

## Costs and Benefits of Investing in Contraceptive Services in Cameroon

- Cameroon has one of the highest maternal mortality ratios in the world. An estimated 782 women died from pregnancy- or delivery-related causes per 100,000 live births in 2011. This translates to the death of 6,000 Cameroonian women each year, many of whom had not wished to be pregnant in the first place.
- Lack of access to quality family planning services contributes to large numbers of unwanted and mistimed pregnancies. Many Cameroonian women who have such pregnancies are subsequently exposed to the risks of childbirth without adequate obstetric care or to the perils of unsafe abortion, threatening the lives, health and economic well-being of the women and their families.
- Meeting women's need for modern contraception is central to achieving three of the United Nations Millennium Development Goals—improving maternal health, reducing child mortality and combating HIV/AIDS—and contributes directly or indirectly to efforts to achieve all eight goals.

### **CURRENT CONTRACEPTIVE USE IN CAMEROON IS INADEQUATE**

- Approximately 2.3 million Cameroonian women of reproductive age—43% of all women aged 15–49—are sexually active and want to delay having a child or want no more children. However, just 37% of these women use a modern contraceptive method. The remaining 63% have an unmet need for contraception.
- Regionally, women in the North and Far North regions are most at risk of an unwanted pregnancy, as they have

highest levels of unmet need (85% and 87%, respectively). This is likely due to the fact that these women face greater cultural or access barriers to obtaining contraceptives.

- Among the poorest women (those in lowest wealth quintile), nearly 90% are at risk of an unwanted pregnancy, compared with 50% of women living in the wealthiest households.
- Commonly cited reasons for nonuse of modern contraceptives include infrequent sexual activity, concerns about side effects or health risks, postpartum amenorrhea or breastfeeding, and the cost of family planning. Other factors that contribute to nonuse include the lack of adequately trained health care providers, frequent unavailability of contraceptive supplies and limited choice of contraceptive methods.

### **NONUSE OF CONTRACEPTION ACCOUNTS FOR MOST UNINTENDED PREGNANCIES**

- In Cameroon, an estimated 490,000 unintended pregnancies occurred in 2013. Nearly 80% of these pregnancies were among women who were not using a modern method of contraception.
- Approximately 36% of unintended pregnancies in 2013—approximately 175,000 in all—ended in abortions, most of which were unsafe and clandestine procedures.

### **WOMEN HAVE MORE CHILDREN THAN THEY WANT**

- In 2013, 21% of all births in Cameroon were unplanned. This proportion has remained roughly constant since 1991.

- Cameroonian women have a substantially higher number of children than they report wanting—5.1 compared with 4.1.

- On average, the poorest women have two more children than they desire, whereas the wealthiest women, who likely have better access to contraception, have only 0.7 more children than they want.

- The discrepancy between desired family size and actual fertility varies by region. The gap is largest (2.4 more children than desired) in the North region—which is one of the poorest—and smallest in the South region (a difference of just 0.4 children).

### **CONTRACEPTIVE USE PROMOTES HEALTH AND SAVES LIVES**

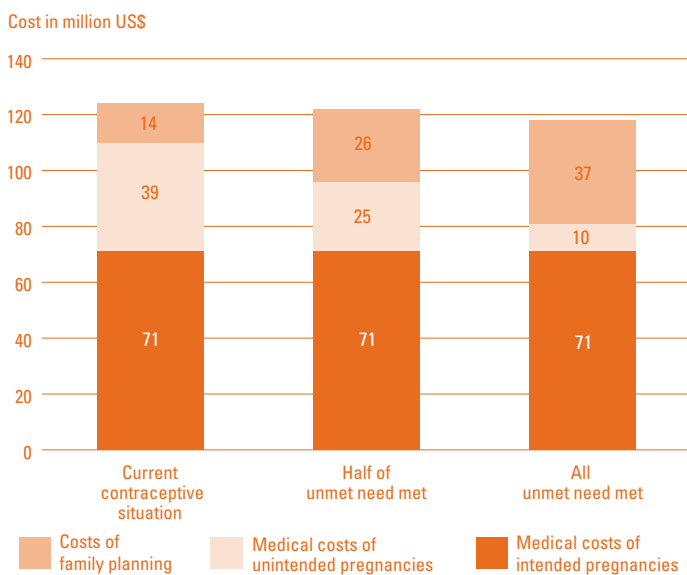
- If all women's need for modern contraceptive methods were met, there would be 373,000 fewer unintended pregnancies each year, a decrease of 76%.

- As a result, the numbers of unplanned births, abortions, and miscarriages would all be reduced by about three-fourths, and 1,300 fewer women would die each year in pregnancy and childbirth. Additionally, 13,000 fewer infant deaths would occur annually.

- If just half of the current unmet need for modern contraceptives were met, there would be nearly 187,000 (or 38%) fewer unplanned pregnancies each year than currently occur. This would mean 95,000 fewer unplanned births, 65,000 fewer induced abortions and 600 fewer maternal deaths annually.

## Increasing Investment in Family Planning Saves Money

Investing in contraception could substantially reduce costs associated with unintended pregnancy



*Note:* Cost components may not sum to totals because of rounding. Medical costs include costs for prenatal care, routine newborn care, professional delivery care, obstetric emergency care and, for unintended pregnancies, treatment of complications from unsafe abortion.

### INCREASING INVESTMENT IN FAMILY PLANNING SAVES MONEY

- In Cameroon, the total expenditure on family planning in 2013 was US\$13.7 million (6.87 billion CFA). It would cost US\$25.5 million (12.8 billion CFA) to fulfill half of all unmet need for modern contraceptives, and US\$37.2 million (18.7 billion CFA) to supply all women in need with a modern method.
- Although reducing unmet need would require greater expenditures on contraceptives, considerable net savings would result, because spending on family planning lowers the number of unplanned births and, in turn, reduces expenditures on maternal and newborn health.
- Every dollar spent on contraceptive services will save the

health system \$1.23 on maternal and newborn care.

- Compared with current expenditures on provision of contraceptive services and maternal, newborn and postabortion care, meeting just half of the unmet need for modern contraceptives would result in an annual net savings of US\$2.7 million (1.3 billion CFA). Fulfilling all unmet need would generate a net savings of US\$5.4 million (2.7 billion CFA).
- Current expenditures on reproductive health are inadequate: The total outlay for reproductive health represents just 1.1% of the government's total health budget. Public expenditures on maternal health in 2007–2009 averaged around US\$960,000 (480 million CFA)—only US\$0.20 per woman of reproductive age.

### POLICY IMPLICATIONS

- Though the government has approved a strategic plan that includes doubling contraceptive prevalence by 2020, this goal will remain elusive unless investments in reproductive health are significantly increased.
- Achieving significant reductions in maternal and infant mortality will require greater investments in the health care and service delivery infrastructure.
- Upgrading the overall quality of family planning services should also be a priority, and these programs should be expanded and promoted throughout the country's health system.
- The provision of family planning counseling and methods should be made a routine part of postabortion care.

The data from this fact sheet are drawn from Vlassoff M et al., *Benefits of meeting the contraceptive needs of Cameroonian women*, In Brief, New York: Guttmacher Institute, 2014. For a version of this factsheet with additional references, please see: <http://www.guttmacher.org/pubs/FB-cameroon.html>

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