



**Cochrane**  
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LGBTI  
contraception  
maladies  
orientation  
IST  
urgences  
grossesse  
violences  
sexualite  
amour  
plaisir

# **WORLD FAMILY PLANNING DAY**

***26 September 2024***

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

## EDITORIAL

World Contraception 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

- Cameroon is facing serious challenges when it comes to access to family planning despite all the improvements made in reproductive health services. Sociocultural, economic and logistical challenges prevail and discussions on World Health Day 2024 focus on facilitating access to modern contraceptives, educating communities on contraceptive methods and reproductive health, as well as the role of adolescents in sexual and reproductive health. The Ministry of Public Health and the World Health Organization are working on raising awareness and educating communities, particularly in the most disadvantaged regions.
- Cameroon also stresses the importance of educating adolescents on sexual and reproductive health, aiming to reduce early and unwanted pregnancies and help improve knowledge on contemporary contraceptive techniques. Some external partners such as the United Nations Population Fund (UNFPA) and USAID are supporting Cameroon in the development of health infrastructure and training of health professionals in 2024.
- In order to ensure equitable access to family planning, it is recommended that the government applies stronger policies and allocates sufficient funds to reproductive health services. The collaboration between education, health and civil society is crucial to maximise efficiency of awareness-raising programmes. Moreover, promoting women's independence in reproductive health is essential to improve the use of family planning services.

## **KEY MESSAGES – SUMMARIES OF SYSTEMATIC REVIEWS**

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

Studies show that health messages or mobile phone interventions improve health and behaviour, but the impact on gender-related health issues, such as contraceptive use, is not yet understood. Although contraception is beneficial for women and children, a significant number of women around the world only use contraception if they wish to avoid pregnancy. The rapid expansion of mobile phones has led to a growing interest in providing healthcare via these devices, as they can bring assistance directly to those in need and reach populations with limited access to services.

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

- 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.
- 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.

**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?**

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.

The best method of pain management is unclear, but researchers are interested in data on local anaesthetic control, including different types and techniques. They want to know if people are satisfied with pain control or if there are side effects. The studies

were analysed according to their methodology and study size. The results could help to improve pain management techniques.

A paracervical block reduces pain during a surgical abortion. Several studies have examined the best way to perform the paracervical block. They found no benefit in giving people less acidic anaesthetics, waiting until after the injection to start the procedure, applying a gel rather than an injection, giving deeper injections or giving a larger amount of local anaesthetic.

Overall, people were moderately satisfied with pain control and studies reported few side effects. Few studies compared the same treatment, which makes it difficult to compare results. Our confidence in the data is low because of the small difference in pain between the study groups or because the study only affected individuals at a pre-pregnancy stage.

**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?**

The aim of the study was to determine the effectiveness of integrated care programmes for children with medical complexities. These programmes ensure co-ordination of care, facilitating communication between treatment teams and providing optimal healthcare. Coordination can include treatment planning, use of resources, doctor visits, avoidance of unnecessary tests and services, information sharing between health professionals and families, hospital discharge planning, and training of local health workers and services. The aim is to determine whether these programmes improve children's health and quality of life, reduce hospital visits and consultations, and cut healthcare costs. The study also seeks to determine whether all children have access to these programmes and whether they have indispensable effects.

An exhaustive literature review found studies on children aged 0 to 21 suffering from chronic medical conditions. The study also compared children receiving integrated care with those who did not receive integrated care or who received uncoordinated treatment. This care can be provided in a hospital environment, through a collaborative programme between the hospital and the community, or at community level.

Integrated care programmes could have a minimal impact on the child's health, functioning and quality of life, as well as on healthcare costs. They could slightly improve the child's satisfaction and the family's perception of the care and services provided. However, the quality of the research is moderately low, so no firm conclusions can be drawn.

Integrated care programmes could increase child and family satisfaction with the care provided; however, further research is needed to determine what impact they have on healthcare costs.

**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**

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.

The aim of the study was to determine whether early identification of individuals with thalassaemia, sickle cell anaemia, cystic fibrosis or Tay-Sachs disease could improve reproductive choices and pregnancy problems, on the basis of available data.

The review did not find any studies to include in the current issue, as the protocol for a previous study has already been published. The main findings suggest that, although there are no studies where participants have an equal chance of being in either group, several studies support current policies advocating genetic risk assessment prior to pregnancy in current clinical practice. The review recommends that future evaluations include potential observational studies and consider extending screening to multiple diseases, rather than a single disease. Future studies should address the legal, ethical and cultural barriers to pre-pregnancy genetic risk assessment.

**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

## **Other 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/cameroun> United 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>

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