

The Use of New Information and Communication Technologies as an Education Tool in the Fight Against HIV/AIDS in Fundong, Norhtwest Region, Cameroon

Tohnain Nobert Lengha

Department of Agricultural Extension and Rural Sociology,
Faculty of Agronomy and Agricultural sciences,
University of Dschang, Cameroon

Abstract

Fundong, a rural town found in the Northwest Region of Cameroon is located on latitude 10° 14'W and 11°15' E, between longitudes 6° 27' and 8° 26'N. The town enjoys the privilege of being, not just the headquarter of Boyo Division, but also of Fundong Central Sub-Division. The incidence of HIV/AIDS is critical in the area as there are several practices like the scarification of the body to apply concoctions common in the area which, may help predispose the population to HIV/AIDS infection. The affluence that characterise this small rural town favours high-risk behaviours, which expose individuals concerned to HIV/AIDS. In order to address the main objective of the study, which is the use of information and communication technologies in the fight against HIV/AIDS, data were collected at the group and household levels. At the community level, the researchers administered questionnaires and conducted focus group discussions with people of different occupational backgrounds.

In the case of this study, 56% of the respondents are aware of the existence of the HIV/AIDS pandemic although constant electricity failure and the absence of radio signals in some of the localities hinder people from receiving general information, including that relating to HIV/AIDS from new information and communication channel including a rural radio station based in Fundong town. cursory observations during fieldwork reveal that sensitisation on the HIV/AIDS pandemic have been going on in Fundong although the population still face numerous problems in an attempt to get informed and educated on this global disease- HIV/AIDS. These problems concern those related to sensitisation, the information sources, and the messages emanating from these sources as well as the problem of access to the new information and communication technologies themselves.

Key words: Aids, Information, communication, pandemic, Fundong,

INTRODUCTION

From the information available, the first cases of HIV/AIDS were identified in Cameroon in 1986 with 21 cases declared. Since this date, the epidemic has rapidly propagated within the sexually active population. The cumulated number of new cases reported up to 1999 was 20 419. The prevalence rate at this point has therefore evolved as follows: 0.5% in 1987; 2.1% in 1991; 3.8% in 1996; 7.2% in 1998, 11% in the year 2000 and 5.3% in 2010.

Analysis according to sex and according to age highlights the following points: (i) youths are the most affected by the virus with 43 % of seropositifs found between the 15 and 35 years age bracket; (ii) women are more affected than the men with a sex ratio of 2 males to 3 females and (iii) transmission is more through heterosexual channels, 90% of infections occur during non protected sexual relationships while blood transfusion and mother to child transmission covers 10 % of the cases reported.

Previous projections indicate that in 2001, some 1 500 000 Cameroonians were living with HIV/AIDS with more than 150 000 children as orphans. The epidemiological situation was then characterised by the rapid increase in the seropositive status of HIV/AIDS patients in the population notably the youths, women, uniform officials, long journey drivers and commercial sex workers. The situation here presented is not much different from that observed in Fundong which was our study site in this article.

The question therefore remains as to what approaches exist that can be used to change people's behaviours towards adapting non-risky behaviours that cannot expose them to HIV/AIDS? In this matter, it is argued that amongst the many ways that could be used to change people's behaviour, one of the effective tools remains Information and Communication Technologies (ICTs) especially the New ones (NICTs).

The current debate however remains as to whether the funding of research on NICTs in the façade of HIV/AIDS patients should not be considered a luxury. This notwithstanding, there is an equal consensus in the literature that NICTs should be used as part of a package of important tools in the fight against HIV/AIDS. But it seems there is little material in Cameroon especially in rural areas in addressing the specific uses of NICTs in HIV/AIDS related activities. This research sought to do exactly this; that is addressing the state of the art in the use of NICTs in the fight against HIV/AIDS in Rural Fundong

The Study area

Fundong Rural Council, which was part of Wum Divisional Council before 1964, became known as Kom/Bum Rural Council by 1967. It became the Fundong Rural Council in 1974 when its seat was transferred from Njinikom to Fundong.

Fundong later became the headquarters of the newly created Boyo Division on the 1st of September 1992 by presidential decree No 72/187 of 1st September 1992. However, this division is made up of four subdivisions as follows.

