



Pregnancy in Adolescents at Peripheral Care Unit Gbodjome (Togo): Epidemiological Aspects and Causes

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Abstract

Introduction: Teenage pregnancies have serious consequences for the health of mothers and their children. The aim of this work was to study the circumstances of the onset of teenage pregnancy. **Methodology:** This was a cross-sectional and descriptive study, which took place from July 1st to 31st, 2019 at the Peripheral Care Unit (USP) of Gbodjomé in Togo. **Results:** A total of 100 adolescent girls were interviewed (12.6%). The average age of adolescent girls was 17.2 years (12 - 19 years). Adolescent girls were predominantly in primary school (42.0%) and single status (58.0%). Forty-two decimal zero percent of adolescent girls (42.0%) were living with their partners. In 5.0% of cases, adolescent girls were victims of sexual harassment. The pregnancy was the result of rape in 10.0% of cases. Ten decimal zero percent of adolescent girls (10.0%) had more than one sexual partner. Nearly half of the respondents (49.0%) knew at least one method of contraception, but only 8.0% used it. Financial help from the partner (57.0%) was the leading cause of sex. **Conclusion:** Teenage pregnancies have a negative impact on both the young mother and the unborn child. The ideal would be to make schooling for girls free, from primary school to the A-level.

Subject Areas

Gynecology & Obstetrics, Women's Health

Keywords

Pregnancy, Adolescent, Togo

1. Introduction

Adolescent pregnancy is defined by the United Nations Children's Fund (UNICEF) as "an adolescent girl, usually between the ages of 13 and 19, who becomes pregnant and refers to girls who have not reached legal adulthood, which varies around the world" [1]. Although it is considered as a serious public health and social problem worldwide [2], about 95% occur in developing countries [3]. For example, most adolescent pregnancies and births occur in West Africa, it is also found in Central, East and Southern Africa, South Asia, South America and the Caribbean [4]. In Togo, the birth rate among adolescents (15 - 19 years) was 89 births per 1000 in 2016 [5]. The causes of adolescent pregnancy are multifactorial, ranging from individual, traditional and socio-cultural behavior to religious. It is undeniable that low socioeconomic status [6] [7], limited education [8] and early sexual activity [9] can perpetuate adolescent pregnancy. In addition, increased access to social media and pornographic sharing [10], cross-cultural influences and decreased adult supervision have led to early initiation of sexual activity among adolescents [11]. It is recognized that most people begin sexual activity between the ages of 15 and 19. In low- and middle-income countries, complications of pregnancy and childbirth are the leading cause of death among women aged 15 - 19 years [12]. Young girls who become pregnant before the age of 18 are more likely to experience violence at the hands of their spouses or partners. In Togo, in 2017, the proportion of 15 - 19 years old girls who became pregnant with their first child was 0.9 percent in urban areas compared to 3.5 percent in rural areas. Also, in this age group, 7.8% had a live birth in urban areas, compared to 14.5% in rural areas [13]. The aim of this work was to study the circumstances in which teenage pregnancy occurs.

2. Patients and Method

This was a cross-sectional and descriptive study that took place over one month (July 1-31, 2019) at the Gbodjomé Peripheral Care Unit (USP) in Togo's Lakes District, located 30 km far from Lomé on the east. One hundred adolescent girls aged 12 to 19 years (pregnant, parturient or in labor) who gave their free and informed consent were selected. Adolescents who did not give consent (n = 3) or whose clinical condition did not allow them to answer the questions (n = 2) were not included in the study. A direct interview, using a pre-tested questionnaire, was conducted with adolescents who came to Gbodjomé USP for prenatal consultation, vaccination, delivery, or post-partum care.

The data were processed by the software World 2010, Epi info 3.5.4 and Excel 2010. Ethically, an authorization (ref 04/2019/USP/GBO-LACS) was issued by

the Chief Medical Officer of the Lakes District. The interview was conducted with respect and human dignity. For those who were accompanied by their parents or a guardian, or for those who came alone, a verbal, free and informed consent was obtained before the interview. The information collected was anonymous and strictly used for the purposes of our study.

3. Results

3.1. Frequency

During our survey period, 100 adolescents were interviewed out of a total of 796 admissions, a frequency of 12.6 per cent.

