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MANUAL ON
**REPORTING SEXUAL
& REPRODUCTIVE
HEALTH**

FOR JOURNALISTS
IN CAMEROON



This manual was produced by SisterSpeak237 with the support of the Canadian Fund For Local Initiatives

   Sisterspeak237

 www.sisterspeak237.com

Foreward

In Cameroon, the maternal mortality rate is still very high. Recent statistics show that maternal mortality still stands at 406 deaths per 100.000 live births (DHS V, 2012 – 2018). Recent research (Tiako Kamga et al., 2017: 4) reveals that complications of unsafe abortion accounts for 24.2% of maternal deaths in Cameroon. This shows that the magnitude of unsafe abortions is far from marginal and has a crippling effect on the maternal deaths rate in Cameroon.

In 2022, Sisterspeak237 launched its Reproductive Rights Reporting Project to bring attention to these critical issues, by training journalists and supporting reporting on reproductive rights in Cameroon including contraception access, maternal health, health policy, and abortions.

This reporting manual is part of the project. We seek to engage journalists more and to increase SRH content on local media so that citizens can change their behaviors and make more informed choices about their sex and reproductive health.

This manual is to help reporters understand the issues surrounding reproductive health rights, so they can report on SRHR issues in an accurate, fair and balanced manner. To report professionally and with impact, journalists need training on Sexual Reproductive Health and Rights (SRHR) to not only help put SRHR issues into perspective but also help change negative and obnoxious cultural norms.

Sisterspeak237 is extremely grateful to the Canadian Fund for Local Initiatives for their sponsorship of our Reproductive Health Project for journalists. It is thanks to the support and partnership of CFLI that we are able to produce this SRHR Manual that is critical for the practice of impactful journalism in Cameroon. This partnership is critical in ensuring that the media practitioners in Cameroon are more empowered and informed on covering and reporting on issues of SRHR for the benefits of all in Cameroon.

We equally appreciate the contribution and research by Wanchia Cynthia, Dr Okwen Patrick, Whumo Blaise and Nestor Njodzefe who worked closely with Sisterspeak237 Communication team

We appreciate the immense contribution and support of the Society of Gynaecologists in Cameroon and FIGO (The International Federation of Gynecology and Obstetrics) in accompanying in our SHR trainings for journalists in the implication of our Reproductive Health Project

Comfort Mussa

Coordinator, Sisterspeak237

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Learning outcomes

Strengthen skills on SRH reporting which gives space and voice to women's experiences in Cameroon

Highlight the role of journalists in promoting the sex and reproductive health and SDG 3 agenda

Recognize effective approaches and strategies for reporting on SRH

Increase, more diverse and more objective reporting on SRHR



Module 1

DEFINITION OF SEXUAL AND REPRODUCTIVE HEALTH TERMS

[In this module you will familiarize yourselves with terms useful in SRH reporting]

Abortion: Termination of pregnancy (expulsion or extraction of an embryo/ fetus) before 22 weeks gestation or when the fetus weighs less than 500 grams. Abortion take two forms; spontaneous due to natural causes such as miscarriage and can also be induced.

Adolescence: The transition between puberty and adulthood, generally defined as ages 10 to 19. Data on adolescent health, education, employment, and behaviors are often available for ages 15 to 19

Antenatal period: The period from conception until the onset of labor, approximately 40 weeks.

Antiretroviral treatment (ART): A substance or combination of substances used to destroy a retrovirus (for example, the human immunodeficiency virus, HIV) or suppress its replication.

Acquired immune deficiency syndrome (AIDS): A progressive, usually fatal condition that reduces the body's ability to fight certain infections. It is caused by infection with human immunodeficiency virus (HIV).

Caesarean delivery: Removal of the baby and placenta through a surgical cut in the abdominal and uterine walls

Childbearing years: The reproductive age span of women, assumed for statistical purposes to be ages 15 to 44 or ages 15 to 49

Contraceptives: These are products meant to inhibit pregnancy by interfering with the regular course of ovulation, fertilization, and implantation. There are diverse varieties of birth control that act at different points in the process.

Family Planning: This is the ability to regulate fertility in a way that will help individuals or couples to have the number of children they want and at a time when they want them.

Female genital cutting (FGC): All procedures involving cutting away all or part of the external

female genitalia or other injury to the female genital organs whether for cultural, religious, or other nontherapeutic reasons. There are different types of FGC.

Gender-based violence (GBV): Violence directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty.

Genital prolapse: A condition in which the vaginal wall or uterus descends below their normal positions; part of the bladder or rectum may protrude from the vagina.

Human immunodeficiency virus (HIV): A virus that attacks the body's immune system, making the body unable to fight infection. It can cause AIDS, which is the last stage of HIV infection. HIV is the most dangerous sexually transmitted infection.

Incidence rate: The number of people contracting a disease per 1,000 population at risk for a given period of time (usually annually).

Incomplete abortion: An abortion whereby any products of conception remain in the uterus.

