

Games of Chance and Money of the Togolese National Lottery in Lomé

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How to cite this paper: Wenkourama, D., Salifou, S., Ataigba, I.N.E., Kanekatoua, S., Pita, E., Bawi, G., Soedje, M.K. and Dassa, K.S. (2023) Games of Chance and Money of the Togolese National Lottery in Lomé. *Open Journal of Psychiatry*, 13, 175-186. <https://doi.org/10.4236/ojpsych.2023.133015>

Received: April 10, 2023

Accepted: July 17, 2023

Published: July 20, 2023

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Abstract

Introduction: The addiction to games of chance and money is frequently encountered among some players. The general objective of this study was to describe the level of the gambling addiction among the players of the Togolese National Lottery (LONATO) in the city of Lomé. **Method:** This was a descriptive cross-sectional study through non-random sampling by convenience surveys, conducted on October 09, 2019 in 20 LONATO plying sites which affected 611 players. The screening was done using the South Oaks Gambling Screen (SOGS) questionnaire. **Results:** Of the 611 players surveyed, 55% were aged 18 to 35 years with an average age of 36 years and the extremes ranging from 14 to 78 years. The male gender was in the majority (84.26%). The prevalence of pathological gambling was 62.52%. Among the pathological gamblers, 16.89% had a family history of pathological gambling, 19.00% had a mood disorder, 28.50% had excessive alcoholism, and 17.15% consumed another psychoactive substance. Cannabis was the most consumed substance (6.87%) followed by tobacco (6.07%) and soporific (6.07%). More than half of players (62.03%) thought that pathological gambling is not a disease. **Conclusion:** The pathological gambling is a global phenomenon and a reality in Togo. Raising everyone's awareness will reduce its negative impact on the players.

Keywords

Pathological Gambling, Addiction, LONATO, Lomé

1. Introduction

The pathological gambling is an inappropriate, persistent and repeated practice of gambling leading to impaired functioning or clinically significant suffering [1]. According to the Dutch historian Johan Huizinga, it is a voluntary action or activity, carried out within certain fixed limits of time and place, following a freely consented but completely imperious rule, endowed with an end in itself, accompanied by a feeling of tension and joy, and an awareness of being other than in everyday life [2]. To this definition, the sociologist Roger Caillois adds that it is unproductive and that its outcome is uncertain and proposes a typology of games defining four fundamental categories: the first based on competition (*agôn*), the second based on simulacrum (mimicry), the games of chance (*alea*), finally those which function is to provide an impression of vertigo (*ilinx*) [2].

Playing is an activity that is well integrated into the experience of human beings, whether children or adults. Thus, the pathological gambling is defined as an uncontrollable behavior that consists of playing games of chance on a frequent and recurrent basis and that dominates the life of the affected person. It is often described as a behavioral addiction. The games of chance are those whose result is essentially random, where participation requires the putting into play of a good, generally money and whose gain also consists of a good [3].

The addiction to games of chance and money is frequently encountered among some players. The game thus occupies a central place in the life of the person to the detriment of the other usual activities which punctuate his life and therefore has repercussions at the professional, relational, social and financial levels. The worldwide prevalence of pathological gambling varies from 2% to 6% [1]. Today, the observation is that on every street corner, more and more Togolese and especially young people indulge in games of chance and money. This behavior is facilitated by the multiplicity of playgrounds in the different districts and throughout the national territory. The lack of data on the real impact of these games on the population in Togo seems to mask the extent of the problem and therefore does not allow a good orientation of the actions to be taken. The general objective of this study was to describe the level of gambling addiction among players of the Togolese National Lottery (LONATO) in the city of Lomé and its agglomerations.

2. Method

2.1. Study Setting, Type and Population

The study was carried out at the LONATO gaming sites in the city of Lomé. The

players were selected from 20 gaming sites from 20 selected neighborhoods. The choice of the 20 gaming sites from the 20 neighborhoods of the 5 boroughs of the district of Lomé and its agglomerations was non-random based on the attendance rate of the players. The selection of players by site was a convenience survey (all players who showed up at the selected sites on the day and time of data collection).

This was a descriptive cross-sectional study carried out on October 9, 2019 from 7 a.m. to 4 p.m. and focused on players playing LONATO games without age limit. Our research sample consisted of 611 players.

Were included in our study the players of the LONATO games who presented themselves in the 20 sites chosen on October 09, 2019 from 7 a.m. to 4 p.m. and who responded favorably to informed consent of all ages. Players of other gambling types and sites (casino, Premier Bet...) and the occasional players were not included. We excluded from our study players whose questionnaire was partially completed.

