Women's Reproductive Rights in Cameroon: A Shadow Report

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WOMENS REPRODUCTIVE RIGHTS IN CAMEROON
A SHADOW REPORT

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Introduction

The purpose of this report is to supplement, or "shadow," the periodic report of the government of Cameroon to the Committee on Economic, Social, and Cultural Rights (hereinafter, the Committee) during its 21st session. The Center for Reproductive Law and Policy (CRLP) and the Association of Women Jurists of Cameroon (ACAFEJ) compiled and wrote the report.

Non-governmental organizations (NGOs), like CRLP and ACAFEJ, can play an essential role in providing the Committee with credible, reliable, and independent information about the legal status of women and their real-life situation as well as about the efforts governments have made to comply with the International Covenant on Economic, Social, and Cultural Rights (hereinafter the Covenant). In addition, if the Committee's recommendations can be firmly based on women's actual life experiences, NGOs can use them to put pressure on their governments so that these governments will promulgate or implement necessary legal and political changes.

Discrimination against women is widespread in all societies. This discrimination violates numerous human rights and calls for urgent action. This report, however, focuses mainly on women's reproductive rights, on the laws and policies connected to these rights, and on the realities that affect these rights in Cameroon. The provisions of Articles 2(2) and 3 guarantee all persons the rights set forth in the Covenant without discrimination. In daily life, as in the workplace, women are continually faced with issues related to sexuality, reproductive health, and equality between the sexes. Women's reproductive rights, therefore, form an integral part of the Committee's mandate.

As was stated at the United Nations International Conference on Population and Development held in Cairo in 1994 and at the United Nations Fourth World Conference on Women held in Beijing in 1995, reproductive rights "embrace certain human rights already recognized in national laws, international human rights documents, and other consensus documents," including the International Covenant on Economic, Social, and Cultural Rights. Paragraph I.18 of the 1993 World Conference on Human Rights states that "the human rights of women and the girl-child are an inalienable, integral, and indivisible part of universal human rights." Paragraph II.41 also recognizes "the importance of the enjoyment by women of the highest standard of physical and mental health throughout their lifespan … [as well as] a woman's right to accessible and adequate health care and to the widest range of family planning services, as well as equal access to education at all levels." Reproductive rights are of crucial importance to women's health and equality, and it is therefore essential that states parties' commitment to ensuring them receives serious attention.

This report links fundamental reproductive rights issues to the pertinent clauses of the International Covenant on Economic, Social, and Cultural Rights. Each issue is divided into two distinct sections. The first, shaded section deals with the relevant laws and policies in Cameroon, linking them to the corresponding clauses in the Covenant. The information in the first section is drawn mainly from the chapter on Cameroon in the forthcoming report entitled Women of the World: Laws and Policies Affecting Their Reproductive Lives - Francophone Africa. This report is one in a series of reports that covers various regions of the world, and that CRLP is in the process of preparing in collaboration with national-level NGOs. The ACAFEJ wrote the chapter on Cameroon, which was edited by CRLP and the Groupe de Recherche Femmes et Lois au Sénégal (GREFELS). The second section focuses on the implementation and enforcement of laws and policies - in other words, on the reality of women's lives. The ACAFEJ provided most of the information in this section.

This report was coordinated and edited by Laura Katzive, Maryse Fontus, and Sophie Lescure for CRLP and by Magistrate Esther Moutngui for the Association of Women Jurists of Cameroon.

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Principal Points of Concern

1. Access to Reproductive Health Care, Family Planning, and Abortion (Articles 12, 10, and 15(1)(b) of the ICESCR)

Despite Cameroon's efforts to improve health care, the number of health clinics offering family planning services is very small and the majority of those that do are located in urban areas. Act No. 90/035 of 1990, prohibiting birth control propaganda, limits Cameroonian women's access to information to enable them to choose a contraceptive method and thus violates their rights under Articles 12 and 15(1)(b) of the Covenant. Information, education, and communication strategies can increase the prevalence of family planning methods, which would improve reproductive health. Promotion of effective contraception also can prevent recourse to abortion. It is, therefore, necessary to establish an effective reproductive health awareness-raising program for women.

Cameroon's abortion law, which permits abortion only for therapeutic reasons or for pregnancy resulting from rape, also has serious consequences for women's reproductive health. Clandestine abortion is very widespread in Cameroon and is the source of 40% of obstetrics and gynecological emergency admissions. The Cameroonian government should adopt a less restrictive law on abortion.

2. HIV/AIDS and Sexually-Transmissible Infections (STIs) (Article 12 of the ICESCR)

In Cameroon, HIV/AIDS is a health risk throughout the country. Despite the Cameroonian government's efforts through the "National AIDS Prevention Committee," the AIDS prevalence rate continues to increase (it was 4.87% in 1997, and according to estimates, it may reach 7% in 2005). STIs are not treated effectively in part because they are a taboo subject for the Cameroonian population. It is crucial for the Cameroonian government to implement awareness-raising programs on HIV/AIDS and STIs and to integrate sex education into the schools about the ways these diseases are transmitted.

3. Marriage (Article 10 of the ICESCR)

In Cameroon, both statutory law and custom discriminate against married women. The husband alone manages the marital property. The wife cannot exercise her rights over her own property without his consent and is considered part of her husband's "inheritance property" in that she can be bequeathed and inherited by his heirs. Polygamy, which is the common law form of marriage, is discriminatory; polyandry is prohibited. It is crucial that the Cameroonian government take measures to change the legal status of married women and promote equality of men and women in marriage.

In Cameroon, the minimum legal age to enter into marriage is 15 for women and 18 for men. This age difference is discriminatory and violates adolescents' rights to the provisions of Articles 10, 12, 13, 14, and 15 of the Covenant. It is important that the minimum age of marriage be uniform and that it coincide with the age of majority; the government must take action to ensure that it is strictly applied. In addition, early (prior to age 15) and forced marriage is still practiced in some rural areas. There is evidence of a gradual trend towards a slightly higher age of first marriage for women. The government should redouble its effort to combat marriages that violate the rights of women and infringe on the provisions of the Covenant.

4. Sexual and Domestic Violence (Article 12 and 10 of the ICESCR)

Domestic violence is widespread in Cameroon and is not prohibited by law. The theory of the husband's "disciplinary rights" regarding his wife violates a woman's most fundamental rights, including her right not to be subject to violence. It is indispensable for the Cameroonian government to take measures to eradicate such violence as it violates the provisions of Articles 12 and 10(3) of the Covenant.