Sub-Division	Capital
Belo	Belo
Bum	Fonfuka
Fundong Central	Fundong
Njinikom	Njinikom

It is bounded to the South and West by Mezam, to the North by Menchum, North-West by Donga-Mantung, East by Bui and to the South-East by Ngokitunjia Divisions. These are administrative divisions found in this Northwest region of Cameroon.

Fundong is located on latitude 10° 14'W and 11°15' E, between longitudes 6° 27' and 8° 26'N. The town enjoys the privilege of being, not just the headquarter of Boyo Division, but also of Fundong Central Sub-Division, as mentioned above. According to Fundong Rural Council Budget (2009/2010), the population of Fundong central subdivision stands at about 66,310 (sixty-six thousand, three hundred and ten) inhabitants. This represents about 9.95 percent of the total population of the country Cameroon. Fundong Central Sub-Division, according to the national census hosts the only urban centre in the Division.

Education

Fundong has a total of three secondary grammar schools including a government Bilingual High School, two Technical Secondary Schools and one Teacher Training College. The population of these schools is estimated at 1722 (one thousand seven hundred and twenty-two), representing 1.14 percent of the population of Fundong Central Subdivision (Annual Report of the Divisional Delegate of National Education, Boyo Division for 2009/2010 School Year)

There are a total of 24 Government Primary Schools, 05 Cameroon Baptist Convention (CBC) Schools, 08 Catholic Schools, 03 Presbyterian Schools, and two unauthorised nursery schools in the Sub-Division. The population of all these schools put together stands at 9,456 (nine thousand four hundred and fifty-six). Of this number, 4514 (47.7%) are girls and 4942 (52.3%) are boys.

Religious and Ethnic Constitution

The dominant religions in the area are Catholicism and Protestantism, which respectively represent 49% and 36%. However, the main Protestant religions are the Baptist and the Presbyterians followed closely by the Full Gospel Church and the Christian Missionary Fellowship, in that order. Muslims make up a minority of the religious population i.e. 3% of the population according to the findings on the field.

Fundong is made up of two main tribes, the Kom- and the Mbororo tribes, with the former being the dominant tribe. The Mbororos who are in the minority are dominantly found in Fundong town where they occupy vast land both as cattle rearers, butchers and petty traders. Other inhabitants of the town are workers involved in various activities, such as technicians, farmers and civil servants, all coming from various corners of the country.

Social Tissue

The town has its own fare share of associations and social groups. There are 51 Farming Groups, 06 Social Groups, 03 Hausa/Fulani Women Groups, 06 Buyam-Sellam Groups, and 06 Animal Husbandry Groups. More interestingly, there is an association in the area that regroupes all HIV/AIDS victims. This association known as faaso'o1 which in the local language means take it easy, is led by the victims themselves in collaboration with the Catholic Reverend Sisters and Plan International which is a Yaounde-based International Non-Governmental Organisation that intervenes in the domain of health.

Again, according to the 2009/2010 Annual Report of the Delegation of Youth and Civic education in the area, there are eight (08) traditional leisure houses where locally made liquor is sold besides nine (09) modern leisure houses. In the category of modern leisure houses, there are four (04) nightclubs. These clubs facilitate interaction of the youths in the area, with its concomitant effects.

There are other practices common in the area that may help predispose the population to HIV/AIDS infection. This rural town as most localities in the west region of Cameroon, is noted for its practice of approved polygamy among the sub-chiefs, title-men as well as among the poor, the illiterate, the lowly educated and the non-Christians. In general, polygamy has a potential for relatively uncontrolled sex, especially as the men are often on the look for new wives. Their sex attitudes therefore, could involve unprotected or extra marital sex, which exposes the actors to the risk of HIV/AIDS infection.

Fundong is also noted for traditional medical practices. The main instrument used by practitioners in carrying out their activities is the razor blade, often for incising the skin to rub in medicine. Since some practitioners may not be sensitive to the basic rules of hygiene, they use one blade on more than one patient without sterilization. Infected blood from patients could contaminate healthy persons. All these have the potential for exposing the populations to HIV/AIDS infection in the area.

