



## **ACTION PLAN BLEEKERFOUNDATION**



## **BACKGROUND**

Adolescence (from Latin *adolescere*, meaning "to grow up") is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood (age of majority) (Clinnel et al., 2005). A number of physical, psychological, environmental socio-cultural factors in the society place teenagers at risk of developing several complications during the teenage years, as this is a period of transition (Drib et al., 2005). It has been observed that 1 in 3 adolescent girls give birth before their 18<sup>th</sup> birth day in Cameroon. These adolescent girls who give birth have a much higher risk of dying from maternal causes compared to women in their 20s and 30s. These risks increase greatly as maternal age decreases, with adolescents under 16 facing four times the risk of maternal death as women over 20. When these teenage girls get pregnant, their lives change radically. The pregnancy can end their education, their chances of getting a job diminished because of low academic background and of course no professionalism. They become more vulnerable to poverty and social exclusion, and their future and that of their children often suffer. Teenage pregnancy has also large economic impacts on society. It was estimated the children born to teenage mothers cost African states and taxpayers approximately \$10.9 billion in 2008 (Lavin & Cox, 2012)

### **Problem statement**

Though teenage pregnancy rates have declined throughout the 1900's, Africa has the highest teenage pregnancy rates among developing countries (Hamilton & Ventura, 2012). Despite the downward trend, adolescent pregnancy remains very prevalent, particularly in the poorest countries like Cameroon and Africa at large. More than 50% of the child bearing process in Africa is being carried out by teenagers. Approximately 20% of these girls are married or forced



into marriage. The unmarried ones mostly get pregnant as a result of forced, abusive or compelled sexual behaviors. Teenage pregnancy is in this case fast becoming a pandemic especially in Cameroon and sub-Saharan Africa in general. Nigeria and Niger are heading the teenage pregnant chart with about 43% of their girl giving birth before the age of 18. Cameroon comes in 3rd place with about 29% of their girls becoming mothers before their 18th birthday. Early 2000s showed that almost 10% of girls were mothers by age 16, with the highest rates in the rural areas.

Adolescent childbearing has a negative impact in three dimensions: health of the adolescents and their infants; individual social and economic effects; and societal level impacts. A study in West Africa found that maternal death rates for adolescents under 16 are 4 times greater than for women in their 20s. Although some of this risk can be attributed to factors other than young age for example; giving birth for the first time, lack of access to care, or socioeconomic status, there appears to be an independent effect of young maternal age on pregnancy risk to the mother.

An analysis of survey data from Cameroon from the mid-1990s to the early 2000s showed that almost 10% of girls were mothers by age 16, with the highest rates in the rural areas. Because the health risks of early childbearing appear to be magnified for the youngest mothers, these very early births are a major concern. (Svetaset al., 2006)

Conditions associating with adolescent childbearing and maternal health problems in Cameroon include obesity, anemia, malaria, STIs, mental illness, unsafe abortion complications, and obstetric fistula and even death. Studies have shown an independent adverse effect of early pregnancy on newborn health, even after controlling for a range of other factors (Conde-Agudelo



et al. 2005; WHO 2007). A study carried out by Celia et al. (2006) in the northern region of Cameroon found a 55% higher risk of neonatal death to babies of mothers aged 10-15, a 19% higher risk in babies of 16-17 year-olds, and a 6% higher risk in babies of 18-19 year-olds. The adverse impact of poor newborn health due to adolescent pregnancies can have inter-generational effects and also long term effects leading to adulthood disease (Fetal Origins of Adulthood Diseases).

### **Mission**

Our main mission is to reduce the alarming incidence rates of teenage pregnancy in Cameroon. BleekerFoundation aims at creating awareness on the negative impacts of teenage pregnancy to our young girls, their born/unborn children and to the community at large. It also aims at supporting teenage mothers to gain self-sustainability through engaging them in socio-economics activities. Teenage mothers will be offered scholarships to study at vocational collages. Micro loans will be offered to teenage mothers who are willing to become entrepreneurs.

### **Vision**

Transforming the lives of teenage mothers in Cameroon and educating teenagers to fight teenage pregnancy among them thereby ensuring a better future for the Cameroonian youth.

### **Objectives**

- To prevent teenage pregnancies and STIs through sexual and reproductive health education.



- To identify teenage mothers in the community and enroll them into the vocational training program/ entrepreneurship.
- Establishment of teenage mothers through micro loans with small interest, then follow up.

## **ACTION PLAN**

One out of every three teenage girls in Cameroon is exposed to the risk of teenage pregnancy and its complications, making teenage pregnancy a point of focus in the community. The action plan put in place would go a long way to accomplish the mission and vision above and ensure a better future for our youth by collaborating to create a comprehensive campaign to reduce and prevent teen pregnancy. BleekerFoundation is intending to collaborate with existing NGO's both in Cameroon and abroad to educate teenagers and their parents about sexual and reproductive health education. This will be achieved through training programs and seminars.

BleekerFoundation endeavors to involve the local Cameroonian lawmakers on the fight against teenage pregnancy. We hope to include the local heads and leaders to play active role in synthesizing their local communities. This is because they are in a good position to enlighten BleekerFoundation on the main cause of teenage pregnancy and some of the difficulties faced by victims. To accomplish this mission, the program will:

- Provide culturally competent education.
- Ensure access to teenage-friendly healthcare services.
- Increase job opportunities for teenagers.
- Engage teenager parents, both mothers and fathers (including the family support unit) in making healthy choices for themselves and their children.



- Educate and promote social wellness among youth and families.
- Assist organizations seeking funding for teen pregnancy prevention programs.