5. Female Circumcision/Female Genital Mutilation (FC/FGM) (Articles 12 and 10(3) of the ICESCR)

Because FGM is a cultural practice, there is no law prohibiting it. Taking into account, however, the negative effects of this practice, the Ministry of Women's Affairs and Status in Society (MINASCOF), in collaboration with NGOs, has embarked on a campaign against FGM. The government should redouble its efforts to implement awareness-raising campaigns to eliminate this practice, which violates adolescents' rights under Articles 12 and 10(3)

6. Education (Articles 13, 14, 15, and 12 of the ICESCR)

In Cameroon, it has been difficult to apply the principle of nondiscrimination against girls, particularly in the context of compulsory primary education. Cultural norms continue to give priority to boys' education because girls are expected to marry. Educating boys is favored, particularly during periods of economic crisis. Despite the government's efforts in the National Population Policy to raise women's level of education, their school attendance rate is still grossly inadequate. The government should institute programs to emphasize the importance of women's education.

In Cameroon sex education remains a taboo subject and information related to reproductive health is relatively inaccessible to adolescents. It is indispensable to introduce sex education into school curricula.

7. The Right to Work (Articles 6 and 7 of the ICESCR)

Act No. 92/007 of August 14, 1992, which provides for complete freedom to enter into employment contracts, has had unfavorable effects on women, notably in the private sector. In fact, when a woman with equal skills is hired for the same job as a man, she is paid less. This discriminatory practice violates women's rights under the provisions of Articles 6, 7, and 10 of the Covenant. It is important that the Cameroonian government adopt a specific law that protects the rights of women in the work environment.

In Cameroon there is no law prohibiting sexual harassment. The "right of the boss," which gives him nearly complete impunity in sexually harassing female subordinates, is a severe problem for Cameroonian women and represents a clear violation of their rights under the provisions of Articles 6 and 7 of the Covenant. The government of Cameroon should adopt a law within the framework of its existing labor laws to prohibit this practice.

A. Women's Reproductive Health (Articles 12, 10 and 15(1)(B) of the International Covenant on Economic, Social and Cultural Rights (ICESCR)))

Introduction

Article 12 protects the right of all persons to enjoy the highest attainable standard of physical and mental health. This article is complemented by Article 15(1)(b), which grants all persons the right to benefit from the advances of scientific research and its applications. Under this provision, women are entitled to enjoy advances in research in the reproductive health field. Article 10 grants special protection to pregnant women before and after delivery as well as to adolescents and children.

These provisions require governments to make reproductive health, family planning, and safe motherhood services and information accessible to women. Without these services, women and adolescents may have undesired pregnancies, potentially resulting in death or illness because of a lack of adequate maternal health care. The Committee on Economic, Social, and Cultural Rights has expressed its concern over the inequitable distribution of health services among urban and rural regions.[1] The Committee has noted that a lack of integration of family planning centers into primary health care hinders women's ability to access affordable contraception. It has also advised states parties to guarantee adequate assistance to persons afflicted with HIV/AIDS, without discrimination as to race, origin, nationality, or gender.[2]

1. Access to Reproductive Health Care, Including Family Planning and Safe Motherhood

Laws and Policies

With regard to primary health care, Cameroon has adopted the goal of: "Health for all in the year 2000." The "Declaration of the National Restructuring of Primary Health Care"[3] contains the principal points of the government's policy on primary health care. The basic principles of this new approach include community participation to increase community involvement in health issues; demonstration of the close connection between health and development; respect for individual rights, including the right to information, the right to health, and the right to physical integrity.[4]

Decree No. 95/040 requires the Health Ministry to study and implement the government's public health policy. Health districts have been created. They include health centers at the village level, dispensaries in urban centers, and district hospitals to which patients are referred from the health centers. Maternal and infant health care, as well as family planning, are part of the minimum package of services that should be offered in these centers.[5]

The Population Policy

Until the 1980's, Cameroon had a pro-natalist policy supported by measures that encouraged births.[6] In response to the resulting high rate of births - many of which were unwanted - the government, in 1998, embarked on an awareness-raising effort to lower the birth rate. It emphasized the problems resulting from a lack of balance between available resources and large families and advocated "responsible parenthood," supporting family life education, sex education, birth control education, and community life education.[7]

In 1992, Cameroon enacted a National Population Policy with the goal of improving the population's quality of life within the limits of available resources and in accordance with human dignity and fundamental rights.[8] Among the recommended measures are some aimed at facilitating

access to voluntary family planning services, especially in rural and suburban areas.

Family Planning

Act No. 80/10 of July 14, 1980 authorizes the sale of contraceptives. Article 79 of this act stipulates that only pharmacists may sell prescription medications and contraceptive products.

Act No. 90/035 of 1990, on the practice of pharmacy, prohibits contraceptive propaganda.[9]

In 1997, the government drafted a proposed law permitting sterilization if certain pre-conditions are met.

Reality

The "Declaration of the National Restructuring of Primary Health Care," adopted in December 1992, pursues 14 objectives, only one of which is aimed specifically at women; this objective is to "reduce maternal mortality by one half between now and the year 2000."[10] An economic crisis prevented this policy from being implemented. Inadequate financial resources were channeled to the health sector.[11] This lack of funding has particularly affected expenditures for investment, equipment, procurement, and maintenance of health infrastructure. On the national level, a large number of health units have ineffective maternal and infant health care and family planning services.

The project "Strengthening National Maternal and Infant Health and Family Planning through Primary Health Care," was submitted to the United Nations Population Fund (UNFPA) for financing in 1993 and approved in January 1996. It was proposed to assist the government's efforts to reduce maternal and infant mortality and morbidity and to contribute to the promotion of access to voluntary family planning services. The Public Health Ministry, the Social Affairs Ministry, and the Ministry of Women's Affairs and Status in Society are involved in implementing this project.[12]

Family planning centers exist in some cities in the nation, such as in the Yaoundé and Douala centers for maternal and infant protection. Similarly, the creation of a "Woman's House" in several administrative units of the country has provided a setting for discussion among women about issues of contraception and birth spacing.[13]