Economic Activities

The major economic activity of the area is agriculture, much of which is for subsistence purposes. However, the population is heavily involved in the cultivation of coffee, an important cash crop in Cameroon. Farm products such as potatoes, maize, groundnuts and beans are also grown and sold to people from other areas including the citizens of Gabon a neighbouring country to Cameroon. Another major economic activity of the area is cattle rearing. The Hausa/Fulani are those who largely control this activity, with a few Kom natives participating. Kom is the main tribe of this locality of Cameroon

Access to New Information and Communication Technologies (NICTs)

In relation to access to New Information and Communication Technologies, the town is covered by a mobile telephone company (MTN) transmitter installed in Mbam village, which makes access to information through the mobile phone possible. The orange mobile telephone net work is also widely used in the area for communication. It is worth noting that, because of its high altitude, the Fundong area received MTN mobile telephone signals even before the company installed its antenna there. This alone has attracted several development endeavours to the area. Besides, the area is also connected to the regional headquarters Bamenda, by a tarred road which further facilitates movement to this rural town. The presence of the above communication facilities including mobile telephone signals is an added boost to the socio-economic development of this place. It suffices to mention that this factor can also contribute to the populations' knowledge of HIV/AIDS.

In addition, there are more than three (03) computer centres in the town with some of them training people on informatics and other computer related programs. Before the introduction of the state owned fix and mobile telephone Company (CAMTEL) network in the area, the absence of an adapted telephone network was a great hindrance for this area to be connected to the rest of the world through the Internet.

Level of Urbanisation

The rate of urbanisation in Fundong is fast increasing and with the presence of a tarred road linking this town to the Regional headquarters, Bamenda, as mentioned above, this rural town will soon acquire the full status of an urban centre. Once the ring road connecting this locality to other areas of the region is fully developed, Fundong will indeed be a veritable crossroads, serving as a transit locality for travellers leaving Bamenda, in Mezam Division to Nkambe, in Donga-Mantung Division in the far northwest of Bamenda. The daily and weekly market days in Fundong also facilitate the rural/urban interaction. During weekly markets, buyers and sellers come from as far as from the nearby Western Region to buy and sell their goods. Market days are unusually busy with people of all walks of life flocking the drinking spots (both traditional and modern) until late in the night. As an administrative and political rural town, it hosts both the administrative and political structures of the division. The affluence that characterizes this small city encourages high-risk behaviours, which expose individuals concerned to HIV/AIDS.

In order to address our main objective, which is the use of information and communication technologies in the fight against HIV/AIDS, data were collected at the level of community, groups and households. At the community level, we administered questionnaires and conducted focus group discussions with people of different occupational backgrounds. The main groups that were questioned included farmers, students, tradipractitioners, tailors, technicians, teachers, hairdressers, drivers, housewives, the unemployed and traders.

To cover all the categories of persons to be investigated upon, we divided the study zone into four major parts, with each of them covering both the purely rural and the semi-urban areas. For the semi-urban areas the survey covered Fundong central town itself and the other surrounding localities chosen according to their potential influences on the population. These included areas with a high density of leisure activities as the teachers' quarter (towards the northern part of the locality) and Fundong Hausa quarter.

The major tools used in the survey were unstructured questionnaires and focus group discussions, which enabled us to understand how NICTs could be used in the fight against HIV/AIDS in the area. Altogether, four focus group discussions (FGD) were conducted and 738 unstructured questionnaires administered to the population.

In the sample, 54.8% were males while 43.5% were females. Of this number, 50.1% were married, 49.9% single with 57.7% involved in polygamous marriages, while 40.3% in monogamous marriages. Considering the religious background of the population studied 60.94% were Catholics, 32.63% Protestants, 3.43% Moslems and the rest were pagans.

EFFECTIVE CONSUMPTION OF NICTS IN FUNDONG

The rapid diffusion of NICTs could be essential in the fight against HIV/AIDS although relative lack of literacy and numeracy characterize most Cameroonian regions. The poor who are often in the remote areas as well as in the urban fringes are handicapped by limited availability of information sources about HIV/AIDS, which the non-poor take for granted. In the case of this study, 56% of the respondents are aware of the HIV/AIDS pandemic. In the light of this, the survey aimed at providing an overview of the role of the new information and communication technologies in the fight against HIV/AIDS in the rural areas with an example of this rural town. The question here is to know whether NICTs could offer any means of fighting this pandemic among the rural households in Fundong. And if yes, how could these NICTs (including those surrounding the world-wide web) be used in the fight against HIV/AIDS?