2.2. Data Collection and Analysis

To carry out our study, we used questionnaires of **55 items** in total divided into **4 parts** as follows:

- The socio-demographic data: created for the study, this 6-item questionnaire aims to collect the main socio-demographic characteristics of players: age, gender, marital status, number of children, level of education and socio-professional category.
- The South Oaks Gambling Screen [SOGS, Lesieur & Blume, 1987; French translation and validation of Lejoyeux, 1999]: this 20-item questionnaire is used to screen for pathological gambling. Presenting very good psychometric qualities, both in terms of reliability and stability, the SOGS is considered to be one of the most relevant and widely used instruments in research to assess pathological gambling [Shaffer, Hall and Vander Bilt, 1999]. A score of 5 or more indicates a possible pathological gambler. A score between 1 and 4 highlights a problem gambler, or even a gambler at risk of developing an addiction, a zero score indicates that the gambler has no problem [4].
- The morbid nature of pathological gambling: the objective is to identify the point of view of the people constituting the sample on the morbid nature or not of pathological gambling and the existence of a possibility of treatment and includes 03 items.
- The psychiatric comorbidities: a GAD7 questionnaire of 7 items for the search for anxiety disorders (a GAD score lower than 15 indicates that the subject does not suffer from any anxiety or that he has a minimal level of anxiety; on the other hand a score greater than 15 indicates significant anxiety) [5]; 15-items MDQ questionnaires allowing the search for mood disorders (a positive score in favor of a bipolar disorder requires that at least 7 of the items be accepted by the patient, that at least some of these items co-appear

with psychosocial disturbances of minimal or minor intensity) [6], DETA to assess the degree of alcohol consumption of players [7], of 4 items to assess their consumption of other Psychoactive Substances (SPA) [4].

The data collection was done through a face-to-face interview with each player; in anonymity, the respect of the intimacy of the person, after consent of the customers and the agreement of the persons in charge of the places.

An informed consent form was submitted to each participant, reassuring them of respect for ethics, deontology, and the protection of physical and moral integrity and thus testifying to the freedom of participation in this survey. We used twenty (20) investigators previously trained in collection techniques and who were responsible for collecting data at the rate of one investigator per gaming site. We also used two (2) supervisors responsible for coordinating the activities and to ensure the smooth running of the collection.

Data collection and processing were done with Microsoft Word and Excel 2016 software.

2.3. Ethical Aspect

We have obtained the agreement of the Bioethics Committee for Health Research (CBRS) of the Ministry of Health of Togo (Notice No. 037/2019/CBRS of October 03, 2019). We have also obtained authorization from the General Management of LONATO.

3. Results

We investigated a total of 637 players, excluded 26 for incomplete filling of the sheets and retained 611 for our study.

3.1. Sociodemographic Data

The male gender was the most represented (84.26%) *i.e.* a male female gender ratio of 5.36. The median age of players was 36 years old with extremes of 14 and 78 years old. The age group from 18 to 35 years was the most represented (55.48%). Married people represented 58.27% (356) of respondents. The most had at least one child (66.45%) (**Table 1**).

Thirty-nine comma ninety-three percent of players had a high school education; 4% had no schooling (**Figure 1**).

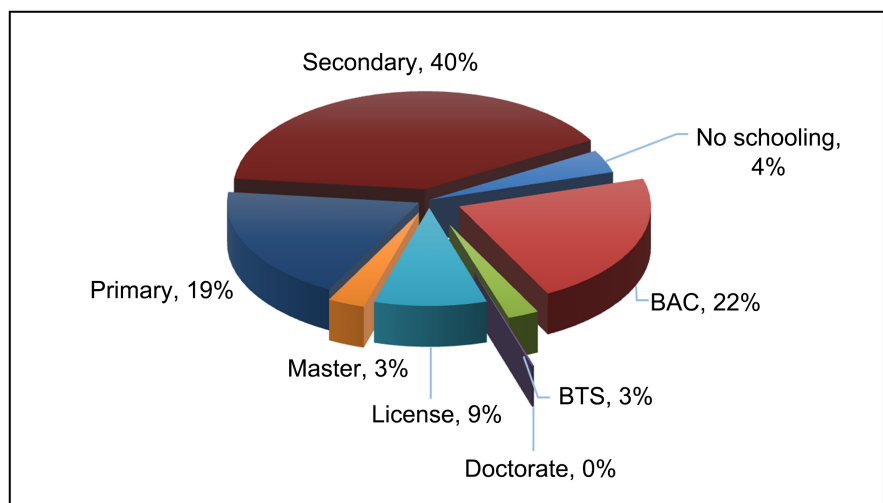
Among the players surveyed, individuals accounted for a large share (62.52%) (**Figure 2**).