Induced abortion: The act of ending a pregnancy with surgery or medicine

Integrated services: Availability of multiple health services. For example, family planning and STI treatment through a single facility. Also implies a degree of coordination across services

Live birth: Complete expulsion or extraction of a baby from its mother, irrespective of the duration of the pregnancy, which after such separation breathes or shows other evidence of life such as beating of the heart.

Low birth weight: A situation where the weight at birth is less than 2,500 grams.

Maternal morbidity: Illness or disability

Module 2

SRH IN CAMEROON: FACTS & FIGURES, POLICIES AND LEGISLATION

occurring as a result of or in relation to pregnancy, childbirth, or in the postpartum period.

Maternal mortality: The death of a woman while pregnant, during delivery, or within 42 days (six weeks) of termination of pregnancy. The cause of death is always related to or aggravated by the pregnancy or its management; it does not include accidental or incidental causes.

Maternal mortality ratio: The ratio reflects the risk women face of dying once pregnant. The number of women who die during pregnancy or during the first 42 days after delivery per 100,000 live births in a given year from any cause related to or aggravated by pregnancy, but not from accidental or incidental causes.

Miscarriage: Often referred as a "spontaneous abortion" in medical notations, a miscarriage is any pregnancy that is not viable (the fetus cannot survive) or in which the fetus is born before the 20th week of pregnancy. Spontaneous abortion occurs in at least 15-20% of all recognized pregnancies and usually takes place before the 13th week of pregnancy

Neonatal death rate: The number of deaths in the first 28 days of life per 1,000 live births in a given year

Post neonatal mortality rate: The annual number of deaths of infants ages 28 days to 1 year per 1,000 live births in a given year.

Postpartum period: After childbirth; the period from the delivery of the placenta through the first 42 days after delivery

Prevalence rate: The number of people having a particular disease at a given point in time per 1,000 population at risk

Spontaneous abortion: Miscarriage, or loss of a pregnancy due to natural causes

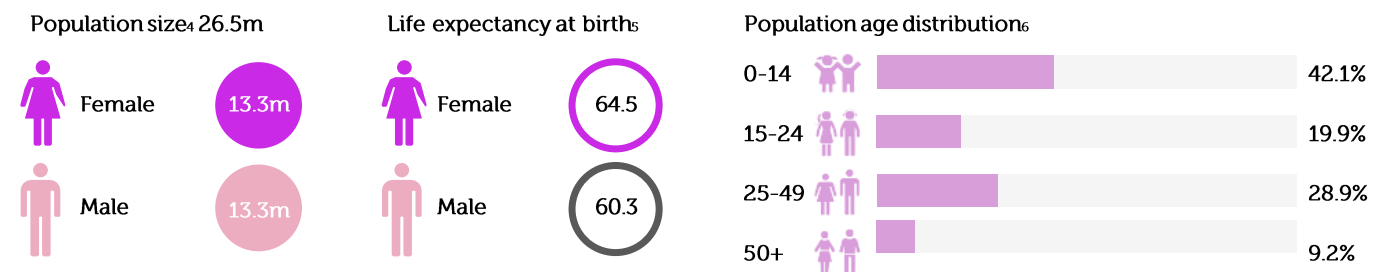
Stillbirth: The death of a fetus weighing at least 500 g (or when birth weight is unavailable, after 22 completed weeks of gestation or with a crown-heel length of 25 cm or more), before the complete expulsion or extraction from its mother

Traditional birth attendant (TBA): A traditional birth attendant is a person (usually a woman) who assists the mother during childbirth and who initially acquired her skills delivering babies

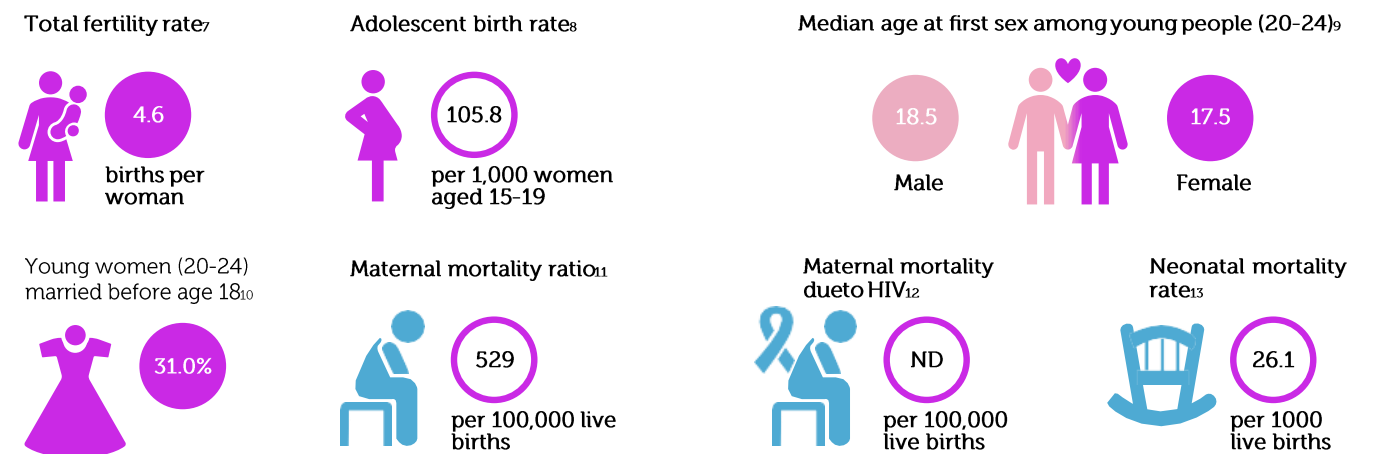
herself or through apprenticeship to other traditional birth attendants.

