

# Exploring Access, Barriers, and Opportunities in Digital Health to Improve Sexual and Reproductive Health amongst Youth in Bamenda, Cameroon, During the Anglophone Crisis: A Qualitative Study

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## Abstract

### Background

There exists several unmet sexual and reproductive health needs in sub-Saharan African countries like Cameroon. Youths in Bamenda, Northwest Region of Cameroon face particular difficulties accessing sexual and reproductive health services fully. This is partly due to the ongoing socio-economic crisis in the region which has disrupted provision of health care services, but also due to other issues that youths must contend with to access sexual and reproductive healthcare.

### Methods

To explore this topic, we conducted a qualitative study. Two focus group discussions were done in Bamenda: One with boys and another with girls aged between 15-24 years old. Questions focused on access and use of sexual and reproductive health services like contraception, pregnancy, menstrual hygiene, sexually transmitted diseases, HIV, and gender-based violence. A thematic data analysis grouped data into themes and sub-themes.

### Results

Twelve youth leaders participated in the focus group discussions: Three boys and nine girls. In this study, we found that several sexual and reproductive health services are available to youths. However, their ability to fully access these services is compromised by certain fundamental barriers like stigma and equally the socio-political crisis.

### Conclusion

There are several barriers to sexual and reproductive services amongst youths in the conflict-affected town of Bamenda. Digital health can significantly bridge the gap to improve access to sexual and reproductive health.

**Keywords:** Access, Barriers, Sexual and Reproductive Health, Digital Health, Youths

## 1. Background

Sexual and reproductive health (SRH) is defined as a state of complete physical, mental, and social well-being in all matters relating to the reproductive system [1]. According to the United Nations Fund for Population Activities, people should have access to accurate information and the safe, effective, affordable, and acceptable contraception method of their choice [1]. Globally, youths have several unmet SRH needs, such as the need for access

to SRH-related information, contraception, and the freedom to make decisions pertaining to their SRH. In sub-Saharan African countries like Cameroon, youths must face these and even more. In Cameroon, existing barriers have led to poor SRH outcomes such as abortions, poor menstrual hygiene, etc [2]. It is therefore important that we explore youths' access to SRH services and existing barriers to reverse the trend.

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Cameroon has been ranked 3rd on the list of most neglected crises and plays host to about 2 million migrants [3,4]. About 1 million persons are internally displaced, due to the socio-political crisis also called the ‘Anglophone crisis’ that has been ongoing since 2017 in the Northwest and Southwest Regions of the country [4]. Although some areas of these regions are currently experiencing relative calm, weekly lockdowns, gunshots, and abductions are ongoing concerns in these regions [5]. This state of unrest has affected the health system in several ways, disrupting the flow of services delivered including those related to SRH. Is there any link whatsoever between this current situation and access to SRH services in Bamenda?

This research explores the availability of SRH services, how accessible these services are to youths, what barriers exist to their uptake of services and what solutions can be envisaged to optimize access to SRH services amongst youths in Bamenda, with a particular focus on the role of digital health. The significance of this research lies primarily in the fact that limited solutions have been proposed to address youth’s SRH needs in Bamenda during conflict.

## 2. Methods

### 2.1 Study Design

This research was conducted by a group of researchers from Youth 2 Youth Cameroon, a local non-profit based in Bamenda, Cameroon. A qualitative design was used for this study. Participants were youth leaders aged between 15 – 24 years old residing in Bamenda. A focus group discussion approach was used. We conducted two separate focus group discussions: One with the boys and the other with the girls.

### 3. Sampling and Data Collection

A total of 12 participants were interviewed in two separate focus group discussions. In the girls’ group, there were 9 participants meanwhile in the boys’ group, there were 3 participants. Purposive sampling was done as we specifically sought to interview community youth leaders in Bamenda who work with Youth 2 Youth Cameroon. These youths had a good understanding and experience working with health-related projects in the region. The research was explained to prospective participants, and they were required to provide a written informed consent to fully participate in the research. Those who consented to the study were placed either in the group of boys or girls. Both focus group discussions took place simultaneously in two separate halls. The discussions were facilitated by researchers from the Youth 2 Youth team. A male interviewer led the discussion with the boys meanwhile a female interviewer led the discussion with the girls. Semi-structured interviews were conducted by both interviewers using a similar schedule. The interview focused on questions regarding access to SRH services like contraception, pregnancy, menstrual hygiene, sexually transmitted diseases, HIV, and gender-based violence. Each focus group discussion lasted between 45 minutes and 1 hour. All data was recorded and transcribed.

