



The 5 main challenges faced in infertility care in Cameroon

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Abstract

Cameroon is a country located in Central Africa is facing a high infertility rate and numerous big challenges in taking care of the infertile couples. The main infertility causes are tubal stenosis in women and oligoasthenospermia in men. This is the consequences of sexual infections mainly due to sexually transmitted diseases. These cases require the use of techniques such as laparoscopy and assisted reproductive technology which are costly for the population. Fertility care is facing numerous challenges. We have chosen to describe the top 5 of these challenges. They are: the high rate of infertility, the stigmatization of infertile women, poor medical staff, the virtual absence of fertility centers and the high health care cost in poor countries. We urge the country's authorities to invest more in prevention, training, and implementing universal health insurance.

Keywords: Challenges, Infertility, IVF, GIERAF

Cameroon is a country located in Central Africa in the Gulf of Guinea. Its area is 475,000 km² and its population is 23 million. The GDP per capita is US\$3000. Health care needs are mostly unsatisfied, especially in infertility care^[1].

The infertility rate is very high and ranges from 15% to 30% depending on the age and the socioeconomic level of couples. A study done in 2010 by the Groupe Interafricain de Recherche et d'Application sur la Fertilité (GIERAF) identified the main causes of infertility in Cameroon and other Sub-Saharan African countries as being tubal stenosis and oligoasthenospermia^[2]. They are the consequences of sexual infections mainly due to sexually transmitted diseases (STDs). These cases are the most difficult to cure as they require the use of techniques such as laparoscopy and assisted reproductive technology (ART).

Cameroon's health system does not offer public social security; therefore couples have to bear the full cost of their infertility care^[1]. In addition, hospitals are poorly equipped to handle the pathologies mentioned above. Furthermore women suffering from infertility are severely stigmatized^[2].

The next section summarizes the 5 main challenges in infertility care that Cameroonians face.

The 5 challenges faced in infertility care in Cameroon

High rate of infertility

Infertility in Cameroon is a public health issue; one couple out of 4 is concerned.

The main causes of infertility in Cameroon are summarized in the Table 1. They are part of the multicenter study initiated by GIERAF in 2010 which Cameroonian Specialists took part.

The major cause of infertility is tubal blockage, found in 47% of the cases, far from the 11% worldwide frequency according to the WHO.

Stigmatization

Culturally speaking, African women without children are not considered real women^[2]. Moreover when they have limited financial resources they tend to be exposed to inadequate treatments, which aggravate their situation. They end up coming very late to fertility centers.

The majority of women who suffer from infertility will, firstly, seek help from traditional practitioners, caregivers, nurses, and churches. It is widely thought in Cameroon that the woman is primarily responsible of infertility in the couple. Infertility in men is rarely considered as it is mistaken with sexual impotence.

The woman will first try to find solutions long before involving her husband^[3]. The time spent with traditional practitioners, outdated practices, and churches strongly penalize the women as her age is increasing.

Childless women are exposed to all kinds of violence from their husbands and their families in law such as beating, deprivation, polygamy, and divorce^[4].

The lack of medical staff

Cameroon has only 7200 doctors including 150 gynecologists with a population of 25 million and a medical demography of 0.08 doctors per 1000 inhabitants.

Among the 150 gynecologists, only 20% are trained for the treatment of infertility. Patients are therefore forced to travel long

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Table 1
Main causes of infertility in Cameroon.

	Women (%)	Men (%)
Blocked tubes	47	—
Fibroids	15	—
Hormonal	14	—
Endometriosis	12	—
Unexplained	5	—
Other	8	—
Semen infection: STDs and others	—	45
Oligoathenospemia	—	42
Azoospermia	—	12

STDs indicates sexually transmitted diseases.

Source: From "Aetiology of infertility," GIERAF study, 2010^[2].

distances to meet with fertility specialists. Because of this lack of staff, numerous people provide inadequate care, especially traditional healers, nurses and untrained MD.

Health pyramid in some African countries^[5]

There are 4 levels in infertility care (Fig. 1):

- level 1: nurses, caregivers, traditional practitioners,
- level 2: technicians, midwives, general practitioners, and
- levels 3 and 4: gynecologists, medical doctors specialized in fertility treatments.

Figure 1 shows the poor percentage of physicians specializing in infertility treatment in Africa^[5].

It can take 10–15 years for an infertile woman from rural areas to meet a specialist in management of infertility. Then majority of infertile women will stay infertile because of this situation.

Scarcity of fertility centers

Many gynecologists can treat infertile couples in the most basic situations, but they cannot take care of them in a global way. The techniques of endoscopic surgery and in vitro fertilization (IVF) are not broadly available and specialized centers are very rare.

Cameroon has 3 ART centers located in the 2 biggest cities, Douala and Yaoundé. Two of them are located in Douala and in private sector. They have been working since 1997. The first IVF baby was born in 1998. The third center is located in Yaoundé and is supported by the first Lady of Cameroon. It was started in 2017.



Figure 1. Healthcare pyramid Source.

This is insufficient for a population of 25 million.

High health care costs

There is no social security in the Cameroonian health care system and there are a dozen of insurance companies, all privately owned that do not support infertility care. Couples must therefore have to cover the full expenses by themselves. This is a major barrier to access quality treatments. Let us take the case of IVF cycles:

- Laboratories tests for a couple cost about US\$300.
- Ultrasound and hysterosalpingography cost about US\$100.
- Laparoscopic surgery costs US\$1000.
- An IVF cycle, including drugs, costs US\$3000.

In this context a woman with blocked tubes who comes late to IVF will have to spend US\$4000–5000. Numerous couples will not be able to undergo IVF because of those high expenses.

To face this situation, many couples resort to “tontines.” These are monthly savings contributions that help them save money during 1–2 years. Other people can sell their belongings such as jewels and cars.

Some solutions

With these many infertile couples some solutions can be formulated:

- At the family level: education of young people, prevention of STDs and unwanted pregnancies; schooling of children of both sexes.
- At the state level: the promotion of primary health care, fertility education through family planning and management of unwanted pregnancies, the establishment of social security and adequate management of infertility care.

Conclusions

Fertility care in Sub-Saharan African countries and mainly in Cameroon is facing some big challenges. We selected the top 5 of them: high infertility rates, stigmatization, insufficient medical staff, scarce fertility centers, and the high health care costs.

It is urgent that authorities heavily invest in the prevention of certain diseases such as STDs, as well as in the training of specialized personnel and the establishment of a social security system. Families also have some responsibilities concerning education of children.

Private sector and Nongovernmental organizations (NGO) can also be involved.

Conflict of interest statement

The authors declare that they have no financial conflict of interest with regard to the content of this report.

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