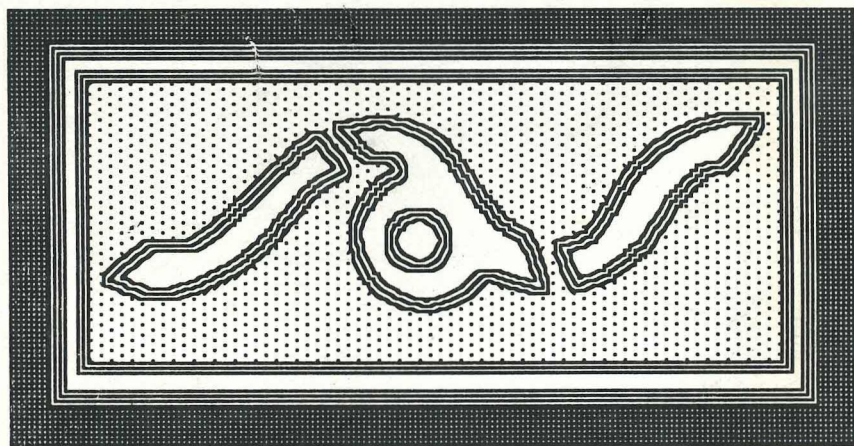


# Southern Anthropologist



Newsletter of The  
*Southern Anthropological Society*

**Volume 16, Number 1, Fall, 1988**

# Southern Anthropologist

**Editor:** Gifford S. Nickerson

**Editorial and Publication Office:**

Department of Sociology, Anthropology and Social Work

Campus Box 8107

North Carolina State University

Raleigh, NC 27695-8107

**Telephone:** (919) 737-2491

## CONTENTS

- President's Corner: Comments by J. Anthony Paredes Pages 1-2
- Announcements, and Report by Thomas W. Collins Pages 2-11
- The Process of Conscientization Regarding Children in  
Five Rural Cameroonian Villages*, by Martha Holley:  
winner of SAS 1988 undergraduate  
Student Paper Competition Pages 12-33

## OFFICERS OF THE SOUTHERN ANTHROPOLOGICAL SOCIETY

**President**

**J. Anthony Paredes** (1988-1989)  
Department of Anthropology  
Florida State University

**Secretary-Treasurer**

**Thomas A. Arcury** (1987-1990)  
Center for Developmental Change  
University of Kentucky

**Editor, Southern Anthropologist**

**Gifford S. Nickerson** (1987-1990)  
Department of Sociology, Anthropology,  
and Social Work  
North Carolina State University

**Editor, SAS Proceedings**

**Mary W. Helms** (1988-1991)  
Department of Anthropology  
University of North Carolina, Greensboro

**President-Elect**

**Andrew W. Miracle** (1989-1990)  
Department of Sociology  
Texas Christian University

**Councillor**

**Hans Baer** (1986-1989)  
Department of Sociology and Anthropology  
University of Arkansas

**Councillor**

**Thomas W. Collins** (1988-1991)  
Department of Anthropology  
Memphis State University

**Councillor**

**Patricia B. Lerch** (1987-1990)  
Department of Sociology and Anthropology  
University of North Carolina, Wilmington

## PRESIDENT'S CORNER

## J. Anthony Paredes

The Southern Anthropological Society is well into its third decade. I remember reading about the formation of SAS (in the AAA Newsletter, if I recall correctly) while living "up North" and being taken with the lively, light-hearted, yet seriously purposeful literary tone of the announcement (did Miles Richardson write that?). In some way, no doubt, that little piece contributed to my decision to return to the South once I completed my Ph.D. (yes, those were still in the days when even the mediocre could pick and choose between jobs). Now suddenly it's nearly twenty years later.

When the editor of *Southern Anthropologist* invited me to write a "President's Corner" I felt obliged to say "yes," but I had no idea of what to say. Everything I thought of seemed rather trite: We are a terrific organization. There is still room for improvement. I hope I can do as good a job as my predecessors. We're needed now more than ever. Etc., etc., etc. . . . "Go team, go!" But you know what? It's all true.

Recently, as I perused a list of former SAS officers I was impressed by how many distinguished, nationally prominent--even famous--anthropologists have served the Society, sometimes cycling through several offices (while yet others remain curiously conspicuous by their absence from the list of former officeholders). All the more impressive when one realizes that not too many years ago in some anthropological circles there was a certain prejudice against the South. Now, the region seems to be a real "growth market" for imported anthropological talent as well as home-grown.

More and more of the brightest and most productive of our discipline, young and not-so-young, are finding their way South. Happily, on their arrival they enjoy the benefits of a foundation laid by the pioneers of Southern anthropology beginning in the 1940s (and even earlier in some places), many of whom are probably not sufficiently appreciated for their contributions (I think here especially of certain archaeologists and "sociologists"). Concurrently, our graduate programs seem to have an ever-widening appeal for students around the country and the world.

Many exciting things are happening in anthropology in the South. Whether in the much-publicized, "overnight" building of new doctoral programs aspiring to national greatness or the steady development of quality programs of undergraduate instruction and research "specialties" in smaller regional institutions or in the phenomenal growth of "public archaeology" and "applied anthropology" in Southern states, all the indications are that anthropology is full of vigor and enthusiasm in the South. It behooves all of us, regardless of subdiscipline, research area, academic origins, or organizational affiliation

to maintain a strong regional association to realize to the fullest the professional advantages of the growth of our discipline in the South.

Despite the world-wide scope of research experience collectively represented by anthropologists now employed in the South, there seems to be no end to the interesting problems to engage our attention locally. In this issue of *Southern Anthropologist* Tom Collins gives us a candid but sensitive glimpse into one such problem, one that for too long has been regarded as something that only archaeologists had to worry about: "The Indian burial issue." The issue touches every facet of anthropology and leads us at once to some of the most complex social questions in the waning years of this century.

The burgeoning urbanization and cosmopolitanization of the South with all the concomitant cultural, linguistic, historical, and bio-medical ramifications offer something to command the attention of everyone in our peculiar band of scholar-scientists. As our research moves into every nook and cranny of modern American life, however, I hope we will remain true to the intellectual core and unique perspective of our discipline. In the midst of a recent conference on practical applications of social science in marine resource utilization (of all things), organized by a dedicated cadre of enthusiastic anthropologists at the University of South Alabama, Paul Durrenberger remarked, "It's only we anthropologists who, no matter what we're working on, say, 'well, it all started at Olduvai Gorge; let's see what happened after that, where we went from there.'" May it forever be so!

Join the Southern Anthropological Society. Urge others to do so. Encourage your students to enter the SAS student paper competition. Submit an abstract for the annual meeting. Come to Memphis next April.

---

## SOUTHERN ANTHROPOLOGICAL SOCIETY 1989 ANNUAL MEETINGS

Radisson Hotel  
Memphis, Tennessee  
April 20-22, 1989

The 1989 Annual Meetings of the Southern Anthropological Society will be held at the Radisson Hotel, Memphis, Tennessee, April 20-22. The theme of the meeting will be *CHANGE AND CONTINUITY IN THE AMERICAN SOUTH*. There will be several invited sessions which will broaden and elaborate upon the meeting theme, including industrial development and labor, Southern folklore, and archaeology. The Key Sympo-

sium organized by Dr. Della McMillan (U of Kentucky) will focus on *Food Policy in Latin America and Africa* (see separate announcement on page 6 in this issue relating to the Key Symposium). Volunteered papers and organized sessions are welcomed on the meeting theme as well as on other topics.

Payment of 1989 membership dues ( Regular, \$20, Students, \$12) will ordinarily be required for participation in the meeting program, and non-members are expected to join at the time they submit papers or proposals for organized symposia. The requirement may be waived in the case of foreign scholars and/or scholars from other disciplines who are planning to take part in the program.

Submissions, including abstract forms and advanced registration fees (\$25 for members and \$13 for students), are due by **February 1, 1989**. For further information contact: **Thomas W. Collins, Program Chair, Urban Studies, Memphis State University, Memphis, TN 38152. (901) 678-2080.**

The 1989 Student Paper Competition will be handled by Dr. Tim Wallace, Department of Sociology, Anthropology and Social Work, Campus Box 8107, North Carolina State University, Raleigh, NC 27695-8107. Entrants should send their papers, an abstract of 100 words, \$13 meeting registration fee (and--for non-members--\$12 student membership fee) to the Program Chair at Memphis State University. Unless informed otherwise, all student papers will be included in the regular program. Deadline for student papers is also **February 1, 1989** (See competition announcement, with complete submission requirements, on the next page of this issue).