### 4. Data Analysis

The two sets of data collected were separately transcribed. Transcripts from each group were separately analyzed. We harmonized major themes from both responses, given that the interview schedule was similar. The sub-themes were derived from the responses of both groups. Responses reflecting a specific sub-theme or theme were grouped together irrespective of the gender. Three main themes were derived from the data obtained. Each theme was made up of sub-themes that reflected the idea of the main theme.

### 5. Ethical Considerations

Ethical clearance was obtained in Cameroon from the National Ethics Committee for Human Health Research. All participants had to provide an informed consent for this research. Furthermore, participants were free to stop responding if they felt like doing so. Their anonymity was respected as individual voices could not be identified from the recordings.

## 6. Results

### 6.1 Main Themes

#### 6.2 Access to SRH Services

- **SRH Services Providers:** In Bamenda, the main SRH service providers were said to be hospitals and non-governmental organizations. Hospitals here include public (state-owned) and private health facilities. The content of these services includes HIV-related services, contraception, pregnancy, menstrual hygiene, sexually transmitted diseases, and gender-based violence services. According to the participants, some of these services, including gender-based violence and awareness creation on SRH issues are mainly provided by non-governmental organizations. Furthermore, the youths engaged said some services are offered free of charge including distribution of condoms. However, some services can become overcrowded when they are offered for free. Regarding this, one of the participants indicated that, ‘...*the hospital to come up with these free programs, and before you leave your house to get there in order to access this particular service, it’s already crowded, everybody comes there and its crowded, and at the end of the day you are not able to access that service.*’

- **Sources of Information on Available SRH Services:** During the discussion, diverse sources of information through which youths could get access to healthcare services were cited. Some of these sources were mouth to ear, through friends, a family member, or through door-to-door operations from hospital staff. Another common source of health information for these youths was the social media. The discussion gathered that Facebook pages and WhatsApp groups were very effective tools for spreading information across. Some of these WhatsApp groups are directly affiliated to hospitals or non-governmental organizations. The third main communication tool mentioned as a source of information on SRH services were billboards. These are usually posted around town and would help them get information. The internet was equally mentioned by some participants to be used as a source of information on SRH. Moreover, some participants indicated that

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their source of information was their school, as they were either being taught on issues linked to SRH or their classmates were helpful in providing them with SRH information.

### 7. Barriers to SRH Services

- **Stigma:** One of the main barriers that youths in Bamenda face is stigma. During the discussions one of the respondents said, *'Services such as just getting to the hospital to get their HIV test done or get a condom; they are just scared of stigmatization.'* Someone else said, *'For me, I would say, let say like to go and buy a condom, I would find difficulties; I might go there, and the person will start questioning me that what are you doing with it at this age. All those questions can make me feel in a way. They bring me fear.'*

- **Quality of Health Services Rendered:** Another issue raised by participants was the administrative procedure that delays their obtention of routine services. A participant mentioned that it could be discouraging going through several steps to get a service such as HIV testing. They said, *'You must go through a number of steps like buying a consultation book, going to the lab, all those long processes are actually tiring. Why not stay at home instead to going through those long processes.'* Participants also indicated that some public hospitals offered low quality services and would cause them to seek care in private centers first.

- **Finances:** Some youths highlighted finances as a barrier to accessing SRH services. A participant said that they would like to get some methods of contraception but may not have the required finances. Moreover, the cost of transportation may be high for some youths as they may prefer to go to health facilities far from their neighborhoods to avoid stigma. This point was expressed by one of the participants.