The study is based on the premise that successful fight against HIV/AIDS calls for the conscious and active consumption of these NICTs by the population at every stage of the fighting process. This is because the fight against HIV/AIDS cannot be effective without changes in attitude and behaviour among the people concerned. Therefore, the introduction of NICTs through a planned and systemic use of communication channels, inter-personal channels, audio-visual and mass media could be a useful tool in the fight against HIV/AIDS.

From the findings, the radio is the most widely used source of general information in the area, being listened to by 63% of the respondents. Nevertheless, its accessibility is still limited by the lack of available means for the maintenance of equipment. Also, constant electricity failure and the absence of radio signals in some of the localities hinder people from receiving general information, including that relating to HIV/AIDS from this source. The language barrier is another impediment for the effective use of the source of information because information

received is either in English or French and hence makes it difficult for many people to understand the messages transmitted. Nevertheless at the moment, there is a rural radio in the area which transmits mostly in the local language. This is justified by the fact that 45.6% of the respondents have not attained the primary school level, and only 16.9% and 1.3% is of secondary school and university levels respectively. The level of formal education of respondents as revealed by the above statistics explains why messages transmitted in English or French languages may not be accessible to a greater majority (45.6%) of the respondents. Again, the radio is the most widely used source of information on HIV/AIDS in the area, because findings indicate that respondents get information about the disease from it on a daily- (60.2%), weekly- (24.9%) and monthly basis (14.9%). Therefore, despite the irregular power supply that characterizes this area, the radio continues to play its role as a reliable information channel about HIV/AIDS related issues.

Other sources of information that are relatively used in the area are television (24.4%), newspapers (18%) and associations (10%) to obtain information related to HIV/AIDS. Also, the town crier is used in providing information about HIV/AIDS in the area. From the survey, most of the respondents affirmed that they receive information about HIV/AIDS from the churches. And a greater percentage of them (40%) claim that the church could be the best channel for information concerning this pandemic. Unlike with the other sources mentioned above, the church seems to pose little problems to the respondents as they could receive information from churches even in the local languages. The kwifon, which is the Fon's instrument of secular authority, although not mentioned in this area as one of the information sources about HIV/AIDS plays an important role in the communication system of Fundong people. For instance, the information from the Kwifon is usually dispatched through a town crier. Therefore, kwifon is not identified as a source of information in the analyses. As the respondents pointed out, this killer disease which could terminate the population had pushed the traditional authorities to talk about it even in markets or market days and at prominent death celebration grounds in the area. The implication of kwifon in informing the people about HIV/AIDS is proof of the impact that this pandemic is having in the area. Its ravaging effects have pushed the traditional administration to use all its communication strategies to enable the population fight against it at the local level.

Although 90% of the respondents fully know about the existence of this pandemic and consider it principally as a killer disease, they do not still know what causes it. However, 67% of them think that it is caused by sexual intercourse while a negligible percentage (20%) thinks that a virus causes it. When probing to know whether sexual intercourse in essence is the cause of HIV/AIDS, most of the respondents further specify that it is caused by sexual intercourse with a contaminated partner. To an extent the respondents do not distinguish between the causes of HIV/AIDS and the mode of transmission. When asked to know what are the modes of transmission, analyses still show that it is transmitted through sexual intercourse, although greater emphasis is laid on transmission through instruments like blades used by tradipractitioners who play a dominant role in the health system of the area.

Effective consumption of NICTs according to respondents' occupations

The main occupations that were identified in the area are: farming, technical works like domestic electrical wiring, shoe mending, woodwork; tradipractitioners, petty trading, students, hair dressers, housewives, tailors and long distant drivers. From the findings, 45.6% of the respondents have not attended any school, while 36.3% have attended primary school education, 16.9% have secondary school level education and 1.3% have university education. It

should also be noted that a greater number of non-school attendants are noticed among the farmers.

These statistics are important because the effective consumption of NICTs through which messages are diffused in the English and French languages will depend on respondents' educational level, which in turn will determine their (messages) consumption rates. However, for the largely uneducated population, local communication channels such as the town criers could play an important role in informing them about the disease. Messages diffused by town criers are done in the local language (itanghikom²). This source of information had a score of 16.2%.

