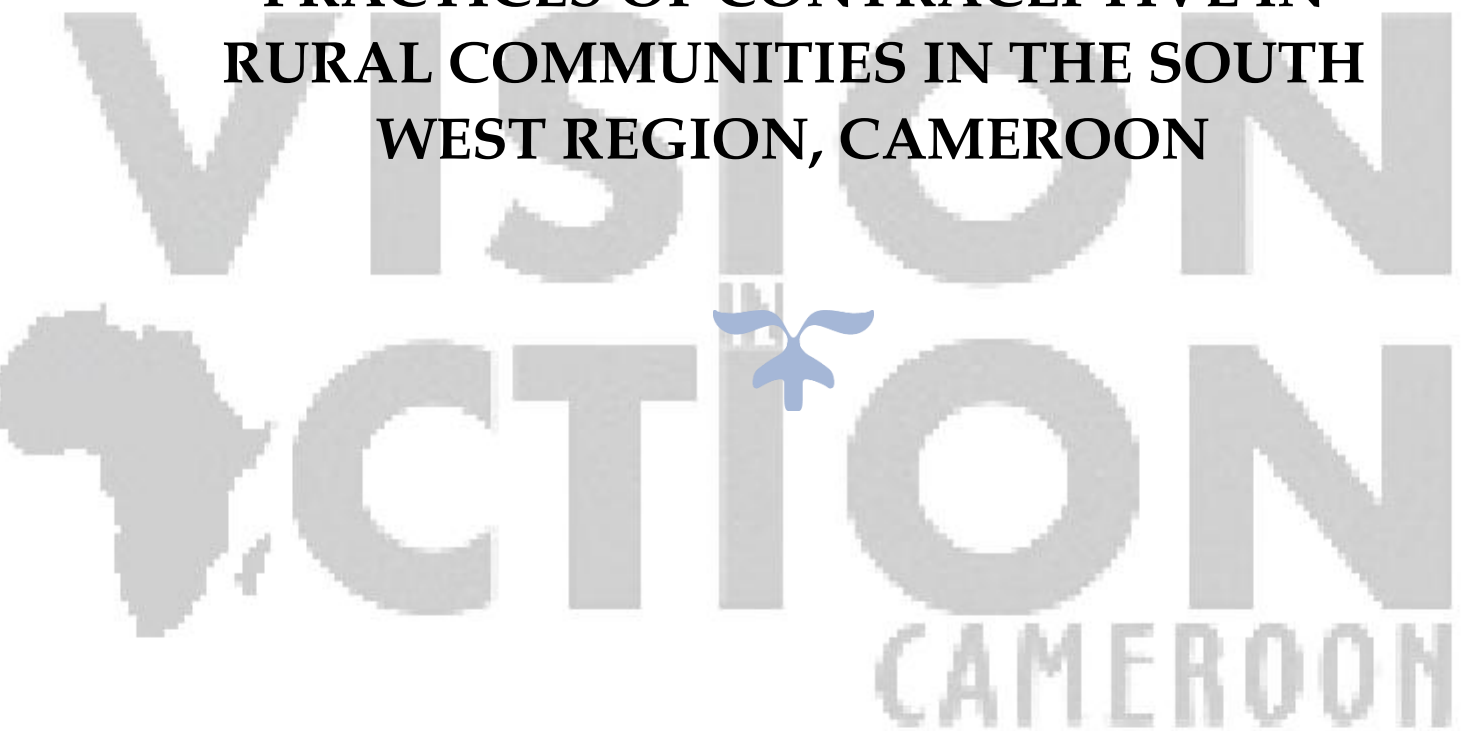




**KNOWLEDGE ATTITUDE AND  
PRACTICES OF CONTRACEPTIVE IN  
RURAL COMMUNITIES IN THE SOUTH  
WEST REGION, CAMEROON**



VISION IN ACTION CAMEROON

MAY 1, 2024

**VISION IN ACTION CAMEROON**

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## 1. Introduction

Adolescents and young people in developing countries, including Cameroon, often receive insufficient attention in research despite forming a significant part of the population (1). Studies indicate that modern contraceptive methods improve reproductive health and prevent unintended pregnancies, with various methods now globally available (2). The use of contraception among this demographic is a growing global concern due to the critical importance of young people's reproductive health (3). Challenges in accessing modern contraceptives for adolescents and young people likely contribute to persistently high rates of unwanted pregnancies and health issues related to unsafe abortions (4).

Despite numerous national and international reproductive health policies, the reproductive health of adolescents and young people remain a significant public health issue, especially in Cameroon (5). Enhancing knowledge, attitudes, and practices regarding contraception among adolescents and young people in developing countries, including Cameroon, remains a critical concern for health systems (6).

In recent decades, Cameroon has seen an increase in sexual activity and premarital cohabitation, resulting in a rise in unplanned premarital pregnancies (7). This increase is associated with difficulties in accessing contraceptives, lack of knowledge about their effective use, and a low perception of pregnancy risk (8). Additional challenges in the sexual and reproductive health of Cameroonian youth also contribute to unplanned pregnancies (9). Inadequate comprehensive sexuality education leads to poor knowledge of sexual and reproductive health and rights (SRHR), while limited access to youth-friendly reproductive health services results in low contraceptive use and fewer options, especially for unmarried youth (10). Fear of judgment and discrimination hinders access to safe abortion services, causing reliance on unreliable private clinics (11).

Despite these changes, societal norms in Cameroon still disapprove of childbirth outside of wedlock, leading many premarital pregnancies to be resolved through unsafe induced abortions (12). National policy documents, such as the National Strategic Plan for Reproductive Health (2021–2024), have prioritized the sexual and reproductive health and rights (SRHR) of young individuals, focusing on preventing unprotected sex and unintended pregnancies (5). However, the current state of young people's SRHR in Cameroon, particularly in the South West region, remains concerning (13).

Adolescents and young people in rural communities of the South West region face numerous sexual and reproductive health challenges. Limited access to education and healthcare, along with cultural and social barriers, contributes to low levels of knowledge and poor practices related to contraceptive use (14). This study aimed to evaluate the knowledge, attitudes, and practices of adolescents and young people towards contraceptive methods (7). Additionally, the study sought to identify factors influencing the use of contraceptive methods among this demographic (8). It is hoped that the results will provide VIAC with baseline indicators for successful reproductive health programs for adolescents and young people.

## **2. Objectives**

1. Assess the level of knowledge about contraceptives among adolescents and young persons in rural communities.
2. Evaluate the attitudes towards contraceptive use within this population.
3. Examine the practices related to contraceptive use and identify barriers to effective use.
4. Identify demographic factors influencing KAP regarding contraceptives.

## **3. Methodology**

### **3.1 Study Design**

This study employed a quantitative research design using the cross-sectional descriptive approach. It was conducted at eleven selected communities in the health districts of Buea, Limbe and Tiko in the South West Region of Cameroon. The reason for selecting these communities was the convenient location, opportunities, and the availability of adolescents and young persons from different locations, cultures, and socioeconomic backgrounds.

### **3.2 Study Population**

The participants who were selected for the collection of data were any individual living in these communities (the age limit was 11 to 35+ years), who were willing to participate in the study and were residents of these communities. Moreover, they could easily understand and speak in English, French or Pidgin English. However, participants who were not prepared to participate in the study and those who did not sign, or their guardian did not sign, the consent form were excluded from the study. Participants were assured about their privacy, confidentiality, and anonymity throughout the study

### **3.3 Sampling strategy and sample size**

Consecutive sampling was applied to collect data from the participants. The sample size was determined using the Open Epi software version 3.01, with a significance level of 95% and a 5% margin of error. The total population of 2018 participants were included in the study.

A multi-stage sampling technique will be employed:

1. Stage 1: Purposive selection of districts within the South West region.
2. Stage 2: Convenient selection of communities within these districts that fit specific criteria of the project.
3. Stage 3: Random sampling of adolescent boys and girls and young persons within the selected communities.

### **3.4 Data Collection**

For the collection of data, a standardized questionnaire was used. The questionnaire to evaluate the knowledge, attitudes, and practices was developed from previous studies that were conducted. The tool considered the demographic details of the participants and their knowledge, attitudes, and practices regarding menstrual health management. Moreover, multiple responses, single responses and open question responses were included in the

questionnaire. The study questionnaires were translated into the national languages, English and French, by language experts. Additionally, to eliminate any discrepancies, and to maintain the exact meaning and quality of the questionnaires, back-translation was performed by an independent expert who was not aware of the previous translation in both languages. The questionnaire was later designed in an online platform; kobotoolbox to facilitate data collection. A pilot study was carried out with 10% of the chosen sample, to rule out any inappropriateness and discrepancies in filling the questionnaire. The questionnaires were administered by the data collectors.

Official permission was obtained from the Regional delegation of Public Health for the South West region, from the respective health districts selected (Buea, Limbe and Tiko) and the community heads (Chiefs and traditional councils). Eligible participants were asked to give their consent. The participants were thoroughly briefed about the purpose of the study, the risks and benefits, their voluntary participation, and their right to withdraw from the study whenever they wished. Likewise, parents/guardians were approached through the eligible participants and consent was also obtained from them. The data collection was completed in three months, from March 2024 to May 2024.

### **3.5 Data Analysis**

Quantitative data was collected using kobotoolbox app. After the collection of data, the researchers checked the completed questionnaires for their completeness and accuracy. The data was cleaned and coded using Microsoft Excel 2016, imported and analyzed using Statistical Package for the Social Sciences (SPSS) version 25. The mean and standard deviation were calculated for continuous variables and frequencies and percentages for categorical variables. The frequencies and percentages have been presented using tables and charts. Knowledge, attitude and practices scores were computed and later categorised in “adequate” or “inadequate”.