### 8. Solutions to Improve SRH Services

- **Improve Awareness on SRH Topics:** According to some youths, community awareness on SRH topics needs to be increased as this will break existing barriers in accessing related service. Two different participants were specific about abortion. According to them, more talks must be held on the topic: *'Create more awareness about abortion in the community'* and *'More talks about abortion to same extend as menstrual health.... We don't talk about it, but many youths keep having abortions every day'*.

- **Creation of Youth-Friendly Centers to Ease Access to Contraceptives:** Participants said that the stigma problem mentioned as a barrier could be solved if there were youth friendly centers that provided these services for them. They would be able to have these products at an affordable price and would feel less stigmatized. Two participants mentioned this. The first said, *'Create youth friendly centers where adolescent girls can have access to contraceptives at a subsidized price. And youth friend health providers, less judgmental.'* The next participant echoed, *'I support the previous point because they keep on saying "abstinence, abstinence" but that is just a preventive method. It*

*is difficult for us because when you go to a pharmacy to buy... the way they look at you, the type of answer they give you before giving you...it is like you are the worst criminal.'*

- **The Place of Digital Health:** Most participants had a very limited experience on digital health usage. None had used telemedicine services before, for example. Nonetheless, they seemed unanimous and strongly supported the role of digital health in improving their access to health services, and to SRH particularly. According to participants, the one benefit that stands out with the use of digital health is confidentiality. They stressed that youth's privacy and anonymity would be respected if services they sought for were digitalized rather than obtained in person. One of the participants said, *'With digital tools, there is 100% confidentiality, which is what youths want. You talk online with someone who does not know you, you are sure your information will not be disclosed and even if it is, it will not be traced back to you.'*

### 9. Discussion

In sub-Saharan Africa, there are several unmet needs regarding sexual and reproductive health of populations. Youths are particularly at risk of facing the results of these gaps. While exploring the access that the youths in Bamenda have regarding the abovementioned services, we notice that most services are made available to them. Youths in Bamenda are exposed to HIV-related services, including testing, counselling, and anti-retroviral therapy; there are equally available contraceptive products; sexually transmitted diseases prevention and treatment; menstrual hygiene tools; and protection from gender-based violence. These services are provided by multiple actors from diverse backgrounds. The state runs health facilities which offer a range of services from primary healthcare to tertiary healthcare, meanwhile some of the health facilities in the region are privately-owned. These facilities offer a range of sexual and reproductive health services. On the other hand, non-governmental organizations in the region support the provision of SRH services with a focus on creating awareness through workshops and other methods. Moreover, according to participants, most instances of gender-based violence are particularly addressed by these organizations in the region. Although it could be established that youths in Bamenda generally have the possibility to access SRH services, several nuances could be evoked as to the real accessibility of these services.

First, the context of Bamenda and the Northwest region of Cameroon. There has been an ongoing crisis in the Northwest and Southwest regions since 2017 [3,5]. This socio-political crisis has led to the destruction or closure of several health facilities, pharmacies, and retail stores for contraceptive products in Bamenda. Furthermore, there are weekly lockdowns in the town with people prevented from free movements except for essential services. This state of conflict has weakened the health system in the region and to some extent limits access to primary SRH services. Youths may not be able to get contraceptives or even menstrual hygiene tools at will. The effect of this crisis may go beyond limiting access to healthcare but also have several secondary effects namely,

unwanted pregnancies, abortions, drop-outs from schools etc. This certainly impacts families and society at large. We can even argue that the absence of some SRH tools can affect the future of youths in Bamenda. Due to the profound and far-reaching consequences of the context of conflict on the sexual and reproductive health of youths, the case of Bamenda needs to be looked at very closely [6-8]. In Juba, South Sudan, Casey et al. describe how war has severely impacted women by significantly increasing the numbers of unwanted pregnancies and abortions [7].