Unsafe abortion: Defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both.

DEMOGRAPHIC DATA



SEXUAL AND REPRODUCTIVE HEALTH



HIV

	Number of new HIV infections ¹⁴	Number of people living with HIV ¹⁵	Number of AIDS-related deaths ¹⁶
Child (0-14)	3,300	31,000	2,500
Female (15-24)	4,000	37,000	<1,000
Male (15-24)	1,400	15,000	<500
Female (25-49)	4,300	230,000	4,400
Male (25-49)	3,200	110,000	3,400
Female (50+)	<1,000	55,000	1,500
Male (50+)	<500	30,000	1,400
Total	17,000	510,000	14,000

HIV incidence per 1,000 population (15+)¹⁷



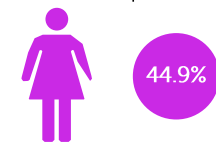
HIV prevalence among adults (15-49)¹⁸



SOURCE: W.H.O sexual and reproductive health and rights graphic snapshot (2021)

CONTRACEPTION / FAMILY PLANNING

Demand for family planning satisfied with amodern method of contraception (15-49)⁵⁹



Knowledge of modern contraceptive methods⁶⁰



Attending antenatal clinic



87.0%

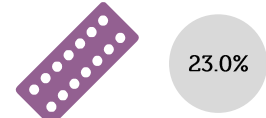


64.9%

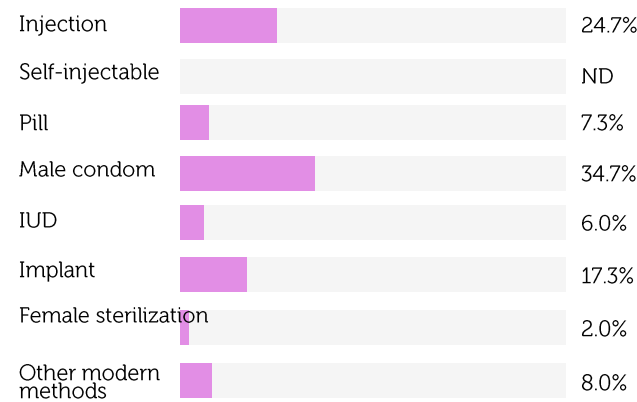
Use of modern contraceptive methods (women 15-49)⁶³



Unmet need for family planning (15-49)⁶²



Modern contraceptive method (women 15-49)⁶¹



ANTENATAL, DELIVERY AND POSTNATAL CARE

Proportion of births attended by skilled health personnel⁶⁶



Births by caesarean section⁶⁷



Postnatal checkup in first two days after birth⁶⁸



VERTICAL TRANSMISSION OF HIV

Pregnant women tested for HIV⁶⁹



Early infant diagnosis (HIV-testing of infants at risk)⁷⁰



Vertical transmission (at 12 months)⁷¹



Primary infertility among women⁷²



VERTICAL TRANSMISSION OF SYPHILIS

Tested for syphilis at 1st antenatal care visit⁷³



Percentage testing positive for syphilis who are treated⁷⁴



Congenital syphilis rate⁷⁵ (per 100,000 live births)



Abortions per 1,000 women (15-49)⁷⁶



SOURCE: W.H.O sexual and reproductive health and rights graphic snapshot (2021)

POLICIES AND LEGISLATION:

Several international human rights treaties that recognize and promote reproductive health and rights impose specific obligations on national governments to advance these rights. In Cameroon, as soon as such treaties or agreements are legally ratified or endorsed, they override national laws provided that, in cases of bilateral agreements, they are also enforced by the other party.

Cameroon is a signatory to, inter alia, the Maputu Protocol, African Charter: Human and People's Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the

Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination against Women.

According to the Geneva Foundation for Medication Education and Research (2022), Cameroon in 1982, subscribed to the strategy of Primary Health Care (PHC). In 1985, she undertook a reformation process aimed at putting into place the PHC strategy which she called a Reorientation of PHC. This was reiterated in 1987 following the Alma-Ata conference. The main aim was to achieve health for all by the year 2000. This reorientation aimed at reinforcing the District Health System (DHS) and the effective implication of the community in the management of their health in what could be called a contract between the state and the community. Between 1989 and 1991, more reflections were made on the practical implementation of this system. Since 1992 some significant changes have occurred. These included among others the realisation of the DHS with eminent advantages like.