## **4. Results**

### **4.1. Demographic Details of the Study Participants**

In total, 2018 individual participated in the study, and the mean age ( $\pm$ standard deviation) of the study participants was 28.71 ( $\pm$ 9.55) years, ranging from 11 to 80 years. The analysis of gender showed that majority of study participants 63.3% (n = 1277) were female, followed by males, 36.65% (n = 740). Furthermore, study participants were grouped following their ages in various categories. A more than half 51.8% (n = 1045) of them felt within the young persons age group. The demographic details are provided in **Table 1**.

**Table 1: Population distribution according to gender and age categories of study participants**

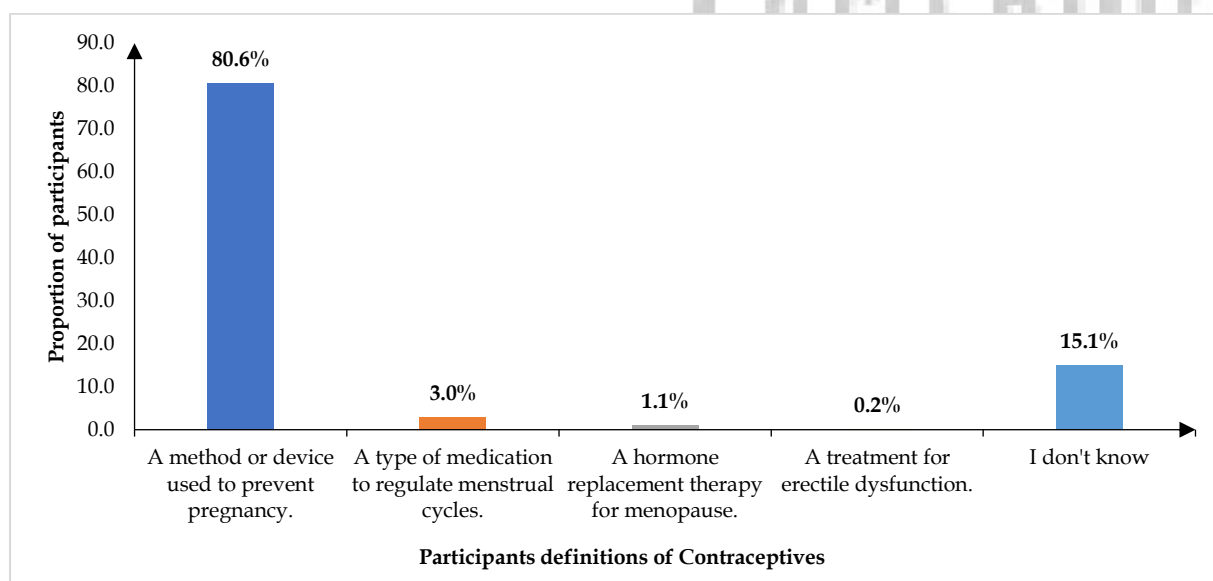
Population distribution according to gender and age categories of study participants

Variable	Category	Frequency (n)	Percent (%)
Gender	Female	1277	63.3
	Male	740	36.7
	Other	1	0.0
	<b>Total</b>	<b>2018</b>	<b>100.0</b>
Age group	11-18 years	287	14.2
	19-30 years	1045	51.8
	+30 years	686	34.0
	<b>Total</b>	<b>2018</b>	<b>100.0</b>

#### 4.2. Knowledge of study participants regarding contraception

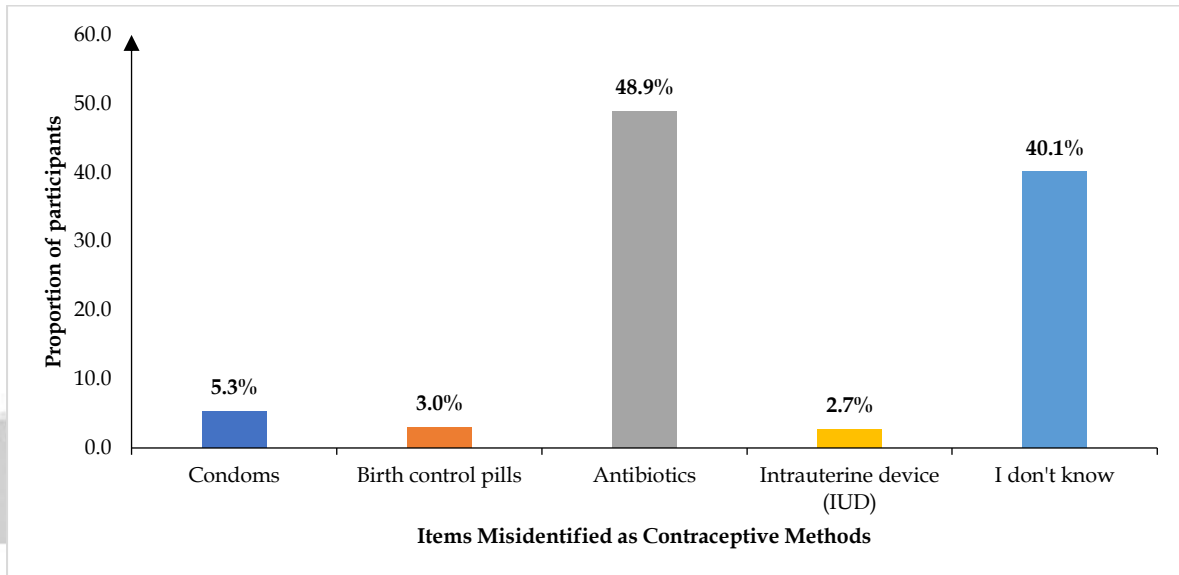
Participants were asked various questions to assess their knowledge about contraceptives.

The study results indicate that 80.6% (1,626) of the participants defined a contraceptive as a method or device used to prevent pregnancy. Meanwhile, 3.0% (60) described it as a type of medication for regulating menstrual cycles, and 1.1% (23) defined it as hormone replacement therapy for menopause. Additionally, 0.2% (4) considered a contraceptive to be a treatment for erectile dysfunction, and 15.1% (305) admitted they did not know what a contraceptive is (Figure 1).



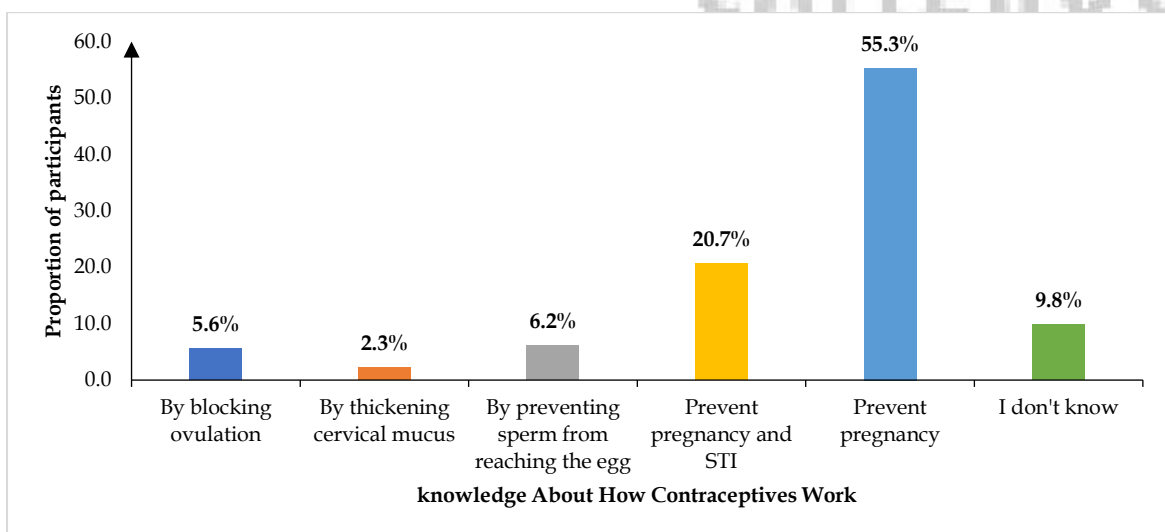
**Figure 1: Understanding of Contraceptives: Participant Responses**

The study assessed participants' knowledge of which item on the list is not a form of contraception, revealing the following results: 5.3% (107) of participants believed that a condom is not a form of contraception, 3.0% (61) thought that the pill is not a contraceptive method, and 48.9% (986) said that antibiotics are not a form of contraception. Additionally, 2.7% (55) thought that the IUD is not a form of contraception, while 40.1% (809) did not know which item on the list is not a contraceptive method (Figure 2).