3.2. Game Problem

The players were classified into three (3) categories: the pathological gamblers comprising players with a total score greater than or equal to 5, the players with some problems (score between 1 and 4) and those who have no problem (null score). The pathological gamblers numbered 379 (62.03%); those who had some problems represented 30.93% (189) and those who had no problems 7.04% (43).

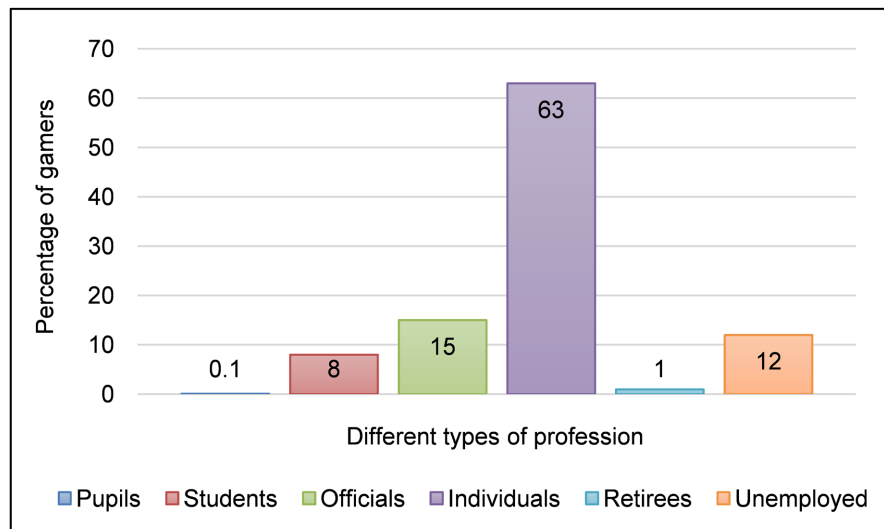
Table 1. Distribution of players according to socio-demographic data.

	Effectif	Pourcentage (%)
Gender		
Female	98	15.74
Male	513	84.26
Age group		
<18 years	7	1.15
[18 - 35] years	339	55.48
[36 - 45] years	156	25.53
>45 years	109	17.84
Marital status		
Married	356	58.27
Single	236	38.63
Widowers/widows	11	1.80
Divorced	8	1.30
Number of children		
No children	205	33.55
1 - 2	181	29.63
3 - 5	194	31.75
>5	31	5.07
Total	611	100.00



*BAC: Bachelor's degree; BTS: Superior Technician Certificate (BAC + 2).

Figure 1. Distribution of players according to level of study.



*Individuals: shopkeepers, cab and motorcycle cab drivers, mechanics, masons, electricians, hairdressers, tailors, etc.

Figure 2. Distribution of players by profession.

The majority of players had no family history of pathological gambling (85.92%). Among the pathological gamblers (379), 16.89% had a family history of pathological gambling.

The most pathological gamblers were male (321 or 84.70%). The age group from 18 to 35 years was the majority (49.08%). In addition, we noted the presence of minors (1.05%) among them, the youngest of whom is 16 years old. One hundred and forty-nine (39.31%) had secondary school education. Two hundred and thirty-one (60.95%) were married (**Table 2**).

The professional category most represented among pathological gamblers was individuals, 64.38% (carpenter, mechanics, electricians, masons, hairdressers, dressmakers, taxi and motorcycle taxi drivers, shopkeepers, etc.) (**Figure 3**).

3.3. Morbid Nature of Pathological Gambling

Among all the gamblers surveyed, 62.03% or 379 gamblers believed that pathological gambling was not a disease. Of the 232 gamblers who thought that pathological gambling was a disease, 174 (75.00%) have affirmed that there is a possibility of treatment. For 60.30% of them, treatment should be done in a hospital.

3.4. Psychiatric Comorbidities

Among the 379 pathological gamblers, 25 (6.60%) had significant anxiety; 72 (19.00%) had a mood disorder and 108 (28.50%) consumed alcohol excessively (harmful use and addictive use).

Sixty-five pathological gamblers (17.15%) had declared having consumed at least one psychoactive substance during their life, including 6.87% cannabis, 6.07% tobacco, 6.07% sleeping pills and 5.28% several substances at the same time (**Table 3**).

Table 2. Distribution of pathological gamblers according to socio-demographic data.