The Demographic and Health Survey, conducted in 1991 as part of the global survey on fertility,[14] discloses that the use of modern contraceptive methods among women of childbearing age is low compared to the level of knowledge: 66.4% of the women questioned were familiar with at least one modern contraceptive method;[15] among these women, 60.3% approved of family planning;[16] and 51.4% knew of a source to supply it;[17] 23.2% of the women showed a desire to use a contraceptive method in the future.[18] The survey showed that 22% of the nonusers had contraceptive needs that were not met. The total demand for contraceptives came to 38% of the women.[19]

Female sterilization is the best known modern method among all the women surveyed (53.1%), followed by the birth control pill (49.0%). Fewer than one woman out of two knew about condoms (44.1%) and injections (40.8%) and fewer than one woman out of three was familiar with the IUD (30.1%). Only 17.1% of the women stated that they knew about spermicides and 8.1%, about male sterilization. With regard to traditional methods, the rhythm method (44.6%) and abstinence (41.1%) were slightly better known than withdrawal (37.1%).[20]

In Cameroon, the use of sterilization as a contraceptive method is rare. It is the doctor's last resort. In fact, few couples come spontaneously to the health centers to request it. In addition, the doctor can

perform this operation only under certain conditions; otherwise, he or she may face a prison sentence.[21] It should be noted that the draft law on sterilization applies only to women who have had at least 5 children and who are at least 35 years old. In addition, the draft law requires the partner's authorization and a waiting period.

Studies have shown that some communities use traditional contraceptive methods that are sometimes dangerous to women's health and often completely ineffective. Such methods include the wearing of amulets around the waist and the use of a vaginal douche with herbs and brews. These customs carry risks of infection and burns.[22]

The low contraceptive prevalence rate is attributable to several factors. First, the number of health units offering family planning services is too low. In addition, the units that do exist are located primarily in urban areas. Other factors include the

scarcity of long-term methods (subdermal implants and surgical sterilization are used only in a few centers) and the weakness of information, education, communication (IEC) and awareness-raising activities in the health units.

In addition, despite the impact of the limited IEC activities that have been undertaken and that most women are better informed about contraceptive methods,[23] the population in Cameroon has remained largely pro-natalist because of customs and attitudes that favor having large families.[24]

2. Abortion

Laws and Policies

The 1920 French law prohibiting incitement to abortion and contraceptive propaganda has been repealed. Law 80/10 of July 14, 1980, however, incorporates Articles 1 and 2 of the 1920 law in its Chapter 4, Article 78. These provisions prohibit incitement to abortion through the sale or distribution of abortifacients or written information on abortion.

The law on the practice of pharmacy restricts the display and distribution of any product capable of inciting or promoting abortion. At the same time, this law prohibits contraceptive propaganda.[25]

The Penal Code authorizes abortion in a limited number of cases.[26] Abortion is comparable to infanticide, and the Penal Code punishes the woman who has an abortion as well as the person who assists her in accessing the procedure.[27] Nevertheless, the law permits abortion when it is necessary to save the life of a pregnant woman or protect her health, and in cases of pregnancy resulting from rape.[28]

A woman who has an abortion or who consents to it may be punished by imprisonment of 15 days to one year and/or a fine of 5,000 (US$ 7.96) to 200,000 CFA francs (US$ 318.38).[29] One who procures an abortion for a woman, even with her consent, may be punished by imprisonment of one to five years and a fine of 100,000 CFA francs (US$ 159.19) to 200,000 CFA francs (US$ 318.38).[30]

These penalties are doubled for any person who regularly performs illegal abortions and for any person who practices a medical profession or a related profession.[31] Medical professionals may also be forced to close their practices and to cease working in the field of medicine.[32]

Reality

While exact data on the incidence of abortion is not available, abortion is known to be a common practice in Cameroon, generally occurring clandestinely. Clandestine abortions are very frequent among married women whose spouses often prohibit them from using contraceptives.

Clandestine abortion is also a significant problem for adolescents. There is still no formal adolescent health policy in Cameroon. As a result, many adolescents (aged 15-19) are uninformed about matters of sexual health and are consequently at risk of unwanted pregnancies. In addition, the strictness of the law concerning contraception and abortion, as well as prevailing customs and taboos, prevent adolescents from preparing for sexual activity and its consequences.

In 1991, a study showed that 40% of emergency admissions in gynecology and obstetric units were related to clandestine abortion.

3. HIV/AIDS and Sexually Transmissible Infections (STIs)

Laws and Policies

There are no laws specifically dealing with HIV/AIDS in Cameroon. Certain clauses of the Penal Code (dangerous activities) and the Civil Code, however, may be interpreted to prohibit certain acts, such as willful transmission of the disease.

Similarly, there is no law related to STIs.

Reality

The first cases of AIDS in Cameroon were observed in 1987. Some asymptomatic HIV positive cases had been tracked prior to that year. A committee, the multi-disciplinary National Committee for the Prevention of AIDS (CNLS) was formed in 1985.[33]

At the same time a WHO team established a short-term emergency plan (STP) for one year and then a medium term plan (MTP) for five years with the installation of ELISA tracking networks that included a unit of technicians stationed throughout the country. The HIV-positive cases detected among blood donors were rare at that time, but in December 1987, already 12 Yaoundé prostitutes out of 168 (or 7%) were HIV-positive. In June 1988 these rates had increased, and out of 300 Yaoundé prostitutes 7% (or 21) were HIV-positive. According to statistics, this rate would now be about 9-10%.[34]

In July 1998, the National AIDS Prevention Department (SNLS) was created; it was charged with implementing the CNLS directives.

The MTP provides for a 5-year program of action to combat AIDS. But it appears that a plan is not practical and that the action plan has to be revised periodically. At the request of the Cameroonian government, therefore, WHO sent a working group to assess all actions undertaken, including those pursued outside of the MTP, and to recommend any necessary revisions in the actions to be undertaken.

The problem of AIDS transmission is relatively well understood in Cameroon. Many HIV prevalence surveys conducted on the population and specific groups (pregnant women, blood donors)[35] show that transmission generally occurs among heterosexuals; it primarily affects young adults, particularly young women, especially in cities.

AIDS is a health risk throughout the country, including in rural areas. According to the most recent UNAIDS report, the number of HIV-positive adults in 1997 was estimated at 310,000, or 4.89% of the adult population.[36] Among HIV-positive adults, the number of HIV-positive women was estimated at 150,000.[37] Cameroon counted 13,000 HIV-positive children, and the number of orphans due to AIDS was estimated at 74,000.[38] Since the beginning of the epidemic, 110,000 confirmed cases of AIDS have been counted among adults and children.[39] According to projections, the prevalence of AIDS will increase in Cameroon in the coming decade. Between now and the year 2005, about 140,000 new cases of AIDS are predicted in Cameroon.[40]

To date, there have not been any programs aimed at changing behavior and habits with regard to AIDS. The increase in the prevalence of AIDS and STIs can be explained by the refusal of some persons even to believe in the existence of AIDS, despite all the awareness-raising campaigns.