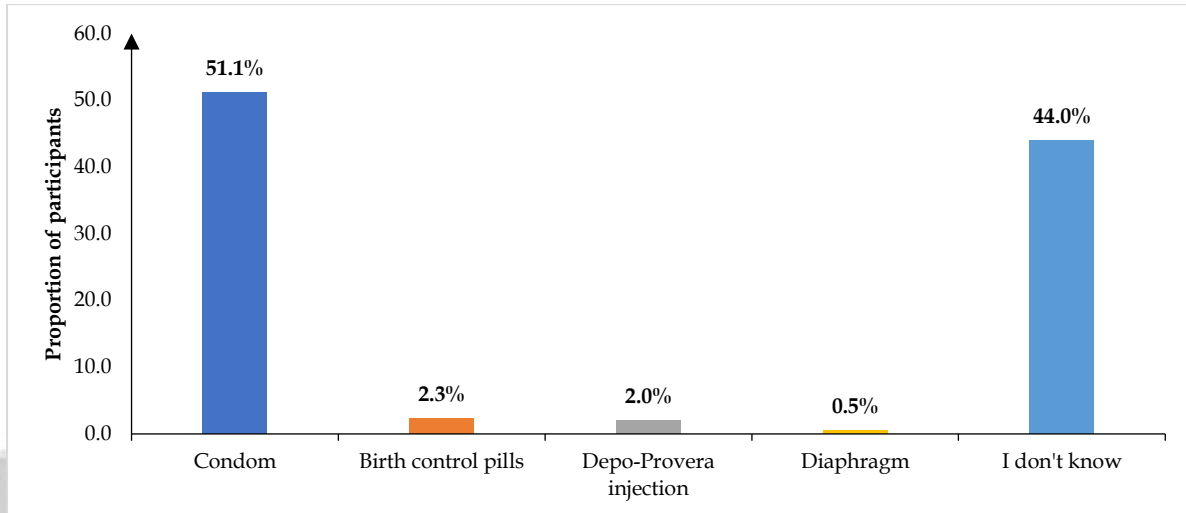
**Figure 2: Misconceptions About Contraceptive Methods: Participant Responses**

Based on the participants' responses in this study, 5.6% (112) believe that contraceptives work by blocking ovulation, 2.3% (46) think they work by thickening cervical mucus, and 6.2% (125) say they work by preventing sperm from reaching the egg. Additionally, 20.7% (418) believe that contraceptives prevent both pregnancy and STDs, while 55.3% (1,116) think they only prevent pregnancy. Lastly, 9.8% (198) of participants do not know how contraceptives work (Figure 3).



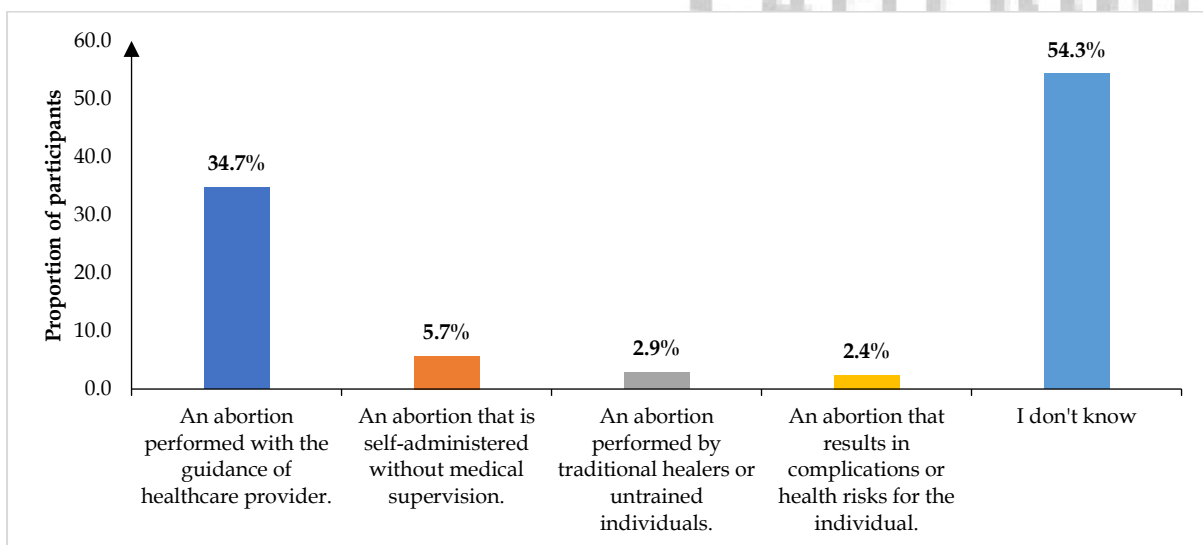
**Figure 3: Participants' understanding of how contraceptives work**

According to the participants' responses in this study, 51.1% (1,032) identified the condom as a contraceptive that protects against both pregnancy and STDs. Additionally, 2.3% (47) believed the birth control pill offers such protection, 2.0% (41) thought the Depo-Provera injection does, and 0.5% (10) said the diaphragm protects against both pregnancy and STDs. Meanwhile, 44.0% (888) of participants said they don't know (Figure 4).



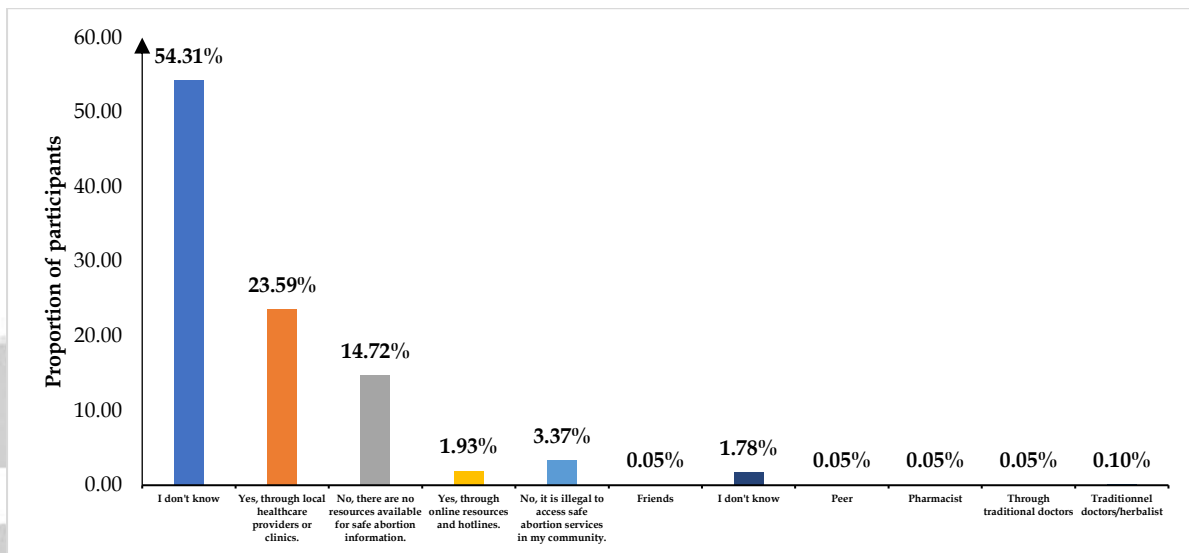
**Figure 4: Knowledge about contraceptive methods that protect against pregnancy and STDs**

Participants were asked if they knew what is the meaning of safe abortion, 34.7% (700) of participants defined safe abortion as one conducted under the supervision of a healthcare provider, while 5.7% (115) described it as an abortion performed by the individual without medical supervision. Additionally, 2.9% (58) believed it to be an abortion carried out by traditional healers or untrained individuals, and 2.4% (49) defined it as an abortion that results in complications or health risks. Furthermore, larger percentage, 54.3% (1,096) said they don't know what a safe abortion is (Figure 5).



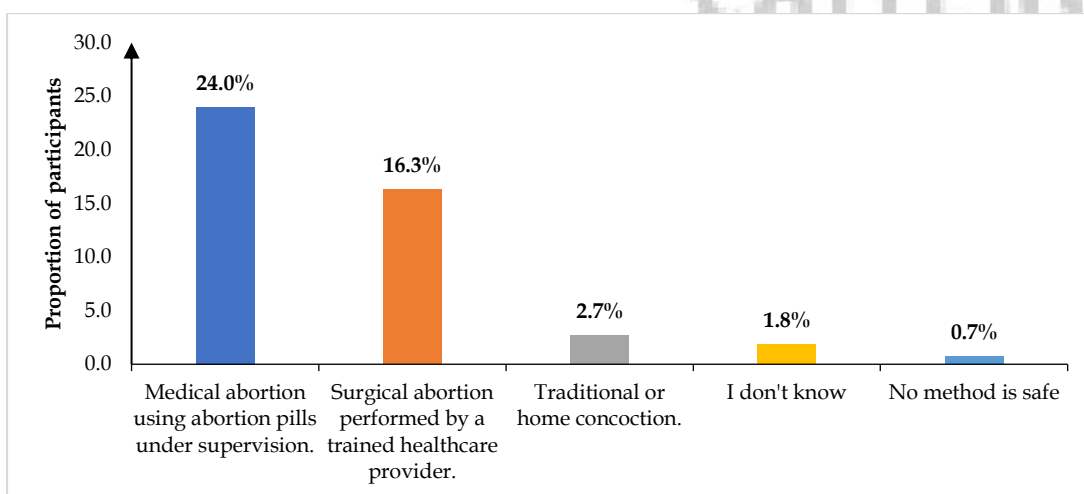
**Figure 5: Participants' definitions of safe abortion**

According to the study, 54.3% (1,096) of participants stated they did not know about resources for safe abortion. Meanwhile, 23.6% (476) mentioned they could obtain information from local healthcare providers or clinics, and 14.7% (297) said there are no available resources for safe abortion. Additionally, 1.9% (39) indicated they could get information through online resources and hotlines, 3.4% (68) noted that it is illegal to access safe abortion services in their community, and 1.8% (36) said they didn't know. Finally, 0.1% (2) mentioned traditional doctors or herbalists, and 0.0% (1) each cited friends and peers or a pharmacist as sources (Figure 6).