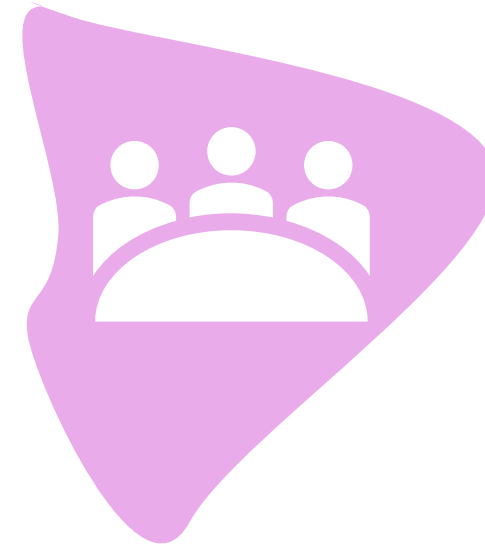
- A better rationalization of the health coverage;
- An end was put to the further creation of health centres;
- Existing health centres became integrated and more responsible, serving as intermediate between the population and the community;
- The notion of contract between the state and community in the management of health issues became clearer and
- Health programmes were integrated at the peripheral level.
- Cameroon's health policy is outlined in a document that articulates the country's major health priorities in order to create an effective primary health care system. The policy's objectives are:
 - Integrating health services at all levels;
 - Establishing an effective information feedback system for policy planning that takes into account the results, needs, and objectives of health services in order to streamline the management of equipment, infrastructure, and personnel;
 - Defining a drug policy to make essential
 - medicines accessible at all levels;
 - Using public health as a basis for building national unity;
 - Adopting regulations to decentralize the management of health services at the community level. Governmental strategies to achieve these objectives include the following.
 - Mobilizing external and community resources;
 - Strengthening coordination efforts between different sectors;
 - Integrating the following programs into the health departments of existing and future organizations: priority programs (e.g., HIV/AIDS); specific programs (e.g., maternal and infant health care); prevention, treatment, and follow-up activities;
 - Restructuring health facilities in order to streamline equipment use, ensure its maintenance, and make managers more efficient;
 - Enabling a more flexible management of resources generated by decentralization in order to improve health care delivery systems;
 - Facilitating a more efficient supply of medicines in health facilities throughout the country.

Module 3

COLLABORATION BETWEEN JOURNALISTS AND HEALTH EXPERTS



In an era where SRH stories are under reported, and biased information are shared in the traditional press and on social media, collaboration between physicians and journalists is increasingly important to help disseminate accurate and trustworthy health information to the general public. Dr Okwen Patrick Mbah, team lead of Effective Basic Services, has consistently pushed for such collaboration. Below are excerpts of his presentation on the topic during Sisterspeak237's SRH workshop for journalists in 2023.

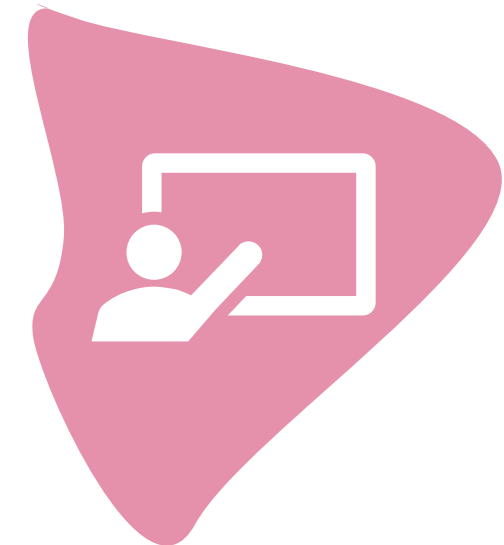


3. How should we collaborate?

- Identify a reliable source for information – minister, regional delegates, district medical officers, clinicians
- Verify information
- Understand existing policies & scientific evidence
- Create networks of doctors - journalists

4. What can a collaboration address?

- Knowledge gaps
- Clinician – journalist relationships
- Lack of or poor access to services
- Behavior (both users & service providers)
- Workplace culture



Opportunities for Collaboration

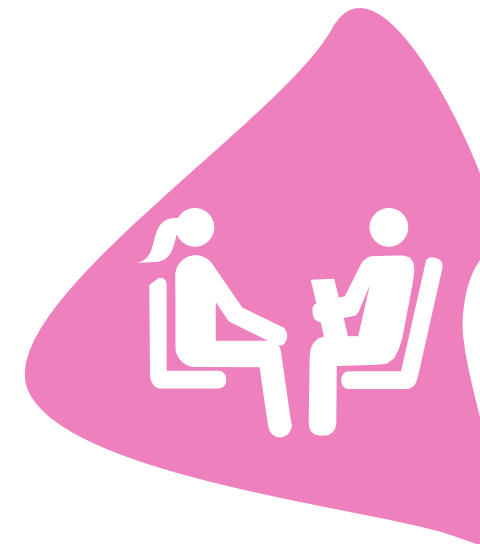
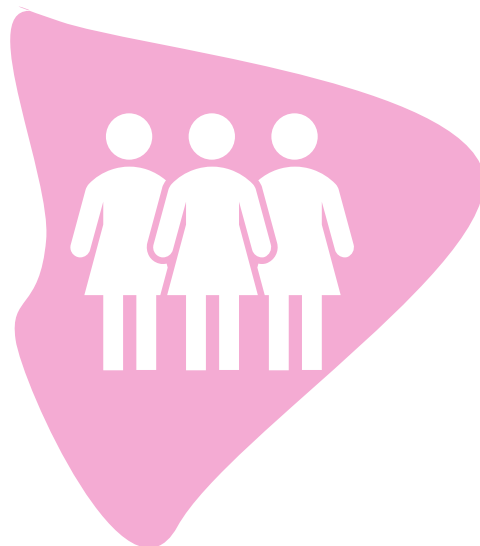