STIs are treated poorly or not at all and are generally thought to be diseases of "loose women." Patients who are STI carriers are treated in the anti-venereal disease dispensary unit at all health facilities, but the paucity of available resources leads to inadequate treatment.

B. Family Protection and Assistance (Article 10 of the ICESCR)

Introduction

Article 10 provides for the protection of the family, the mother, and the child. It includes the right to enter freely into marriage. In many countries, including Cameroon, however, the minimum age for marriage is low, and sometimes marriage is entered into without the free consent of one of the two spouses - most often the woman. This discriminatory practice violates the rights of women acknowledged in the Covenant.

The early age at which the law or custom allows girls to marry in many cultures puts them at a disadvantage when it comes to school enrollment. As a result of the traditional distribution of family roles, young married women often sacrifice their education for domestic tasks and devote themselves to motherhood.[41]

1. Marriage

Laws and Policies

In Cameroon, marriage is governed by the Civil Code and Order 81/02 of June 29, 1981 on civil status. It is also governed by various clauses related to the status of individuals (in the former East Cameroon), by the 1870 Married Women's Property Act (legitimizing women's right to property) and by the 1857 Matrimonial Clauses Act (governing matrimonial affairs in the former West Cameroon).

The marriage regime is selected during a ceremony before a registry official. The regime chosen is reflected in the marriage certificate. In case of omission, case law and doctrine have established that the spouses are assumed to be married in a polygamous marriage, which is considered to be a common law form of marriage,[42] as well as in a community property marriage regime, as governed by the Civil Code.[43]

Article 52 of Order 81/02 of June 29, 1981 on civil status provides that no marriage can be

celebrated if the girl is younger than 15 or the boy is younger than 18 unless the President of the Republic grants an exemption for a serious reason.[44] To obtain this exemption, it is necessary for the future spouses to demonstrate a serious reason. The determination of whether or not a reason is adequately serious is left to the President of the Republic.[45]

A marriage contracted without the free consent of both spouses is deemed null and void.[46] The Civil Code also establishes other grounds for annulling a marriage. Under the Civil Code, spouses have the obligations of cohabitation, fidelity, support, and assistance. They must feed, look after, and raise their children together.[47]

Under the Civil Code, the husband is the head of the family. The husband is the family's principal moral and financial authority.[48]

Reality

Customs are not codified, and they vary by ethnic group. Among these customs are the use of the dowry and parental selection of a spouse, both practices that are not mentioned in the Civil Code. Unions formed according to customary law are not considered legally enforceable marriages. Nevertheless, they are one step toward marriage, but their legal status is undefined.

A married woman is subject to discrimination under both statutory law and custom: she cannot inherit from her father and mother because she is expected to marry. Once married, she is considered her spouse's "inheritance property," comparable to her spouse's personal property and real estate. When she is married, her rights over her own property are limited for the entire length of the marriage. Her husband manages the community property, which he can sell, give up, or mortgage.[49] He also manages all of his wife's personal property, and he exercises control over all his wife's personal property actions and quiet title suits.[50]

Early Marriages

In Cameroon early marriage is still practiced in certain communities. For example, in the extreme North, Adamaoua, and the Northwest, the age of marriage is between 8 and 9.[51]

Certain practices require a girl who has barely entered puberty to leave her home to join her spouse. This spouse is often a friend of the girl's father who has selected him without taking into consideration his daughter's opinion.[52] It is in the home of this "stranger husband" that she will learn about sex and conjugal life. The harmful consequences of this type of marriage are evident. These "little girl-wives" are likely to make motherhood the only point of interest in their lives, to the detriment of their formal education, training, employment, and individual development.[53]

Generally, the age of the first marriage remains young, especially in rural areas. The Demographic and Health Survey (DHS) noted that 28.1% of women currently aged 25-49 were married by the time they reached the age of 15, and 62% did by the age of 18. The age of marriage often varies depending on the place of residence: thus, the age at which women who are currently 25-49 years old entered into marriage is much higher in the large cities, like Yaoundé and Douala (19 years), than in the smaller cities (16.3 years) and rural areas (16 years).

Nevertheless, regardless of residence, it seems that entry into marriage at an older age has been the trend. This is primarily attributable to the increase in the school attendance rate of girls.

2. Divorce

Laws and Policies

Divorce is regulated by the Civil Code.[54] Divorce by mutual consent or no-fault divorce does not exist. There is only divorce with penalty. The law requires the spouse who petitioned for divorce to prove that the other spouse committed an offense. Offenses justifying divorce are adultery, assaults upon a spouse's body or dignity, excesses, abuse, or injuries inflicted by one of one of the spouses upon the other. To be recognized as grounds for divorce, these actions must constitute a serious or recurring violation of the marriage duties and obligations, and make it intolerable to maintain the marriage bond.[55]

A woman may guarantee her rights to community property managed by her husband during the marriage or to her own property that her husband managed or used by obtaining protective measures, such as having seals affixed on the property to enjoin its encumbrance or devolution.[56] In the absence of these protective measures, she can seek to nullify all contracts to transfer common fixed assets entered into by her husband after the commencement of divorce proceedings.[57]

As for child custody, the Civil Code awards it to the spouse who obtains the divorce. But the judge can disregard this principle after reviewing the family's financial and moral condition, living conditions, and the supervision of children. The judge may order a study of these conditions, the results of which he or she will use to make his or her decision on the custody of all or some of the children. Custody may be granted to the spouse who has lost the divorce or to a third party.[58]

No matter which spouse obtains custody of the children, both the father and mother retain their right to supervise the upbringing and education of their children. They are required to contribute to their children's needs in proportion to their abilities and resources.[59] The judge may therefore require the parent who does not have custody to pay maintenance to the other parent. Generally, in setting the amount, the judge takes into account the revenues of both parents, as well as the children's needs.[60]

Reality

Following divorce, women often become impoverished because they did not request liquidation of the community property during the divorce proceeding. The judge, who cannot rule "ultra petita" (more than is requested), will abstain from ruling on this point, even when the woman has made a clear contribution to the household capital.