**Figure 6: Sources of information and resources for safe abortion: Participant responses**

According to the study, 54.3% (1096) of the participants say they don't know what constitutes a safe abortion. Meanwhile, 24.0% (484) believe a medical abortion with pills under supervision is safe, 16.3% (329) say a surgical abortion performed by a trained health care provider is safe, 2.7% (55) consider traditional or homebrew methods safe, 1.8% (37) admit they don't know, 0.0% (1) state it could be surgical or with pills but both under the supervision of trained medical professionals, 0.7% (15) believe no method is safe (Figure 7).

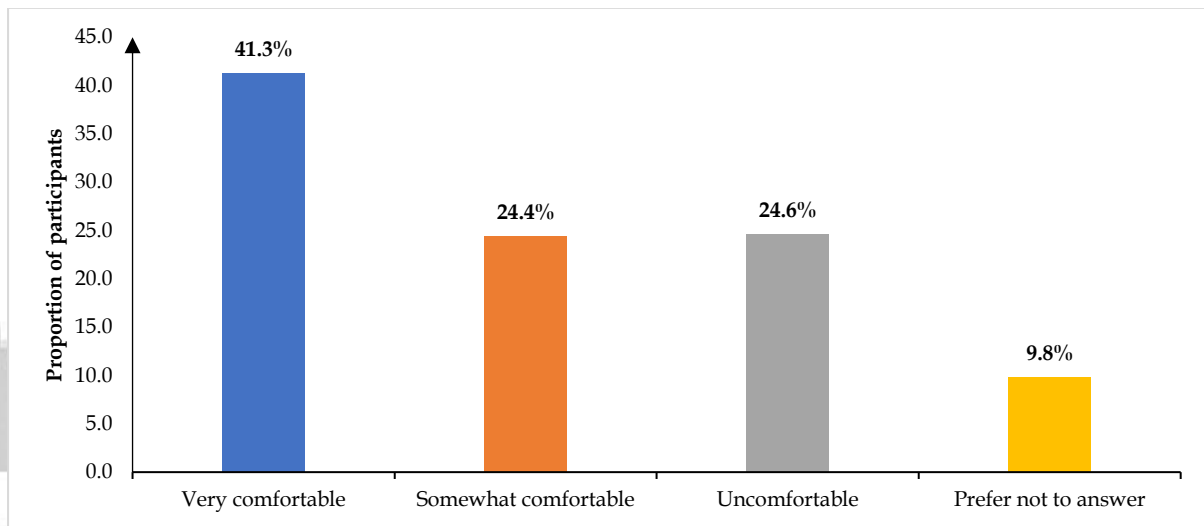


**Figure 7: Perceptions of Safe Abortion Methods Among Study Participants**

### 4.3. Attitude of study participants regarding contraception

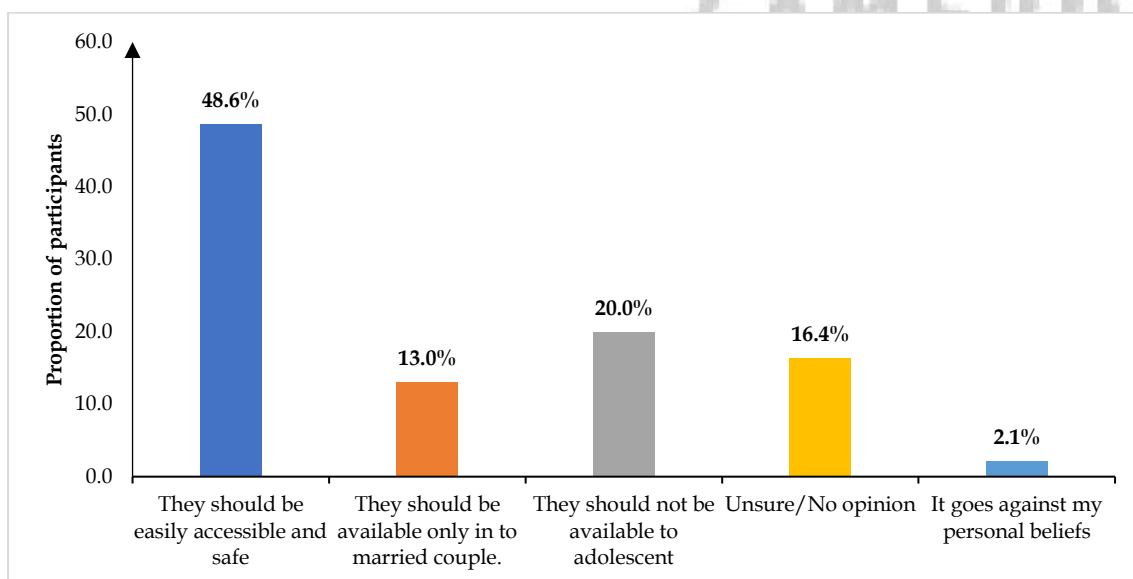
Several questions were posed to the participants to gauge their attitude regarding contraceptives.

Based on the data gathered in this study, 41.3% (833) of participants reported feeling comfortable discussing contraceptives, 24.4% (492) said they were somewhat comfortable, 24.6% (496) indicated they were uncomfortable, and 9.8% (197) chose not to answer (**Figure 8**).



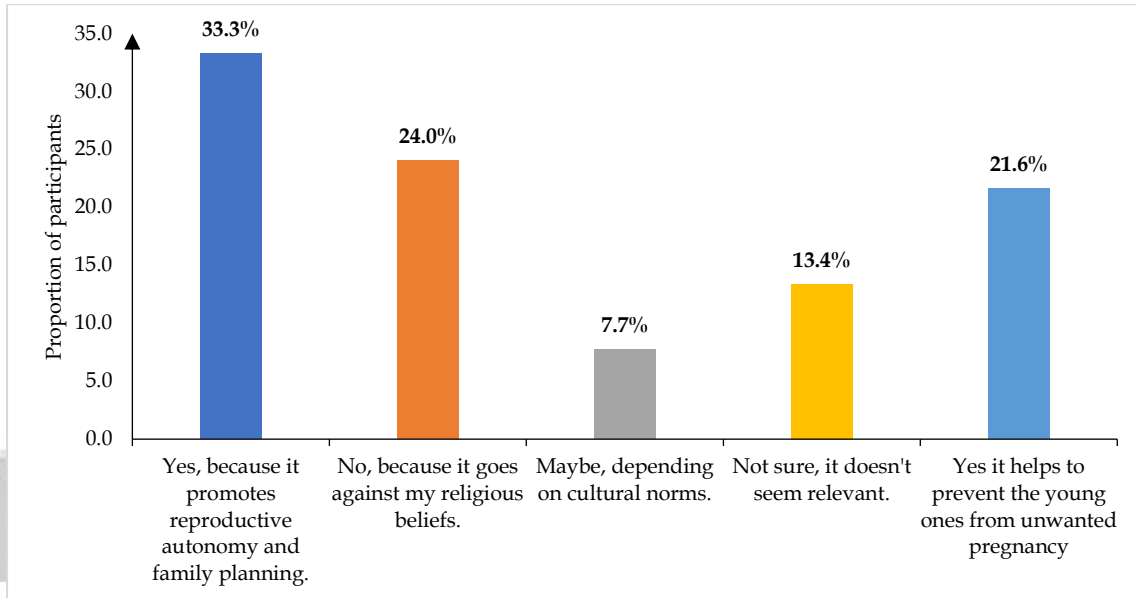
**Figure 8: Comfort Levels in Discussing Contraceptives Among Study Participants**

Based on the data collected in this study, 48.6% (981) of the participants believe contraceptives should be accessible and safe, 13.0% (262) think they should only be available to married couples, 20.0% (403) say they should not be available to teenagers, 16.4% (330) have no opinion on the matter, and 2.1% (42) say contraceptives go against their personal beliefs (**Figure 9**).



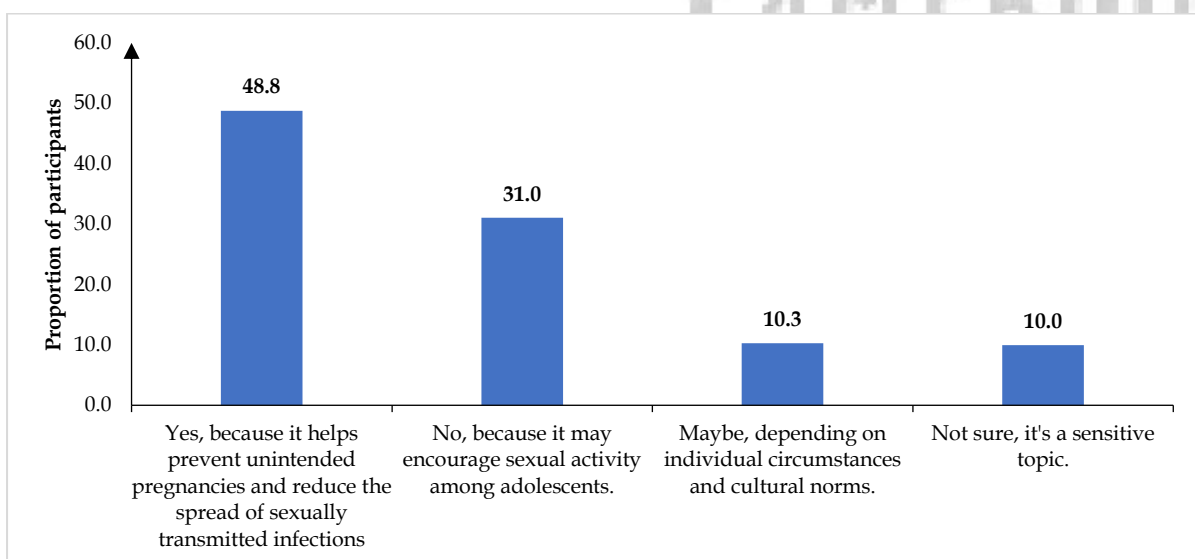
**Figure 9: Opinions on Contraceptive Accessibility and Availability**

The study reveals that 33.3% (671) of participants believe contraceptives should be available to individuals of all ages to support reproductive autonomy and family planning. In contrast, 24.0% (485) oppose this idea due to religious beliefs, 7.7% (156) say it might depend on cultural norms, 13.4% (270) are uncertain or find the issue irrelevant, and 21.6% (436) think it is important as it helps prevent unwanted pregnancies among young people (Figure 10).