Organized symposia should be submitted as a package by the organizer and accompanied by a cover letter providing the following information: (1) The name of the symposium; (2) The name, address, home and work telephone numbers of the organizer(s); (3) A brief description of the purpose of the symposium; (4) A list of the participants, including discussants, in desired order of presentation; (5) Any special requests regarding the format of the symposium; and finally, (6) Estimated attendance.

The meetings will be held at the Radisson Hotel, 185 Union Avenue, Memphis, Tennessee 38104. We have reserved 50 rooms at the rate of sixty-five dollars for a double room (same rate would obtain for four people). **Members should make reservations in advance by contacting the hotel directly: (901) 528-1800.** Arrangement for group discounts on airline tickets has been made with **Delta Airlines**. Call Delta or have your travel agent call **1-800-221-1212** and refer to **file reference number: L17061.**

---

*CALL FOR STUDENT PAPERS*  
1989 SOUTHERN ANTHROPOLOGICAL SOCIETY  
STUDENT PAPER COMPETITION

The amplified 1989 SAS Student Paper Competition deadline is **February 1, 1989**. Two awards will be given: one to the best undergraduate paper, and one to the best graduate paper, on an anthropological topic. The awards for each winning paper consist of: (1) a certificate, (2) a cash prize of \$200, (3) a selection of anthropology books and monographs, and (4) publication of the paper in the *Southern Anthropologist*. All students entering a paper will appear in the annual meeting program and be able to present their papers. The Student Paper Competition Chair is Dr. Tim Wallace, Department of Sociology, Anthropology and Social Work, Campus Box 8107, North Carolina State University, Raleigh NC 27695-8107, telephone: 919-737-2491. If you have written or are writing a paper that might be worthy of consideration, please consider entering it in the competition. And, please pass the word!

**Student Paper Competition Requirements:**

All submissions must follow the standard anthropological format for footnotes and references (see the style guide for the *American Anthropologist*). All papers must be typed--or run on a letter-quality printer--on bond paper, with double spacing and ample margins. The author's name, address and class standing should appear on the title page and in a cover letter. An abstract of up to 100 words should be submitted on a separate page. All entrants must be (or become) members of the Southern Anthropological Society and register for the 1989 annual meeting. The membership fee (\$12) and the registration fee (\$13) may be submitted simultaneously with the manuscript. **Mail papers, abstracts, and fees by February 1, 1989 to:**

Dr. Thomas W. Collins  
Program Chair, S.A.S.  
Department of Anthropology  
Memphis State University  
Memphis, TN 38152

## SAS 1989 KEY SYMPOSIUM

**Anthropology and Food Policy in Latin America and Africa**

This Key Symposium, organized by Della E. McMillan of the University of Kentucky, will focus on three problem areas: consumption, production, and marketing in Latin America and Africa. Dr. McMillan underscores the increasing significance of "food policy" as follows:

Food policy analysis is one of the most rapidly growing areas of applied anthropology and is one in which anthropologists have been involved at a variety of levels--as program administrators, researchers, and ethnographers. There is a growing literature in anthropology that reflects this increased interest in Third World food policy and development. Michael Cernea's edited volume, *Putting People First* (1985, Oxford University Press for the World Bank) describes the work of anthropologists in a variety of World Bank-sponsored projects. There is a similar concentration on the role of anthropologists as consultants and researchers in the recent, *Practicing Development Anthropology* (Ed., E.C. Green, 1986, Westview Press).

A new series of edited monographs in development anthropology through Westview Press, including *Anthropology of Development and Change in East Africa* (Eds., D. Brokensha and P. Little, 1988), *Lands at Risk in the Third World* (Eds., P. Little and M. Horowitz, 1987), and *Anthropology and Rural Development in West Africa* (Eds., M. Horowitz and T. Painter), details the contributions made by anthropology to the analysis of development problems, projects and policies in Africa. Anthropology is presented as one of more than twenty disciplines involved in the study of African food issues in the edited *Food in Sub-Saharan Africa* (Eds., A. Hansen and D. McMillan, 1986, Lynne Rienner Publishers, Inc.).

Polly Hill's insightful volume, *Development Economics on Trial: The Anthropological Case for a Prosecution* (1986, Cambridge) illustrates the relevance and potential of economic anthropology for economists working at the more "macro" level of development economics. Robert Chambers' *Rural Development: Putting the Last First* (1983, Longman) describes key areas where the input of anthropology and anthropologists has led to the design of development policies that are more sensitive to the needs and concerns of the rural poor. Anthropological contributions to the related but very different sphere of Third World nutrition and health programs is described in the edited volume, *Training Manual in Nutritional Anthropology* (Eds., Sara Quandt and Cheryl Ritenbaugh, 1986, American Anthropological Association). An ongoing series of articles in *Human Organization* (series editor Billie DeWalt) presents the contributions of anthropology to Farming Systems Research--one of the most popular models for the development of new crop production technology for limited resource farmers. Several of the papers in Stuart Plattner's ed-

ited volume, *Markets and Marketing* (1985, University Press of America for the Society for Economic Anthropology) review the contributions of economic anthropology to the analysis of developing-country market systems.

**All participants in the 1989 Key Symposium have been selected.** In addition to the organizer, Della E. McMillan, these are:

Roberta Baer ( Univ. of South Florida)	Art Hansen (Univ. of Florida)
Paul Doughty (Univ. of Florida)	Terence McCabe (Univ. of Georgia)
Billie DeWalt ( Univ. of Kentucky)	Edward Reeves (Morehead State Univ.)
Kathleen DeWalt (Univ. of Kentucky)	

---

#### BOOK EXHIBIT OPPORTUNITY FOR SAS AUTHORS

Tim Wallace, Book Exhibit Chair, strongly encourages SAS authors to request their publishers to sign up for a table to display their books at the SAS 1989 Annual Meeting in Memphis. The fees are \$50 for half a table (3'), and \$75 for a full table (6'). SAS book exhibits have increased in both size and popularity in recent years, and they provide an excellent opportunity for SAS authors to bring their publications to the attention of colleagues. Authors whose publishers decline to participate in this book exhibit may wish to arrange for their own displays. **For further information contact:**

Dr. Tim Wallace  
 Department of Sociology, Anthropology and Social Work  
 Campus Box 8107  
 North Carolina State University  
 Raleigh, NC 27695-8107  
 Telephone: (919) 737-2491

---

#### QUALITATIVE RESEARCH CONFERENCE

The Qualitative Interest Group at the University of Georgia is holding its Second Invitational Conference: Teaching and Learning Qualitative Research, in Athens, Georgia, January 5-7, 1989. The keynote speakers will be Stephen J. Ball, lecturer in the sociology of education at the Centre for Educational Studies at King's College, London, and Robert C. Bogdan, professor of special education and sociology at Syracuse University. Other speakers will be: Margaret Eisenhart, University of Colorado, Ivor Goodson, University of Western Ontario, Rosary Lalick, Virginia Polytechnic Institute and State Univer-

sity, Judith M. Meloy, Connecticut Department of Education, Leslie Roman, Louisiana State University, Rodman B. Webb and Sally Hutchinson, University of Florida, and Gail Weinstein-Shr, Temple University.

**For Information Contact:**

Judith Preissle Goetz  
Social Science Education  
Tucker Hall 413  
University of Georgia  
Athens, Georgia 30602  
Telephone: (404) 542-6489

---

1989 COSTA RICA PROGRAM  
EAST CAROLINA UNIVERSITY

Plans for the 1989 East Carolina University Summer Program in Costa Rica are now complete and applications are being accepted. The Costa Rica Program is ECU's oldest international program and offers students the opportunity to earn full ECU credit while living and studying in Costa Rica. This year Dr. John Bort, Department of Sociology and Anthropology, and Dr. Vincent Bellis, Department of Biology, are the program directors. Dr. James C. Sabella, Department of Sociology and Anthropology, University of North Carolina at Wilmington, also will participate in the program. Students selected for the program will depart for Costa Rica on May 8, 1989. While in Costa Rica students will live with Costa Rican families and attend classes on the campus of the National University of Costa Rica in the city of Heredia, a short distance from San Jose, the country's capital. Integral to the program are a series of field trips to both the Caribbean and Pacific coasts, volcanos, tropical forests and points of cultural interest throughout the country.