In addition, the coexistence of modern law (higher level courts) and traditional law (first degree tribunals) is not favorable to women's enjoyment of their property rights after the divorce. In fact, while the Supreme Court has declared the primacy of law over custom, the traditional tribunals do not remain any less influenced by custom, particularly because they are assisted by appraisers who are presumably familiar with custom. Some higher court judges have imposed a "proportionality of contributions" rule at the time the community property is liquidated. Following this rule, one quarter or one third of the community property is allocated to the woman, but she still has to prove (generally by documentary evidence) that she participated in accumulating it.

It should be noted that, in practice, custody of young children is granted to the mother, while the older children are put in the custody of the father.

While in divorce proceedings, a woman faces several difficulties. She is most often the one required to leave the marital domicile with her children. She must leave without any of the financial compensation or the maintenance due to her. Husbands almost never pay these sums voluntarily. It is necessary to initiate further legal proceedings to claim her rights and take on the extra expenses in the meantime. Thus, many women get discouraged and abandon the legal process.

C. Sexual and Physical Violence against Women, Including Minors (Articles 12 and 10(3) of the ICESCR)

Introduction

Article 10(3) requires states parties to take all appropriate steps to protect children and adolescents. This article, combined with Article 12, protects children and adolescents against all forms of physical abuse and violence. In the same way, Articles 10 and 12 encompass protections for women prohibiting all forms of sexual and/or physical violence. Thus, when women, whether they are minors or of majority age, are victims of sexual abuse, domestic violence, or female circumcision/female genital mutilation (FC/FGM), their rights under these provisions are violated.

The Committee on Economic, Social, and Cultural Rights has expressed its concern over the problem of violence against women. It has noted that violence against women, both within and outside the family has serious effects on a woman's physical and mental health.[61] It strongly advises states parties to adopt effective measures to combat violence against women. It also has expressed its view that FC/FGM is a degrading and dangerous practice which is incompatible with women's rights, particularly their right to health.[62]

1. Sexual Violence

Laws and Policies

With regard to rape, the Penal Code punishes any person who by physical or moral violence forces a woman, including an adolescent, to have sexual relations with him. The punishment is imprisonment of five to ten years.[63] On the issue of marital rape, legal opinion in Cameroon appears to be divided, and case law reflects a cautious attitude.[64]

The Penal Code punishes incest, which is the act of having sexual relations with close relatives, by imprisonment of one to three years and a fine of 20,000 CFA francs (US$ 31.84) to 500,000 CFA francs (US$795.94).[65] A perpetrator of incest can be prosecuted and therefore punished only if a blood relative files a complaint.[66]

Corruption and debauchery of youth is punished by imprisonment of one to five years and a fine of 20,000 (US$ 31.84) to 1,000,000 CFA francs (US$ 1,591.88). The penalties are doubled if the victim is younger than 16 years of age.[67] The court can also pronounce forfeiture under Article 30 of the Penal Code and deprive the convicted person of his/her authority or legal guardianship for the duration of the prison term.[68]

Indecent acts committed upon a minor of 16 years or younger is punished by two to five years in prison and a fine of 20,000 (US$ 31.84) to 200,000 CFA francs (US$ 318.38).[69] The penalties are doubled if the indecency is committed with violence; if the perpetrator is a person who has authority over the victim or legal or customary guardianship; if the perpetrator is a civil servant or a religious minister; or if the offender is assisted by one or several other persons.[70]

Generally, criminal law punishes the perpetrators of violence without stressing the place where it was committed, but focusing instead on the status of the perpetrators and victims. Offenses such as striking a person and simple[71] or slight injuries,[72] or violence against children,[73] relatives,[74] and pregnant women[75] are punishable, as are infanticide[76] neglect of the disabled,[77] blows producing serious injuries,[78] mortal blows,[79] serious injuries,[80] assassinations,[81] and murder.[82]

Reality

Domestic violence - both physical and emotional - is common in Cameroon. This practice is encouraged by judges' acceptance of the principle that a man has "disciplinary rights" over his wife. Factors leading to violence include a wife's refusal to have sexual relations and a husband's alcoholism.

Although the work of NGOs (such as ALVE, ACAFEJ and SOS Battered Women) has had a positive impact, the problem of domestic violence remains pervasive in Cameroonian society.

The Cameroonian courts hear few incest cases. Persons who are the victims of incest often refrain from filing complaints, often out of shame, a desire to protect the family, or out of fear of becoming social outcasts.

Finally, the fact that there are still no judges devoted exclusively to children's concerns in the Cameroonian judicial system and that there are no special juvenile detention centers is a serious problem; there are only special wards for children in ordinary prisons.

2. Female Circumcision/Female Genital Mutilation

Laws and Policies

Under current law, there is nothing addressing FC/FGM, nor has law or policy addressed the need to ensure treatment and counseling of those who have undergone the practice. However, the Constitution's protection of the rights to physical integrity and health and certain provisions of the Penal Code related to physical assault make it possible to take legal action to stop FC/FGM, which is generally performed on little girls and adolescents.

Responding to the dangers posed by FC/FGM to women's health and welfare and the threat it poses to women's rights,[83] the Ministry of Women's Affairs and Status in Society (MINASCOF), in collaboration with some NGOs, has embarked on a campaign for the elimination of the practice.[84]

Reality

FC/FGM is still practiced in certain regions of Cameroon, especially in the extreme North, the Southwest, and the Northeast.[85] FC/FGM affects about 20% of the female population.

FC/FGM is generally part of a rite of passage preparing girls for womanhood and marriage. In Cameroon, this rite is usually practiced at the age of puberty, although in some cases it is performed on young girls between 6-8 years old.[86] FC/FGM is often performed without anesthesia under non-hygienic conditions by untrained practitioners, sometimes leading to fatal or serious health complications.[87]

D. The Right to Education (Articles 13, 14, 15, and 12 of the ICESCR)

Introduction

Articles 13 and 14 protect children's rights to compulsory primary education, free of charge for everyone. Article 15 recognizes the importance of access to information and materials from diverse

sources. Article 12, when read together with these articles, establishes the link between education, the right not to be subject to discriminatory treatment based on gender, and the right to health education.