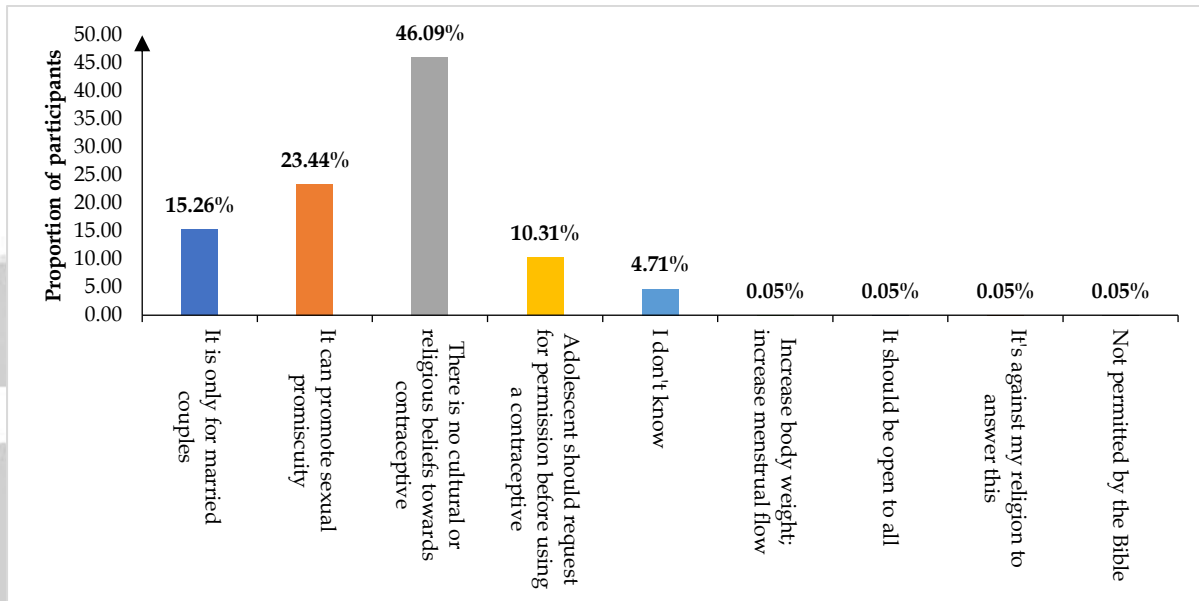
**Figure 10: Perspectives on Universal Contraceptive Availability**

Based on the responses from this study, a larger percentage 48.8% (984) of participants believe that contraceptives should be available to unmarried individuals, adolescents inclusive, to help prevent unwanted pregnancies and reduce the spread of sexually transmitted infections. In contrast, 31.0% (626) feel it is not advisable as it might encourage sexual activity among adolescents. Additionally, 10.3% (207) think it could be considered depending on individual circumstances and cultural norms, while 10.0% (201) have no opinion on the matter, describing it as a "sensitive issue." (Figure 11)



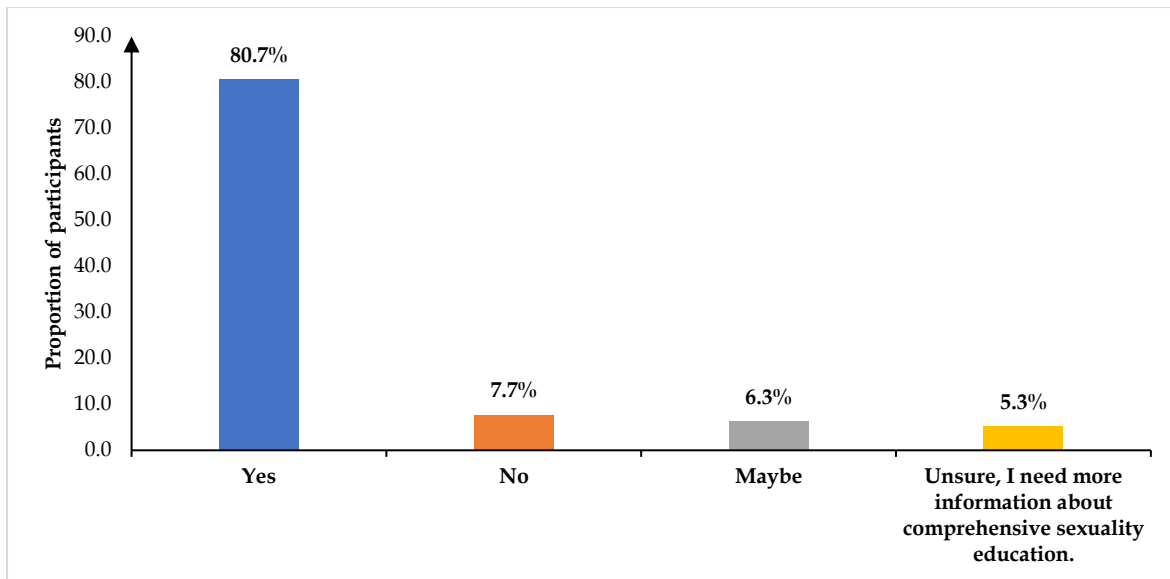
**Figure 11: Attitudes on contraceptive availability for unmarried individuals, including adolescents**

This study also aimed to uncover cultural and religious beliefs within communities that affect attitudes toward contraceptives. According to the findings, 15.3% (308) of participants believe that contraceptives are intended only for married couples, 23.4% (473) think that contraceptives can encourage sexual promiscuity, and 46.1% (930) feel there are no cultural or religious beliefs regarding contraceptives in their community. Additionally, 10.3% (208) believe adolescents should seek permission before using contraceptives. Meanwhile, 4.7% (95) are unsure if any cultural or religious beliefs about contraceptives exist, and 0.0% (1) mentioned that some community beliefs include concerns about weight gain, prohibitions in religious texts, or religious objections. Another 0.0% (1) stated that contraceptives should be available to everyone (Figure 12).



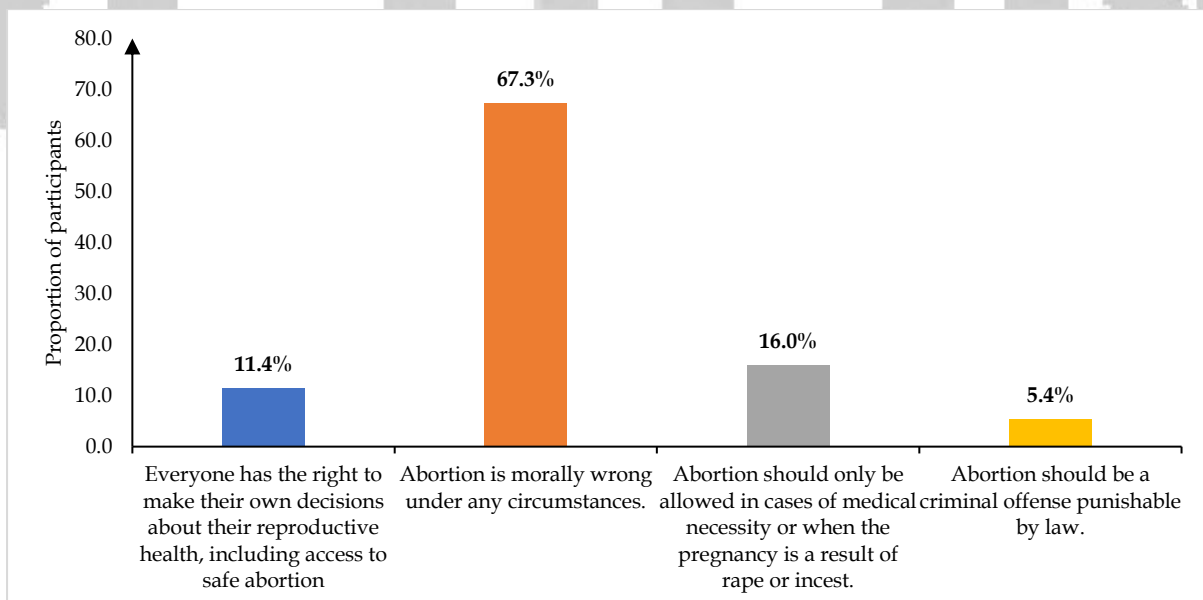
**Figure 12: Cultural and religious beliefs influencing attitudes towards contraceptives**

When asked about the importance of Comprehensive Sexuality Education (CSE) for adolescents and young people in the community, participants responded as follows: 80.7% (1629) agree that it is important for adolescents and young people to have knowledge about CSE because it will provide essential information for making informed decisions about sexual health and create healthy decisions when it come to their relationship and also aid in the prevention of STI and HIV, 7.7% (155) believe it is not important because it will promote promiscuity among them and will result to many unwanted pregnancies among them, 6.3% (128) feel its importance may vary depending on individual circumstances and cultural norms, and 5.3% (106) are uncertain and need more information before deciding on the significance of CSE for adolescents and young people in the community (Figure 13).



