



REVIEW ARTICLE

FACTORS OF EARLY PREGNANCY AMONG ADOLESCENT GIRLS IN THE PREFECTURE OF TANDJOUARE IN NORTHERN TOGO: CONTEXT AND APPROACHES TO SOLUTIONS

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ABSTRACT

It is a fact that the phenomenon of teenage pregnancies is progressing to the point of becoming, in the words of Khiari, "not a problem of society, but a problem in society" (Billy D. A., 214, p.2) The precocity of teenage pregnancies in Togo compromises or prevents these teenagers being kept or retained in the education system, thus reducing their potential to contribute to achieving the demographic dividend. Teenage girls in the prefecture of Tandjoaré in northern Togo are no exception to this reality. The objective of this article aims to analyze the factors that expose adolescent girls to early fecundity. A mixed methodology (quantitative and qualitative) was used. The survey covers 74 teenage mothers and interviews with resource persons. The teenage mothers were randomly selected from seven localities in the prefecture of Tandjoaré. The data collected was processed and analyzed using Cspiro and arcgis software for maps. It appears that the early fertility of adolescent girls is due to the precociousness of their engaging in sexual activities (23% before the age of 15 and 95% before the age of 17), the weakening of parental control and traditional considerations or norms, the lack of information and education in matters of sexuality, a low percentage (8%) of use of contraceptive methods. It should also be added to the above factors, precarious economic conditions of households and the low level of education of young girls. About 61% of respondents are illiterate versus only 0.57% who have schooled beyond secondary education level.

INTRODUCTION

One of the main components of demographic dynamics is fecundity, characterized in sub-Saharan Africa by generally higher levels than in other regions of the world (Tchalla-Kpondji M., 2019, p.5). The high levels of fecundity in sub-Saharan Africa depend both on the very young morphology of women exposed to the risk of pregnancy and on the length of this exposure (Evina, A. 1998, p 20). According to WHO statistics (2007,15p), nearly 16 million adolescent girls aged from 15 to 19 give birth each year worldwide and 95% of these births occur in developing countries¹. Cases of premarital pregnancies are also becoming increasingly important, often with dramatic consequences (Nichols D. et al, 1986; Gyepi-Garbrah B., 1985). The fecundity of adolescents has thus become a problem of major concern for Sexual and Reproductive Health (SRH) policies. The 1994 International Conference on Population and Development (ICPD) in Cairo had already drawn the world's attention to the issue of teenage pregnancies and their consequences upon the health and future of adolescent girls. To this end, the African Forum on Adolescent Reproductive Health (AFARH) was organized in 1997 in Addis Ababa.

The same topic was included on the agenda of the World Youth Forum in 2001 in Dakar. Teenage fecundity was for a long time assimilated to general fecundity (Diop N. J., 1995) and it is only during the last four decades that particular attention has been paid to this phenomenon through specific scientific studies. Sub-Saharan Africa has the highest adolescent birth rate in the world, around 2000. This is why programs elaborated in favor of population give particular attention to the phenomenon of early pregnancies because of its role in or impact upon population growth as well as for its socio-economic and health consequences on adolescent girls. According to the 2013-2014 Demographic Health Survey (DHS) in Togo, children born to mothers under the age of 20 are more likely to die before their first birthday than children born to mothers aged 20 to 29 or older (64 versus 49). According to the results of the third Demographic and Health Survey (INSEED, 2014, p 79) in 2013-2014, adolescent girls aged 15 to 19 have a fecundity rate reaching 85% and thus contribute to 10% of the overall fertility of the country. In addition, 17% of adolescent girls in the same age group are already sexually active and fertile, and 13% have already had at least one child. According to the Multiple Indicator Survey (INSEED, 2017, p.77), the teenage pregnancy rate among girls aged 15-24 is 17.3%. Rates are higher in schools. Between 65% and 71% of pregnancies occurred in junior secondary schools. These pregnancies most often result in school dropouts and, in the worst cases, in disabilities or loss of life, often caused by induced and clandestine abortions. If we refer to the Third