The Committee on Children's Rights has noted that girls represent two-thirds of the 100 million children worldwide who have not had a basic education, and that the literacy rate of female adolescents is much lower than that of male adolescents.[88] The Committee on Economic, Social, and Cultural Rights has recognized children's right to education and training that permits integration into the socio-economic mainstream. It has also called upon governments to take all the necessary steps to guarantee girls' access to education.[89]

1. Access to Basic Education without Discrimination

Laws and Policies

The right to education is a fundamental right recognized by the Constitution, which affirms in its preamble that the nation shall ensure children their right to instruction. Primary education is compulsory. The government is charged with organization and regulation of education at all levels.

The national curriculum requirements contain no provisions that are overly discriminatory toward women.

One of the main objectives of the National Population Policy (NPP) is the promotion of basic education for all, especially for girls. This general objective is addressed more specifically in the NPP in an objective that focuses on the promotion and strengthening of girls' education in order to discourage them from dropping out early and to raise their level of education and their age at first marriage.[90]

Reality

Until the middle of the 1970's, an impressive increase in the levels of education was observed in Cameroon.[91] Between 1976 and 1987, the illiteracy rate among children 11 years old and older fell from 53% to 41%,[92] while the school attendance rate in the 6 to 14 year age group rose from 67% to 73%.[93] This rise in school attendance contributed to a reduction in both the disparities between men and women and between the rural areas and the urban areas, even if marked differences remain.[94]

The government plans to implement a program to restrict school drop-outs and improve the educational system.[95] Among other things, this program is aimed at allocating increased budgetary resources in favor of education and increasing registration capacities.

The government is also addressing the needs of young people who are not in school, by using the missions of the Ministry of Youth and Sports (MINJES) to develop a social assistance program for youth through accelerated professional training centers.[96]

The principle of non-discrimination toward girls has been difficult to uphold in Cameroon, particularly within the context of compulsory primary education. In fact, customs continue to favor the education of boys. Girls are thought to be destined for marriage, especially in periods of economic crisis.[97]

The difference in the educational levels of girls and boys becomes more profound from the first year of secondary school. Withdrawals from school are extensive for girls at the end of the second year. Only 0.5 % of women reach higher education.[98] A synthesis of the demographic surveys made

in Cameroon since 1964 shows that the school attendance rate of girls and boys increased until 1990.[99] Starting in 1991, however, a regression in this rate among both sexes can be noted, but it is more marked among girls. This discrepancy can be explained by the fact that in periods of economic recession, parents prefer to pay only for boys' education.[100]

2. Access to Sex Education

Laws and Policies

Among the measures recommended by the government in its population policy enacted in July 1992, sex education for girls - especially information on contraceptive methods, sexually transmissible diseases, and AIDS - received special emphasis.

Act 80/10 of July 14, 1980, which prohibits encouraging abortion by the sale or distribution of abortion equipment or by written materials, constitutes a legal barrier to a successful policy on adolescent sexual education.

Reality

Sex education remains a taboo subject, except in the Muslim community, which teaches it as a part of religious instruction.[101] Thus, information related to reproductive health is not always easily accessible to adolescents.[102] Thus, ignorance on sexual and reproductive matters increases the risks of sexual promiscuity; pre-marital sexual activity; clandestine abortion and its resulting complications; inability to identify the fertile periods of the menstrual cycle; dropping out of school; prostitution; and STIs/AIDS.

Although there are some family planning centers, adolescents rarely consult them. There are also women's houses where girls can get limited basic sex education and vocational training.

Some attempts to raise awareness through filmed messages or advertising about family planning, STIs and AIDS, particularly a sketch on the use of condoms, have had positive results. They were accessible, however, only for the urban and suburban adolescent population that has access to television or that can go to the movies.

Adolescent pregnancy is a problem requiring urgent attention. Specific educational materials should be developed locally to address reproductive health, sex education, and STIs in a culturally appropriate manner.[103]

Awareness should be raised among the competent authorities, like the Ministry of Education and the Ministry of Health, about the necessity of sex education in school curricula and of encouraging girls' education and attendance at school.[104]

Recommendations by NGOs and civil society organizations include training parents and educators in sex education, raising parents' awareness about the necessity for this education, and raising the awareness of the competent authorities of the need to integrate sex education into school curricula and to communicate with children about these issues.[105]

E. The Right to Equitable and Favorable Working Conditions (Articles 6, 7, and 10 of the ICESCR)

Introduction

Article 6 guarantees the right of every person to freely work and to freely choose or accept employment, and Article 7 establishes the minimum conditions in which this work should be carried out. Article 10 protects the rights of working women before and after pregnancy.

Consequently, these provisions guarantee women access to employment without discrimination and to protection during pregnancy. The Committee on Economic, Social, and Cultural Rights has strongly advised states parties to the International Covenant to adopt all the necessary measures to guarantee women equality of treatment in employment.[106] The committee has expressed its concern regarding countries which lack a law concerning sexual harassment, the victims of which are women.[107]

1. The Right to Work without Discrimination

Laws and Policies

The preamble to Cameroon's Constitution proclaims that every person has the right and the duty to work. Similarly, the Labor Code recognizes the right of every citizen to work and states that the state should do everything possible to assist a citizen in finding employment and keeping it once he/she has obtained it.[108] It adds that work is a national duty for every adult, able-bodied citizen.[109]

Labor legislation does not have any express discrimination toward women in the employment field.[110] It assures women the right to the same opportunities for employment, free choice of a profession or employment, and the right to equal pay and treatment for the same work.[111]

Decree 81-02 of June 29, 1981, however, permits a husband to oppose his wife's employment by invoking the interest of the household and children. Nevertheless, the husband can enforce this only by seeking a decision from the president of the court.

The Cameroonian Labor Code, enacted pursuant to Act No. 92/007 of August 14, 1992, provides for complete freedom in negotiating an employment contract.

Reality

Discriminatory practices are rampant and the right of the husband to oppose his wife's separate profession or business by invoking the interest of the household and children is recognized.[112] This right can only be enforced by a decision of the court.

The worst gender discrimination occurs in hiring, particularly in the private sector. In fact, given the complete freedom to negotiate an employment contract, women of equal competence are often victims of discrimination in pay because of their gender.

