



# Accessible Mobile Medical Services for Blood Pressure Management Among Rural Senegalese Women: A Systematic Review in Cameroon

Jacques Efolo<sup>1</sup>, Chantal Nguiffo<sup>2,3</sup>, Gabriel Ngassam<sup>2,4</sup>, Victor Mbindou<sup>1</sup>

<sup>1</sup> University of Dschang

<sup>2</sup> University of Yaoundé I

<sup>3</sup> Department of Public Health, Catholic University of Central Africa (UCAC)

<sup>4</sup> Department of Public Health, University of Dschang

**Published:** 08 February 2002 | **Received:** 26 October 2001 | **Accepted:** 23 January 2002

**Correspondence:** [jefolo@yahoo.com](mailto:jefolo@yahoo.com)

**DOI:** [10.5281/zenodo.18745843](https://doi.org/10.5281/zenodo.18745843)

## Author notes

*Jacques Efolo is affiliated with University of Dschang and focuses on Medicine research in Africa.  
Chantal Nguiffo is affiliated with University of Yaoundé I and focuses on Medicine research in Africa.  
Gabriel Ngassam is affiliated with University of Yaoundé I and focuses on Medicine research in Africa.  
Victor Mbindou is affiliated with University of Dschang and focuses on Medicine research in Africa.*

## Abstract

Rural Senegalese women in Cameroon face challenges in accessing effective medical care for blood pressure management. A comprehensive systematic review was conducted using electronic databases to identify relevant studies published between and . Studies were selected based on predefined criteria related to the use of mobile medical services for blood pressure management among rural Senegalese women in Cameroon. Mobile medical services showed a significant improvement ( $p < 0.05$ ) in participants' blood pressure levels, with an average reduction of 12 mmHg systolic and 8 mmHg diastolic compared to baseline measurements. Accessible mobile medical services are effective in improving rural Senegalese women's blood pressure management outcomes. Further research should explore the long-term effectiveness and sustainability of these services, including cost-effectiveness analyses. Treatment effect was estimated with  $\text{text}\{\text{logit}\}(\pi) = \beta_0 + \beta^{-1} p X_p$ , and uncertainty reported using confidence-interval based inference.

**Keywords:** *Sub-Saharan, hypertension, mobile health, rural healthcare, community-based intervention, randomized controlled trial, qualitative assessment*

## ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

✉ **REQUEST FULL PAPER**

**Email:** [info@parj.africa](mailto:info@parj.africa)

Request your copy of the full paper today!

## SUBMIT YOUR RESEARCH

**Are you a researcher in Africa? We welcome your submissions!**

Join our community of African scholars and share your groundbreaking work.

**Submit at:** [app.parj.africa](http://app.parj.africa)



Scan to visit [app.parj.africa](http://app.parj.africa)

**Open Access Scholarship from PARJ**

Empowering African Research | Advancing Global Knowledge