Courses include anthropology, biology and Spanish and are taught in English. Options for independent study are possible for students with needs and interests which cannot be met by these course offerings. The program has no language requirements and is open to students in all majors. Given the program directors' extensive experience and professional contacts in Central America, this is an excellent opportunity for anthropology majors. Projected costs for the first summer session (May 8 to June 18) are \$1560 for In-State students and \$2570 for Out-of-State students. Included are round-trip airfare, tuition and fees, board and room, and the expenses of excursions. A second summer session is also tentatively planned which will allow students to spend the entire summer in Costa Rica.

**The deadline for applications is January 17, 1989. For more information and application forms contact:** Office of International Studies, General Classroom Building, Room 1002, East Carolina University, Greenville, North Carolina 27858. Telephone: (919) 757-6769.

SUNBELT IX  
SOCIAL NETWORK CONFERENCE  
CALL FOR PAPERS

**BAY HARBOR INN, TAMPA, FLORIDA, FEBRUARY 9-13, 1989**

**THE CONFERENCE:** The Ninth Annual Sunbelt Social Network Conference is scheduled for February 9-13, 1989 at the Bay Harbor Inn in Tampa, Florida. The conference has become a major forum for social scientists, mathematicians, computer scientists, and others interested in social networks. The conference provides an opportunity for individuals interested in theory, methods, or applications to come together and share ideas and common concerns. This year's conference is sponsored by the International Network for Social Network Analysis, the Department of Sociology and Anthropology and the Institute for Coastal and Marine Resources at East Carolina University, and the Departments of Anthropology at the University of Florida and the University of South Florida.

**THE PROGRAM:** Current plans for sessions include: network software, cognitive networks, networks and biology, community, social support, intra-organizational, inter-organizational, diffusion, technology transfer, psychological support, marketing, paradigms, theory, international networks, exchange, migration, world systems, marginality, graphics, negative ties, epidemiology, science networks, networks in anthropology, and contributed papers. This list is still tentative and those who wish to organize a session should contact the program chair at the address below.

**TO SUBMIT A PAPER:** Contact the Program Chair:

JEFFREY C. JOHNSON  
Institute for Coastal and Marine Resources  
East Carolina University  
Greenville, NC 27858-4353  
(919) 757-6220  
(919) 757-6752

All papers proposed for presentation must be accompanied by a camera-ready abstract of up to 200 words sent to the program chair no later than December 15, 1988. Submission of more than one multiple-authored paper is acceptable. However, limit your submissions to no more than one single-authored paper.

**THE SETTING:** The Bay Harbor Inn is located on the shores of Tampa Bay just ten minutes from the Tampa International Airport. In addition to an extensive beach, guests have access to complimentary sailing (3 puffers), windsurfing, and tennis. Complimentary transportation to and from the airport is provided. A variety of restaurants is available within walking distance.

Conference sessions will be scheduled to allow a block of free time in the early afternoons for informal get-togethers or for enjoying the sun, water, and complimentary sailing and windsurfing.

**REGISTRATION AND HOTEL RESERVATIONS:** Reservations can be made by calling either of two toll-free numbers.

For those in Florida: 1-800-282-0613  
All others: 1-800-237-7773

Or write to:

Bay Harbor Inn  
7700 Courtney Campbell Causeway  
Tampa, FL 33607

\$80.00 single or double (run of the house). Rooms guaranteed by major credit card only. Reservations must be made by January 5, 1989.

---

URBAN ETHNIC PROTEST AND  
UNIVERSITY RELATIONS

**A Report By**

Thomas W. Collins  
*Memphis State University*

My archaeology colleagues in the Department of Anthropology at Memphis State University have endured a lot of unfounded abuse this past summer from Indian protesters, religious leaders and the news media over the aborted field school excavation on one of two earth mounds in a Memphis city park. Since we have worked cooperatively with Indians living in the Midsouth region for many years we are sensitive to the cultural issues and concerns of the various local Native American units and groups. In addition to training students at this site, we were seeking more accurate data on the prehistory of the mounds.

Our objective was to gain data which could ultimately be used to preserve the park against further commercial development. The local Native American leaders concurred in this project. We had agreed to consult them in the event we uncovered a burial. Certainly archaeology is not a threat to Indians. Many larger tribal units in the Southwest, for example, have created their own archaeological commissions and regularly carry out excavations.

In this project we were surprised to learn that a newly formed Native American group had declared this site a symbol of their ethnic heritage. As far as I have been able to observe the membership of this ethnic group is a collection of people who are neither integrated into the other regional Indian groups nor the wider Anglo society. These leaders are continuously frustrated by frequent racial discrimination and lack of access to social and economic resources. They are too far removed from their own reservation roots to draw psychological and economic support from them. Hence their ethnicity is both a force for political activity as well as psychological comfort.

Unfortunately for our department, their leader just happened to select these mounds as a symbol of their identity and publicly declared their cultural significance to the world less than 24 hours prior to our planned excavation. The fact that the park had historically served as an early eighteenth-century French fort, a Union gun emplacement, a dance pavilion and a parade ground for a World War I military hospital was of no consequence to these people. The Indian leaders staked out the mound and declared it a "sacred burial ground where the spirit dwelled." Since no archaeologists have ever been permitted previous access to the site before we still cannot accurately state what purpose the mounds served prehistorically. It has been impossible to convince the journalists reporting these events that this field work was important and that these mounds are not known to be burial mounds. They appear to be typical, late "temple" mounds. But the media eagerly accepted the burial-mound myth and the planned excavation never had a chance.

It became a local media event in a week without much national news. The protest participants dressed in Plains Indian regalia became a *cause celebre*. The media reported the episode in terms of the good against evil and never explored the facts, nor the complexity of the issue. Moreover, this superficial and misleading news coverage convinced certain local religious leaders that excavation would disturb the mound's spirit and, hence, would be in violation of Native American religious freedom. On a recent Sunday afternoon a group of eight clergy led by the local Director of the National Conference of Christians and Jews held a prayer vigil in front of one of the mounds.

Not infrequently did I hear anthropology was referred to as the grave-robbers' discipline. It was quite impossible to make any kind of case to the public that, as a science, we had a legitimate right in the park. Our archaeology students left the site after two days of confrontation and never began excavation, but the negative press continued most of the summer. Concerned citizens finished us off on the Op-ed page. We feel we demonstrated our respect by choosing to leave the site and hope that this Native American group is not merely interested in disrupting all future prehistoric research efforts. We shall see. It has been a rich experience in viewing the dynamics of modern ethnicity and the power of the press.

---

# THE PROCESS OF CONSCIENTIZATION REGARDING CHILDREN IN FIVE RURAL CAMEROONIAN VILLAGES

## A Descriptive Analysis\*

Martha Holley  
*Wheaton College*

### INTRODUCTION

The "Declaration of Alma Ata" at the International Conference on Primary Health Care in 1978, declared that health is a fundamental human right and the attainment of health is a most important world-wide social goal. The Declaration further stressed that Primary Health Care is an essential means to meet this goal.