2. Maternity Leave and Protection of Pregnant Women

Laws and Policies

Labor legislation guarantees the right to healthy and secure working conditions. It thus prohibits night work for women in industrial jobs;[113] it prohibits dismissal because of pregnancy or a dismissal connected to the woman's matrimonial status. It also provides for paid maternity leave for women.[114]

Labor laws also permit a pregnant woman to break her employment contract unilaterally without having to pay compensation to her employer, if her state of health no longer allows her to carry out her job. On the contrary, an employer cannot fire her because of her pregnancy.[115] The Labor Code grants pregnant women a 14 week maternity leave that can be extended for 6 weeks in case of illness connected to the pregnancy or delivery.[116] It provides her with daily compensation equal to the amount of the salary she was receiving at the time her work contract is interrupted. This compensation is the responsibility of the National Social Contingency Fund.[117] In addition, for 15 months after her child's birth, a woman is permitted to take breaks to be able to nurse her child.[118] During this period she can break her contract without notification and without having to pay compensation to her employer.[119]

Reality

Although Cameroon's Labor Code provides adequate protection for a pregnant woman and a woman who has given birth, practical experience shows that more and more women, especially at the higher management level, are required to give up their maternity leave, at least partially or at least to adjust it, in order to keep their job. Thus, in practice, a woman cannot completely take advantage of the time off that the law grants her.

In some cases, informal work agreements between women and their employers forbid them from having children for a certain period or require them to give up their right to maternity leave.

3. Sexual Harassment

Law and Policies

In Cameroon there is no law concerning sexual harassment.

Reality

Legislation addressing sexual harassment could aid in resolving one of the causes of gender-related employment discrimination suffered by Cameroonian women. In fact, many seminars and conferences have noted the effect and vicious nature of this phenomenon in Cameroon.

Sexual harassment is difficult to eradicate in a cultural context where society acknowledges and accepts "the right of the boss."

[1] Julie Stanchieri, Isfahan Merali, and Rebecca J. Cook, The Application of Human Rights to Reproductive and Sexual Health: a Compilation of the Work of UN Treaty Bodies, June 1999 (unpublished, on file with CRLP), citing Concluding Observations of the Committee on Social, Economic, and Cultural Rights: Paraguay, 05/28/96, E/C.12/1/Add.1.

[2] Id., citing Concluding Observations of the Committee on Social, Economic, and Cultural Rights: for example, Germany, 04/12/98, E/C.12/1/Add.29; Russian Federation. 05/20/97.E/C.12/Add.13.

[3] PERMANENT SECRETARIAT OF COORDINATING AND FOLLOW-UP COMMITTEE OF SECTORIAL HEALTH PROGRAMMES, MINISTRY OF PUBLIC HEALTH, STATEMENT OF CAMEROON'S SECTORIAL HEALTH POLICY (Dec. 1992) [hereinafter STATEMENT OF HEALTH POLICY].

[4] STATEMENT OF NATIONAL PRIMARY HEALTH CARE REORIENTATION POLICY, STATEMENT OF CAMEROON'S SECTORIAL HEALTH POLICY, Appendix 1, March 1992, at 2 and 3.

[5] Id., at 2.

[6] MINASCOF, ISSUES OF FAMILY PLANNING AND PARTICIPATION (Feb. 1994).

[7] MINISTRY OF SOCIAL AFFAIRS AND THE POSITION OF WOMEN IN SOCIETY, EDUCATION OF THE POPULATION ON RESPONSIBLE PARENTHOOD, at 1, 5 (1990).

[8] MINISTERE DU PLAN ET DE L'AMENAGEMENT DU TERRITOIRE, DECLARATION DE LA POLITIQUE NATIONALE DE POPULATION, at 4 (preamble) Yaoundé, March 1993.

[9] Loi. No 90/035 du 10 août 1990 relative à l'exercice de la profession de pharmacien, Recueil des nouveaux textes - Droits et Libertés (Editions SOPECAM, Décembre 1990).

[10] PERMANENT SECRETARIAT OF COORDINATING AND FOLLOW-UP COMMITTEE OF SECTORIAL HEALTH PROGRAMMES, MINISTRY OF PUBLIC HEALTH, STATEMENT OF CAMEROON'S SECTORIAL HEALTH POLICY (Dec. 1992).

[11] DOCTOR JULIENNE DJUBGANG AND DOCTOR ROBINSON M BU ENOW, REPRODUCTIVE HEALTH, FAMILY PLANNING, SEXUAL HEALTH, CAMEROON APPRAISAL AND STRATEGIC ORIENTATIONS(Apr. 1997).

[12] APES. GTZ. PROJET DE SOINS DE SANTE PRIMAIRES ET DE MEDICAMENTS ESSENTIELS, DIRECTION DE LA STATISTIQUE, SANTE DE LA REPRODUCTION, PLANIFICATION FAMILIALE, SANTE SEXUELLE, at 2.

[13] Id.

[14] DIRECTION NATIONALE DU DEUXIEME RECENSEMENT GENERAL DE LA POPULATION ET DE L'HABITAT ET MACRO INTERNATIONAL INC, ENQUETTE DEMOGRAPHIQUE ET DE SANTE-CAMEROUN (EDS/DHS, 1991) [hereinafter EDS CAMEROUN 1991].

[15] Id., at 46.

[16] Id., at 64.

[17] Id., at 47.

[18] Id., at 58.

[19] Id., at xxii.

[20] Id., at 46.

[21] Code Pénal, Lois no. 65-LF/24 du 12 novembre 1965 et 67/LF-1 du 12 juin 1967, Art. 277 [hereinafter Penal Code].

[22] DOCTOR NKONGO AICE, MANUAL FOR THE DISSEMINATION OF THE RESULTS OF RESEARCH ON THE BENEFICIAL AND HARMFUL TRADITIONAL PRACTICES THAT AFFECT A WOMAN'S REPRODUCTIVE HEALTH IN CAMEROON, at 32 (1977).

[23] EDS CAMEROUN 1991, supra note 14.

[24] EDUCATION OF THE POPULATION ON RESPONSIBLE PARENTHOOD, VOL. 2. MINASCOF EDUCATION PROGRAM, UNFPA/ILO/CAMEROON (1990).

[25] Loi N° 90/035 of August 10, 1990, supra note 9.

[26] Penal Code, supra note 21, Art. 339 (1,2).

[27] Id., Art. 337.

[28] Article 339 of the Penal Code stipulates that "Articles 337 and 338 of the Penal Code are not applicable if the acts were carried out by an authorized person and justified by the necessity to save the mother from a serious threat to her health. When there is a pregnancy caused by rape, therapeutic abortion does not constitute an offense if it is performed after certification of the Public Ministry on the Materiality of the facts."

[29] Penal Code, supra note 21, Art. 337 (1).

[30] Id., Art. 337 (2).

[31] Id., Art. 337 (3).

[32] Id., Art. 337 (4).