Togolese Demographic Health Survey (DHS) data, we observe among women under 20 years of age a contraceptive prevalence of 8%, while those in the age groups of 25-29 and 30-34 years are users of contraception at 19%. . When a girl becomes pregnant or gives birth to a child, her health, her education, her potential earning and her entire future are put in jeopardy and she is, in most cases, condemned to a life of poverty, exclusion and powerlessness within the family. According to Billy D. A., (2014, p.24), adolescent fecundity experiences inter-regional and intra-regional disparities in Togo. The Lomé Teaching Hospital and Momé Katihoé recorded 27% (Maritime region) of pregnant women under the age of 18 compared to 21% at The Regional hospital of Sokodé (Central Region), 23% for the Kara Teaching Hospital and the Saint Luc of Tchanadè maternity hospital in the Kara region and 29% at the District Hospital of Cinkassé in the Savannah region (Billy D. A., 2014, p.25). In 2014, the Savannah Region already recorded a quarter of all births by women under the age of 18, i.e. 696 out of the total births of 2,661 (Billy D. A., 2014, p.24). The phenomenon is widespread and the explanatory factors are many and varied: cross-border migration, the inadequacies of sex education programs, weak parental supervision and the failure of school education programs are all other reasons that may contribute to the phenomenon. To reduce the extent of the phenomenon, the Ministry of Health and Social Protection created, in 1978, the National Health Service for Young People and Adolescents (SNSJA). The strategies adopted by the Togolese government also include the implementation of a National Action Plan for the Repositioning of Family Planning (2013-2017) and the National Plan for the Fight against Teenage Pregnancy and Marriage (PNLGMA) in schools and out of schools from 2015 to 2019. Four years after the adoption of the program, it is clear that the phenomenon is rife in the Savannah Region with high fecundity rates in the prefecture of Tandjoaré (15%), which remains significantly higher than the average which is 85% (INSEED, 2014, p57). According to the health personnel, 513 cases of pregnancy were recorded in 2018; 507 cases in 2020; 475 cases in 2021 and 111 cases in the first trimester of 2022. Faced with this observation, the question arises: what are the explanatory factors of adolescent fecundity in the prefecture of Tandjoaré? In order to answer this question, a complete analysis of the factors of exposure of adolescent girls to fertility in the study area is necessary.

Research Instruments and Methods

Physical Geography of the Research Environment: The prefecture of Tandjoaré is located in the Savannah Region, one of the five administrative and economic regions of Togo. It is located between 0° and 1° East longitude and between 10° 3 and 11° North latitude. With an area of 847 km², it is limited to the North by the prefecture of Tône, to the South by the prefecture of Oti, to the East by the prefectures of Tône and Oti and to the West by the Republic of Ghana (Map n°1).



Source: INSEED, 2010; map updated by SAMBIANI M., 2020

Map 1. Geographical location of the prefecture of Tandjoaré

Data: For the collection of field data, several sources were used, namely: documentary research, questionnaire survey, interviews and field observations. With a population of 129,176 (DGSCN, 2010) at the last general census of population and housing in 2010, the prefecture of Tandjoaré had 13,374 girls aged 10 to 19. To choose the sample of adolescent girls to be surveyed, the study used the sampling method (simple random sampling carried out by strata that care the cantons). Given the size of the population of girls aged 10 to 19, we chose to interview a hundredth of the population by stratum constituted by the cantons. A sample of 74 individuals based on simple random sampling and purposive sampling representative of adolescents meeting the characteristics of the study was chosen. This gives an equal chance to all individuals of the target population to be selected. The study conducted a structured interview using a questionnaire. Based on the demographic size of these cantons, the sample is distributed in Table 1 below:

Table 1: Breakdown of the sample by canton covered in this study

Locality	Female Population	Sample
Bagou	218	2
Bogou	1,080	10
Doukpergou	795	7
Goundoga	644	6
Lokpano	603	6
Nano	1, 400	14
Sissié	857	8
Tampialim	1,369	13
Mamproug	600	6
Tamongue	200	02
TOTAL	7,766	74

