



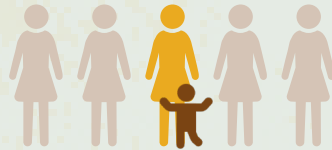
# Support Our Future

Provide Free Contraceptive Services for Cameroon's Youth

Youth ages 15 to 24 need contraceptive services and products to protect their health.



63% of women and 42% of men had sex before age 18.<sup>1</sup>



More than **one in five** young women ages 15 to 19 are already mothers.<sup>2</sup>



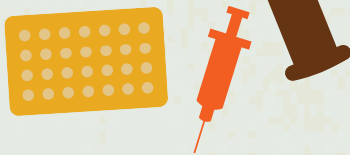
26% of births to mothers under age 20 occurred earlier than they preferred.<sup>3</sup>



Complications from pregnancy and childbirth are the **leading cause of death** for young women ages 15 to 19 in sub-Saharan Africa.<sup>4</sup>

## Cost is one of the barriers that prevents youth from receiving the contraceptives they want.

Contraceptive costs at public health facilities **range widely** based on method type.<sup>5</sup>



A contraceptive implant costs **16%** of what an average family spends on **food in a month**.<sup>6</sup>



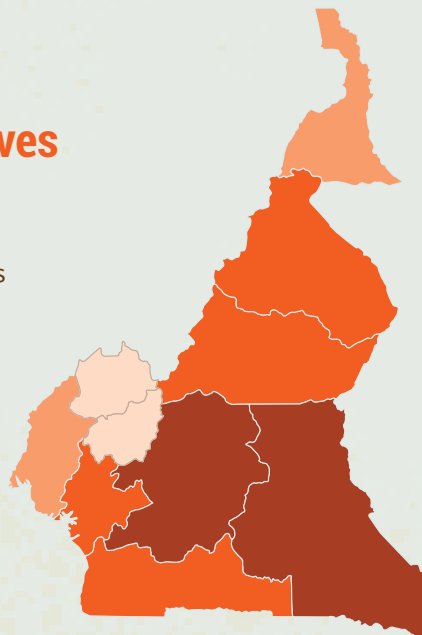
Youth often lack their own **source of income** or control over finances to pay for the **transportation and fees** needed to access contraceptives.<sup>7</sup>



## Meeting youth's need for contraceptive services saves lives and money.

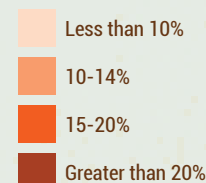
The annual costs of unintended pregnancies and unsafe abortions in Central Africa are approximately **110 trillion CFA**.<sup>8</sup>

If all young women ages 15 to 19 in Central Africa who want to avoid pregnancy were to use modern contraceptives, **289,000 fewer unintended births** and **172,000 fewer unsafe abortions** would occur.<sup>9</sup>



### Young Women in Cameroon Have Unmet Need for Contraception

The share of young women in Cameroon who want to avoid pregnancy but are not currently using any method of contraception varies by region. Rates are highest in the Center, East, and North regions.<sup>10</sup>



## Reducing contraceptive cost barriers for youth is consistent with national policies and commitments.

Recognizing that adolescents and youth receive an **inadequate supply of family planning services**, the *Cameroon Family Planning Operational Plan 2015-2020* seeks to **prioritize their reproductive health**, and the *Cameroon FP2020 Commitment* aims to “**establish a mechanism to subsidize family planning services** for... adolescents and youth” by 2020.



ONLY **17** out of **2600+**

public health facilities offer **free** contraceptive services and commodities to youth

— AND —

**NO POLICY**

exists to reduce the cost of contraceptive services and products at these facilities.<sup>11</sup>

## To improve the health of youth and fulfill national commitments, the Minister of Public Health should:

**Sign a Circular** that requires all contraceptive services and products in all public health facilities be provided free for youth ages 15 to 24.

Establish a permanent monitoring mechanism to **implement the Circular**.

### References

<sup>1</sup> Institut National de la Statistique (INS) and ICF International, Demographic and Health Survey 2011 Cameroon (Calverton, MD: INS and ICF International, 2012).

<sup>2</sup> INS, Ministère de la Santé, and UNICEF, Enquête par grappes à indicateurs multiples (MICS5) 2014 Cameroun (Yaoundé: INS, 2015).

<sup>3</sup> Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS) du Cameroun 2011, accessed at STATcompiler.com.

<sup>4</sup> George C. Patton et al., “Global Patterns of Mortality in Young People: A Systematic Analysis of Population Health Data,” *Lancet* 374, no. 9693 (2009): 881-92.

<sup>5</sup> Republic of Cameroon, Ministry of Public Health, Lettre Circulaire No. D86-72, Aug. 14, 2014.

<sup>6</sup> The implant cost includes consumables; World Food Programme (WFP), *Comprehensive Food Security and Vulnerability Analysis* (Rome: WFP, 2017); Republic of Cameroon, Ministry of Public Health, Lettre Circulaire No. D86-72.

<sup>7</sup> Christine Michaels-Igbokwe et al., “Using Decision Mapping to Inform the Development of a Stated Choice Survey to Elicit Youth Preferences for Sexual and Reproductive Health and HIV Services in Rural Malawi,” *Social Science & Medicine* 105 (2014): 93-102.

<sup>8</sup> Author calculations; Jacqueline E. Darroch, Elizabeth Sully, and Ann Biddlecom, *Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017—Supplementary Tables* (New York: Guttmacher Institute, 2017); and United Nations, Treasury—UN Operational Rates of Exchange, accessed at <https://treasury.un.org/operationalrates/OperationalRates.php>.

<sup>9</sup> Jacqueline E. Darroch et al., *Adding it Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents—Supplementary Tables* (2016), accessed at [www.guttmacher.org/report/adding-it-meeting-contraceptive-needs-of-adolescents](http://www.guttmacher.org/report/adding-it-meeting-contraceptive-needs-of-adolescents).

<sup>10</sup> EDS-MICS 2011, accessed through STATcompiler.com.

<sup>11</sup> Republic of Cameroon, Ministry of Public Health, *Plan Nationale de Développement Sanitaire, 2016-2020* (Yaoundé: Ministry of Public Health, 2016); personal communication.



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