

Contribution of Multipurpose Community Health Workers to the Use of Family Planning Services in Cameroon

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Submitted: 11 Aug 2025; Accepted: 25 Sep 2025; Published: 02 Oct 2025

Citation: Bertin J, Jude A, Benjamin A, Arthur M, Georges S., et al. (2025). Contribution of Multipurpose Community Health Workers to the Use of Family Planning Services in Cameroon. *J Clin Rev Case Rep*, 10(10), 01-04.

Abstract

Introduction: Family planning (FP) is a key intervention for improving reproductive health, preventing unwanted pregnancies and thus reducing the risks of maternal and neonatal morbidity and mortality. In 2022, Cameroon joined the FP2030 initiative, which aims to increase modern contraceptive prevalence and reduce unmet need for FP. In the community, the Multipurpose Community Health Worker (MCHW) is responsible for informing and educating families and individuals about the benefits of family planning, as well as referring patients to health facilities for contraceptive methods.

Objectives: The aim of this study was to analyse the effect of MCHW interventions on the use of family planning services.

Methodology: The study covers the whole of Cameroon, more specifically the 190 health districts in which the MCHWs had to advise and refer clients in the context of FP. The research method is quantitative. Data were analysed using SPSS Version 25 and a linear regression model was estimated to capture the effect of MCHW interventions on the use of family planning services.

Results: The results show that 193,307 clients agreed to take a contraceptive method. The model estimates show that, in the context of FP, counselling and referral of clients by an MCHW to health facilities ($p=0.0000$) have a significant and positive influence on women's adherence to contraceptive methods.

Conclusion: FP counselling sessions enable clients to opt for a better contraceptive method. We believe that capacity building for MCHWs on modern FP contraceptive methods should be the subject of a specific allocation of resources so that these actors can continue to raise awareness and administer certain contraceptive methods at community level.

Keywords: Multipurpose Community Health Worker (MCHW), Family Planning (FP), Counselling, Contraceptive methods

1. Introduction

1.1 Background

Since the Declaration of Alma-Ata in 1978, one of the priorities of health systems worldwide has been to ensure the availability of Primary Health Care (PHC) and its accessibility to all [1]. Achieving these objectives has been difficult for many countries in sub-Saharan Africa, due to substantial weaknesses in health systems, particularly the lack of Human Resources for Health (HRH) [2]. Cameroon, as a sub-Saharan African country, faces several challenges within its healthcare system, particularly its limited capacity to adequately meet the population's health needs. This constraint hinders progress in improving national health indicators and poses a barrier to achieving Universal Health Coverage (UHC), one of the key Sustainable Development Goals (SDGs) that the country has committed to attain by 2030 [3]. To tackle this problem, community health is an approach to healthcare

that focuses on prevention and improving the health and well-being of local populations. It is based on collective action within specific communities, often through educational programmes, awareness-raising initiatives and accessible healthcare services.

Despite the problems associated with a shortage of human resources and the low level of involvement of the beneficiary populations in the management of their health problems, Cameroon, like many African countries, relies on non-professionals, often referred to as 'Community Health Workers', to help provide primary healthcare services to populations with little access to the official healthcare system [4].

In Cameroon, Multipurpose Community Health Workers (MCHWs) can be identified as social mobilisers, community relay agents, traditional birth attendants and also as part of community-

based associations. They play an important role in vaccination campaigns, health promotion, case identification and home health care. In the area of family planning, they work to promote family planning through counselling and the provision of certain methods (pills, injectables, condoms) [5,6].

Family planning is one of the appropriate strategies for improving socio-economic development indicators. Greater access to family planning and a better-targeted response to unmet contraceptive needs are key interventions for improving reproductive health, preventing unwanted pregnancies and therefore reducing the risks of maternal and neonatal morbidity and mortality [7]. According to the fifth Demographic and Health Survey (DHS), 15% of women of childbearing age and in union use a modern contraceptive method. Nearly one in four women aged 15-49 currently in union (23%) has an unmet need for family planning [8]. In 2022, Cameroon joined the FP2030 initiative, which aims to (i) increase modern contraceptive prevalence from 15% to 35% and reduce unmet need for family planning from 23% to 10%; (ii) increase the number of women of childbearing age (15-49) who have access to quality modern contraceptive services in underserved areas through community-based distribution from 8% to 30% by 2030.

Achieving and maintaining progress towards the health-related targets of the Sustainable Development Goals (SDGs) will necessitate targeted investments in the health workforce [9]. The WHO Global Strategy on Human Resources for Health Workforce 2030, encourages countries to adopt a diversified and sustainable skill set, harnessing the potential of Community Health Workers within inter-professional primary care teams [10]. In Cameroon, Multipurpose Community Health Workers (MCHWs) are people trained and able to implement interventions from several programmes within the same community [5]. They play an important role in health care and are an integral part of the health system, but little is known about their effectiveness.

The main aim of this paper is to analyse the effect of ASCP interventions on the use of family planning services.

1. Methods

1.1. Study Area and Period

The study was conducted in 190 health districts in the ten (10) regions of Cameroon. These districts are home to multi-purpose community health workers (MCHWs), who are trained and capable of implementing the interventions of several programmes within the same community. This study covered the period from January to December 2023.

2.2 Study Design

This was an Analytical cross-sectional study.

2.3 Inclusion Criteria

The health districts included in the study were those in which the interventions of the Multipurpose Community Health Workers were documented in the context of family planning.

2.4 Exclusion Criteria

Any health district that does not have a recognised Multipurpose Community Health Worker is excluded.