1. Task

- You get information that an 14 year old girl has died at a health center while giving birth to her baby conceived following a rape.
- How do we go about this?

2. Why should we collaborate?

- Inform, sensitize, & educate
- Debunk mis/disinformation
- Communicate scientific evidence
- Communicate laws and policies
- Speak for the voiceless
- Support & motivate clinicians



5. Who should we speak to?

- Identify a trusted source
- Health admin sources – minister, delegates, DMOs, hospital directors, community health workers, clinicians
- Patients / Users

Best Evidence for Best Practice Decision Making

Module 4

MEDIA SCAN FINDINGS: MEDIA COVERAGE OF SEXUAL & REPRODUCTIVE HEALTH IN CAMEROON

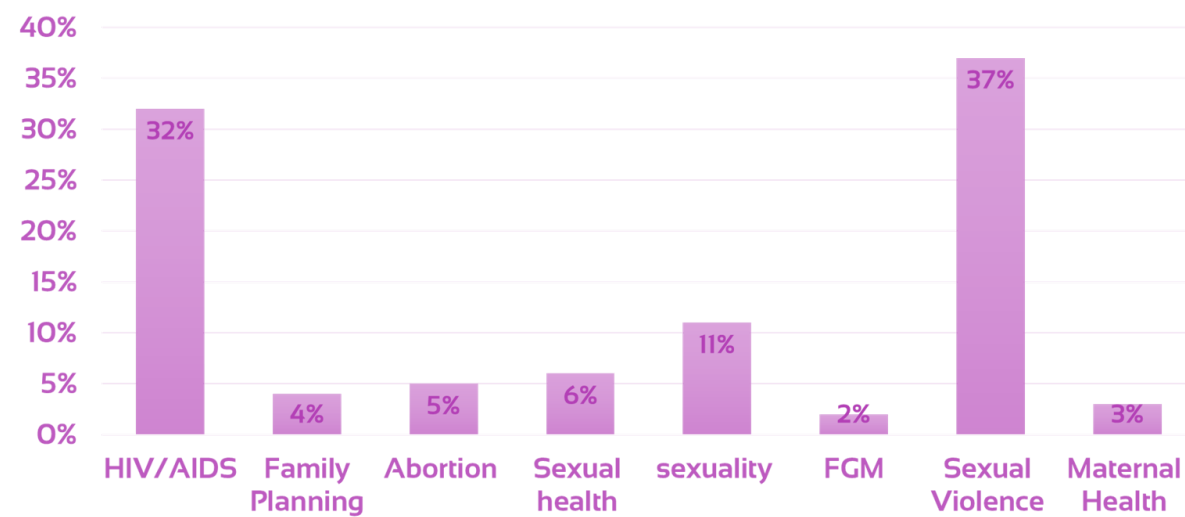
In this module you will understand:

- ✓ How frequently reproductive health issues are featured in the print media in Cameroon?
- ✓ What aspects of reproductive health are presented?
- ✓ What type of coverage is given to reproductive health issues (news, features, or commentaries?)
- ✓ How are reproductive health issues placed in newspapers?

While developing this manual a study was done of two newspapers (Cameroon Tribune and The Post newspapers) with objective to understand the frequency with which SRH issues featured in the print media in Cameroon, aspects of SRH presented and the type of coverage given to SRH issues (news, features, or commentaries) likewise the placement of these issues

The study used content analysis in evaluating and analyzing relevant newspaper articles and qualitative interviews with a couple of journalists and some SRH experts. Samples for content analysis included articles that concerned SRH from January to December 2021.

