Cochrane
Cameroon

LGBTI contraception maladies IST urgences orientation plaisir amour sexualite grossesse violences

WORLD FAMILY PLANNING DAY

26 September 2024

Table of contents

EDITORIAL 3

THE CONTEXT OF FAMILY PLANNING IN CAMEROON 4

Prospects and recommendations for 2024........ 4

SUMMARIES OF SYSTEMATIC REVIEWS 5

1. Interventions delivered by mobile phone to support client use of family planning/contraception 5

2. Are local anaesthetics effective for pain management for first trimester surgical abortion? 6

3. What do we know about the impact of comprehensive care programmes for children with medical complexity? 7

4. Identifying carrier status for thalassaemia, sickle cell disease, cystic fibrosis, or Tay-Sachs disease in non-pregnant women and their partners 9

This document has been prepared by Cochrane Cameroon to **provide health professionals** with evidence on the promotion of family planning. Enjoy your reading!

EDITORIAL

World family planning day is generally celebrated every year on 26 September. It aims to raise public awareness of the importance of family planning, particularly in terms of reproductive rights, access to contraceptive services and sex education.

In 2024, the objectives of this day could continue to focus on reducing unwanted pregnancies, promoting gender equality and improving maternal and child health worldwide. Specific themes could also be linked to topical issues such as the impact of technological innovations in the field of reproductive health or the challenges posed by global health crises.

Public health actors, NGOs and governments often organise information campaigns, events and discussions to promote access to family planning services, particularly in regions where these services are limited. According to the WHO:

- The proportion of women of childbearing age using modern methods of family planning - indicator 3.7.1 of the Sustainable Development Goals - remained at around 77% worldwide between 2015 and 2022, but rose from 52% to 58% in sub-Saharan Africa (2);
- The number of women wishing to use family planning has risen sharply over the last 20 years, from 900 million in 2000 to almost 1.1 billion in 2021;
- The proportion of women of childbearing age (15-49) using modern methods of family planning (indicator 3.7.1 of the SDGs) was 77.5% worldwide in 2022, which represents an increase of 10% compared with 1990 (67%) (2). The reasons for this slow increase include the limited choice of methods: limited access to services, particularly for young people, the poor and the unmarried; side effects or fear of side effects; cultural or religious barriers; the poor quality of the services available; the prejudices of users and providers against certain methods; and gender-related barriers to accessing services. Thanks to efforts to remove these obstacles in certain regions, the use of modern contraceptive methods has increased.

Why was this summary produced?

To provide up-to-date evidence on family planning.

What is a systematic review?

A summary of studies that answers a clearly formulated question and uses systematic and explicit methods to identify, select and critically appraise relevant studies. Data from different studies are extracted and can be analysed together using meta-analysis techniques.

THE CONTEXT OF FAMILY PLANNING IN CAMEROON

In the context of public health in Cameroon, access to family planning remains a major challenge. Despite improvements in access to reproductive health services, obstacles remain due to socio-cultural, economic and logistical constraints. On this day in 2024, discussions focus on:

1. Facilitating access to contraceptives: Many Cameroonians, particularly in rural areas, still have difficulty obtaining modern contraceptives. Awareness campaigns are supported by the World Health Organization (WHO) and local partners to increase access to these services.
2. Awareness-raising and education: One of the major challenges in Cameroon is the persistence of prejudices about contraception and reproductive health. The Ministry of Public Health and NGOs are working to raise community awareness through specific campaigns, particularly in the most disadvantaged regions.
3. The role of young people and adolescents: Cameroon attaches great importance to educating adolescents about sexual and reproductive health. The aim is to reduce early and unwanted pregnancies and to increase knowledge of modern contraceptive techniques.
4. Involvement of foreign partners: Cameroon continues to receive support from organisations such as the United Nations Population Fund (UNFPA) and USAID for access to family planning. Collaboration is aimed at increasing resources for health infrastructure and training health professionals in 2024.