The major sources of information that the respondents say furnish them with messages on HIV/AIDS related issues are the radio, the newspapers, billboards and sociocultural associations. However, 80% of the farmers listen to the radio on a daily bases while 20% get the information from newspapers and billboards which are in limited supply in the area, as they are available only on a weekly or monthly basis.

These sources of information supply messages about the causes, manifestations, mode of transmission, prevention and on how the disease can be prevented. Analysis of messages received by respondents from the radio it is reveal that this pandemic is caused mainly by unprotected sexual intercourse, blood transfusion and the careless use of contaminated instruments by traditional healers. General manifestations are weight loss, severe vomiting, and diarrhoea. As earlier mentioned, the respondents are unable to distinguish between the cause and the modes of transmission of HIV/AIDS. The major causes of HIV/AIDS in Fundong are thought to be sexual intercourse (61%), blood transfusion (20%), and the use of contaminated instruments (14%).

The respondents think that this pandemic is transmitted through the following channels: sexual abuses or intercourse (61%), blood transfusion (20%) and through the use of unsterilized instrument both by medical doctors and especially tradipractitioners (19%). From FGD with the population, HIV/AIDS is principally transmitted through blood transfusion. Most interesting was the stress laid on transmission through tradipractioners whose method of cure is said to be very unskillful with the use of the same instrument on several persons at the same time.

Even those who talked about the use of condoms insist very much on its proper usage and some even say that condoms transmit HIV/AIDS.

We also identified five main modes of prevention as follows: the use of condoms (39%), abstinence (33%), fidelity (14%), avoiding blood transfusion (13%) and voluntary screening (1%). Although the use of condoms is indicated to be the most preferred by the respondents, they still emphasized during the focus group discussions that the use of condoms is a means to encourage youths to practice illicit sex.

One of the indications that the respondents effectively use or consume new information and communication technologies, is that; many of them understand messages transmitted by the sources preferred. The messages preferred for sensitization are: abstinence, fidelity and the use of condoms.

The sources of information preferred by the respondents and which have helped to change their behaviour especially through the messages received (software) are: the radio (70%), the television (27%), newspapers (22%) and sociocultural associations (12%). It seems paradoxical for the population to claim that the sensitization on the use of condoms is a way to encourage sex and at the same time prefer the use of condoms as a message that could change people's behaviour towards HIV/AIDS. During the FGD, respondents talked of a selected audience for the distribution or sensitisation on condoms.

Furthermore, they stressed that polygamous partners should use condoms if fidelity fails. In another perspective, individuals who can not abstain from sex should cultivate the habit of using condoms with their partners. We were equally intrigued by the fact that although these people propose condoms as the preferred message that could change their attitudes towards HIV/AIDS, they manifest fear towards possible side effects upon usage. Therefore, the use of condoms is simply preferred because as they claim, sex is a phenomenon that one cannot avoid.

New information and communication technologies as well as those surrounding the World Wide Web, like the Internet, are not well known in the area due either to ignorance or to the absence of the telephone network in most of the areas. However, those who use them or know about them are either leaders of associations or individuals that frequent the provincial headquarters, Bamenda or that are able to own a CAMTEL telephone internet, MTN or Orange tool kits.

IMPACT OF NICTS ON CHANGE IN HIGH RISK BEHAVIOUR

Concerning behavioural change by the preferred messages received from the prominent sources of information used in the area, people's attitudes have been greatly influenced by the latter. Generally, information received from the channels mentioned by the respondents has, on the one hand generated fear in most of the people, and on the other hand made people to be aware of its ravaging effects. Although the respondents are principally polygamists (57.7%) in their matrimonial regimes for those who are married (50.1%), the question that is persistent especially among the women is whether their fidelity with partners could oblige the men to remain same. Most of the respondents (64.4%) affirmed that their religion has contributed a lot to enable them change their behaviour by remaining faithful to their partners.