Primary Health Care addresses the main health problems in the community, providing promotive, preventive, curative, and rehabilitative services accordingly. These services will include at least: promotion of proper nutrition, and an adequate supply of water; basic sanitation; maternal and child care, including family planning; immunization against the major infectious diseases; education concerning prevailing health problems and the methods of preventing and controlling them; and appropriate treatment for common diseases and injuries. (WHO 1978: 2, 34)

The concepts of Primary Health Care, outlined above, correspond with the goals of a Primary Health Care program which exists in the Republic of Cameroon. This program, called the Life Abundant Program (LAP), is sponsored by a Christian organization which seeks to minister to the physical and spiritual needs of people through the development of a wholistic primary health care program. The program began in 1980. LAP has fourteen rural health posts in fourteen villages. Each village post is operated by two local village health promoters. A missionary nurse, the director, works with the support staff at LAP's base village where a health center is located. The health promoters are taught

---

\* Winning entry in the Southern Anthropological Society's 1988 Undergraduate Student Paper Competition.

by the director to deliver basic health services and to teach their respective communities in preventive health measures. Each village must demonstrate its desire to have and support a health post by fulfilling certain obligations, monetary and otherwise, before a post is opened. A local village health committee composed of church and village leaders oversees the post's development, operation, and the selection and payment of their health promoters. The LAP support team makes four visits to the health posts to administer immunizations, to give consultations, to check the post, advise the two promoters, and to meet with the village committee overseeing the post.

The researcher spent six months as a volunteer for LAP in Cameroon, while completing an internship as a part of a program at a small liberal arts college in the Midwest. During the six months, the researcher lived in three of LAP's villages, while another intern lived in two other villages. While living in the villages, the two students assisted the local health promoters in registering the under-five children and their immunizations. They also conducted research for themselves and the director of the program. As they lived in the villages, they took part in the activities of the village, ate Cameroonian food, and tried to enter into the lives of their neighbors.

## RESEARCH SUBJECT BACKGROUND

Cameroon, a developing country, has a high infant mortality rate and a low life expectancy. The figures listed for the 1980-1985 period are: 103 infant deaths per 1000 live births and life expectancy of 49.2 years for men and 52.6 years for women (UN 1987). These figures illustrate the great health needs of Cameroon. In 1976 there was one medical doctor to 16,085 inhabitants. "These figures, however, hide stark reality as there exist great disparity between different regions of the country and more so between the rural and urban centers" (Ejedepang-Koge 1985:42). This statement is supported by the situation that exists in the rural villages of the Northwest Province, where most of LAP's villages are located. Many villages have no available health care outside of LAP. LAP plays a crucial role in the health status of these people.

It is well known that the well being of a community of people is correlated to its infant mortality rate. In addition, if the infant mortality is reduced there is a corresponding decrease in the birth rate and an increase in the general health of the community, including its psychological well-being. Judging from Cameroon's high infant mortality rate, the general health of the people is at a relatively low level. The infant mortality rates in the rural villages is usually higher than the national average. Since the health of children is a significant issue and needs improvement in Cameroon, the researcher chose to focus upon children. Furthermore, LAP is concerned with maternal and child health.

## PRINCIPLE THEORY

Paulo Freire, a Brazilian scholar, states that our task in assisting the oppressed in the developing world is to listen to what is important to them. In *Pedagogy of the Oppressed*, Freire develops a new system of education in contrast to the traditional "banking concept," whereby the teacher presents information which the student assimilates. In the "banking" system, the teacher determines, for the most part, what is taught. For Freire, authentic education involves searching for the program dialogically with the people who will be involved. Then the program is established through conscientization, which he defines as:

the deepening of the attitude of awareness characteristic of all emergence . . . Men emerge from their submersion and acquire the ability to intervene in reality as it it unveiled. Intervention in reality . . . thus represents a step forward from all emergence. (Freire 1982: 100, 101)

Essentially Freire makes awareness the pivotal quality which enables people to intervene in their situation on their own behalf.

How does one promote conscientization? Awareness or conscientization occurs during thematic investigation, the first step in authentic education. Basically thematic investigation involves discovering people's thoughts about reality in an unbiased manner. Unlike most sociological research,

the methodology proposed requires that the investigators and the people . . . should act as co-investigators. The more active an attitude men take in regard to the exploration of their own thematics, the more they deepen their critical awareness of reality and, in spelling out those thematics, take possession of that reality. (Freire 1982: 97)

Next the thematics are broken down, systematized, and codified. Codification involves "choosing the best channel of communication for each theme and its representation" (Freire 1982: 11-14). Freire also suggests that the investigators may see the necessity of including some themes that were not directly suggested by the people. Since the educational system proposed is dialogical, the "teacher-student" has the right to participate. These suggested themes are called "hinged themes" because they facilitate a connection between two themes or fill a gap between two (Freire 1982: 114).

After this process of systematization, codification, and amplification, the thematics are ready to be re-presented to the people. "The thematics which have come from the people return to them not as contents to be deposited, but as problems to be solved (Freire 1982: 116).

Through this process, conscientization occurs allowing people to rethink their own assumptions and actions. For it is only as they rethink their assumptions in action that they can change. "Producing and acting upon their own ideas--not consuming those of others--must constitute this process" (Freire 1982: 100). Freire hopes that through authentic education people will come to feel like masters of their own thinking and through their new awareness, they will be able to change.

## PURPOSE

The purpose of this paper is to analyze the process of conscientization in five rural Cameroonian villages. The paper also systematizes and codifies the thematic, the second step in the process. This systematization and codification provides the basis for a teaching curriculum that LAP can use to represent the thematic to the people who took part. The representation completes the last step in conscientization, allowing the villagers to take action and live out their words. Throughout this paper the researcher endeavors to present the villagers responses in an unadulterated and unbiased form.

In addition to analyzing the process of conscientization in Cameroon, a literature review will identify the current health status of Cameroonian children. The review will also allow comparisons to be made between the results of this research and the current body of research regarding children in Cameroon.

## LITERATURE REVIEW

The current research involving children in Cameroon can be divided into four basic categories: malnutrition, infant feeding studies, immunization studies, and primary health care and community participation studies. These studies indirectly pertain to this study by their focus on children in Cameroon and due to the similar timing of the research. One or two studies for each subject is discussed.

First we will discuss the malnutrition studies. Steveny examined the extent of malnutrition among three ethnic groups in the district of Koza in Northern Cameroon. He found that the arm circumference method revealed 34.3 percent of severe and moderate malnutrition among children 1 to 2 years of age and 24.8 percent among children 2 to 3 years old. A second study done two years later showed that the rate of malnutrition declined sharply amongst a group that received maternal-child health supervision, while the rate amongst the group without supervision remained stationary (Steveny 1978: 345-349).

Delpuech, Cornu, and Chevalier used several tests to define the states of mild or moderate protein-energy malnutrition among 810 children under five years of age in Southern Cameroon (Delpuech *et al.* 1980: 1). They found a 40 percent prevalence rate

of mild malnutrition among their population with no severe cases found. This corresponded to their assumption that most cases of malnutrition in Africa are mild to moderate in form and are therefore difficult to screen (Delpeuch *et al.* 1980: 192-195).

Next we turn to infant-feeding studies. Garrett conducted a study of the feeding of hospitalized Cameroonian children in 1981. She and Ada conducted a follow-up study in 1982 among Cameroonian health personnel. The first study of 365 hospitalized children age 0-47 months revealed a bottle-feeding trend. She found that the health personnel were influential in the type of feeding chosen. Other reasons given for bottle-feeding included the "bad milk" condition caused by sorcery or the violation of the two-year sex taboo while lactating. She recommended that health personnel be sensitized to their influence on feeding practices and to their responsibility to teach mothers about the superiority of breast feeding (Garrett 1981: 632).

A second study examined the association between personal infant-feeding practices and beliefs and related professional advice, which was revealed in the first study. The study of the practices of health personnel revealed that breast-feeding was negatively related to higher education and birth order. The majority breast-fed, yet only 10 percent advised breast-feeding when asked for advice (Garrett and Ada 1982: 209-215).

Thirdly, we turn to the immunization studies. Jato and Jato examined the measles coverage in seven rural villages in Cameroon. They found that only 66.6 percent of the children were vaccinated, which they considered inadequate. The major reasons cited for failure to vaccinate, in descending order, were: lack of knowledge concerning the date vaccinations would be given, distance from the vaccination center, mothers' reluctance to have their children injected when the children were not sick, the child had contracted measles before he or she had reached 8.5 months, and illness of mother or child. The researchers found that about a third of the children's parents failed to see the importance of vaccination. They recommended the need for educating the public on the advantages of vaccination (Jato and Jato 1981: 183-185).