**Figure 13: Perceptions of the importance of Comprehensive Sexuality Education (CSE) for adolescents and young people**

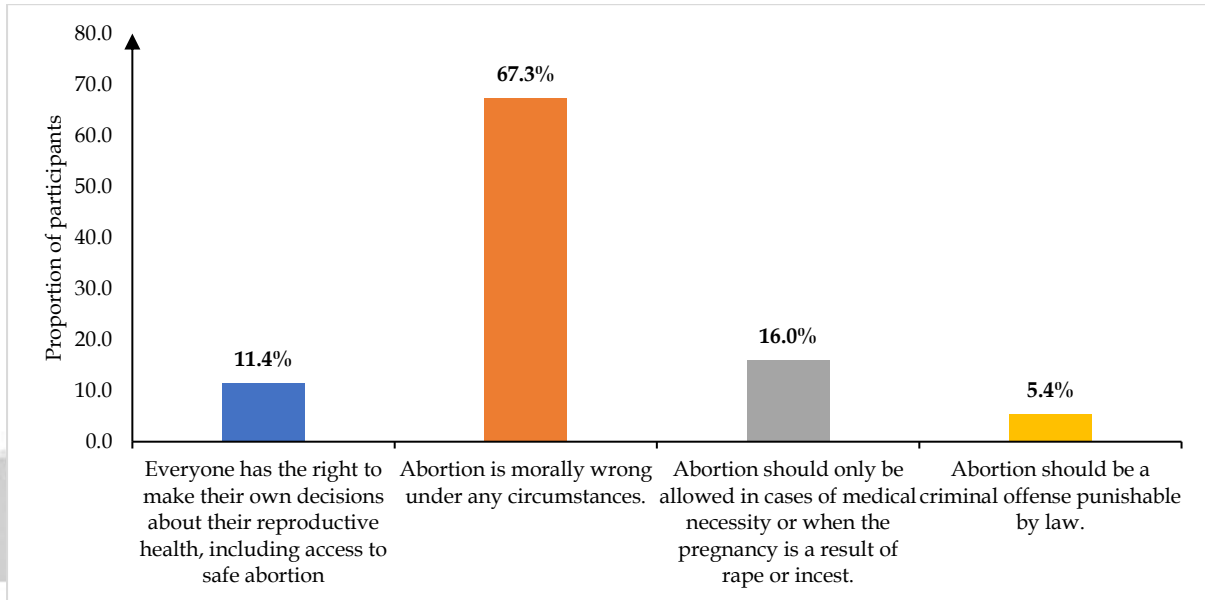
When asked about their personal beliefs or values regarding safe abortion, 11.4% (230) of the population believe that everyone has the right to make their own decisions about reproductive health, including access to safe abortion. In contrast, 67.3% (1358) view abortion as morally wrong in all situations. Additionally, 16.0% (322) believe that abortion should only be permitted in cases of medical necessity or if the pregnancy resulted from rape or incest, while 5.4% (108) consider abortion a criminal act that should be legally punishable (**Figure 14**).



**Figure 14: Personal beliefs and values abortion**

This question aims to understand community attitudes towards abortion. According to the study, 4.4% (88) of participants say abortion is widely accepted and supported as a

reproductive health right in the community. Conversely, 84.5% (1705) state that it is considered taboo and stigmatized, leading to secrecy and unsafe practices. Additionally, 3.9% (79) mention that abortion is openly discussed and regarded as a normal health care option, while 7.2% (146) believe it is unnecessary and not aligned with the community's values (Figure 15).

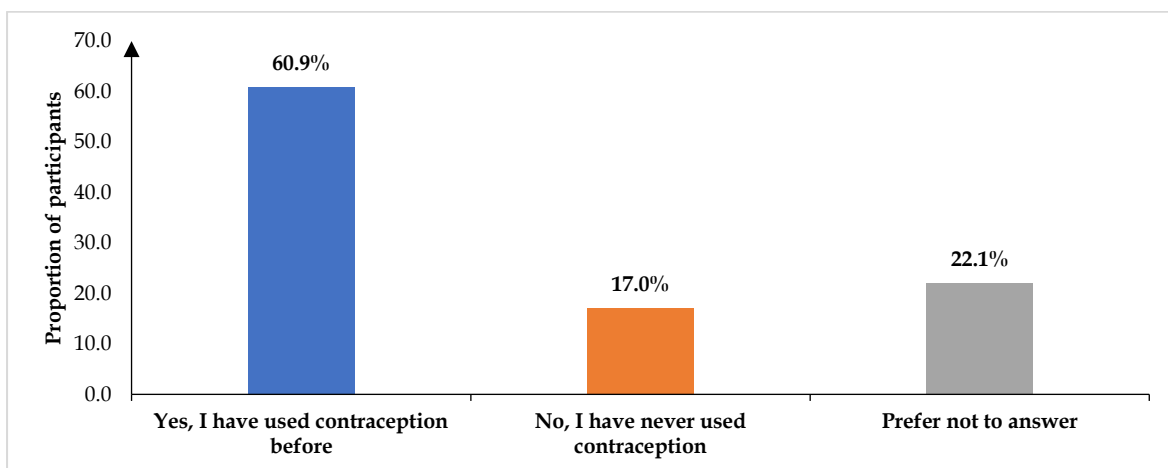


**Figure 15: Community attitudes on Abortion: participants responses**

#### 4.4. Practice of study participants regarding contraception

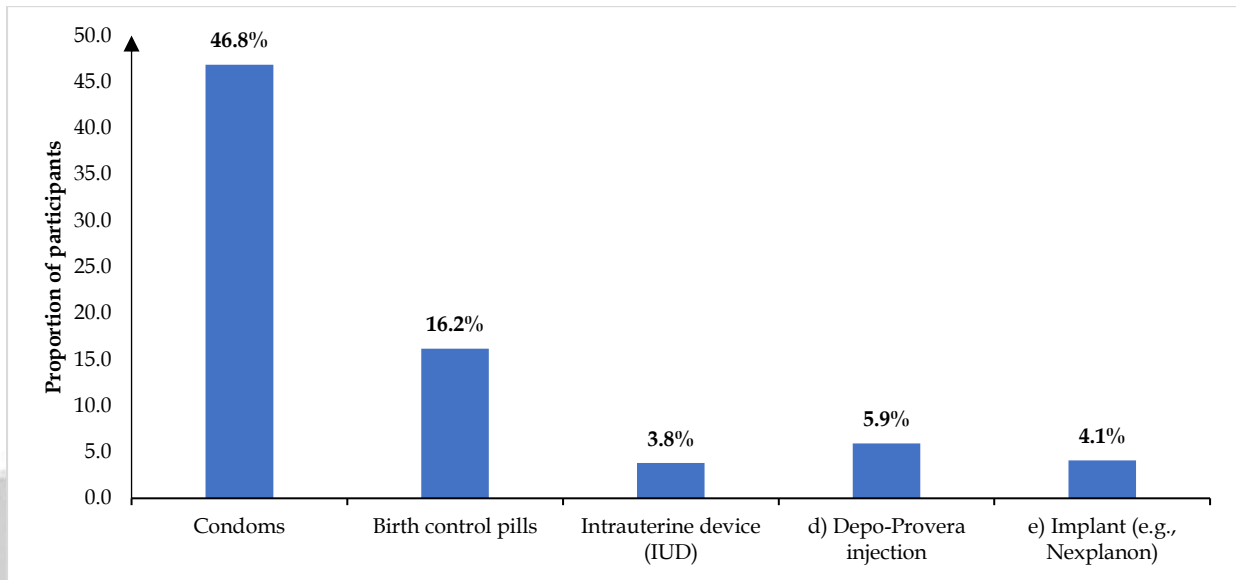
Participants were asked a series of questions to evaluate their practices toward contraception. The following results were observed.

According to the data provided by participants in this study, 60.9% (1229) of the study population reported having used contraception, 17.0% (343) stated they had never used any form of contraception, and 22.1% (446) preferred not to answer the question (Figure 16).