	Effectif	Pourcentage (%)
Gender		
Female	58	15.30
Male	321	84.70
Age group		
<18 years	4	1.05
[18 - 35] years	186	49.08
[36 - 45] years	114	30.08
>45 years	75	19.79
Marital status		
Married	231	60.95
Singles	134	35.36
Widowers/widows	8	2.11
Divorced	6	1.58
Education level		
Secondary	149	39.31
Primary	79	20.84
Baccalaureat	77	20.32
License	34	8.97
No schooling	15	3.96
Master	13	3.43
Degree Brevet de Technicien Supérieur	12	3.17
Total	379	100.00

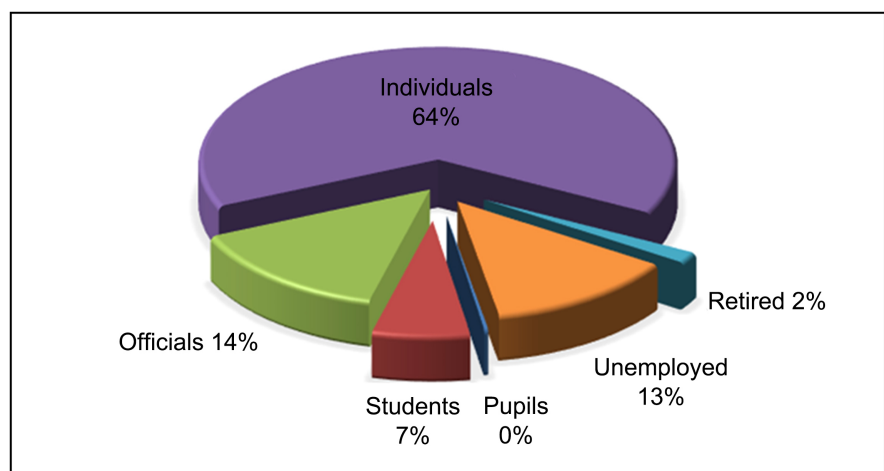
**Figure 3.** Distribution of pathological gamblers by professional category (n = 379).

Table 3. SPA combinations in pathological gamblers.

	Number	Pourcentage (%)
Tabacco + Sleeping pills	5	25.00
Sleeping pills + Stimulant	3	15.00
Tabacco + Cannabis + Sleeping pills	3	15.00
Cannabis + Sleeping pills	2	10.00
Cannabis + Cocaïne	2	10.00
Cannabis + Stimulant + Opiate	1	10.00
Solvent + Sleeping pills	1	5.00
Tabacco + Stimulant + Solvent + Sleeping pills	1	5.00
Tabacco + Cannabis + Cocaine	1	5.00
Tabacco + Cannabis	1	5.00
Total	20	100.00

4. Discussion

4.1. Sociodemographic Data

The average age of the players was 36 years old with extremes ranging from 14 to 78 years old. The age group from 18 to 35 years was the most represented (55.48%). That could be explained by the fact that in our context, young people occupy a large part of the general population [8]. In addition, these young people, underemployed and living in poverty, find in these games of chance a way out of their precariousness. The presence of minors can be explained by the fact that gaming sites do not ban them. Berrada *et al.* [9] in Morocco in 2006 found an average age of 42.30 years among a population of regular players in Casablanca. This difference could be explained by the fact that one of the inclusion criteria for this study was age greater than or equal to 18 years, legal age of access to the gambling site in Morocco.

The male predominance among the players surveyed (84.26%) can be explained by the fact that in the local culture, family responsibilities are the responsibility of men. Moreover, in our context, the society does not have a tender regard for women who play games of chance and money. Romo *et al.* [10] had also found a male predominance of 62.30% in their study in France in 2009. Etel *et al.* [11] in a study carried out among Lebanese students in 2011 also showed a male predominance of 54.08%. On the other hand, in the study by Berrada *et al.* [9] in Morocco in 2006, the sample was exclusively made up of men. This is explained by socio-cultural reasons which mean that in Morocco, most gambling sites are frequented exclusively by men.

The married people were the most represented (58.27% against 38.63% of single people). The search for sources of income to meet responsibilities could ex-

plain this proportion of married people. Our data were similar to those of Berrada *et al.* [9] (64.00% married and 28.00% single). Romo *et al.* [10] also found 41.00% of people living with a partner and 47.00% single. The players with at least one child were in the majority (64.45%). Berrada *et al.* [9] had found similar results with a rate of 65.50% of players having at least 1 child.

The secondary level was the most represented (39.93%). This result is similar to that of Berrada *et al.* [9] in Morocco who had found a predominance of the secondary level at 40.60%.