Brown and his colleagues examined the immunization coverage in Yaounde. They identified the reasons for the low immunization coverage there, using a check list. They found that the following groups tended to have low coverage: certain ethnic groups, certain neighborhoods, new arrivals, families with low socio-economic levels, people with a different language from the immunization team, parents with little information about the immunization program, and parents who have had negative experiences with immunizations. The researchers recommended using several languages and taking a childhood census of a few neighborhoods. They also realized that sending out information was not enough. "The parents must receive and assimilate the facts presented" (Brown *et al.* 1982: 47). In addition, the researchers noted the difficulty of changing negative, distrustful attitudes and feel that "only facts supplemented by good personal relationships

and mutual trust are likely to be effective" (Brown *et al.* 1982: 35-47).

Finally, we turn to the primary health care and community participation studies. There are two particularly interesting studies conducted in Cameroon. The first is a report of a community health education project undertaken in South Central Cameroon. The project addressed two major problems, the lack of effective approaches, among rural populations, to promote self-reliant preventive health measures, and the paucity of personnel trained in necessary health education methods (Isely 1979: 103).

The history of unsuccessful development projects reveals a lack of involvement of the population in the planning and implementation of the project. Consequently, they chose to use a community organization method as the operating principle of the program. To implement this principle they tried two approaches: the organization of village health committees and the training of itinerant health workers to support the committees (Isely 1979: 103).

An itinerant health worker was assigned up to eight villages and expected to form new committees. Results were measured in terms of how many committees were organized and their accomplishments in completing their own projects. The project required the health committees to set staged objectives because "rural African populations are not accustomed to starting and accomplishing their own defined objectives" (Isely 1979: 106).

The project ran into many problems including: gaps in cultural understanding of the etiology of disease, disorganization of villages, disunity among villagers, lack of interest, poor roads and the demands of farming. The project's problems included: their own method which focused on quantitative rather than qualitative measures, their failure to account for the readiness of the villages, and their open agenda. The project also realized the error of remaining independent from the ministry of health.

Two years later they found fewer than a third of the committees functioning and only three were active. They discussed the need for a governmental commitment to rural health initiatives, the need to look at the village's level of social organization before implementing a village health-workers' model, and the need for more training centers for health workers (Isely 1979: 103-115).

The second article looks at importance of Primary Health Care in South Cameroon. Van der Geest found that primary health care is regarded as something of secondary importance. The obstacles are: the low priority given primary health care by the state, the lack of health institutions involved in primary health care, the reliance upon foreign institutions in the existing primary health care, and the lack of interest by the villagers. Van der Geest links health with socio-economic status.

He cites the following examples and facts to support his argument: the lack of resources allotted for primary health care, the failure of foreign-supported projects when nationalized, the absence of strong village solidarity and their reluctance to spend money on preventive health measures, and the priority of villagers to raising their standard of living. He concludes that any advancement in primary health care has occurred where it has produced an advancement in people's socio-economic condition (Van der Geest 1981: 365-385).

## METHODOLOGY

This study was conducted in five rural villages. These villages were chosen for three reasons: villagers were predominantly from the Yamba tribe, they were mainly subsistence farmers, and each village operated a LAP health post. In addition, Allat was chosen because of its unique characteristics which provided an interesting comparison point to the other villages. The first four villages and their respective populations are: Nkot (1386), Ngung (1387, Jator (454), and Bom (800 est.). The last village, Allat, has a total estimated population of 2511. Only one quarter of Allat, the center, was involved in the study, having a population of 688 (LAP Central Survey 1986).

Four villages were located in the mountainous grasslands of the Northwest Province. One village was located further north in the Adamawa Province. The Northwestern villages are comprised entirely of people from the Yamba tribe. They are subsistence farmers with a literacy rate between 4 and 6 percent. One-third of Allat center is Yamba, one-fourth is Bansa (Nso), and fifteen percent is Fulbe. The remaining people represent 16 other ethnic groups. In Allat, the Yamba villagers are primarily farmers and the other people have various occupations, including cattle herding and selling merchandise. In the four Northwestern villages the people are either Christian or Animists, in religious affiliation. In Allat center about half of the population is Muslim, a fourth Christian, and ten percent are Animists (LAP Central Survey 1986).

The villages of Nkot, Ngung, and Jator are very isolated without accessible roads most of the time. Bom is accessible by road some of the time and Allat is on a well-traveled road to Chad. Allat had recently opened its LAP post about two months prior to the survey. Bom had recently re-opened its post after being closed for two years because of problems with the post. Nkot, Ngung, and Jator had well-established posts.

The principal language used during the study of the four villages was Yamba. In Allat, Fulani, the trade language, and Yamba were predominantly used. The diversity of ethnic groups in Allat center also necessitated using Bansa, French, English, and Pidgin occasionally. Both researchers were dependent upon translators who spoke Yamba, English, and Pidgin. Three young LAP cooks were used as the major translators in all the villages with the exception of Ngung, where a health promoter was used. The trans-

lators understood the necessity of unbiased data and were able to put the people at ease. Yet there were occasional problems with using interpreters. In Ngung, the data are not entirely reliable due to interpreter problems. However, in general, the data are consistent and adequately represent the villagers' responses.

This study used an open-ended interview schedule. The questionnaire contained four basic questions designed to elicit their perceptions of a healthy village and family and how a healthy family and village could be obtained. The questionnaire was designed and pre-tested by the director of LAP and the researcher.

#### QUESTIONS ASKED:

1. Describe a strong village
2. How do you get a strong village?
3. Describe a strong family
4. How do you get a strong family?

The word strong most nearly corresponds to our concept of health in Yamba. The respondents did not always differentiate between questions about the village and family. However, the repetitive quality of the questions elicited more responses.

Each interpreter began the interview with an introduction which informed the respondent that LAP central was interested in their ideas and was not conducting any type of exam to see how much they knew. This information usually put the respondents at ease and enabled them to be more creative and unbiased in their responses.

The "key informant" method was used to obtain the survey sample. This used the "snowballing" technique in which a specified group of informants are asked to give the names of additional persons who have knowledge of the problem under study (Patton 1980: 181-184). Use of this method ensured that a broad cross-section of the village would be surveyed. The key-informant method involved contacting 10 men and 10 women from different occupations or roles in the village. Each of them in turn suggested four other people to be interviewed. If a person was suggested twice another name was asked for.

INTERVIEWEES (for 100, 50 from Group A, and 50 from Group B):

Group A: Ten official male community leaders.

1. Chief
2. Nji (Quarterhead)
3. Trader
4. Teacher
5. Local Party Leader
6. Baptist Church Pastor
7. Other Religious Leader
8. Traditional Healer
9. LAP Committee Member
10. LAP Health Promoter

#### Group B: Ten Women and Children

1. Wife of Chief or Nji
2. Teacher (Teacher's helper,  
Teacher's wife)
3. Baptist Pastor's Wife
4. Local Leader of Baptists'  
Women's or Girls' Group
5. Mother of Under-Five (child)
6. Widow
7. Class 7 boy
8. Class 7 girl
9. LAP Committee Member
10. LAP Health Promoter

The sample size of each village represented approximately ten percent of the population. The number of people suggested was altered in the smaller villages to avoid over-surveying those villages. The interviews were informal in nature and usually involved visiting the person's home. The interview would begin after everyone was seated on a stool.

After collecting the data from the five villages the various characteristic subjects were examined. Children appeared to figure significantly in the Cameroonian's definition of a healthy village and family. The next step involved the isolation of all the statements referring to children. Secondly, simple statistics were compiled of the percent that children were mentioned overall. Thirdly, the statements were arranged and coded by theme, thus beginning Freire's process.

In this paper, the statements are arranged by theme; and then percentages are compiled for each theme, allowing comparison between villages. Finally, the major themes are identified and further elaborations reported. To complete Freire's process of conscientization, the major themes are prepared for re-presentation and the codification (choosing the best medium of presentation) is completed. Lastly, hinged themes are discussed and the results of the study are compared to the current research on children in Cameroon.

## RESULTS

**TABLE 1**  
 Cameroonian Villagers Mentioning Children in a  
 Definition of a Healthy Family or Village

Villages	Total No.	No. Mentioning	% Mentioning
Nkot	94	54	57
Ngung	93	72	77
Bom	70	52	74
Jator	50	22	44
Allat	88	57	65
Totals	395	257	65

Table 1 gives an overall picture of the results of the study. The table shows the total number of surveys of each village in the first column. The second column gives the number of respondents who mentioned children. The third column provides the percent that children were mentioned from the total number of surveys per village.