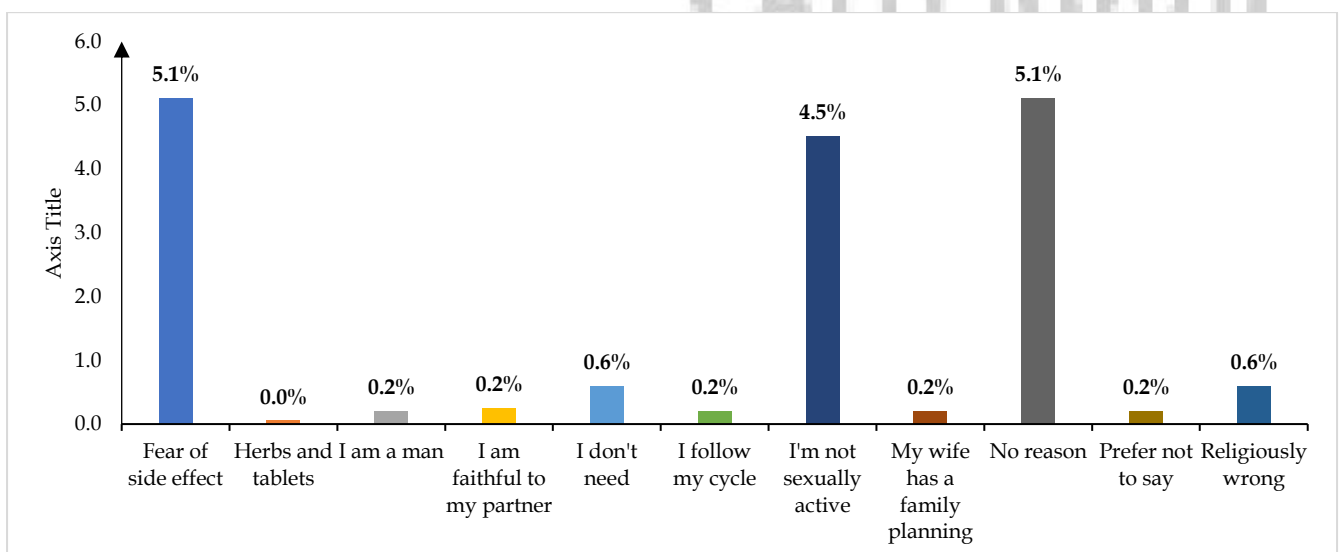
**Figure 16: Reported contraceptive use among study participants**

Among participants who reported using at least one form of contraception, 46.8% (945) had used condoms, 16.2% (326) had used birth control pills, 3.8% (77) had used an IUD, 5.9% (120) had used Depo-Provera injections, and 4.1% (83) had used implants such as Nexplanon.



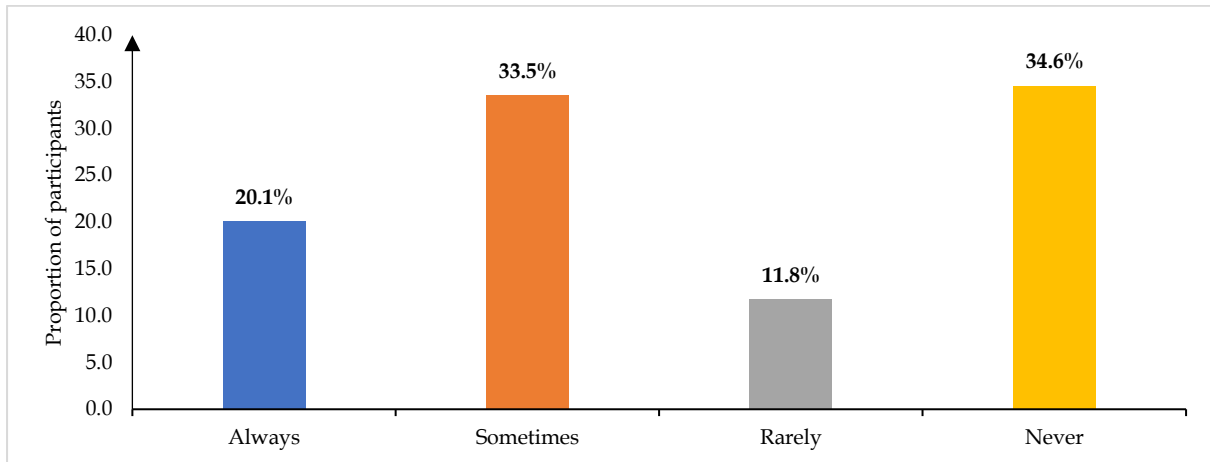
**Figure 17: Types of contraception used by study participants**

Based on the data from the study, the reasons given by participants who do not use contraceptives are as follows: 5.1% (103) cite side effects as their reason, 0.0% (1) prefer using herbs and tablets, 0.2% (4) believe it is unnecessary for men, 0.2% (5) trust in their partner's fidelity, 0.6% (12) see no need for contraception, 0.2% (4) prefer tracking their menstrual cycle, 4.5% (91) are not sexually active, 0.2% (4) rely on their partner's family planning method, 5.1% (103) have no specific reason, 0.6% (12) believe it is against their religious beliefs, and 0.2% (4) chose not to answer (Figure 18).



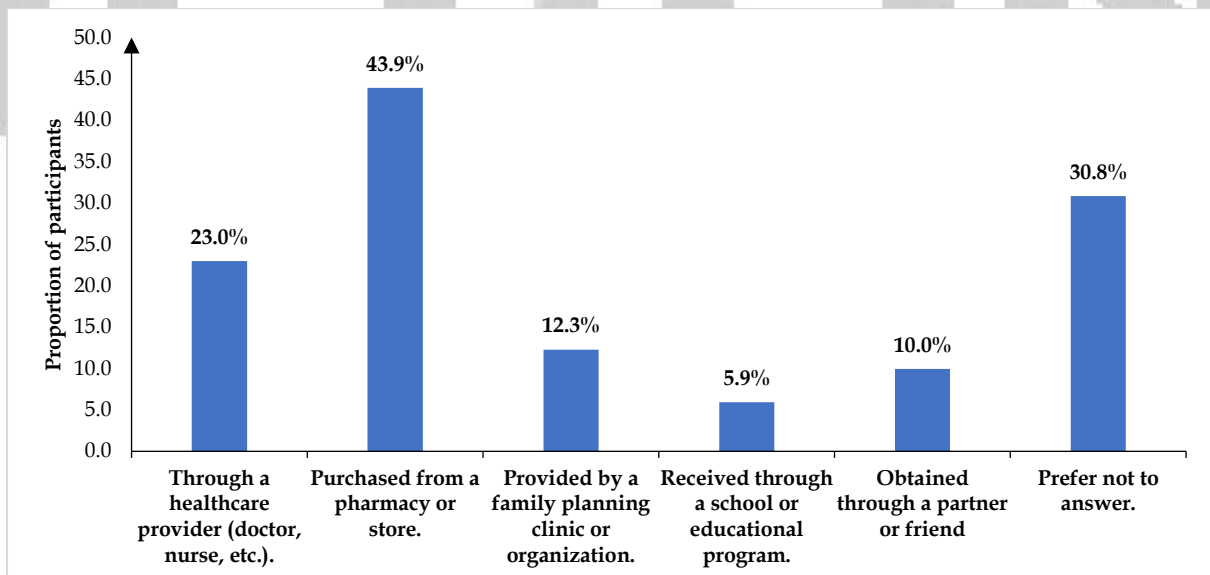
**Figure 18: Reasons for not using contraceptives among participants**

When asked on how often participants who revealed they uses contraceptives, the data revealed that 20.1% (405) of the participants stated they consistently use contraceptives, 33.5% (677) use them occasionally, 11.8% (238) use them infrequently, and 34.6% (698) reported never using contraceptives (**Figure 19**).



**Figure 19: Frequency of contraceptive use among participants**

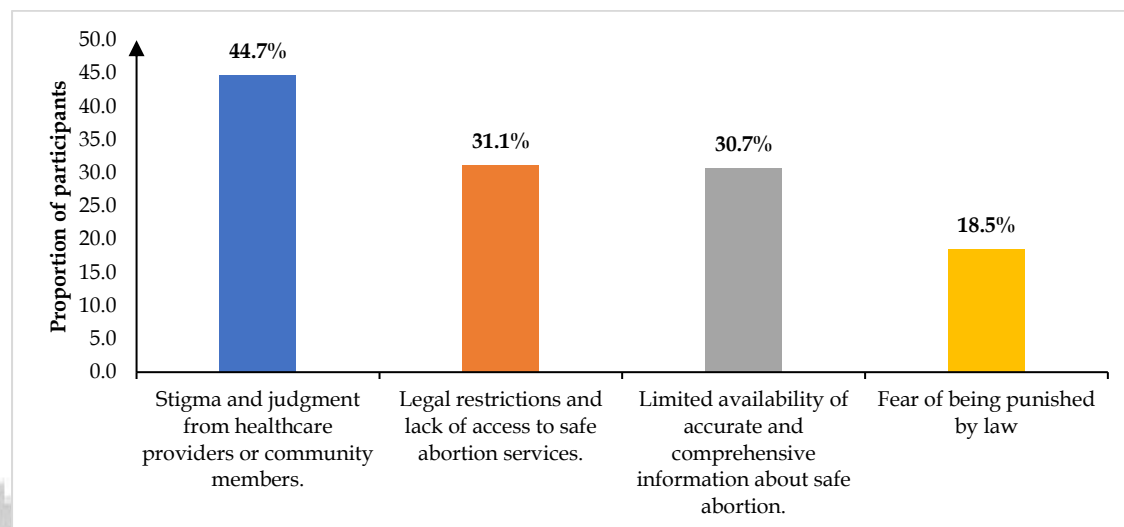
Of the participants who reported using or having used contraception, 23.0% (464) obtained it from a healthcare provider, such as a doctor, nurse, or pharmacist. 43.9% (886) purchased it from a pharmacy or drugstore, 12.3% (248) received it from a family planning clinic or organization, 5.9% (120) got it from a school or educational program, 10.0% (201) acquired it from a friend or partner, and 0.2% (4) obtained it from other sources like NGOs (**Figure 20**).



**Figure 20: Sources of contraceptive methods among participants**

Participants identified several barriers that prevent young girls in the community from seeking safe abortion services and lead them to pursue alternative methods. These include: 44.7% (902) who cited stigma and judgment from healthcare providers and community

members as a major obstacle; 31.1% (628) who mentioned legal restrictions and lack of access to safe abortion services; 30.7% (619) who pointed to the limited availability of accurate and comprehensive information about safe abortion; and 18.5% (373) who said fear of legal repercussions is a significant barrier (Figure 21).



