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## Knowledge, attitudes and practices about contraception among students of the N'Djamena faculty of human health sciences

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### Abstract

Contraception is the set of methods used to temporarily and reversibly avoid pregnancy. The aim of the study was to contribute to the evaluation of knowledge about contraception among medical students.

**Materials and Methods:** This was a cross-sectional and descriptive study of two (2) months duration from March to April 2022 on knowledge and attitudes about contraception among medical students of N'Djamena faculty of human health sciences (NFHHS) the University of N'Djamena. Studies variables were epidemiological and on knowledge and practice about contraception. Data were analyzed using SPSS version 18.0, Word 2013 and Excel 2013.

**Results:** the prevalence of students who participated in the study was 44.84%. The average age was 26.5. Males represented a rate of 60%. Single people were the most represented with 73.2%. Birth spacing was the most known benefit with 94%. The main source of information was health workers with 34.6%. Condom was the most known contraceptive method with 47.4%. Students who used contraception represented 32%. The absence of side effects in the use of contraception was reported by 51.2%. Religion was reported as an obstacle to the expansion of contraceptive methods in 33.8%.

**Conclusion:** Contraception in the student environment is a well-known subject, however, certain factors such as religion constitute the brake on its use.

**Keywords:** Knowledge, students, contraception and NFHHS

### Introduction

Contraception is the set of methods used to temporarily and reversibly prevent pregnancy [1]. Contraceptive methods are divided into two groups: hormonal contraception and non-hormonal contraception [2, 3]. The choice of these methods depends on the age and history of the patient. According to data in the literature, in 2019, out of 1.9 billion women of reproductive age in the world 1.1 billion used contraceptive methods [4, 5]. In 2019, the proportion of women of reproductive age using modern family planning methods was 75.7% globally with low rates in Central and West Africa [5]. In Chad, modern contraceptive prevalence is much higher in urban areas than in rural areas (10% versus 4%). High prevalence is observed among educated women [6]. Taking into account the level of education, we note an increase in the proportion of modern contraceptive users with the level of education: 3% among those with no level of education versus 8% among those with primary education and 14% among those with secondary or higher education. The data show that women's knowledge of contraceptive methods increases with age. Considering the fact that contraceptive prevalence depends on the level of education and the urban or rural location, we initiated this work at the Faculty of Human Health Sciences of the University in order to identify the determinants related to the use of contraceptive methods.

### Patients and Methods

This was a cross-sectional and descriptive study of two (2) months from March 01 to April 30, 2022. All students (male and female) of the FSSH of the University of N'Djamena who agreed to participate in the study were included.

We recruited students at the Faculty of Human Health Sciences of the University of N'Djamena. Students who agreed to participate in the study were interviewed. Data on knowledge and ability were recorded on an individual survey form. The variables studied were sociodemographic and clinical.

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Data were entered and analyzed using SPSS version 18.0, Word 2013 and Excel 2013.

## Results

### Frequency

We interviewed 500 medical students out of 1115 or a frequency of 44.84%.

**Table 1:** Age distribution of our respondents

Age group (Year)	N	%
≥19	89	17.8
20 -24	203	40.6
25-29	191	38.2
30-34	12	2.4
≥35	5	1.0
Total	500	100

The 20-24 age group was represented in 40.6%.

### Gender

Six out of 10 students were male (n=300).

### Marital status

Single students represented 73.2% of the cases (n=366) followed by married and engaged students with 15.2% (n=76) and 11.6% (n=58) respectively.

### Information on family planning

All respondents claimed to have heard of family planning. Knowledge of the benefits of contraceptive methods

**Table 2:** Distribution of respondents according to knowledge of the benefits of contraceptive methods

Knowledge of contraceptive benefits	N	%
Birth control	2	0.4
Fulfillment of the couple	2	0.4
Balance of family life	2	0.4
Spacing of births	470	94
Avoiding close and unwanted pregnancies	2	0.4
Avoiding pregnancies too close together	2	0.4
Healthy family	6	1.2
Limit births	6	1.2
Family organization	2	0.4
Prevention of unwanted pregnancies and birth spacing	6	1.2
Total	500	100

In 9 out of 10 cases, students were aware of the birth spacing benefit. Source d'information sur le planning

**Table 3:** Répartition des enquêté(e)s selon la source d'information

Information source	N	%
Health Officer	173	34.6
Classmates	38	7.6
Parents	33	6.6
Media	107	21.4
All of the above	32	6.4
Media, health worker, classmate	88	17.6
Health worker, parents, media	6	1.2
Health worker, parents, peer	15	3
Health worker and media	4	0.8
Health worker and parents	4	0.8
Total	500	100

According to the source of information, 34.6% of our

respondents had health workers as their source of information. Knowledge of contraceptive methods.

**Table 4:** Distribution of respondents according to knowledge of contraceptive methods

Contraceptive methods	N	%
condoms	237	47.4
Pills	103	20.6
Injectable	54	10.8
IUD	32	6.4
Jadel Implant	26	5.2
Traditional	38	7.6
No answer	10	2
Total	500	100

The condom was the contraceptive method most known by our respondents with 47.4% of cases.

