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Systematic review and meta-analysis on mortality and morbidity linked to unsafe abortions in Cameroon

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Background. Unsafe abortions constitute a public health problem. It's one of the causes of maternal mortality in the world and particularly in developing countries. Despite the progress made, maternal mortality remains high in Cameroon. The scarcity and disparity of data on abortions leads to a lack of strong evidence to advocate to decision-makers on the extent of the problems associated with abortions in Cameroon. Our objective was to estimate the rates of mortalities and complications related to unsafe abortions, as well as the difficulties of accessing safe abortions in Cameroon.

Methods. We carried out a systematic and meta-analytical review in the biomedical databases MEDLINE (Pubmed), Google Scholar and African Journal Online (AJOL) concerning unsafe abortions and / or difficulties in accessing safe abortions in Cameroon, without date or language restriction. Gray literature was also consulted. Two authors simultaneously selected the studies and the data extraction was done through a form designed on Google Form. The proportion was estimated on a random-effect model. The I² and Q statistics were used to assess the extent of heterogeneity across the studies.

Results. Out of 430 studies and documents identified from databases and gray literature, 28 were included in the analysis. About one in four maternal deaths (95% CI: 20 - 27) in Cameroon was related to unsafe abortions, and the mortality rate from unsafe abortions was 5% (95% CI: 3 - 7), rate of severe bleeding and / or anemia was 40% (95% CI: 18 - 63) and the infection rate was 17% (95% CI: 7 - 28). These infections were dominated by pelvic infections, pelviperitonitis from uterine perforation, severe sepsis, and septic shock. Case reports described uterine perforations with incarceration and necrosis of neighboring organs, uterine rupture during the following pregnancy. The abortion was performed in the practitioner's or patient's home in 41.4% of cases, in a health center in 35.1% of cases, in a private clinic in 21.2% of cases, drugs selling places and in traditional healer clinics. The restriction of abortion laws, the stigma surrounding abortion and its consequences at the individual, community, organizational, political and professional levels, lead to the underreporting of unsafe abortions and a deep reluctance to advocate for safe access to abortion services from policy makers.

Conclusion. The intensification of awareness campaigns for provider behavior change communication, family planning, the de-stigmatization of abortions, the training of health personnel in post-abortion consequences, a multidisciplinary and multicentric action would contribute to the reduction in morbidity and mortality due to abortions.

Keywords: mortality, morbidity, difficulties, access, unsafe abortion, Cameroon.

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