In the literature, stigma has been described as a major barrier for youths to access SRH services [9,10]. During these focus group discussions, this factor seemed to be a huge concern to the youths in Bamenda. It was mentioned more than once as a hinderance to youths in getting SRH services. The stigma felt by youths usually comes from providers of care and vendors of SRH products like contraceptives. Youths feel that the actions they are taken are judged by healthcare providers. However, to encourage uptake of SRH services, health workers play a key role in health promotion. They would have to respect the decisions of youths and provide them with freedom to make choices. Moreover, these people offering sexual health related services may act as counselors to the youths, who would want someone who can understand them and to whom they can confide to. Conversely, if youths feel stigmatized, they are likely to take decisions by themselves, which may be detrimental to their health. The creation of 'youth-friendly centers' as a solution suggested by the youths in Bamenda should be understood as creating a community that would understand them; one that will be supportive of their sexual and reproductive wellbeing. Also, digital health was strongly highlighted as a solution to the access problem that the youths in Bamenda are facing. It would be interesting to be able to provide them with such services and improve their access to SRH while contending with some barriers like stigma [11].

Regarding finances, it is important to first point out that some services related to the sexual and reproductive health of youths is free of charge in Bamenda as it is all over Cameroon. In the case of HIV-related services, for example all services are free, from health education through testing to dispensation of medications. Also, regarding contraceptives, it is not uncommon to see distribution of condoms within hospital settings and out of hospital settings in Bamenda. Also, health education is mostly free of charge. Although there is some access to these services, not all SRH services can be afforded by youths in Bamenda. Some types of contraceptive methods are beyond the reach of average youths who are students and who are dependent on their parents. In such cases, they may want to have some products, but they are limited by their financial power. Also, the effect of the ongoing crisis in the Northwest region of the country has an indirect effect on finances. Many individuals and households in Bamenda have seen their purchasing power reduce over the past few years. Moreover, the prices of some health products sold by vendors like menstrual hygiene and contraceptive tools may have known an increase as these vendors have become fewer and it has become more

constraining to freely sell. Given that out-of-pocket payments is the basic source of financing health services in Cameroon, we can argue that the crisis has limited access to sexual and reproductive health in the region. In Cameroon, since April 2023, the Ministry of Public Health launched the first phase of the Universal Health Coverage. This program intends to significantly ameliorate access to healthcare amongst the most vulnerable by providing health services free of charge. In the future, during subsequent phases of the project, it would be important to consider youths in a conflict affected setting like Bamenda as bring vulnerable and in need of access to basic SRH products, especially during periods of protracted lockdown and insecurity.

The main limitation of our study was the sample and gender imbalance size. Although all participants were community leaders with a certain influence of youths in Bamenda, having a wide range of responses from more youths would have made a stronger sample. In addition, the male gender was underrepresented. Further studies can include a more equitable and a wider audience. Despite these limitations, this research significantly points out the opportunities that can be exploited during conflict and improve access to sexual and reproductive health. This would be helpful to inform policy in Cameroon and similar regions.

## 10. Conclusion

Despite the socio-political crisis, several youths in Bamenda still have available SRH services that they can access. Notwithstanding, many barriers still exist that prevent youths from effectively exploiting these services including stigma. This gap can be exploited by digital health. With mobile health tools, youths can have the opportunity to receive healthcare services including health education and telemedicine. Digital health provides an opportunity amidst existing barriers that youths face to access SRH in conflict affected Bamenda [12,13].

## 11. List of Abbreviations

- SRH: Sexual and Reproductive Health
- HIV: Human Immunodeficiency Virus

## 12. Declarations

- **Ethics approval and consent to participate:** Ethical clearance was obtained in Cameroon from the National Ethics Committee for Human Health Research. All participants in this study had to provide an informed consent for this research.
- **Consent for publication:** Not applicable.
- **Availability of data and materials:** The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.
- **Competing interests:** The authors declare that they have no competing interests.
- **Funding:**
- **Authors' contributions:** NF, MEB, AN, and JCN conceived and developed the research idea. MEB and AN performed interviews during the focus group discussions. GAA did the transcription, data analysis, and prepared the manuscript. SA and RWW gathered



participants for data collection; they equally ensured data storage. JNF, MEB, GAA, and AN proofread the manuscript. All authors read and approved the final manuscript.

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