This table illustrates the key place of children in the Cameroonian's definition of a healthy village and family. On the average, children were mentioned 65 percent of the time. Ngung and Bom have the highest figures with 77 percent and 74 percent, respectively. Allat falls in the middle with 65 percent and Nkot and Jator are last with 57 percent and 44 percent, respectively. Significantly, all the respondents in each village, with the exception of Jator, mention children at least fifty percent of the time in their definition of a healthy village or family. From these results we conclude that the health of children is important to rural Cameroonian villagers.

Table 2 illustrates the division of data by theme for each village. The two themes which reoccur the most are: "give children good food" and "keep children clean." The third highest theme is: "take children to the health post " (LAP). "Giving children good food" occurred in 59 percent of the interviews, while keeping children clean occurred 54 percent of the time. Besides the miscellaneous response category, these two themes figure most prominently in their minds with reference to obtaining healthy children. Inter-

estingly, "taking children to the health post" (LAP) occurs only 24 percent of the time. Therefore only one-fourth of the respondents felt that taking their children to the health post was necessary to obtain healthy children.

**TABLE 2**  
Responses Mentioning Children by Theme  
for Five Rural Cameroonian Villages

Themes	Ngung		Bom		Allat		Nkot		Jator		Totals	
	N=93		N=52		N=88		N=94		N=50		N=395	
	n	%	n	%	n	%	n	%	n	%	N	%
Give Children Good Food	55	76	30	58	34	60	24	44	8	36	151	59
Keep Children Clean	32	44	32	62	36	67	30	56	8	36	138	54
Take Children to Health Post	11	15	17	33	17	30	14	26	3	14	62	24
Send Children to School	16	22	3	6	6	11	3	6	11	50	39	15
Wash Children's Clothes	12	17	3	6	13	23	9	17	1	5	38	15
Vaccinate Children	14	19	5	10	15	26	3	6	0	0	37	14
Teach Children or Mothers	5	7	15	29	4	7	7	13	4	18	35	14
Weigh Children	1	1	0	0	11	19	0	0	0	0	12	5
Miscellaneous	14	19	14	27	18	32	27	50	3	14	76	30

The next four themes fall close together, separated by one respondent each. In descending order these themes are: "send children to school," "wash children's clothes," "vaccinate children," and "teach children or mothers." Each of these themes occurs in 15 to 14 percent of the interviews. Actually these themes seem to be more prominent in one or two villages. "Sending children to school" occurs 50 percent of the time in Jator and 22 percent of the time in Ngung. "Washing children's clothes" occurs in 23 percent of the interviews in Allat. "Vaccinating children" is 26 percent in Allat and 19 percent in Ngung. Finally, Bom's respondents gave "teaching children or mothers" as answers 29

percent of the time.

Finally, "weighing children" only occurs 12 percent of the time. Actually Allat contributes 11 percent of this figure. All of the sporadic and varied responses which did not fit in one of the major themes were placed in the miscellaneous category. This category occurred in 30 percent of the interviews. Nkot's interviews contained a wide variety of responses and consequently fifty percent of its responses fell in this category.

Next we look specifically at what the two major themes entail. In the surveys there were many varied statements referring to feeding children. Tables 3 and 4 will give the elaborations of "giving children good food" and "keeping children clean."

**TABLE 3**  
Elaborations of "Giving Children Good Food"  
Theme for the Five Villages Combined

- 
- feed the children well with: eggs, beef foot, chicken, fish, plantains, beans, corn fufu, equisy, groundnuts, yams, sweet potato, cocoyams, cassava, rice, pineapple, bananas, oranges, vegetables, avocado (pear), and oil
  - give them tea with bread in the morning
  - give them boiled water
  - give them hot food (cooked), no cold food for them
  - at two months give child solid food
  - use clean pans for their food
  - cover their food so flies will not visit and give them fever
  - boil food that sleeps (is saved overnight)
  - don't give them dirty food
  - don't give them strong alcohol
  - don't let them eat/drink with sick people
  - work farm to get food for them
- 

Obviously "giving children good food" encompasses a number of ideas concerning feeding children properly. Many respondents listed a variety of foods which they felt were important to give children. Listed together they form a complete diet. Their composite responses show a high degree of knowledge about feeding children. Interestingly a few mentioned feeding children in the morning, which represents a diversion from the usual practice of feeding children later in the day. Giving children boiled water occurred illustrating that some recognize that the water may cause sickness.

The importance of giving children hot food represents a non-Western concept of food, in which cold food is believed to cause illness. Additionally, covering children's food to protect it from flies and using clean cooking utensils were mentioned as important in feeding children. Lastly, the prohibitions listed were: don't give children dirty food, don't give them strong alcohol, and don't allow them to eat with sick people.

**TABLE 4**  
Elaborations of "Keeping the Children Clean"  
for the Five Villages Combined

- 
- wash children every day
  - wash their hands before eating
  - wash them after returning from the farm before they sleep
  - keep their fingernails short
  - the head of the family should instruct the wife and children to keep clean
  - make sure the children don't sit in dirt in the compound (keep them away from refuse)
  - parents should work together to keep the children clean both physically and spiritually
  - tell children the importance of cleanliness
- 

From this table we see that keeping children clean includes washing them every day, washing their hands before eating, and washing them when they have returned from the farm. The less obvious responses include keeping their fingernails short and instructing the wife and children to keep clean. The response which suggests that the parents should work together to keep the children clean both physically and spiritually reveals their more wholistic perspective of health. This statement contains two aspects of their definition of health. First, the parents work together, implying that there must be unity in the family. Second, spiritual cleanliness is equal in importance to physical cleanliness and is necessary for health.

The third most prominent theme is "taking children to the LAP post." The Cameroonians felt that it was important to take children to the LAP post when they were sick. They seldom deviated from this response.

Having identified the prominent themes, we turn to "hinged thematics." Earlier we discussed Freire's suggestion that the investigator may feel that it is necessary to include some themes that are not directly suggested by the people. Such themes were defined as "hinged themes" and are useful in facilitating a gap or connection between themes. For the researcher these "gaps" are appropriate health practices, not often mentioned in the

surveys, which are indeed necessary to keep children healthy. Rather than propose "hinged themes" that are not suggested by the data, the researcher has chosen to use the themes which are prominent in one or a couple of villages as the "hinged thematics" for this paper. These themes are valuable by virtue of the fact that they are important health interventions. Since these themes were sometimes mentioned in more than one village, the elaborations come from all of the villages and not just from the village where they occurred the most.

**TABLE 5**  
Hinged Thematics

Themes	Village	% (per village)	Elaborations
Send Children to School	Jator	50	<ul style="list-style-type: none"> <li>- send them to school so they can teach you</li> <li>- share money for school fees</li> <li>- send them to college</li> </ul>
Teach Children or Mothers	Bom	29	<ul style="list-style-type: none"> <li>- teach kids health rules and cleanliness</li> <li>- teach kids different handwork</li> <li>- teach kids to follow right things, to grow with God</li> <li>- teach mothers how to take care of under-five children</li> <li>- teach children to work farm and plant their own crops</li> </ul>
Vaccinate Children	Allat	26	<ul style="list-style-type: none"> <li>- health workers should encourage mothers to get the shots children need</li> <li>- give children DPT, measles, polio shots</li> </ul>
Weigh Children	Allat	19	<ul style="list-style-type: none"> <li>- they should weigh pikins (children) at LAP post</li> <li>- weigh them to make sure they weigh enough</li> </ul>

Table 5 gives four additional themes. These themes dictate what is necessary for them to do to obtain healthy children. The four themes are: "Send children to school, teach children or mothers, vaccinate children, and weigh children." "Sending children to school" has several elaborations including: sending them so they can teach you, sending them to college, and sharing money for fees (most likely within the extended family).