Prospects and recommendations for 2024

- In order to ensure equitable access to family planning, it is recommended that the Cameroonian government put in place stronger policies and allocate adequate funds to reproductive health services.
- Collaboration between different sectors: Collaboration between education, health and civil society is essential to maximise the effectiveness of awareness-raising programmes.
- Encouraging women's independence: Educating women about reproductive health plays an essential role in improving the use of family planning services.

SUMMARIES OF SYSTEMATIC REVIEWS

1. Interventions delivered by mobile phone to support client use of family planning/contraception

Review question

The aim of this review was to determine if interventions delivered by mobile phone increase the use of contraception.

Key messages

Interventions delivered by mobile phones show a positive effect on the uptake and continued use of contraception.

Interactive messages are better than one-way text messages at improving use of contraception.

The existing evidence is of moderate quality.

Why is this review important?

Health messaging, or interventions delivered by mobile phones, have been shown to improve health and behaviours, but it is unknown if messaging delivered by mobile phone impacts issues related to reproductive health, such as use of contraception.

Women and children's health benefit significantly from pregnancy prevention. Despite these benefits, a significant number of women globally do not use contraception despite wanting to avoid pregnancy.

Rapid expansion in the use of mobile phones in recent years has led to increased interest in healthcare delivery via mobile phone with the potential to deliver support directly to wherever the person is located, whenever it is needed and to reach populations with restricted access to services.

How did we identify and evaluate the evidence?

We searched medical databases for studies that assessed the use of interventions delivered by mobile phones and their impact on the use of contraception. We found 23 trials of 12,793 women undertaken in 11 countries in both high-income (11 studies) and low-income (12 studies) settings. These studies compared the standard of care to a mobile phone intervention – such as one-way text message reminders, interactive messages (which required a response from clients), voice messages or a mobile app.

What did we find?

The results across the studies were mixed; however, when the results were pooled, we found there is a positive effect of using interventions delivered by mobile phones and increasing use of contraception.

There were no differences in unintended pregnancies between the groups who used the mobile phone tools and those who did not.

Using interactive methods of mobile phone tools appears better at improving contraceptive use over one-way mobile phone interventions. There is not enough evidence about the safety or negative consequences of mobile phone tools for improving contraception use.

Further research is likely to have an important impact on our confidence in the results.

What does this mean?

It appears interventions delivered by mobile phones are beneficial in improving the use of contraception. Our analysis was limited by the quality of evidence we found, which makes it hard to form more robust conclusions. More good-quality research is required in the area of health messaging and contraception.

How up to date is this evidence?

This review updates our previous review. The evidence is up to date to August 2022.

Citation: Perinpanathan T, Maiya S, van Velthoven MHHMMT, Nguyen AT, Free C, Smith C. Mobile phone-based interventions for improving contraception use. Cochrane Database of Systematic Reviews 2023, Issue 7. Art. No.: CD011159. DOI: 10.1002/14651858.CD011159.pub3

2. Are local anaesthetics effective for pain management for first trimester surgical abortion?

When we use the term 'people' in this summary, we mean individuals with a current ability to become pregnant.

Key messages

– A paracervical block, which is an injection of local anaesthetic around the cervix (neck of the womb), decreases pain with first trimester surgical abortion.

– Several studies examined ways to optimize the paracervical block such as depth of injection or number of injection sites.

– Overall people reported moderately high satisfaction with pain control and studies reported few side effects.

What is a first trimester surgical abortion?

First trimester surgical abortion is a medical procedure carried out by a trained healthcare provider to end a pregnancy at less than 14 weeks. Per year, 73 million abortions are performed worldwide. As the procedure is painful, it is important to offer effective pain management.

What did we want to find out?

It is unclear what the best method of management for this pain is. We were interested in what the evidence was for pain relief with local anaesthesia, including different types of local anaesthetics and the technique of using it.

Additionally, we wanted to know whether people were satisfied with their pain management or reported side effects.

What did we do?

We searched medical databases for studies that compared different pain management options for surgical abortion in the first 14 weeks of pregnancy. We summarized and compared the findings of the studies and rated our confidence in the evidence, based on factors such as study methods and sizes.

What did we find?