Source: Survey data, October 2020

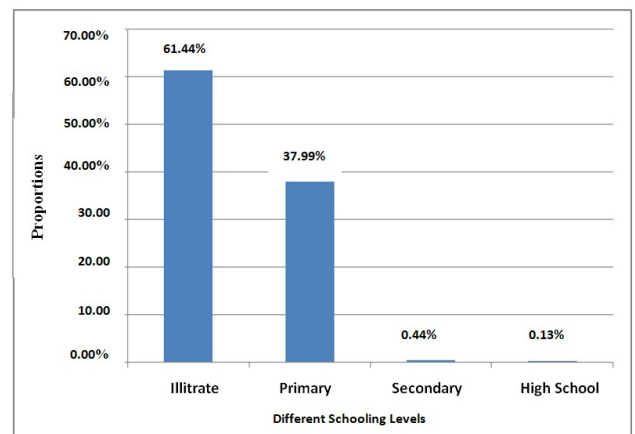
It is from this sample of adolescent girls contained in this table n°1 that information was collected. Interviews were conducted with workers and managers of health infrastructures, parents and customary officials in order to obtain qualitative information that will help to shed light on the traditional conception of adolescent fecundity.

Data Processing: The data processing was done by the Sphinx software, the tables and the diagrams were produced by the Excel software. The maps were produced using Arc View GIS software.

RESULTS

Socio-cultural factors

Level of education and entry into fertile life: The proportions of adolescent girls by level of education are varied. Few girls reach a high level of education as shown in graph n°1. Graph n°1 shows the proportion of adolescent girls who are mostly illiterate (61.44%) versus 37.99% who have a primary education level.



Graph n°1. Distribution of respondents by level of education

The Marital Status of Teenage girls: Significant disparities are revealed when analyzing the marital status of adolescent girls. The numbers of adolescent girls vary according to whether they are married, single or widowed (Table 2).

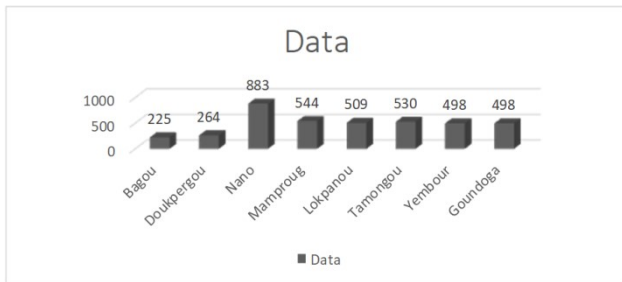
Table n°2. Distribution of adolescent girls according to their marital status

Marital Status	Size	%
Married	52	70.3
Single	19	25.7
Widows	03	04
Total	74	100

Source: Survey data, November 2020

Table 2 presents the numbers of adolescent girls according to their marital status. The married are the most numerous (52), next come the single and finally the three widows. Disparities in teenage fertility are also observed between cantons.

Cantons of origin and adolescent fertility: The phenomenon of adolescent fertility does not show the same characteristics depending on the locality. According to the survey data, the canton of Nano records the most adolescent mothers with a total of 883. The cantons of Bagou and Doukpergou are the least represented with 225 and 264 fertile adolescents respectively. The other cantons have intermediate numbers of 544 in Mamproug, 509 in Lokpanou, 530 in Toumoungue, 498 in Yembour and 498 in Goundoga (Graph n°2).



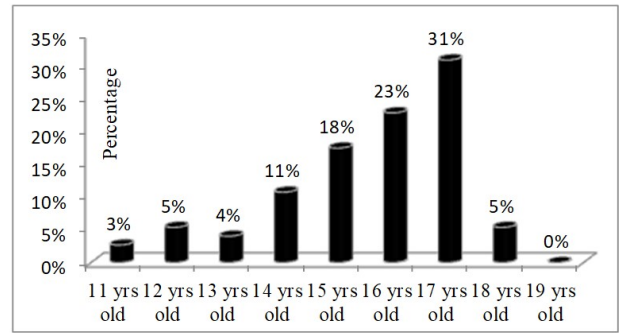
Source: Survey data, October 2020

Graph n°2. Distribution of respondents according to the cantons of origin

Through this graph 2, the fertility of adolescent girls, an important phenomenon in the prefecture of Tandjoaré, manifests itself differently from one canton to another. There is a relationship between teenage fertility and religion.