### Use of contraceptive methods

About 1/3 of the students had used a contraceptive method.

### Reasons for not using contraception

Religion was the main reason for not using contraceptive methods with 31.8% (n=158) followed by virginity (13%, n=65), custom/tradition (11.2%, n=56), parents (4.2%, n=21) and partner (7.6%, n=38).

### Contraceptive methods used

**Table 5:** Distribution of our respondents according to the different contraceptive methods used

Method	N	%
Condoms	82	16.4
Pill	10	2
Jadel Implant	3	0.6
Injectables	11	2.2
Emergency pill	17	3.4
Abstinence	14	2.8
Natural method	8	1.6
Condom and pill	16	3.2

### Condoms were used in 16.4%

#### Reason for discontinuing contraceptive method

Partners were the main reason for abandoning contraceptive methods with 15.6% (n=78) followed by marriage (6.2%, n=31), friends (5.4%, n=27), religion (3.8%, n=19) and parents (1.2%, n=6). Side effects experienced by our respondents when using the contraceptive method.

No effect (21.8%, n=109), dizziness and nausea (1.6% n=8), metrorrhagia (1.2%, n=6), irritation (1.6%, n=8), weight gain (0.8%, n=4), lack of pleasure (4.8%, n=24).

### Discussion

During this study, out of 1115 medical students, 500 students participated, i.e. 44.84%. This can be explained by the level of understanding of this study and the availability of students and their reluctance to talk about this subject.

The age group of 20-24 years represented 40.6%. Madikiny *et al* [7] in Abidjan, Côte d'Ivoire in 2019 found an approximate proportion of 36.3% for the 25-35 age group. Gabkika, *et al.* [8] in N'Djamena, Chad, in 2020 and Adohinzin, *et al.* [9] in Bobo-Dioulasso, Burkina Faso, in 2016 reported a predominance of adolescent girls. The discrepancies in the proportions of different ages are attributed to the recruitment criteria of the

different series; our study focused on medical students.

Considering the gender of the respondents, 60% were male. Our rate is different from that of Traoré, *et al.* [10] in Segou, Mali in 2021, who reported a female predominance with 59.7%. This difference could be explained by the fact that this study focused on students. Indeed, according to the demographic data in Chad, there is a low proportion of women at the university. Hence our result.

According to marital status, 73.2% of respondents were single. Mbayo, *et al.* [11] in Lubumbashi DRC in 2021 found 100% of singles. Madikiny, *et al.* [7] noted a proportion of 54% of singles. These results differ from those of Adon, [12] in Abidjan, Côte d'Ivoire in 2014 who observed that married people represent 57.3%. Indeed, it is recognized that marriage among young people is legion in our countries. However, the burden of studies and family pressures make it difficult to reconcile study and home. This explains our results.

With regard to family planning, all the respondents said that they had heard of family planning. Mbayo, *et al.* [11] note that the proportion is lower than ours at 26.1%. The primary objective of family planning is to space births. This remains valid in our series, where 94% of our respondents knew that contraception allows for birth spacing. This rate of awareness of the possibility of birth spacing is higher than that reported by Traoré, *et al.* [10] who observed a rate of 77.1%.

Sources of information about contraceptives are scattered: friends, health personnel, the media, and school lessons. In this series, 34.6% of respondents claimed to be informed by health workers. Traoré, *et al.* [10] and Nadège, *et al.* in Cotonou, Benin in 2014 [13] noted respectively 72.1% and 33.7% of subjects informed through the media. Our data are explained by the proximity of medical students and health workers. Indeed, the possibility of being informed during training courses is great, especially if these students are in a department where reproductive health activities are practiced.

Concerning knowledge of the different contraceptive methods. We noted that the condom was the most known method with 47.4%. Mbayo, *et al.* [11] and Ajavon, *et al.* [14] in Lomé, Togo, in 2018 noted a high proportion of subjects who knew about condoms (71.5% and 85.7% respectively). These results support the data [11, 12] according to which the condom is the cheapest and most accessible contraceptive method.

Regarding the reasons for not using contraception, 33.8% of our respondents mentioned religion. Traoré, *et al.* [10] and Mbayo, *et al.* [11] reported higher rates of 53.1% and 51.4% respectively. These results could be explained by the fact that in all religions, contraception is not advised. This is supported by the biblical statement that "multiply and replenish the earth.

According to the literature [13, 14], there are discrepancies regarding the consent of the spouse before the use of contraceptive methods. This situation can be explained by the desire of couples to manage the consequences of demography. Indeed, unplanned and numerous pregnancies are often sources of expenses for many families. The cost of managing these consequences motivates the couple's prior agreement. In addition to the financial effects, there are also undesirable effects related to contraception that can alter the life of the couple. In the same vein, we noted in this series that 67.2% of our respondents advocated the partner's agreement before using a condom. For some people, sensitivity during coitus is not the same when a condom is used or not. This assertion about sensitivity or pleasure deserves the approval of the partner. For many people, the decision must be made by the man, given that he is often the head of the family, the decision-maker. This

finding is supported by the responses of the respondents, 79.2% of whom said that the decision should be made by the man. Mbayo *et al.* [11] report that 56.2% of the subjects' attribute decision-making power to the man.