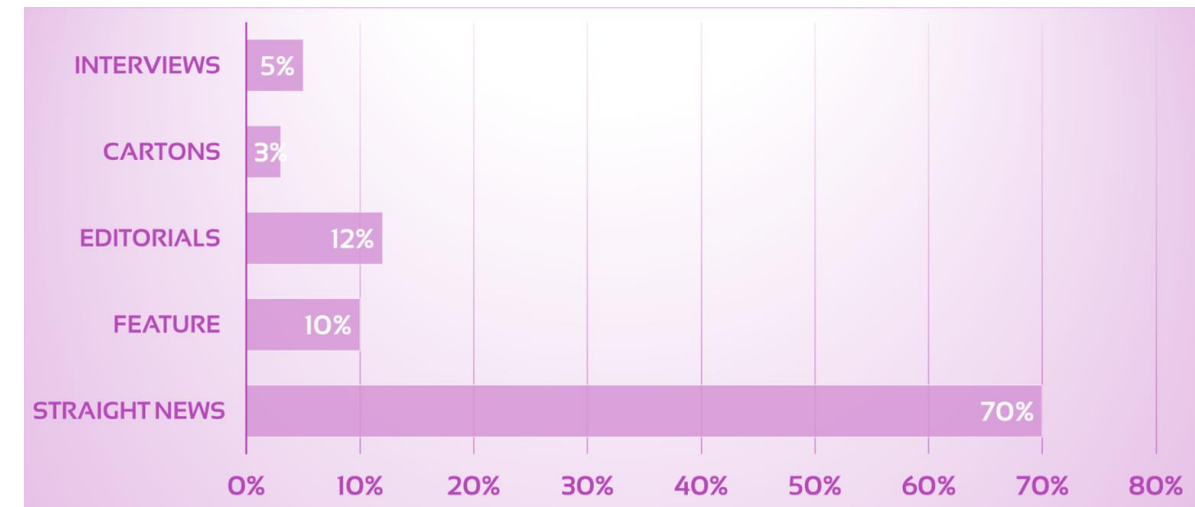
COVERAGE OF SRH IN THE TWO NEWSPAPERS



Overall, a total of 80 items on reproductive health issues appeared in both Cameroon Tribune (48) and The Post (32) newspapers during the period January-June 2022. As shown above, sexual violence received the most coverage (37%), followed by HIV and AIDS (32%) and sexuality (11%).

Possible justifications: Sexual violence, especially rape received the highest coverage. The conflicts in the country especially the ongoing armed conflict in the NW/SW regions account for this. between February and December 2020, the UN documented 4,300 incidents of sexual and gender-based violence across the two regions. Almost half of those were cases of sexual or physical assault or rape, and in more than 30 percent of those cases, the victims were children.

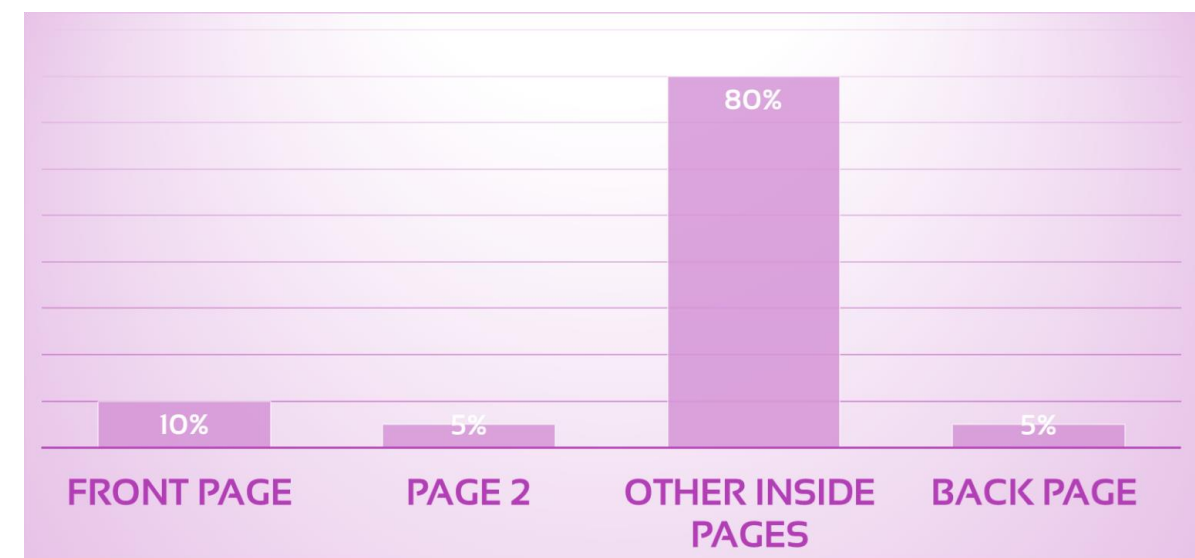
TYPE OF COVERAGE



When the findings are unpacked to show type of coverage, news coverage accounts for more than half (70%) of the coverage. Feature stories and commentaries account for 10% and 12% respectively.

Possible justifications: This means that the media are mainly reporting issues of reproductive health happening or pronouncements by leaders regarding reproductive health. This implies that the media do not take the initiative to investigate and write about reproductive health issues, especially to highlight areas that are not receiving much priority from government and other players. Also, this implies that the media are not providing much educational information to society which is very important especially when it comes to reproductive health. Reproductive health issues are best told through features and perhaps commentaries, as these offer space for details and/or explanations. These stories may feature challenges of reproductive health facing women, linking these to existing policies and programs, or the lack of these.

PLACEMENT OF STORIES



The placement of a story on a given page can either confer prominence on the story or bury the story. The front page is considered the most prominent page of a newspaper followed by the back and center spread.