We found 13 studies that involved 1992 people. All studies were conducted in hospitals or family planning clinics in five countries (the USA, Canada, Turkey, China, and Iran). The studies investigated different types of local anaesthesia.

Main results

A paracervical block decreases pain with a surgical abortion.

Several studies examined the best way to give the paracervical block. They found no benefit of giving people solutions that were less acidic, waiting longer after giving the injection to start the procedure, applying a gel rather than the injection, giving deeper injections, or giving more of them.

Overall people reported moderately high satisfaction with pain control and studies reported few side effects.

What are the limitations of the evidence?

Few studies compared the same treatment. As such, we could rarely compare their results. Our confidence in the evidence ranges from high to uncertain. This is because, for example, some results showed a very small difference in pain between study groups or the study only included people in an early stage of pregnancy (for example, seven weeks).

How up to date is this evidence?

The evidence is up to date to December 2022.

> **Citation:** Renner R-M, Ennis M, McKercher AE, Henderson JT, Edelman A. Local anaesthesia for pain control in first trimester surgical abortion. Cochrane Database of Systematic Reviews 2024, Issue 2. Art. No.: CD006712. DOI: 10.1002/14651858.CD006712.pub3.

3. What do we know about the impact of comprehensive care programmes for children with medical complexity?

What is the aim of this review?

The aim of this Cochrane review was to find out if comprehensive care programmes that provide care coordination and other services for children with medical complexity improve outcomes for this group of children and their families, and whether they have an impact on the use and cost of healthcare services.

Key messages

The research relating to comprehensive care programmes for children with medical complexity is limited, and the findings should be treated with caution.

Comprehensive care programmes may increase child and family satisfaction with the care provided; however, more research is required to determine whether they improve child and parent health, functioning, and quality of life, and what impact they have on the cost of health care and costs to the family.

What did we want to find out?

We wanted to know whether comprehensive care programmes are effective for children with medical complexity. Comprehensive care programmes provide care coordination that helps communication between members of a child's treating teams and aims to provide children with optimal health care. Care coordination may involve things such as planning treatment, monitoring outcomes and resource use, coordinating visits with doctors, avoiding unnecessary tests and services, sharing information among healthcare professionals and family, planning discharge from hospital, and training of caregivers and

local services. We wanted to see if these care programmes improve the health and quality of life of children and their families, improve the quality of health care delivered to them, reduce the number of visits to hospital and the number of different medical specialists children see, and whether they reduce the costs of health care. We also wanted to know if all children were able to access these programmes, and whether the programmes had any unwanted effects.

What did we do?

We searched the literature thoroughly and found studies of children aged 0 to 21 years of age who were considered medically complex, that is, having a chronic condition that causes functional limitations creating high healthcare needs, which results in increased healthcare costs. We included studies that compared children who received comprehensive care with those that did not receive this care or who received usual treatment without care coordination. The care could be hospital-based, a hospital-community collaborative programme, or community-based.

What did we find?

We found four studies with a total of 912 children as participants that compared comprehensive care to standard hospital care without special care coordination for children with medical complexity. These studies all had limitations. We found that comprehensive care probably makes little to no difference to parent health, functioning and quality of life, emergency department visits, and hospital admissions. Comprehensive care may make little to no difference to child health, functioning, and quality of life, and costs to the healthcare system. It may slightly improve child and family satisfaction with, and perceptions of, care and service delivery. There was no information in the studies about whether all children are able to access comprehensive care, whether there are any unwanted effects, and what the cost is to families. Overall, the quality of the research is low to moderate and therefore we are uncertain about the effectiveness of comprehensive care for children with medical complexity. We are therefore not able to draw any strong conclusions.

What are the limitations of the evidence?

There was a limited number of studies that met the criteria for this review. The four studies we found were all from North America, and we do not have information from other countries. Only one study assessed the effect of care coordination on parent health, functioning, and quality of life, and no studies assessed the costs to the family or unwanted effects. The variation in participants and interventions examined across the four studies is a limitation to be considered when interpreting the results.

How up-to-date is this evidence?

