cameroon (REO), an NGO headquartered near Buea [the capital of the South-West Region of Cameroon] that advocates for women's rights (REO n.d.), indicated that, in Cameroon, it is uncommon for a man to obtain information on the fertility of his future wife (Executive Director 12 Nov. 2014). In correspondence sent to the Research Directorate, the Coordinator of the NGO Association to Fight Violence Against Women (Association de lutte contre les violences faites aux femmes, ALVF) [1] also stated, with respect to communities in the [translation] "northern regions" of Cameroon in particular, that fertility is [translation] "verified after marriage because, in most [of these communities], intimate relations outside of marriage are prohibited, and the culture of prenuptial testing is not [common]" (Coordinator 15 Nov. 2014).

In Cameroon, there is considerable social pressure to have children (Postdoctoral Researcher 17 Nov. 2014; France 24 17 Oct. 2014; Tangwa 2014, 946). Some sources report that infertility problems in a couple cause problems for women in particular (France 24 17 Oct. 2014; Postdoctoral Researcher 17 Nov. 2014; *EnQuête* 5 Feb. 2013), because they are the ones blamed for the infertility (ibid.; Postdoctoral Researcher 17 Nov. 2014). In correspondence sent to the Research Directorate, a postdoctoral researcher at the Free University of Amsterdam, who researches women's rights in Cameroon, stated, without giving details, that "[t]he life of a woman who is married, but unable to give birth can be extremely difficult and dangerous" (ibid.).

According to the Postdoctoral Researcher, "in some regions and cultures in Cameroon, it is common for women to have children before their marriage, so as to prove that they are fertile" (ibid.). Similarly, the Ministry representative stated that "in the Centre region, a man would preferably get married to a woman who has had at least a child born out-of-wedlock" (Cameroon 17 Nov. 2014).

In correspondence sent to the Research Directorate, a professor of social demography and anthropology at Carleton College in Minnesota, who conducts research on reproductive health care, especially with respect to infertility, in Cameroon, explained the following:

It used to be considered a real shame on the woman (and her family) should she become pregnant before getting married. Now it is increasingly frequent. For some men or their families, the fact that a woman has successfully conceived and/or given birth, even if out of wedlock, is attractive in an area of relatively high infertility (Professor 11 Nov. 2014).

The Professor added that this is especially true in southern Cameroon, which is historically part of a region in Central Africa with high rates of infertility (*ibid.*). Other sources also mention this region in Central Africa, where inhabitants are more likely to be affected by infertility (United Nations Dec. 2010, 881; *Encyclopedia of Public Health* 2008, 783). According to the *Encyclopedia of Public Health*, a reference work published in 2008 which presents current knowledge in the field of public health (Springer n.d.), nearly one third of couples in this region have been estimated to be affected by infertility (*Encyclopedia of Public Health* 2008, 783). Other sources report that up to 30 percent of couples in Sub-Saharan Africa are affected by infertility, in a region of the world, with, paradoxically, the highest birth rate (France 24 17 Oct. 2014; United Nations Dec. 2010, 881).

## 2. Infertility Treatment Options

### 2.1 Modern Medicine

The Executive Director stated that the likelihood that people would have access to medical treatment for infertility is "slim," as the most modern clinics are found in the larger urban centres (Executive Director 13 Nov. 2014). She added that access to health care in general is a problem in remote areas (*ibid.*). Similarly, the ALVF coordinator stated the following:

[translation]

As for medical options, all health teams have birthing nurses, midwives or health care workers. They offer services in ... reproduction, including treatment of infertility problems. Some hospitals also have gynecologists, but there are too few of these specialists, and there are none on health care teams in remote or rural areas. ... Wealthier people ... may be able to access private clinics in larger cities like Yaoundé and Douala, where assisted reproductive services are available (Coordinator 18 Nov. 2014).

The Professor stated that, to her knowledge, the only fertility clinics in the country are in Douala and Yaoundé, the country's two large urban centres (Professor 13 Nov. 2014).