Module 5

Possible justifications: Placement of stories in newspapers shows the importance attached to the issues covered as well as determining the reach of the stories. Headline stories on the front page will be seen and read by more people than one short item hidden deep inside the newspaper. When the media wants to set an agenda, they put the story on the front page as a headline. By putting a story as a headline, the media make society realize that an issue is important and is thus forced to focus on it.

RECOMMENDATIONS

- This study points to the need to constantly sensitize journalists on the impact of poor reproductive health on development and poverty alleviation
- owners of media companies need to put in place editorial policies that encourage coverage of reproductive health issues in the country.
- Journalism training schools too need to start offering comprehensive courses in science and health journalism.
- There is need for another study that looks at the content of the reproductive health issues covered by the audiovisual media.

TIPS FOR REPORTING ON REPRODUCTIVE HEALTH

In this module you will learn the practical and ethical issues to take in consideration while reporting on SRH

PRACTICAL TIPS FOR REPORTING ON SRH

- Understand the issue and its history: Journalists should first ensure they fully understand what reproductive health is and its history when they set out to report on the issue.
- Be mindful of the language you use: The language you incorporate in your coverage can have a major impact on what readers take away from your article. Consulting with medical experts can help you get your facts straight and determine the best terminology to use, while also considering the emotional nature of the topic. This will help ensure that readers focus on the content of your story.
- Address impacts on marginalized communities: Journalists should address the unequal impacts that barriers to reproductive health have on different communities.
- Provide context: When reporting on reproductive health, recognize that opinion polls and surveys may only provide a small snapshot informed by the news cycle, and that individual views are often complicated.
- Respect the privacy of people: Avoid revealing their identities or providing detailed information on them without their consent.
- State the source of the story: e.g. interview, conference, journal article, a survey from a charity or trade body, etc. – ideally with enough information for readers to look it up or a web link.

REPORTING ETHICALLY ON SRH

- The majority of people's sexual and reproductive health experiences are highly individual and private. Journalists should take into account the following moral concerns while writing about this subject:
- Confidentiality. If a person's identity is exposed in a narrative, they may be abandoned by their community or subjected to violence by their spouses or family members. People's capacity to make a living may be harmed if they experience social isolation as a result of speaking with a journalist.
- Stigma. Individuals could feel bad or humiliated about their prior deeds or encounters (for example, contracting a sexually transmitted infection). Journalists ought to be considerate of this and always treat the subjects of their interviews with respect.
- legality. Journalists must take care to avoid endangering others. When asking people to talk about their sexual activity, journalists need to be careful that they aren't placing them at risk of being detained or imprisoned.
- Checking facts: All the facts in a story should be double-checked to avoid misleading readers or unnecessarily increasing their health risks.
- Researchers and research organizations are important sources for journalists to obtain information to prepare accurate and unbiased news stories. Therefore, new research findings, especially those that are sensational, should be reported with caution. It's important to carefully consider any apparent medical advances or risky claims. Occasionally, inferences are made based on a very tiny sample size. Reporters should question researchers about how representative they think their work is and/or about the applicability of the findings. It is critical to have a fundamental understanding of statistics in order to avoid making broad, perhaps incorrect conclusions. Reporters can elicit more information from a researcher if they believe that a particular solution—such as less expensive medical supplies or better-trained staff—might resolve a particular issue.

- Journalists might then inquire further of the necessary authorities to find out what they are doing to address the problem.

DEVELOPING STORY IDEAS FOR SRH

Why abortion has persisted in Cameroon	Why women shun modern birth control method	causes of high maternal death rate in
High death rates among teenagers resulting from unsafe abortion	Myths about modern family planning methods	Maternal health on the rise due to few health workers
How culture impacts on the use of modern family planning methods	Religious biasness towards some family planning methods	Ignorance among some communities

Module 6

LANGUAGE & SEX/REPRODUCTIVE HEALTH REPORTING

(How we (journalists) stereotype in the coverage of SRH)

In this module you will learn:

- Preferred terminology for reporting on HIV
- How to avoid language that stigmatizes people
- Language that elevate one while demonizing the other should be eliminated in the media. This is so because language not only serves as a means of communication, but also in many ways shapes and generates culture. This is especially true because it immediately affects attitudes and cognition. As a result, it is crucial for journalists to make sure that the language they use in their reports upholds the idea of gender equality. As a result, it is suggested that the media:
 - avoids stereotypic or derogatory words or language to any category of people based on gender, race, age, or any form of disability.
 - journalist should choose words very carefully to avoid belittling anybody;
 - the tone while writing news should not favour or discredit anybody;
 - eliminate negative portrayal – which associates particular roles, types of behavior and characteristics to people on the basis of gender, race, any form of disability without considering the characteristics of an individual

DO-S AND DON'T-S

Instead of	Use
Abortionist	health-care providers who perform abortions
Unborn baby	Pregnancy or fetus
abortion is legal/illegal	abortion is legally permitted/restricted
terminate a pregnancy	end a pregnancy
Pro-abortion	Abortion rights advocates
Kill an unborn child	Have an abortion
Abort disabled children	Abortion on grounds of serious fetal anomaly
Repeated abortion	More than one abortion
Gestation	length of pregnancy

Module 7

REPORTING ON SRH: THE CASE OF ABORTION.

