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Multiparous women's experiences of contraception in a context of insecurity in the communities of Kolofata, Mora and Maroua 1–Cameroon

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Background : Maternal mortality remains high in Cameroon, with 406 maternal deaths per 100,000 live births according to the EDS 2018. Indeed, the Far North region of Cameroon is facing a humanitarian crisis exacerbated by the violence of the Boko Haram group. This situation is said to have profound repercussions on women's reproductive health, particularly among those of childbearing age. We therefore conducted a study with the aim of highlighting multiparous women's personal experiences of contraception, particularly in relation to the impacts of the Boko Haram conflict in three communities in the Septentrion region of Cameroon. **Methodology:** This was a qualitative study conducted in Maroua 1, Mora and Kolofata, three communities in the Far North of Cameroon. The study lasted 14 months, from March 1, 2024 to April 30, 2025. We obtained ethical clearance, administrative authorizations and informed consent from each participant. Participants were women of childbearing age (between 15 and 49) from different communities, who had already given birth at least twice. Data were collected using audio recordings of focus groups guided by an interview guide. Once the data had been collected, they were transcribed, edited and analyzed.

Results: The women's experiences were marked by insecurity, difficulties in accessing health services and information on contraception due to fear of attack and forced displacement. "I fled my village with my children without any means of contraception. Every unplanned pregnancy was a source of anxiety in this new, unstable environment". One lady recounted an unfortunate story linked to BOKO HARAM's insecurity: "Husbands don't go to the fields because of BOKO HARAM, so they use the tablets to avoid getting pregnant, which doesn't please the husbands". Because of BOKO HARAM, her husband was imprisoned : "My husband was imprisoned and I conceived with another man, which led me to have an abortion. When my husband came back and found out, he chased me out of the house". Another participant declared : "I wanted to use contraception, but I didn't know where to go".

Conclusion : this study has highlighted the challenges faced by multiparous women in need of contraception in communities affected by security conflict. The testimonies gathered reveal a reality marked by fear of the environment, but also husbands resistant to contraception and unwanted pregnancies. It is imperative to improve access to reproductive health services in this context.

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