Despite all these, the study has shown that messages transmitted to the people through the various information channels have helped to change their behaviour enormously. For instance, the fear of being stigmatised that was formerly the problem of most people has been broken. Some people even come out and identify themselves as HIV/AIDS carriers without fear of being stigmatised and abandoned. In the area, there is an association for those living with HIV/AIDS. This association which regroups all persons living with HIV/AIDS is known as fasoo which in the local language means courage. International and local philanthropic organisations present in the area have sponsored and are still sponsoring some income generating activities by this group especially those that do not need the use of muscles like the rearing of fowls. It is also worth mentioning that members of this association are not exclusively the HIV/AIDS patients. Those who take care of them and who are also committed members of the group are not carriers. They play a very vital role in the group as they demonstrate to them that HIV/AIDS is just a disease as any other one and therefore, patients do not need to be abandoned or isolated. This initiative indicates the role that associations play in the area, not only to fight against HIV/AIDS, but also to sensitise people about the pandemic. Therefore, the associations and the churches have done much to change people's attitudes towards HIV/AIDS.

DIFFICULTIES OR PROBLEMS

Cursory observations during fieldwork reveal that sensitisation on the HIV/AIDS pandemic have been going on in Fundong. The associations involved in this, as earlier mentioned, include the Mbororo Sociocultural and Development Association (MBOSCUDA), religious associations, and other associations. In spite of these, the findings of the study have revealed that there still remain many grey areas. Respondents still face numerous problems in an attempt to get informed and educated on this global disease- HIV/AIDS. These problems concern those related to sensitisation, the information sources, and the messages emanating from these sources and the problem of access to the new information and communication technologies.

HIV/AIDS campaigns and sensitisation, for instance, have raised quite a number of problems or experienced a lot of difficulties in the area. Prominent among these problems or difficulties is the case of people not believing that HIV/AIDS exist, and this attitude is being fuelled by the youths of between the 15-20 age brackets. Those who do not believe that HIV/AIDS exist (adults are implicated) attribute it to witchcraft or slow poison. To them most of the people who die of HIV/AIDS must have either been killed by their enemies or by ancestral spirits. Some even conclude that it is the whitman's idea to discourage sex and control black or African population.

Some believe that the condom manufacturers want to sell their condoms and that the government is conniving with them to benefit from the sales. Also, there is general fear that condoms are causing cancer and even prostrate problems in the community. They give as backing to this claim the absence of continuously free condoms, except during campaigns. The findings equally show that the HIV/AIDS activists are often victims of attacks and molestation as they go about the business of sensitising the people. These facilitators are often accused of encouraging sex among youths through the distribution of condoms. The respondents even claim that condoms have instead increased unwanted pregnancies and exposed users to the pandemic. This is because of public demonstration and distribution of condoms to a non-selected audience. One of the respondents stated "one day, I met my nine year old girl with a condom given to her in school by those who came to sensitise people on HIV/AIDS. The fact is that if I did not see it she could have met a person to find out how it could be used and probably this person would have used that opportunity to have sex with her, which could even lead to her being contaminated with HIV/AIDS".

Again, in the course of sensitisation, some remote communities accuse activists with the belief that they are HIV/AIDS carriers who have come to distribute to the population under the pretext of sensitisation. Another difficulty that sensitisation has often encountered in Fundong is that, not only do the people say AIDS does not exist, they equally say condoms are not effective, especially the ones sold around the area. According to this group of respondents, condoms have holes, are lined with viruses, and can make one impotent. This, perhaps, are excuses given by those who do not want to use condom during sex. They claim that those sensitising give the erroneous impression that the condom remains the magic solution to HIV/AIDS. This makes curious youths to want to try it, and in the process land into trouble, by either getting pregnant or getting infected. The emphasis on condoms has brought about friction among couples, as wives, who suspect their husbands, whether rightly or wrongly, demand the use of condoms during sex. Our results further show that AIDS sensitisation in the area has made some people to believe that there is already a cure for the disease, so they can now be reckless.

Other categories of problems/ difficulties are those associated with the information sources as well as the messages, which they transmit. A summary of some of the problems from our results across socio- professional groups, beginning with the sources include poor radio and television signals, which makes it impossible for all areas to receive television. There are also insufficient magazines dedicated to HIV/AIDS in the area and newspapers are largely inaccessible. On the part of the messages transmitted through the various information sources, the difficulties encountered by the respondents include such things as the level of language used, which is usually high; controversy surrounding the effectiveness of condoms; and the poor production of posters, which are often crowded with messages.

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