2.5 Data Collection

Data were collected via the Ministry of Public Health's health information system. The monthly activity report form integrated into the District Health Information Software (DHIS2) platform was used to extract the study variables related to family planning.

2.6 Variables

2.6.1 Dependent variable: The dependent variable is the number of new acceptors of modern family planning methods.

2.6.2 Independent variables: The independent variables are the number of clients sensitised and referred by a Multipurpose Community Health Worker in the health facility and the number of clients receiving family planning advice in the planning departments of the district's health facilities.

2.6.3 Data quality assurance: The forms integrated into the DHIS2 platform provide reassurance about the reliability and integrity of the data collected.

2.6.4 Data analysis: The data collected were analysed on SPSS version 25 using multiple linear regression to determine the effect of the interventions of the Multipurpose Community Health Workers on the adherence of women of childbearing age to modern contraceptive methods.

3. Results

3.1 Demographic Characteristics

The study covered 190 health districts in the ten (10) regions of Cameroon. Nationally, 643,817 clients received family planning counselling. Of these clients, 193,307 agreed to use a modern contraceptive method. In the community, family planning is promoted through Multipurpose Community Health Workers (MCHW). In all the health districts in the study, 45,799 clients were made aware of family planning and referred to health facilities by these community workers.

Table 1: Performance in promoting family planning

Region	Number of new family planning acceptors	Number of clients sensitised and referred by an MCHW in the health facility	Number of clients receiving family planning advice
Adamaoua	13,444	3,611	30,667
Centre	33,850	2,578	129,025
Est	21,358	8,223	52,400
Extrême-Nord	27,056	10,953	71,626
Littoral	17,665	2,092	125,666
Nord	26,871	10,185	74,578
Nord-Ouest	20,231	3,468	39,222
Ouest	16,375	1,400	76,576
Sud	3,604	583	19,506
Sud-Ouest	12,853	2,706	24,551
National	193,307	45,799	643,817

3.2 Effect of Interventions by Multipurpose Community Health Workers on use of Family Planning Services

A multiple linear regression model was estimated to identify the effect of the actions of the Multipurpose Community Health Workers (MCHWs) on women's adherence to modern contraceptive methods. Before estimating the model, the variables were transformed in order to linearise their relationship using a logarithmic transformation. The coefficients of the model will be interpreted as elasticities, which are measures used to quantify the sensitivity of the dependent variable to changes in the independent

variables.

After estimating the model, the results reveal that the coefficient of determination (R-square) of the model indicates that it explains 75.4% of the variance of the dependent variable. In addition, the Fisher statistic (F-Statistic) is statistically significant (p-value=0.000); this means that the independent variables have a significant effect on the dependent variable. The model used is therefore of good quality.

Table 2: Results of the estimation of the multiple linear regression model

Variable	Coefficient	Standard error	t	p-value
(Constante)	-0.193	0.297	-0.649	0.517
log(ref_asc)	0.191	0.028	6.783	0.000
log(nb_client_couns)	0.752	0.043	17.403	0.000
R	0.868		F-Statistic	286.760
R-square	0.754		ddl1	2
R-square adjusted	0.751		ddl2	187
N. observation	190		p-value	0.000
Dependent variable: log(new_user) new_user = New acceptors of family planning methods ref_asc = Number of clients sensitised and referred by an MCHW in the health facility nb_client_couns = Number of clients counselled on family planning				

4. Discussion

The aim of family planning, through the use of contraceptive methods, is to space or limit births in order to achieve the desired number of children. This study examines the effect of MCHW interventions on the use of family planning services. The study showed that an increase in the number of clients sensitised and referred by multipurpose community health workers (MCHWs) and health professionals could lead to an increase in the number of women of childbearing age wishing to opt for a modern method

of contraception. Increased awareness by MCHWs can reduce information barriers by helping women to better understand the benefits, availability and use of modern contraceptive methods. This role of MCHWs has been reported more extensively in studies in Ivory Cost which have shown that awareness-raising by these community players during educational talks and group discussions has contributed to good acceptability of the management of malaria, tuberculosis and HIV/AIDS in rural areas [11]. The MCHWs, being local figures, can establish a bond of trust with

the communities. This encourages more women to seek family planning advice or services. The trust inspired by MCHWs has also proved important in the implementation of active tuberculosis case-finding in Nepal [12].

Multi-purpose Community Health Workers can also play a role in reducing socio-cultural barriers by dispelling taboos, fears or preconceived ideas about contraception, by engaging directly with families and communities.

As part of the promotion of family planning, the Multipurpose Community Health Workers help to strengthen medical referrals. By facilitating the link between clients and health facilities, these community players contribute to continuity of care and better management, which may encourage more women to adopt these methods. This result corroborates the experience of Senegal, where a study showed that the use of malaria rapid diagnostic tests (RDTs) helped to improve the diagnostic capacity of community health workers and community malaria treatment practices [13]. In Cameroon, MCHWs refer clients to health facilities when the contraceptive method requires in-depth medical monitoring, such as IUDs or implants, and when the method is not properly administered.

5. Conclusion

Family planning plays an essential role in the social and economic development of communities and is often promoted through awareness campaigns and the involvement of local health systems. In the community, the role of the Multipurpose Community Health Worker is of vital importance in promoting family planning. This study has shown that MCHW interventions can contribute to increasing demand for family planning services through awareness-raising and education, reducing socio-cultural barriers and strengthening medical referrals. This shows that investing in the training, support and involvement of MCHWs can be a key strategy for improving access to reproductive health services.

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