The review authors searched for studies that had been published up to May 2023.

Citation: Harvey AR, Meehan E, Merrick N, D'Aprano AL, Cox GR, Williams K, Gibb SM, Mountford NJ, Connell TG, Cohen E. Comprehensive care programmes for children with medical complexity. Cochrane Database of Systematic Reviews 2024, Issue 5. Art. No.: CD013329. DOI: 10.1002/14651858.CD013329.pub2.

4. Identifying carrier status for thalassaemia, sickle cell disease, cystic fibrosis, or Tay-Sachs disease in non-pregnant women and their partners

Review question

We looked for evidence to show whether identifying people who are carriers for thalassaemia, sickle cell disease, cystic fibrosis, or Tay-Sachs disease, before pregnancy leads to improving reproductive choice and pregnancy outcomes.

Background

Across the world, about 6% of children are born with a birth defect of genetic or partially genetic origin. Many of these conditions can be passed down from parent to child. There are tests to identify the genetic risk of the most common genetic conditions (thalassaemia, sickle cell disease, cystic fibrosis, or Tay-Sachs disease) before pregnancy. In these conditions, called autosomal recessive conditions, the parents of affected children are 'carriers' of the condition, which means they do not usually have symptoms. All 'carrier' couples will have a 25% chance of having an affected child. Risk assessment for these genetic conditions before getting pregnant would benefit potential parents who may be carriers. This information would give the at-risk couple the opportunity to make fully informed decisions about family planning. However, genetic risk assessment before pregnancy may potentially have a negative psychological impact. This is an updated version of the original review.

Search date

We last looked for evidence on 04 August 2021.

Study characteristics

We did not find any trials that we could include in this review. In an earlier version of this review, we had already found the protocol for a trial that has now published its results, but we have excluded the trial in this version of the review because it did not look at the right topic after all.

Key results

Although no trials were identified in which people taking part would have equal chances of being in either group, there are several studies which are not so strictly designed which support current policy recommendations for genetic risk assessment prior to pregnancy in routine clinical practice. We recommend considering potential observational studies in future reviews as well as looking at ‘expanded carrier screening’ before pregnancy and not just screening for one condition. Any future trials need to consider legal, ethical and cultural barriers to implementing genetic risk assessment before pregnancy.

Citation: Hussein N, Henneman L, Kai J, Qureshi N. Preconception risk assessment for thalassaemia, sickle cell disease, cystic fibrosis and Tay-Sachs disease. Cochrane Database of Systematic Reviews 2021, Issue 10. Art. No.: CD010849. DOI: 10.1002/14651858.CD010849.pub4.

Others sources:

United Nations Population Fund (UNFPA). **Universal access to sexual and reproductive health services in Cameroon.** Report 2023. Available on: https://www.unfpa.org/cameroun

Cameroon's Ministry of Public Health. Stratégie nationale de planification familiale 2022-2025. Yaounde, Cameroon, 2022.

World Health Organization (WHO). Planification familiale. https://www.who.int/fr/news-room/fact-sheets/detail/family-planning-contraception

United Nations, Department of Economic and Social Affairs, Population Division (2022). Estimates and Projections of Family Planning Indicators 2022.

United Nations Population Division (https://population.un.org/dataportal/home. Consulté le 17 mai 2023).

USAID. Renforcement des services de santé reproductive au Cameroun. Project Report 2023. Consulted online on: https://www.usaid.gov/camerounUnited Nations Department of Economic and Social Affairs, Population Division (2022). World Family Planning 2022: Meeting the changing needs for family planning: Contraceptive use by age and method. UN DESA/POP/2022/TR/NO. 4.

https://www.unfpa.org/events/world-contraception-day

https://www.usaid.gov/global-health/health-areas/family-planning/resources/family-planning-game-changers-celebrate-world

https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception

Document produced by:

Cochrane Cameroon
Centre for the Development of Best Practices in Health
Phone office: +237 242 081 919 Email: camer.cdbpsh@gmail.com
Website: www.cdbph.org Yaounde, Cameroon