Religion practiced: Religion occupies at 88% a place in the socio-cultural life of the inhabitants of the study area. In 99% of localities, there are places of worship such as churches, temples, mosques and sacred places. About 93.5% of the population practices the endogenous religion². It is the most widespread religion in the study area. With 89%, it remains the basis for the organization of the socio-political and cultural life of the populations. The Muslim religion is practiced very little (15%). Most of those who claim to be Christians or Muslims (45%) remain attached to endogenous practices. Still others find in these religions arguments for prohibiting the use of contraception.

Age at first sexual intercourse of teenage girls: The beginning of sexual life is characterized by the experience of first sexual intercourse among young girls. Analysis of field data reveals that 23% of the adolescent girls surveyed had sexual intercourse before the age of 15. About 3% at 11 years old while at 17 years old, this proportion rises to 31%. Around 95% of respondents had their first sexual intercourse at age 17 (Figure 3). Figure 3 breaks down adolescents according to their age at first sexual intercourse. About 11% had their first sexual intercourse before the age of 14.

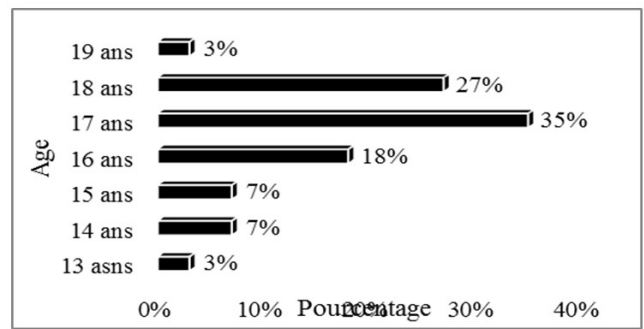


Source: Survey data, November 2020

Figure n°3. Distribution of respondents according to their age at first sexual intercourse

At 18, this proportion is down to 5% of teenage girls. This precocity of sexual intercourse results in pregnancies.

Age of teenage girls at first pregnancy: It appears that pregnancies occur at the beginning of the first sexual experiences.



Source: Survey data, November 2020

Figure n° 4. Distribution of respondents according to their age at first pregnancy

It appears that 17% of adolescent girls became pregnant between the ages of 13 and 15. At 17, this proportion reaches 70%. Moreover, 18-year-old mothers account for 27% and 19-year-olds represent 3% of the sample. Another major fact is that, customary rights allow girls under the age of 18 to marry with parental consent. Thus, 52% of adolescent girls contracted their first pregnancy within marriage.

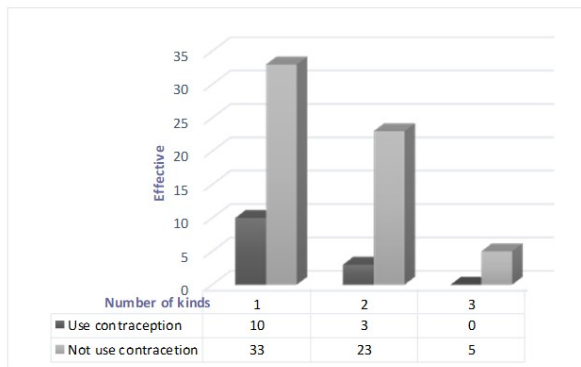
The lack of information and education in the area of sexuality: Among the determinants of adolescent fertility in the prefecture of Tandjoaré, 89% is the ignorance or inexperience of young girls in matters of sexuality. Parents, the first educators, talk very little or not at all about sexuality to their children. Education about Sexuality is considered at 99% to incite teenage girls to commit sexual delinquency. School curricula do not devote teaching specifically to sex education. A lack of sufficient awareness of contraceptive methods is felt. Young people are at 93% left in the dark about matters of sexuality. Faced with parental silence and institutional contempt, the street and the media have become at 96.8% venues through which adolescent girls find information on sexuality.