In an article on bioethics in Cameroon, a professor of philosophy at the University of Yaoundé stated that the country's first fertility clinic opened in 1972 (Tangwa 2014, 946). The first baby conceived through in vitro fertilization in Central Africa was born in Douala in 1998 (Odyssée Medical Clinic n.d.a; Clinique de l'aéroport n.d.a; Info-Afrique 26 Dec. 2012). Two treatment centres, the Odyssée Medical Clinic and the Clinique de l'aéroport, were reportedly founded as a result of this initial experience with in vitro fertilization (*ibid.*). Among other specialties, both clinics have allegedly offered medical assistance in reproduction since 1997, including artificial insemination and in vitro fertilization (Odyssée Medical Clinic n.d.a; Clinique de l'aéroport n.d.a). Both clinics are located in Douala (*ibid.* n.d.b; Odyssée Medical Clinic n.d.b).

Information on the cost of treatment at these particular clinics could not be found among the sources consulted by the Research Directorate within the time constraints of this Response. However, the Executive Director and the Professor both stated that medical treatment for infertility was available only to those with money (Executive Director 13 Nov. 2014; Professor 13 Nov. 2014). According to the article by the Professor of philosophy, in vitro fertilization is particularly "unaffordable to the vast majority of those who may need it" (Tangwa 2014, 946). In addition, the ALVF coordinator stated the following:

[translation]

Medical treatment for infertility must be paid for, and, given financial means, couples who need assistance are often unable to seek medical assistance for reproduction. For example, according to information that has been gathered, medical treatment can cost as much as two million francs [CFA] or more [approximately C\$4,340] (Coordinator 18 Nov. 2014).

The coordinator added the following:

There are no treatment centres in small communities. However, many church-run health [teams] have qualified staff in remote areas and are consulted by numerous ordinary couples. The cost of treatment offered there is affordable (*ibid.*).

Additional information on fertility treatment centres outside large urban areas could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

## 2.2 Traditional Practices

The article by the Professor of philosophy at the Université de Yaoundé states that "assisted reproduction is not new in the Cameroon context, as it is an important cultural aspect of most tribes or ethnicities" (Tangwa 2014, 946). The author explains that, traditionally, when a couple is faced with infertility, a woman may find a second wife for her husband, or a man may ask a close relative to have a child with his wife (ibid.). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

The Coordinator stated that [translation] "most childless couples end up ... separating, or a man will force his wife to accept a co-wife, regardless of the matrimonial regime under which they were married" (Coordinator 18 Nov. 2014).

According to the Executive Director, Cameroonian turn to traditional practices in addition to modern medicine to resolve infertility problems (Executive Director 13 Nov. 2014). Similarly, the Coordinator stated that infertility [translation] "forces all couples, depending on their means or resources, to make use of both traditional and medical options" (Coordinator 18 Nov. 2014). According to the Professor, "there are all sorts of treatments by tradipractitioners, but they would not be considered efficacious in a medical or epidemiological sense" (Professor 13 Nov. 2014). The Executive Director added that in remote areas in particular, the population resorts to traditional practices to treat all sorts of problems (Executive Director 13 Nov. 2014). She also stated that the traditional beliefs of some groups fuel the idea that traditional medicine is more effective and that fertility is sometimes attributed to myths (ibid.).

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of sources consulted in researching this Information Request.

### Note

[1] Established in 1991, ALVF's main goal is to promote [translation] "social equality" and [translation] "positive human values that take gender differences into account," with offices in the Centre, Far North, Littoral and West regions of Cameroon (Juristes-Solidarités n.d.).

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## Additional Sources Consulted

**Oral sources:** Attempts to contact the following people and organizations within the time constraints of this Response were unsuccessful: Assistant Professor of African studies, City University of New York (CUNY); Clinique de l'aéroport; Odyssée Medical Clinic; Postdoctoral Researcher in anthropology, University of Amsterdam; Professor of African sociology, Université de Yaoundé; Rural Women Development Centre. The following people and organizations could not provide information within time constraints: Federation of Women Lawyers Cameroon.

**Internet sites, including:** AllAfrica; *Cahiers d'études africaines*; *Cameroon Business Directory*; CameroonianRoots; Cameroon-Info; Cameroon POSTline; Cameroun Guide GIE; Camerpost; ecoi.net; Human Rights Watch; Institut de formation et de recherche démographiques; Ireland – Refugee Documentation Centre; IVF.net; Koaci; Mboa News; *Le Messager*; *Le Quotidien*; United Kingdom – Home Office; United Nations – United Nations Population Fund, Refworld, Integrated Regional Information Networks; United States – Department of State.

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