The action plan would be developed based on the objectives mentioned above.

## **1. PREVENTION OF TEENAGE PREGNANCIES THROUGH SEXUAL AND REPRODUCTIVE HEALTH EDUCATION**

Sexual and reproductive health education is a course, aimed at empowering youths and adults with the ability to educate the community around them with appropriate knowledge on sexuality and its negative effects, and it would go a long way to reduce a number of complications that teenagers are exposed to, as a result of lack of knowledge.

SRHE is a one year program, after which the participants would be awarded a diploma, and they would earn the eligibility to train adolescents and teenage mothers in the community. SRHE would be compensated financially, as they move from one community to the other, creating awareness to the youths and their parents.

Two groups of sexual and reproductive health educators shall be trained, one group concerned with teenagers (peer educators) and another concerned with sexual and reproductive health to parents. As a result of the fact that teenagers are answerable to their parents, enriching the parents with the right knowledge on sexual and reproductive health, directly changes the attitudes and perceptions of the teenagers through advice from their parents.

The SRHE shall be done with the use of various pedagogic techniques. Seminars and workshops would be organized in the various communities, schools, churches so as to ensure 100%



participation in the program and improve on the knowledge of the youths on SRHE. The media would also be used as a means of educating the teenagers especially, their parents, also SMSs shall be sent to participant adolescents and their parents constantly, instructing them on how to improve on their health and avoid practices that may expose them to unwanted pregnancies and STIs

The SRHE will be faced with the task of educating teenagers and parents on a number of sexual and reproductive health issues that are very common in the society, and also eradicate the practices that may predispose this age group to ills. The areas of concern include;

- Education on anatomy and physiology of the female and male reproductive system
- Prevention of HIV/AIDS in the community
- Prevention of sexually transmissible infections
- Health practices that predispose adolescents to infections.
- Family planning among adolescents
- Personal hygiene
- Cervical cancer prevention.

Another important step would be to train peer educators. These peer educators would be responsible for sensitizing their colleagues and age mates on the importance of SRHE, and also on the various activities that would be carried out by the sexual and reproductive health educators. The main objective of cooperating peer educators is because teenagers would easily participate in activities if their mates are involved. Peer educators would be carefully selected from schools and the communities where sensitization would take place.



## **2. IDENTIFICATION OF TEENAGE MOTHERS IN THE COMMUNITY AND EMPOWERMENT THROUGH VOCATIONAL TRAINING.**

For the goals of the BleekerFoundation to be met, there is a need for a support group which will comprise of people who have received training on the foundation's mission, vision, goals and activities. They will equally have specific objective like identification of focus group and follow-up of executed project by the foundation and they will have specific key performance indicators that will be used as a measuring rod to determine the Foundation's achievement. The focus group can be identified from the following;

### **1. CHURCHES**

Based on experience a number of teenage mothers are found within the churches despite the denomination. The pastors, elders, deacons, group leaders etc. are the closest people to this vulnerable. Through the support group of the NGO we can investigate to confirm and then reach them.

### **2. ORPHANAGES**

At the orphanages, there are some of the orphans who become pregnant at their teen and they could equally be reached through the NGO support group.

### **3. COMMON INITIATIVE GROUPS, NGOs, FOUNDATIONS AND ASSOCIATIONS**





There are groups/foundations already existing in Cameroon who are already working on the focus group of our NGO but they may be limited in one way or the other in meeting the needs of these focus. Then the support group visit these associations and foundations to actually know what they are doing and what they cannot do for this teen and we step in to help the teens

#### 4. MINISTRY OF SOCIAL AFFAIRS

This is the ministry in Cameroon actually responsible for the needy, physically challenge and teenage mother. So they have a record of this group of people. They help some but some are not reached because of tribalism and politics. Through this ministry we can get those that are not being assisted.

#### 5. HOSPITAL

These teen mothers are identified at the level of the hospital when they come to deliver and when they are sick. Some of them cannot even buy their medications, food and their hospital bills. When the nurses identified such a case, the social department of the hospital is communicated and they start taking care of these patients till discharge, but they keep a record of all this we can be use by the support group of the NGO.

#### 6. COMMUNITY

In the community, the chiefs, quarter head and health committee chair person may be vital in identifying the focus group in the community. Therefore the support group pay them visit in the community.



## 7. SCHOOL COUNSELORS

The school counselors are aware of most teen pregnancies because before they are dismissed from school the school counselors had to counsel them and they also keep records which can equally be vital. Furthermore they also know most teen mothers who have come back to school after delivery and may be going through challenges.

Identified teenagers with children or pregnancy, would be enrolled into vocational training institutions, one of which would be RHIBMS in which the teenage mother can study nursing. Other vocations may include; Saloons, Tailoring, Computer studies, Secretariat studies and many more. During the period of training, the participants would be followed up, to ensure that they are actually taking the training seriously.

After receiving vocational training, the participants would be established.

## **3. ESTABLISHMENT OF TEENAGE MOTHERS THROUGH MICRO LOANS WITH THEN FOLLOW UP**

All students enrolled into the vocational training platform, and have gained skills on entrepreneurship would be established with a small business, so as to complete the last objective of the action plan.

After the specified period of study, the candidates would be given a micro loan, to start up a business in line with the course they studied for the vocational training. An undertaking shall be signed before the loans are handed over to the participants, to ensure that the loans are used just



for the purpose they were designated for. The participants would be expected to pay back the loans after a defined period.

Loans would be given, depending on the vacation studied and the magnitude of the business plan. During this defined period, strict follow up of the candidate would be done to ensure that they are in line with the objectives and advised on how to improve on their business and lives in general.



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