According to demographic data in Chad [4], the contraceptive use rate is low, reaching 6% in urban areas. The rate increases with the level of education. Thus, the contraceptive use rate is higher among university graduates. This remains true in this study, where 32% of respondents had previously used a contraceptive method. Madikiny *et al.* [7], Traoré *et al.* [10] and Mbayo *et al.* [11] report a proportion varying between 65.5% and 84%.

This low rate is explained by the fact that the use of contraception is not advised by religion and the majority of our respondents are young.

In this study, 63.8% of our respondents gave their partner as the reason for abandoning the use of the contraceptive method. The reasons for discontinuing use of contraception are attributable to complications of contraception. Indeed, contraceptives can cause complications such as bleeding: spotting and menometrorrhagia, all of which can alter the sexual life of couples.

### Conclusion

Contraception in the university environment is a subject known by the learners. Knowledge about contraceptive methods is diverse. The condom is the best-known method, and the main source of information is the health personnel. Among the factors limiting the use of contraceptives, religion is often cited.

### Many students had previously used contraceptives.

Based on this study, awareness of the benefits of contraceptives at all levels is necessary to reduce barriers.

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2. All authors agree to the submission of this paper.
3. All authors participated in the design of this paper.

### Conflict of Interest

Not available

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### References

1. Campana A. Reproductive Medicine, Endocrinology - Family planning: Guidelines, reviews, www.gtmer.ch; c2004 Oct.
2. Kantorova V, Wheldon MC, Ueffing P, Dasgupta ANZ. Estimating progress towards meeting women's contraceptive needs in 185 countries: A Bayesian hierarchical modelling study. *PLoS Med.* 2020. Feb 18;17(2):100-3.
3. United Nations, Department of Economy and Social Affairs, Population Division. Family Planning and the 2030 Agenda for Sustainable Development. New York: United Nation. <https://www.un.org/en/development>
4. Enquête Démographique et de Santé et à Indicateurs Multiples au Tchad (EDS-MICS); c2014-2015.
5. Goyaux N, Alihonou E, Diadhou F, Leke R, Thonneau PF. Complications of induced abortion and miscarriage in three African countries: a hospital-based study among WHO collaborating centers. *Acta Obstet Gynecol Scand.* 2001;80(6):568-73.
6. Bennis-bourai S, Asselin I, Vallee M. Contraception and

- adolescence. A one-day survey of 232 high school students (Caen). *Medicine*. 2006;2(2):84-9.
7. Madikiny C, Daouda D, Marie DKM, M.D, Simone M and Issaka T. Perceptions and Practices of Contraception in an Urban Community of the City of Abidjan (Cote d' Ivore). *European Scientific Journal*. 2019 October;15(30):1857-61.
  8. Gabkika BM, Foumsou L, Abdelsalam S and Saibana G. Contraception method following spontaneous abortion in N'djamena Mother and Child Hospital. *South Sudan Medical Journal*. 2020 Feb;13(1):9-11.
  9. Adohinzi CCY, Abdramane B, Nicolas M, Adrien MGB, Georges AO, Boubacar N, *et al*. Contraceptive knowledge and practices among Burkinabe youth aged 15-24 years. *Annals of Health Sciences*. 2016 Jan;1(9):35-59.
  10. Traoré T, Sylla C, Sidibé K, Traoré B, Guido S, Coulbaly A, *et al*. Contraception: Knowledge and Practical Attitudes in the School Environment in the Urban Commune of Segou. *Health Sci and Dis*. 2020 Nov;21(11):101-5.
  11. Mbayo MG, Nyembo MB, Nyembo ML, Mwehu MF, Mukemwendo SM, Kimuni KC. Knowledge, Attitudes, and Practices of Adolescents Regarding Contraception in Lubumbashi (DR Congo). *Journal of Pharmacy and Biological Sciences*. 16(5):41-9.
  12. Adon KP. Failure to use contraceptive products among women in two health districts in Côte d'Ivoire. *African Population Studies*. 2014;28(3):1248-62.
  13. Nadège F, Badirou A, Salifou K, Fanny H, Inès L, Léonard F. Knowledge, attitudes and practices of emergency contraception among female students at the University of Parakou (Benin). *Public Health*. 2014 Jul-Aug;26(4):541-46.
  14. Ajovon DRD, Bassowa A, Logbo-Akey KE, Aboubakari AS, Adom E, Potcho E, *et al*. Knowledge, attitudes, practices of contraceptive methods in public high schools in the city of Kara (Togo). *Annals of health sciences ISSN*. 2016;9(1):35-59.

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