The weakening of parental control: In the study area, sexual mores seem to be permitted. There is a growing upheaval in conservative social norms regarding sexuality. Customary nuptial rules are weakening and family control over the sexuality of young people is no longer exacting. The removal of family and community constraints, attributable to urban lifestyles, encourages young people to greater sexual freedom, thanks to regular access to the mass media (cinema, pornographic films and magazines, etc.). Over the years, the onset of sexual activity for 67% of teenage girls becomes increasingly early. The virginity of 55% of young girls has lost its importance old times. Moreover, child marriage is often considered by 94% of parents as a protection against premarital sexual activity. This

² Cf. Monography of the Savannah Region P.16

situation increases the possibilities of sexual contact among 78% of adolescent girls. About 97% of parents are no longer demanding on the dowry and this justifies freedom of matrimonial behavior for young people with a proliferation of free unions or concubinage. The determinants of adolescent fertility can be looked at from two perspectives: socio-economic determinants and cultural determinants. Cultural determinants relate to cultural and religious norms and practices in the study area. The economic or socioeconomic determinants are specific to the social and family environment in which the adolescent evolves. Ignorance and low use of contraceptive methods by adolescents add to the fecundity of young adolescent girls.

Contraceptive methods and the entry into fertile life of adolescents: According to the survey data, all adolescents with 3 children are those who have never used a contraceptive method.

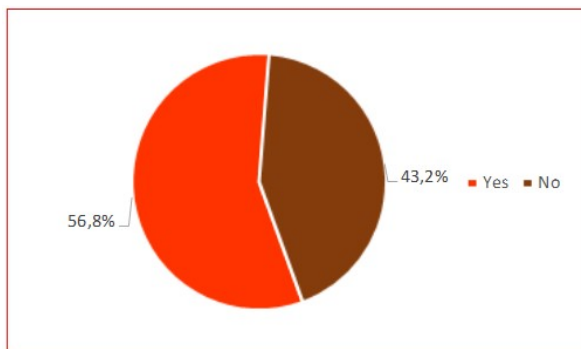


Source: Based on survey data, November 2020

Figure n°5. Fertility of adolescents according to the use of contraception

Figure n°5 presents the fertility of adolescents according to the use of contraception. On the one hand, 23 out of 26 teenage mothers with two children do not use contraception. Only three adolescent mothers with two children make use of contraception. On the other hand, 10 out of 43 adolescent mothers with only one child are users of contraceptive methods. Furthermore, the teenage mothers with three children do not use contraceptive methods. None of the adolescents that use contraception falls under the category of mothers with three children. Thus, contraception is an effective way to prevent teenage pregnancies

From traditional considerations to early procreation: The traditional and normative values conveyed by a society are important elements in the analysis of the determinants of adolescent fertility. This aspect refers to the strength of cultural and psychological values in the lives of adolescent girls. More and more in traditional society, marriage is conditioned by the arrival or birth of a child. The child is considered "the greatest diploma of a woman". The barren woman is often compared to a tree that bears no fruit. According to the results, 32 teenagers, that is 43% of the respondents, voluntarily tried to get pregnant (figure n°6).



Source: Based on survey data, November 2020

Figure n°6: Proportion of adolescents according to whether they intentionally or unintentionally conceived their first pregnancy

Figure n°6 presents the proportions of adolescents having intentionally or unintentionally conceived their first pregnancy. The motivation for adolescent girls to seek childbearing is to find a place for themselves in society. The structuring of the personality proceeds from the internalization of the values and norms specific to the social group of origin.

Economic conditions of parents and adolescent mothers

The financial conditions of adolescent girls' parents: The predominance of farming fathers and housewife mothers makes it possible to affirm that most of the households from which the adolescent others come have an insignificant income. (Table 2).

Table 2. Distribution of respondents according to parents' profession

Occupations	Fathers		Mothers	
	Size	%	Size	%
Farmer	48	92.3%	0	0
Housewife	-	-	64	94.11%
Other	4	7.6%	4	5.88%
Total	52	100	68	100

Source: Survey data, October 2020

Table 2 shows the distribution of respondents according to their profession. About 48 out of 52 fathers are farmers, a percentage of 92.3%. Moreover, 64 out of 68 mothers are housewives, the equivalent of 94.11%. The other parents, 5 in number, are traders, civil servants and craftsmen.

Income-generating activities of teenage mothers: Field surveys confirmed that the tchakpalo trade or local beer business is largely owned by teenage mothers (86%). This trade makes it possible to generate profits to meet the needs of the family (food for the family, schooling for children and health care). (Table 2).