[33] MINISTRY OF HEALTH AND WORLD HEALTH

ORGANIZATION, REVIEW OF THE FIVE-YEAR PLAN FOR AIDS PREVENTION (Oct./Nov. 1989).

[34] Id., at 2.

[35] Id., at 5.

[36] UNAIDS, RAPPORT SUR L'EPIDÉMIE MONDIALE DE LA SANTÉ, at 64 (June 1998).

[37] Id.

[38] Id.

[39] Id., at 67.

[40] DIVISION OF POPULATION AND HUMAN RESOURCES, CENTRAL AFRICA AND INDIAN OCEAN DEPARTMENT, AFRICAN REGION, WORLD BANK, CAMEROON - DIVERSITY, GROWTH, AND REDUCTION OF POVERTY, at 81 (Apr. 4, 1995).

[41] UNICEF, IMPLEMENTATION HANDBOOK FOR THE CONVENTION ON THE RIGHTS OF THE CHILD 611, et seq. (1998) [hereinafter, IMPLEMENTATION HANDBOOK].

[42] Order No. 81-02 of June 29, 1981, organizing civil status (JORUC), and No. 14 of August 1, 1981, Art. 49.

[43] Code civil, Codes et Lois du Cameroun, Tome II, Recueil à jour au 1er mai 1956, remis à jour au Journal Officiel du 15 janvier 1967, TOCOR no. 14 et 15 du 14 septembre 1968, Art. 1401 et suivants [hereinafter Civil Code].

[44] Ordonnance No 81-02 du 29 juin 1981 portant organisation de l'état civil (JORUC), et no. 14 du 1er août 1981 Art. 52.

[45] Act No. 82/14 of November 26, 1982 establishing the organization and operation of the High Magistracy Council.

[46] Civil Code, supra note 43, Art. 65.

[47] Id., Art. 203.

[48] Id., Art. 213.

[49] Id., Arts. 1421 and 1422.

[50] Id., Art. 1428.

[51] MANUAL FOR THE DISSEMINATION OF THE RESULTS OF RESEARCH ON THE BENEFICIAL AND DANGEROUS TRADITIONAL PRACTICES THAT AFFECT A WOMAN'S REPRODUCTIVE HEALTH IN CAMEROON, at 14 (1992).

[52] Id.

[53] D.M. UPCHURCH AND MCARTHY, THE TIMING OF THE FIRST BIRTH AND HIGH, AMERICAN SOCIOLOGICAL REVIEW, at 224-234 (1990).

[54] Civil Code, supra note 43, PART II, Chpt. 1, Arts. 229 et seq.

[55] Id., Arts. 229-232.

[56] Id., Art. 242.

[57] Id., Art. 243.

[58] Id., Art. 302.

[59] Id., Art. 303.

[60] Id., Art. 301.

[61] Stanchieri et al., supra note 1, citing Concluding Observations of the Committee on Social, Economic, and Cultural Rights: for example, El Salvador, 05/28/96, E/C.12/Add.4; Dominican Republic, 12/12/97, E/C.12/Add.16; Israel, 04/12/98, E/C.12/1/Add.35.

[62] Id., citing Concluding Observations of the Committee on Social, Economic, and Cultural Rights: for example, Nigeria, 05/13/98, E/C.12/Add.23; Gambia, 5/31/94, E/C.12/1994/9; Guinea, 05/28/96, E/C.12/1/Add.5.

[63] Penal Code, supra note 21, Art. 296.

[64] STANISLAS MELONE, GENERAL CRIMINAL LAW COURT (1985).

[65] Penal Code, supra note 21, Art. 360 (1).

[66] Id., Art. 360 (2).

[67] Id., Art. 344 (1,2).

[68] Id., Art. 344 (3).

[69] Id., Art. 346 (1).

[70] Id., Art. 346 (2).

[71] Id., Art. 280.

[72] Id., Art. 281.

[73] Id., Art. 300.

[74] Id., Art. 351.

[75] Id., Art. 338.

[76] Id., Art. 340.

[77] Id., Art. 282.

[78] Id., Art. 279.

[79] Id., Art. 278.

[80] Id., Art. 277.

[81] Id., Art. 276.

[82] Id., Art. 275.

[83] ORGANIZATION OF AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD, Art. 24 (3) (1990).

[84] IPPF, REPORT ON ELIMINATING THE LEGAL BARRIERS

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86 EDS CAMEROON 1991, supra note 14.

87 MANUAL FOR THE DISSEMINATION OF THE RESULTS OF RESEARCH ON THE BENEFICIAL AND DANGEROUS TRADITIONAL PRACTICES THAT AFFECT A WOMAN'S REPRODUCTIVE HEALTH IN CAMEROON, at 13 [hereinafter DISSEMINATION MANUAL].

88 IMPLEMENTATION HANDBOOK, supra note 41, at 375.

89 Stanchieri et al., supra note 1, citing Concluding Observations of the Committee on Social, Economic, and Cultural Rights: for example, Algeria, 12/28/95, E/C.12/1995; Dominican Republic, 12/12/97, E/C.12/1/Add.16.1; Libyan Arab Jamahiriya, 05/16/97, E/C.12/1/Add.15.

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98 Id., at 29.

99 Id.

100 Id.

101 DISSEMINATION MANUAL, supra note 87, at 15, 1992.

102 Id., at 16.

103 Id.

104 Id., at 17.

105 STATEMENT OF HEALTH POLICY, supra note 3.

106 Stanchieri et al., supra note 1, citing Concluding Observations of the Committee on Social, Economic, and

Cultural Rights: for example, Israel, 12/04/98.E/C.12/1/Add.27; Nigeria, 5/13/98, E/C.12/Add.23.

107 Id., citing Concluding Observations of the Committee on Social, Economic, and Cultural Rights: for example, Poland, 06/16/98. E/C.12/1/Add.26; Nigeria, 5/13/98, E/C.12/Add.23.

108 Act No. 92/007 of August 14, 192 on the Labor Code, Art. 2.

109 Id.

110 Id.

111 Id., Art. 61(2).

112 Civil Code, supra note 43; Order 81-02 of June 29, 1981, supra note 44; and the Commerce Code, Art. 4.

113 Id., Art. 82.

114 Id., Art. 84.

115 Id., Art. 84 (1).

116 Id., Art. 84 (2).

117 Id., Art. 84 (5).

118 Id., Art. 85 (1).

119 Id., Art. 85 (2).