3.2. Socio-Demographic Data

The average age of adolescent girls was 17.2 with extremes of 12 and 19 years. The 15 - 19 age group was the most represented (95.0%). They were in vocational training in 37.0% of cases. The level of education was mainly elementary school (42.0%). They were single (58.0%). Forty-two of the adolescents lived with their partners (**Table 1**).

3.3. Causes of Pregnancy

Two-thirds of adolescents (64.0%) had ended their schooling well before pregnancy occurred. Both parents were alive (70.0%). Seventy-one decimal zero percent (71.0%) of adolescents had parents who were in the informal sector. In 5.0% of cases, the adolescents were victims of sexual harassment. Pregnancy was the result of rape in 10.0% of cases. Adolescents had more than one partner in 10% of cases. Only 6.0% of adolescents had once heard about the consequences of early pregnancy. Forty-nine decimal zero percent (49.0%) of adolescents knew at least one method of contraception; but only 8.0% of them used it. In just over half of cases (57.0%), adolescents were in a sexual relationship as a result of financial assistance from their partners (**Table 2**).

Table 1. Distribution of adolescent girls by socio-demographic data.

	Frequency	Percent (%)
<i>Age</i>		
12 ans	1	1.0
13 ans	3	3.0
14 ans	1	1.0
15 ans	9	9.0
16 ans	15	15.0
17 ans	19	19.0
18 ans	30	30.0
19 ans	22	22.0
Total	100	100.0

Continued

<i>Occupation</i>		
Apprenticeship	37	37.0
Student	36	36.0
homemaker	12	12.0
Reseller	10	10.0
Others	5	5.0
Total	100	100.0
<i>level of education</i>		
Uneducated	17	17.0
Primary	42	42.0
Secondary	39	39.0
University	2	2.0
Total	100	100.0
<i>Marital status</i>		
single	58	58.0
Concubinage	40	40.0
married	2	2.0
Total	100	100.0
<i>Partner's occupation</i>		
Craftsman	62	62.0
Student	19	19.0
Public servant	10	10.0
Reseller	1	1.0
Unknown	8	8.0
Total	100	100.0
<i>Person in cohabitation</i>		
Partner	42	42.0
Parents	32	32.0
Tutor	9	9.0
Grandparents	7	7.0
Aunt	6	6.0
Sister	3	3.0
Alone	3	3.0
Total	100	100.0

Table 2. Distribution of adolescents by cause of pregnancy occurrence.

	Frequency	Percent (%)
<i>Repeating a class</i>		
Once	9	9.0
Twice	3	3.0
Never	24	24.0
Didn't go to school	64	64.0
Total	100	100.0
<i>Early cessation of studies</i>		
Before pregnancy	64	64.0
After pregnancy	36	36.0
Total	100	100.0
<i>Living Parents</i>		
Both parents alive	70	70.0
Orphans of father and mother	21	21.0
Orphans of father	6	6.0
Orphans of mother	3	3.0
Total	100	100.0
<i>Parents' profession</i>		
Non-public servants* (informal sector)	71	71.0
Public servant (teacher and soldier)	8	8.0
Others**	21	21.0
Total	100	100.0
<i>Sexual harassment victims</i>		
Yes	95	95.0
No	5	5.0
Total	100	100.0
<i>Rape</i>		
Victims	10	10.0
Non-victims	90	90.0
Total	100	100.0
<i>Multiple partners</i>		
Only one partner	90	90.0
Two partners	7	7.0
More than two partners	3	3.0
Total	100	100.0

Continued

Awareness of the consequences of pregnancy

Yes	6	6.0
No	94	94.0
Total	100	100.0

Knowledge of contraceptive methods

Yes	49	49.0
No	51	51.0
Total	100	100.0

Contraceptive Use

Pills	2	2.0
Condoms	6	6.0
No contraceptives	92	92.0

Factors leading to the relationship

Financial assistance	57	57.0
Love	15	15.0
Lack of parental affection	10	10.0
Solitude	8	8.0
Follow-up	4	4.0
Kindness of the partner	2	2.0
Partner pressure	1	1.0
Desire to have a boyfriend	1	1.0
Curiosity	1	1.0
Drunkenness	1	1.0

Other**: cab and motorcycle cab drivers. Non-civil servant*: craftsman, farmer, driver, blacksmith, electrician, mason, unemployed person.