Abortion law in Cameroon is highly restrictive. As per section 337 of the Penal Code, induced abortions is only permitted for medical reasons like:

- When the woman's life is at Risk
- To preserve her physical and mental health on grounds of rape and incest

This makes it a very sensitive and almost a taboo topic for journalists to discuss or report on in Cameroon. News coverage is an important part of public conversations on public health issues.

The growing prominence of health and medicine as a topic of public discussion, is taking up more and more of the nation's resources, as a factor of our well-being has been extensively chronicled in our mass media. Space and time devoted to health material reflects, of course, the belief of editors that it is news. News coverage on issues like abortion influences how the public and policy makers perceive the issue and what they think should be done

MEDIA FRAMING OF THE CONCEPT OF ABORTION

- Framing refers to how an issue is portrayed and understood. It involves emphasizing certain aspects of an issue to the exclusion of others. Frames shape the parameters of public debates by promoting particular definitions of a problem, it's causes, it's moral aspects and it's possible solutions. The way journalists frame abortion in news stories can either serve to reduce or increase stigma around abortion.

TABLE: ASPECTS OF FRAMING AND THE DIFFERENT FRAME WHICH CAUSE STIGMA AROUND ABORTION

Aspects of Framing	Types of Frames on Abortion
The language used,	Personifying the embryo (unborn children)
Whose perspectives are included or left out	Discrediting Abortion providers (calling them unscrupulous, murderers)
What type of information are highlighted by the reporter	Framing abortion as dangerous (risky and unregulated)
The potential solutions that are discussed.	Framing abortion as emotionally and psychologically harmful (guilt shame and regret are results of the act)

TIPS FOR REPORTING ON ABORTION :

- Provide Public Health & social context about abortion
- Most articles on abortion are void of basic public health information thus decision makers and the public misunderstand the issue. Reporters can therefore reinforce news articles by making use of Include accurate & timely data.
- Elevate personal stories of women who have experienced abortion. This is to give others in similar situation some courage that they aren't alone. These authentic voices provide invaluable contributions to public narrative on abortion and reproductive justice.
- Reporters could connect with diverse sources like medical providers, reproductive justice groups or advocacy organization to find willing authentic voices.

N/B -only publish their name and personal details if they feel safe about it and give their consent.

- keep them completely anonymous in cases where the act is completely restricted by the state.
- Do not treat personal stories as epitome of all pregnant people's experiences.
- Practice Evidence-Based Reporting. Use bonified evidence in order that your report can be grounded with the most accurate, comprehensive and up-to-date statistical information and health data.
- Use language that does not instigate and encourage stigma.
- Use Accurate and appropriate image and graphic to accompany the story. Avoid using images of big bellies of late pregnancy when reporting on abortion. This makes the embryo to look like a fully formed baby. Besides most abortions happen before a woman develops the physical signs of pregnancy.
- Provide a diversity of reliable sources in your story.
- Provide a clear distinction between a fact and an opinion
- Fact checking: (you can recall your sources to verify facts especially when another sources is disputing facts.

Module 8

SOURCING INFORMATION: WHERE JOURNALISTS COULD GET SRH INFORMATION IN CAMEROON

In this module we will get to know some of the major sources of information in the country

Below are major sources of information on sexual and reproductive health and related topics. Many were used in preparing this guide

CAMEROON NATIONAL ASSOCIATION FOR FAMILY WELFARE (CAMNAFAW)

The Cameroon National Planning Association for Family Welfare (CAMNAFAW) was created in 1987 to respond to the needs of women who wanted to plan their families and to enjoy higher standards of living. The organization has rapidly grown into the country's leading provider of sexual and reproductive health (SRH) services.

THE "ASSOCIATION CAMEROUNAISE DES FEMMES MÉDECIN" (ACAFEM)

This was formed in the early 1990s. The objectives are to bring together female physicians, promote research activities among members and evaluate health activities.

THE SOCIETY OF GYNAECOLOGISTS AND OBSTETRICIANS OF CAMEROON (SOCOC)

This society was created in the early 1990s. It hosted the Society of African Gynaecologists and Obstetricians (SAGO) in 1994. It meets every three months to discuss RH issues and research projects and or results.

THE CAMEROON NATIONAL MEDICAL CONFERENCE

This is open to all doctors. It holds yearly in March. Each year it decides on a term. One of such terms was "How to decrease health cost" and the topics discussed included RH components like infertility management.

THE NATIONAL COMMITTEE FOR THE FIGHT AGAINST CANCER.

The main objective is to reduce the incidence and prevalence of clinical gynaecological cancers in Cameroon, by organising regular information, education and sensitisation campaign.

SOURCES

A Revised Training Manual on Sexual

and Reproductive Health Rights (FEMNET) 2019 10.

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