Table 3. Average monthly income of women in the prefecture of Tandjouaré

Income	Percentage (%)
Less than 10, 000 F CFA	80.2
10 000 - 20 000 FCFA	12.1
More than 20 000 F CFA	7.7

Source: Based on fieldwork, October 2020

According to the data in Table 3, more than 80% of teenage mothers have a monthly income of less than 10,000 CFA francs. They are 12.1% to have a monthly income between 10,000 and 20,000 CFA francs. Only a minority, i.e. 7.7% of women earn a monthly income of more than 20,000 CFA francs. They also engage in the firewood and charcoal trade and practice off-season activities such as market gardening near water reservoirs or small dams.

DISCUSSION

The study of the fertility or fecundity of adolescent girls in the prefecture of Tandjouaré revealed consequences in the lives of these adolescent girls. Indeed, the population has evolved from 244, 949 inhabitants in 1970 to 117,969 inhabitants in 2010, that is 16% of the whole of the Savannah region with 1.6% of the growth rate. In this regard, LARE B. et al (2018, p 41) points out that the prefecture of Tandjouaré is the least dynamic in the Savannah Region in terms of population growth. Thus, according to a survey carried out by the URD (2007, p.47) on the Togolese population, sexual activity is becoming increasingly precocious among young people. Gnama, T., (1992, p.66) finds that it is not uncommon to hear about early pregnancy "it is God's will", rather than addressing the real causes of the phenomenon. The weakening of parental control gives adolescents greater freedom which Cherlin A. and Riley N., (1996, p.55) have called "social disorganization". The results of studies carried out in Kenya by Ochola-Ayayo et al, (1990 cited by Nzaou Bouanga, 2003, p 60) showed that 60% of respondents confirm that the rules and

norms governing premarital and extramarital sexual activity are no longer applied or followed nowadays. At this point, young people "are no longer able to internalize a coherent system of normative barriers sufficient to prevent certain behaviors" (Diop, 1993, p.93). BELLA, J., (1998, p.41) points out that: "the high rate of teenage pregnancies is due to the fact that sexuality is relegated in almost all cultures to the rank of the sacred. To speak of it, outside of an adequate framework, would be almost a sacrilege". The economic status of the parents may be implicated in the explanation of the fertility factors of adolescents. In this regard, INSEED, 2014, has shown that the economic situation of parents has major consequences on the sexual life of adolescent girls. The results of Rwenge M. (1999, p.47) also revealed a strong correlation between the economic activity of the parents and the sexual behavior of young girls in the city of Bamenda (Cameroon). This is how Kouton A. G. (1992, p 41) showed that early fertility in Benin is influenced by cultural values, ethnicity and religion. Calvès A.E. (1996, p.29) also mentions the economic dependence of girls and the insufficiency of the means of the parents to meet the needs of their children as factors of early fertility of young Cameroonian women. This form of "rational adaptation" is what Mr. Rwenge describes as "monetarization of sexual intercourses". This study has helped in the identification of tendencies, levels and determinants that are the factors explaining the precocity of fecundity or fertility, and in the establishment of the relationship between the society and culture through the global environment, the individual characteristics of adolescent girls and their behaviors in matters of sexuality (DEMBELE B. 2004, p.66).

CONCLUSION

It is therefore clear that there are factors that expose adolescents to sex leading to a fertile life. Teenage girls with no level of education, followers of traditional religion are more exposed to this phenomenon. Moreover, these teenagers have no knowledge of contraceptive methods and are less exposed to sensitization campaigns on mass media. To control early fertility among adolescent girls, it is necessary to initiate actions on their behalf. To achieve Togo's emergence by 2030, the following actions should be taken with regard to adolescent girls: initiate literacy campaigns; sensitize adolescent girls on the use of contraceptive methods; sensitize adolescent girls on the risks (death of the mother or the child); sensitize parents on the risk of early marriage, provide for the well-being of households in order to reduce the risk of adolescent girls in poor households from becoming pregnant at an early age. All these actions must be more intensified in the rural environment than in the urban environment of the study area.

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