**Figure 21: Factors hindering young girls from seeking safe abortion services**

This study also aimed to investigate common methods used in the community for terminating pregnancies or inducing abortions. The data revealed a broad range of practices, from traditional herbs to unconventional methods and strong drinks. The findings are as follows: 52.6% (1060) of participants acknowledged that abortions occur in the community but are unaware of the methods used. 0.7% (14) reported the use of abortion pills, 0.0% (1) mentioned sour fruits, 0.3% (7) cited a mixture of antibiotics, 1.9% (38) indicated a casava herb mixture, 0.1% (3) referred to Cytotec, 0.4% (9) mentioned D&C, 0.1% (2) said hard physical labour like wood splitting, 0.8% (17) referred to eczema leaf mixture, 0.3% (6) mentioned hard drugs, 0.3% (3) spoke of honey mixture to induce contractions, 0.1% (3) noted the use of injections, 0.4% (9) cited inserting sticks into the vagina, 0.0% (1) described GBV by a partner leading to miscarriage, 1.6% (43) reported drugs like Mectizan, Paracetamol, and Postinor2, 2.4% (48) mentioned concentrated salt solution, 9.3% (187) indicated traditional herbs, 16.7% (338) said whiskey and other strong drinks, and 0.4% (8) said hospital visits.

**Table 2: Methods reported for terminating pregnancies or inducing abortions in the community: participants responses**

Common things people use for abortion in the community.	Frequency (n)	Percent (%)
Abortion	88	4.4
Abortion pills	14	0.7
Acidic fruit	1	0.0
Antibiotics mixture	7	0.3
Cassava herbs mixture	38	1.9
Cytotec	3	0.1
D&C	9	0.4
Do hard work like split firewood	2	0.1
Eczema leaf mixture	17	0.8
End pregnancy	10	0.5
Hard drugs	6	0.3
Honey mixture	7	0.3
I don't know	972	48.2
Injection	3	0.1
Inserting stick in vagina	9	0.4
Kicking from partner (GBV)	1	0.0
Mectizan	11	0.5
Miscarriage	3	0.1
Paracetamol	7	0.3
Postinor	16	0.8
Remove a child	204	10.1
Salt and water mixture	48	2.4
Terminate	9	0.4
They go to the hospital	8	0.4
Traditional herbs mixture	187	9.3
Whiskey mixture	338	16.7
<b>Total</b>	<b>2018</b>	<b>100.0</b>

## 5. Discussion

The data collected from this study provides valuable insights into the understanding and practices surrounding contraception and abortion within the community. Several key themes emerge from the analysis:

### 5.1. Knowledge and Attitudes Towards Contraceptives

The study reveals a varied understanding of contraceptives among participants. While a significant portion, 41.3%, reported feeling comfortable discussing contraceptives, a substantial 24.6% expressed discomfort or chose not to answer. This indicates a need for improved education and open dialogue to normalize conversations about contraceptives.

Additionally, 48.8% of participants believe that contraceptives should be accessible to unmarried individuals, including adolescents, to prevent unwanted pregnancies and STDs. However, a notable portion still holds conservative views, with 31.0% suggesting that

availability could encourage sexual activity among adolescents. This highlights the ongoing cultural and religious barriers impacting contraceptive use and the need for targeted educational programs that address these concerns.

## **5.2. Barriers to Safe Abortion Services**

The study identifies several barriers that hinder young women from seeking safe abortion services. The predominant barriers include stigma and judgment (44.7%), legal restrictions and lack of access (31.1%), and limited availability of accurate information (30.7%). These barriers contribute to the reliance on unsafe methods, indicating a critical need for improved access to safe and legal abortion services, as well as comprehensive sexual and reproductive health education.

## **5.3. Cultural and Traditional Practices**

The diverse range of methods reported for terminating pregnancies, from traditional herbs and hard drinks to modern medical methods like abortion pills and Cytotec, underscores the significant gap in safe abortion practices. A large proportion of participants (52.6%) acknowledged that abortion occurs in the community but were unaware of the methods used. This lack of awareness, coupled with traditional practices and unsafe methods, highlights the urgent need for education on safe abortion practices and the dangers associated with unregulated methods.

## **5.4. Contraceptive Use:**

The data also sheds light on contraceptive use among participants, with 60.9% reporting having used some form of contraception. Among these, condoms were the most commonly used method, followed by pills and injections. Despite the availability of various contraceptive methods, the study indicates that a significant number of individuals still do not use contraception, often due to side effects, lack of need, or religious beliefs.

## **5.5. Community Perceptions**

The perception of abortion within the community is largely negative, with 84.5% considering it taboo and stigmatized. This societal disapproval contributes to the secrecy and unsafe practices surrounding abortion. On the other hand, 4.4% of participants view abortion as a reproductive health right, reflecting a small but important segment of the community that supports safe abortion access.

# **6. Recommendations**

## **6.1. Enhance Education and Awareness**

Develop and implement comprehensive sexual and reproductive health education programs that address both contraceptive use and safe abortion practices. These programs should aim to normalize discussions around these topics and provide accurate information to counteract misinformation and stigma.

## **6.2. Improve Access to Services**

Increase access to both contraceptives and safe abortion services, especially in rural and underserved areas. This includes expanding the availability of youth-friendly services and ensuring that legal and medical barriers are addressed.

## **6.3. Address Cultural and Religious Barriers**

Engage with community leaders and stakeholders using gender transformative approach (GTA) and value clarification and attitude transformative approach (VCAT) to address cultural and religious beliefs that impact attitudes towards contraception and abortion. This may involve creating culturally sensitive educational materials and fostering open dialogues within communities.

## **6.4. Support Research and Policy Development:**

Support further research into the specific barriers and needs of different community segments, and use this data to inform policy development and advocacy efforts aimed at improving reproductive health services.

## **7. Conclusion**

Understanding and improving the knowledge, attitudes, and practices towards contraceptives in rural communities in the South West region of Cameroon is crucial for better delivery of sexual and reproductive health. While there is a significant understanding and use of contraception among some segments of the population in the communities, considerable barriers and misconceptions still persist. Addressing these issues through targeted education, improved access to services, and cultural engagement is essential for advancing reproductive health and rights in the community. The findings will inform policymakers, educators, and health practitioners in designing effective interventions to support the sexual health and overall well-being of this vulnerable population

## **8. Limitations**

While this KAP study provides further insights into sexual and reproductive health among individuals in the South West region in Cameroon, the present findings should be interpreted with caution due to some limitations. First, there are some discrepant findings compared with other publications, probably due to differences in sample size and location (local vs nationwide surveys) as this is a single-centre study. Thus, our results may not fully represent the population from other regions of the country. Second, as premarital sex remains taboo in Cameroon, there may be a bias towards social desirability in the responses to our study.

## **9. Recommendations**

Based on the result obtained in the study, the following recommendations are suggested to improve contraceptive use, access to safe abortion services, and overall reproductive health in the community:

### 9.1. Enhance Contraceptive Education and Access

**Increase Awareness:** Launch targeted educational campaigns to raise awareness about the various contraceptive methods available and their benefits. These campaigns should address common misconceptions and provide accurate information about side effects and proper usage.

**Expand Access:** Ensure that contraceptives are widely available and affordable. Work with pharmacies, health care providers, and family planning clinics to make contraceptives more accessible, especially in underserved areas.

**Youth-Focused Initiatives:** Develop and implement youth-friendly programs that offer confidential and non-judgmental access to contraceptives. Partner with schools and community organizations to provide education and resources tailored to adolescents.

### 9.2. Address Cultural and Religious Barriers

**Community Engagement:** Engage community leaders and religious figures in discussions about reproductive health to address cultural and religious beliefs that hinder contraceptive use and access to safe abortion services. Promote open dialogue to reduce stigma and misinformation.

**Inclusive Education:** Incorporate culturally sensitive approaches in reproductive health education programs. Ensure that these programs respect local traditions while providing essential information about contraceptives and safe abortion practices.

### 9.3. Improve Safe Abortion Services

**Expand Legal Access:** Advocate for policy changes to improve access to safe and legal abortion services. Work towards removing legal and practical barriers that prevent individuals from seeking safe abortions.

**Stigma Reduction:** Implement initiatives to reduce stigma associated with abortion. Provide training for healthcare providers to ensure they offer non-judgmental and supportive care to individuals seeking abortion services.

**Emergency Support:** Develop emergency response programs for individuals who experience complications from unsafe abortion practices. Provide accessible and immediate medical support to prevent health risks.

### 9.4. Promote Comprehensive Sexuality Education (CSE)

**Curriculum Development:** Integrate comprehensive sexuality education into school curricula and community programs. Ensure that the content is accurate, age-appropriate, and covers a range of topics including contraception, safe sex practices, and reproductive rights.

### 9.5. Support Research and Data Collection

**Ongoing Research:** Conduct further research to better understand the evolving needs and preferences of the community regarding contraception and reproductive health. Use this data to inform and refine VIAC strategies and programs.

**Monitor Trends:** Regularly monitor trends in contraceptive use, abortion practices, and attitudes towards reproductive health to identify emerging issues and areas for intervention.

## 9.6. Strengthen Healthcare Infrastructure

**Increase Training:** Provide additional training for healthcare providers on contraceptive methods, reproductive health, and safe abortion services. Ensure they are equipped to offer accurate information and support to patients.

**Improve Facilities:** Enhance the availability and quality of healthcare facilities that offer reproductive health services. Ensure that these facilities are equipped to handle a range of needs, from contraception to safe abortion care.



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