4. Discussion

The incidence of adolescent pregnancy was 12.6% at USP Gbodjomé in Togo. This result is similar to the national norm in 2017, when 14.5% of girls aged 15 - 19 had a good birth [13]. In a study conducted by Aboubakari *et al.* at Tsévié Hospital, 35 km north of Lomé, in 2013 [14], 51.8% of adolescent girls who gave birth in the maternity ward were under 17 years of age. In Ethiopia, the national average was 13.0% among 10 - 19 years old in 2016 [15]. In contrast, Habitu *et al.* in 2017 [16], also in Ethiopia, had higher prevalence (28.6%). The average age of adolescent girls was 17.2. Gwido *et al.* in Southern Sudan in 2016, [17] reported an average age of 17.5 years. Indeed, these minors, because of their immaturity and naivety, are unable to perceive the consequences of sexual inter-

course. It is well known that most people begin sexual activity between the ages of 15 and 19. Also, these pregnancies among minors, known as early pregnancies, have catastrophic consequences not only for the mother, but also for the child. According to the WHO, on the one hand, early pregnancy is the leading cause of death among girls aged 15 to 19 [12]. Moreover, since USP Gbodjomé is located in a rural area, the lack of recreational diversity may lead adolescents to engage in sex during their off-peak time. Added to this is the lack of financial means, so 57.0% of the adolescent girls said that they had sex for the financial help given by their partner. In addition, most of the parents were in the informal sector (71.0%), thus having a low socioeconomic level. This exposes adolescent girls to sexual relations at an early age. Adolescent girls were mostly in primary education (42.0%) and apprenticeships (37.0%). Although schooling of young girls is encouraged nowadays, and government policy in Togo is such that free schooling is only offered to elementary school, much work remains to be done. In 42.0 percent of cases, adolescent girls lived with their partners. In the study by Ayele *et al.* in Ethiopia in 2018 [18], 55.8% of adolescent girls lived with their husbands. In 58.0% of cases, the adolescents were unmarried. Our results are superior to those of Donatus *et al.* in 2008, [19] who reported 52.2% of unmarried adolescent girls. This is justified by the fact that in our country early marriage is not allowed. Each parent wants his or her child to be autonomous and have a stable financial situation before getting married. Generally speaking, teenage pregnancy is disturbing and goes beyond current social norms. Perceived as a failure of education, it questions and worries about the future of these young mothers and the potential child to be born [20]. So it is more difficult to encourage teenage girls in a marriage project. Sixty-four point zero percent of adolescents (64.0%) had stopped studying even well before pregnancy occurred. According to Pereira *et al.* [21], the onset of pregnancy in adolescence is significantly associated with more academic failure. Among the group of pregnant teens, only 12.3% were still attending classes, 52.6% had already “dropped out” before becoming pregnant. For Ochen *et al.* in 2019 [22], 65.0% of pregnant adolescents were no longer attending school. In 94.0% of cases, the adolescents had never heard of the consequences of early pregnancy, and in 10.0% of cases the pregnancy was the result of rape. Despite the legalization of abortion under certain conditions in Togo in 2006 [23], parents (70.0% had both parents alive) allowed the pregnancy to progress, either out of ignorance or religious conviction. In 92.0% of cases, no contraceptive method was used. Jewell *et al.* [24] found the impact of socioeconomic status on contraceptive behavior. Indeed, the low use of contraceptive methods could be explained by the fact that young people are not sufficiently informed about available services. Also, they have never experienced a pregnancy, so many are still reluctant to go to a family planning center. Another reason is that condom distribution has long been seen as a way to get young people to have sex, which has led to a more abstinence-oriented exchange between peer educators and youth.

5. Conclusion

Early pregnancy is a public health problem especially in sub-Saharan Africa and particularly in rural areas. Our study evaluated its frequency among adolescents in the health area of USP Gbodjomé at 12.6%. These pregnancies are, in most cases, unwanted. They occur as a result of carelessness or lack of information, financial and family support; contraceptive methods are little known and little used. These pregnancies have a harmful impact on both the young mother and the unborn child. The ideal would be to make schooling free for girls from primary school through to the Baccalaureate. In addition, the granting of monthly family allowances to the most destitute, the creation of leisure centers in rural areas and the organization of useful vacations to keep these teenage girls busy outside of school hours would go some way to help prevent the occurrence of early pregnancies.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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