"Teaching children or mothers" has several elaborations. This theme includes: teaching kids health rules, cleanliness, handwork, farming, and to do the right things and follow God. In addition, mothers are to be taught how to take care of their under-five children. "Vaccinating children" implies that the health workers should encourage the mothers to have their children get the shots they need. Within this theme, they suggest that children should be given DPT, measles, and polio shots. Finally, "weighing children" occurs only in Allat. The people there said that children should be weighed at the LAP post to make sure they weigh enough.

This concludes the overview of the 257 respondents who mentioned children in this survey. In the process, the thematics have been systematized and amplified by the elaborations.

## CODIFICATION

Hopefully, this paper provides practical information that can be used by LAP. In carrying out the survey, the director hoped that the net effect would be an increase in the involvement of the villagers in their LAP post. Through the surveying process it was hypothesized that involvement was increased. The director, in her research, is currently looking at various measures to see if, indeed, involvement was increased by this first step in conscientization. This paper completes the additional steps required for conscientization to occur. The representation of thematics to the villagers who participated in the study is the vital link in the process, allowing them to assimilate their own suggestions relating to the health of children and to act upon them. Without the representation of the thematics much of their awareness of what they said will be lost.

Freire defines codification as "choosing the best channel of communication for each theme and its representation." While the researcher is not an expert claiming to know the best channel for representation, the researcher's observations, made during a six-month stay, provide the basis for some suggestions concerning appropriate ways to represent these themes. Essentially whoever directs the representation process has a choice between two options. First the two most frequently mentioned themes, "give children good food" and "keep children clean" and their elaborations (Tables 3 and 4) could be the sole material to be presented. A second option could include the three highest themes and the hinged themes (without the elaborations) in the presentation.

While the researcher lived in the villages, it became apparent that Cameroonians enjoy drama, stories, and music. In health teaching, these media are more effective than a straight lecture style. Therefore these mediums are the best choice for the representation. There are countless approaches that could be used. A suggestion for the representation is to focus on these themes for one year. The director of LAP could give the themes to the health promoters to teach during their compound visits, maternal clinics,

and consultations. The key fact in presenting these themes involves telling the people that what is being "taught" is what they told the LAP volunteers in the survey last summer (1986).

In addition, a health teaching could be given to the whole village to present the results of the survey. Aside from the benefits of conscientization, it is good research practice to inform the respondents of the results when it will benefit them.

Aside from strict representation of the data, there are numerous ways the villagers could be involved in the representation itself. The school children could be given the themes and asked to make pictures for the LAP post portraying their themes. This would facilitate their assimilation of the themes and give the kids a chance to take charge of their own health.

Earlier we looked at the community health education project undertaken in South Central Cameroon. This project organized annual conferences of village health committee leaders to have them discuss their plans and progress (Isely 1979: 108). Perhaps the committees could oversee the representation of the thematics and report their progress at the end of the year at the Annual Baptist Bible Conference. In addition, each village could make a drama including the themes and compete in a contest judged by the LAP support team. The winner of the contest would then be allowed to present the drama at the Annual conference.

The last suggestion involves organizing a small group of women, perhaps from the local women's party group or the local Baptist's women's group, to learn the thematics and then be responsible to teach women in their quarter what they have learned. Two or three women could divide their quarter into smaller sections. This would relieve the burden of representing the thematics from the health promoter and the LAP support team, to the women, provided they were interested and motivated to do the "teaching." Their involvement would facilitate ownership of the LAP program, pride in the themes suggested by the villages, learning, and action to carry out the themes.

The essential message to communicate in any representation scheme is the origin of the themes. Without the villagers' knowledge of their part in formulating the ideas, true conscientization will not occur and the "teaching" will return to the banking style.

While it is easy to brainstorm ideas, it is much more difficult to implement them. In most development programs of any sort there are never enough hands to do the work. There are more problems that scream for solutions than there are resources to see them alleviated. Progress is slow and motivation wears thin. The LAP program faces these same difficulties. Realizing these facts, these suggestions are not meant to be burdensome. Yet there is great potential in raising the consciousness of the villagers if even the

most elementary of representation is carried out. Hopefully, the codification provided will be useful and perhaps stimulate additional ideas.

## DISCUSSION

From the results of this study, we know that children are an important theme to the Cameroonians. Within this general theme, rural villagers have included other themes relating to obtaining healthy children. A couple of weeks ago a letter to the editor appeared in *Newsweek* in which a reader blamed the Third World for the overpopulation problems they are facing (*Newsweek*, June 7, 1987). In addition, this reader felt that the solution to the problem was birth control, i.e., "if they would only use it." If this reader had listened to the oppressed, as Freire suggests, they might have seen what a high priority children are to people in the developing world. They have many children with the hope that they will survive, and as we have seen, they are intent on doing their best to ensure that their children will survive.

Surprisingly the respondents seldom refer to an action an outside person or organization must take; rather they clearly place the burden of responsibility for their children upon themselves. The major themes that we have discussed display remarkably good sense and reveal a great deal of knowledge. This study does not attempt to determine how much the Cameroonians comply with the existing knowledge they have. From observation, the researcher suspects that often they do not act upon what they know. Herein lies the need for conscientization. Often a health program focuses upon what the people need to know. This study suggests that, in addition to teaching new information, it is important to assess their latent knowledge which may or may not be apparent by their actions.

In relation to the research we have examined, there are some interesting similarities and differences to note. The Steveny (1978) and Delpuch *et al.* (1980) studies examining malnutrition found a rather high rate of malnutrition in Northern and Southern Cameroon. Specifically, Delpuch, Cornu, and Chevalier found a 40 percent prevalence rate of mild nutrition. Turning to the villagers, we find that the highest theme is "give children good food." Since the Cameroonians place such importance on good nutrition for children, perhaps they recognize the high incidence of malnutrition and see the need to feed children better.

Turning to Garrett's infant feeding studies, examining bottle-feeding vs. breast-feeding and its relationship to the practices of health personnel, we find no mention of breast-feeding or bottle-feeding in the villages (Garrett 1981; Garrett and Ada 1982). Neither did I witness any villagers bottle-feeding their child. Garrett found that breast-feeding was negatively related to higher education. Most of the village women are illiterate and breastfeed, supporting Garrett's finding. In the future, as socio-economic condi-

tions improve and the villages become more accessible by road, more Western practices, such as bottle-feeding, may be adopted. Currently the villagers do not see it as an issue or a problem because it does not exist.

The immunization studies examined the reasons for the low immunization coverage in Yaounde (Brown *et al.* 1982) and seven rural villages (Jato and Jato 1981). Jato and Jato found that 66.6 percent of the villagers were vaccinated for measles. They found that about a third of the children's parents failed to see the importance of vaccination. Brown *et al.* found that families with low socio-economic levels, people with a different language than the immunization team, and parents who lacked information about the immunization program tended not to vaccinate their children. These results reveal that only 14 percent (Table 2) mentioned vaccinating children. This low figure corresponds to the results found by Brown *et al.* and Jato and Jato. The villagers surveyed were generally at a low socio-economic level, often have a different language from the vaccination team, and may lack information about LAP's immunization program. Therefore, perhaps the reasons suggested by Brown *et al.* may explain the low rate that vaccination was mentioned in this study.

Jato and Jato recommended educating the public on the advantages of vaccination. Brown, *et al.* stated that sending out information was not enough. They realized that the parents must receive and assimilate the information presented. While information has been taught in the villages surveyed in this study, it appears that most of the people are not assimilating the information. "Vaccinating children is a hinged theme which will use the knowledge of a minority to help the majority to see the importance of vaccinating children (Jato and Jato 1981; Brown *et al.* 1982).

Lastly, we look at the community participation and primary-health-care studies in relation to the results of this study. First we turn to the community health education project undertaken in South Central Cameroon. This project addressed two major problems: the lack of effective approaches encouraging self-reliant preventive health measures and the lack of personnel trained in health education methods. The LAP program also addresses these problems. However, when the people were asked what was necessary for a healthy village and family, the responses relating to children did not address these problems in this type of language. Yet, they did suggest their own preventive health measures in their themes. Occasionally, they voiced their desire for better health facilities, which is indirectly related to a dearth of personnel trained in health education.

The community-participation project faced many problems which LAP faces including: gaps in cultural understanding in the etiology of disease, disorganization of villages, disunity among villagers, lack of interest, poor roads, and the demands of farming. In theory, conscientization helps to transcend the gap in understanding, promotes interest, and perhaps, may help to alleviate some of the disorganization and disunity.

The project further regretted remaining independent from the ministry of health and saw the need for greater governmental commitment to rural health initiatives. The villagers seldom went beyond their own sphere of influence and never suggested that further action by the government was necessary for the health of their children. The researcher suspects that the government is distant from the minds of the villagers and its policies probably do not affect their lives in tangible ways very often (Isely 1979).

Van der Geest looks at the importance of Primary Health Care in South Cameroon. He argues that Primary Health Care is of secondary importance in Cameroon. His argument is in direct contrast to the increasing interest in primary health care initiatives by the World Health Organization. Two obstacles used to support his argument pertain to the results of this study. The obstacles are: the reliance upon foreign institutions in primary health care and the lack of interest of the villagers in primary health care. These obstacles are not superficial and deserve attention. Unlike Van der Geest, the researcher rejects the idea that these obstacles necessitate the failure of primary health care. Conscientization will help to increase interest and ownership of primary health care programs. Additionally, foreign institutions involved in primary health care must make a concerted effort to serve as a catalyst and not promote permanent dependence upon their assistance.

Finally, Van der Geest links any advancement in primary health care to advancement in socio-economic conditions. The results indicate that the villagers do not associate increasing wealth with the health of their children. He feels that the villagers give priority to raising their standard of living. This statement may be true, but one cannot assume that this is their one overriding concern to the exclusion of other priorities. Our results indicate that the health of children is a high priority to them. Furthermore, the recurrent themes specify various preventive health measures necessary to obtain healthy children without additional money. Therefore, the results of this survey contradict Van der Geest's argument.

In summary, the themes the Cameroonians suggested have some concordance with subjects chosen by the researchers identified in the literature review. The vital difference lies in the orientation of the studies. The respondents in this study indicated what they felt was necessary for children to be healthy, while the researchers chose various problems to focus upon in an attempt to: assess them, suggest solutions, or carry out a proposed solution. The respondents focused upon practical, attainable solutions.

## CONCLUSION

In the course of this descriptive analysis of the process of conscientization in Cameroon, the thematics suggested by the Cameroonians have been systematized, amplified, and codified. The three main themes are (in descending order): "give children good food, keep children clean, and take children to the LAP post." Returning to WHO's list of services

to be included in primary health care, they list "the promotion of proper nutrition, an adequate supply of water, basic sanitation, and maternal and child care. . ." (WHO 1978: 34). This list looks remarkably similar to the themes and elaborations suggested by the Cameroonians. WHO deals with those dispensing primary health care, while the Cameroonians placed the burden of responsibility upon themselves.

The literature review reveals that the current research tends to focus on what the people do not know or do. Their suggestions lead, inevitably, back to the banking style of education, thus perpetuating oppression. Perhaps the lack of appropriate action relates to the mode of education used. In contrast, this study has sought to look for the program dialogically with the people. In the process, the researchers have learned with the respondents. Rather than seeing a host of problems, the people have shown us their wealth of knowledge relating to children.

As the villagers have participated in the study, conscientization has begun. According to Freire, they have deepened their critical awareness of reality in the process of spelling out their thematics (Freire 1982: 97). The thematic investigation has begun a process in which their awareness of their own knowledge and actions has been raised. With their new consciousness of reality, they face a dilemma. They must either "intervene" in their situation or refuse to act upon what they know. Thus, awareness enables them to take the next step and emerge from their submersion.

The completion of conscientization hangs on the representation of the thematics to the villagers. "The thematics which have come from the people return to them not as contents to be deposited, but as problems to be solved" (Freire 1982: 116). As they re-think their assumptions, they will be able to change and act upon their own ideas. Thus we are left with one final question: "Has conscientization achieved its goal?" "Will emergence occur?" As an old adage goes, "the future holds the answer . . ."

---

### Acknowledgements

Special thanks to Ruby Eliason and the *Life Abundant Program* for their permission to use these data. Without their assistance and full support this paper would not be possible. In addition, the researcher would like to thank Dr. Ivan Fahs for his continual support and assistance during this extended research project.

## REFERENCES CITED

Brown, J., *et al.*

1982 Identifying the Reasons for Low Immunization Coverage. *Revue D. Epidemiologie et de Sante Publique* 30: 3-47.

Delpuech, F., A. Cornu, and P. Chevalier

1980 Detection of Moderate Protein-energy Malnutrition in Pre-school Children. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 74: 192-196.

Drejer, G. F.

1980 Bottle-feeding in Douala, Cameroons. *Journal of Tropical Pediatrics* 26: 31-36.

Ejedepang-Koge, S. N.

1985 Change in Cameroon. Alexandria, VA: ARC Publications.

Freire, Paulo

1982 *Pedagogy of the Oppressed*. New York: The Continuum Publishing Corporation.

Garrett, Nancy

1981 A Study of Feeding Practices in Hospitalized Cameroonian Children. *Journal of the National Medical Association* 73: 625-633.

Garrett, N. R., and V. Ada

1982 Infant Feeding, Beliefs and Practices: A Study of Cameroonian Health Care Personnel. *Journal of Tropical Pediatrics* 28: 209-215.

Isely, R. B.

1979 Reflections on an Experience in Community Participation in Cameroon. *Annals de la Societe Belge de Medicine Tropicale* 59: 103-115.

1980 Use of a Time-Motion Study to Evaluate the Activities of Rural Health Center Nurses in Cameroon. *Journal of Tropical Pediatrics* 26: 46-49.

Jato, M.

1982 Teaching Future Nursing Teachers Primary Health Care. *International Nursing Review* 29: 189-190.

1984 Community Participation in Rural Health Care. *International Nursing Review* 31: 180-183.

Jato, M., and J. Jato

1981 Measles Vaccination Coverage in Rural Areas: A Study of Seven Villages in Cameroon. *International Nursing Review* 28: 183-185.

LAP Central Survey

1986 Unpublished document. Washington, D.C.: Life Abundant Program

Patton, Michael Quinn

1980 *Qualitative Evaluation Methods*. Beverly Hills, CA: Sage Publications.

Steveny, J.

1978 Enquete Nutritionnelle dans le District de Koza: Appreciation de L'etat Nutritionnel des Enfants et Evaluation d'une Action de Protection Infantile. *Courier* 28: 345-349.

United Nations

1987 1985 Demographic Yearbook. 37th Edition, p. 395. New York: United Nations.

Van der Geest, S.

1980 The Secondary Importance of Primary Health Care in South Central Cameroon. *Culture, Medicine, and Psychiatry* 6: 365-383.

World Health Organization

1978 Primary Health Care. Report of the International Conference on Primary Health Care, Alma-Ata, USSR. Geneva.

1979 *Formulating Strategies for Health for All by the Year 2000*. Geneva.

1986 *The Health of Mothers and Children: Key Issues in Developing Countries*. No. 33. Geneva.

# MOVING?

Don't miss the *Southern Anthropologist*, proceedings volumes, and special mailings to SAS members. Send your Old and New Addresses immediately to Secretary-Treasurer Thomas A. Arcury at his address below . . .

## SOUTHERN ANTHROPOLOGIST

Published three times a year (Winter, Summer, and Fall) and distributed as a benefit to the membership of the Southern Anthropological Society. **Annual dues** (Regular, \$20.00; Students and Retired, \$12.00; Joint, \$26.00), **subscription only** (\$10.00), and **address changes**, may be sent to:

Dr. Thomas A. Arcury  
SAS Secretary-Treasurer  
Center for Developmental Change  
303 Patterson Office Tower  
University of Kentucky  
Lexington, Kentucky 40506-0027

**SOUTHERN ANTHROPOLOGIST**

Gifford S. Nickerson, Editor  
Department of Sociology, Anthropology, and Social Work  
Campus Box 8107  
North Carolina State University  
Raleigh, North Carolina 27695-8107

**ADDRESS CORRECTION REQUESTED**

Harry G. Lefever  
Box 147 Sociology Department  
Spelman College  
Atlanta, GA 30314

NONPROFIT  
U. S. POSTAGE  
PAID  
RALEIGH, N. C.  
PERMIT No. 100