The individuals were in the majority in our study (62.52%). They were professionally self-employed, so they weren't under any constraints and were more available to go and play in newsstands. This could explain this result.

4.2. Game Problem

The prevalence of pathological gambling among gamblers was estimated at 62.03%. Togo is a developing country where the poverty rate remains high; 53.50% of the population lives below the poverty line according to the UNDP [12]. According to the literature, there is a correlation between low economic status and pathological gambling [13]; which could explain the results obtained. These results are similar to those found by Berrada *et al.* [9] 53.00% of pathological gamblers. On the other hand, Romo *et al.* [10] found a 9.23% rate of pathological gambling among the players of La Française des Jeux. This difference could be explained by the fact that in France, the economic level is relatively high compared to the African context. Etel *et al.* [11] found in their study among Lebanese students in 2011, 5.87% of pathological gamblers. The high level of education of the study population could explain this relatively low prevalence.

The age group 18 to 35 years was the most represented with 49.08%. The youngest was 16 years old. The presence of minors among pathological gamblers testifies to the precocity with which young people are exposed to gambling and should challenge public opinion on the educational aspect. The question on the legal age of access to gaming rooms therefore remains asked.

The secondary level was the most represented with 39.31% followed by the primary with 20.84%. This category of persons is often the least qualified and evolves in the lowest paid sectors of activity. This vulnerability factor could explain this result, which contrasts with that of Romo *et al.* [10] in France who had found among pathological gamblers 41.70% for the BAC level and 33.30% for the BAC + 2 and more.

The married people represented 60.95% of this class of players against 35.36% of single people. The family responsibilities becoming greater at this stage of life, especially in our context, the search for more financial means could lead them to have more gambling problems. Sinclair *et al.* [14] in South Africa, in a study carried out in 2013 on players, they also found that married people were more represented (45.00%) than single people (32.00%). On the other hand, in the study by Romo *et al.* [10] in France, single people were in the majority at 47.20%

against 30.56% of married people.

The individuals were in the majority with 64.38% while the unemployed represented 12.93% of pathological gamblers. Nowadays, in Togo, with the advent of the Togolese Revenue Office and taxes considered too high in relation to the turnover, many have had to close their small businesses. This could justify the large proportion of individuals among pathological gamblers.

4.3. Morbid Nature of Pathological Gambling

In our study, 62.03% of gamblers have thought that gambling problem was not an illness. Only 37.98% have thought it was. This therefore reflects the population's lack of information on this issue and therefore challenges health actors in general and those of mental health in particular.

4.4. Psychiatric Comorbidities

Six comma sixty percent of pathological gamblers in our study had significant anxiety. Our results were similar to those of Ibanez *et al.* [15] who found 7.20% in the USA. Rome *et al.* [10] in France found 40.00% significant anxiety. Mood disorders were also present in 19.00% of pathological gamblers. Our results are similar to those of Ibanez *et al.* [15] who found 15.90%.

In our study, 28.50% of pathological gamblers had excessive alcoholism. Among the psychoactive substances used, cannabis was the substance most consumed by pathological gamblers (6.87%). This agrees with the results of the study by Ekouevi *et al.* [16] in 2012 in Togo among drug users where cannabis was the most commonly used drug (95.60%). Romo *et al.* [10] in France had found among pathological gamblers 58.30% alcohol abuse and 36.00% cannabis abuse.

4.5. Advantages and Limitations of the Study

Sampling was non-random sampling with a convenience survey. This type of sampling was chosen for reasons of feasibility and also to reach the maximum number of players. Nevertheless, it has presented limitations. The players who did not show up at the chosen site for health reasons or lack of money could be considered pathological gamblers. This would have an impact on the results by underestimating pathological gamblers.

The data collection tool (South Oaks Gambling Screen) in its translation validated in French by Lejoyeux [4] is a reference tool for the screening and classification of players. Although it is a validated tool and used among African Americans, it has not been tested and validated among black Africans, more specifically in Togo. The lack of validation of this tool in Togo has no impact on the quality of the results obtained.

Our study was a descriptive cross-sectional study. It aims to describe the problem of pathological gambling among LONATO players. It would be good to conduct an analytical study with random sampling to better explore this problem.

5. Conclusions

The pathological gambling is a global phenomenon, a real challenge for the entire global health system. In Africa, few studies have been carried out on this issue. This, therefore, does not allow us to measure the real extent of the problem. Through this study, which was a cross-sectional and descriptive study, we wanted to find the extent of this problem among LONATO players in Lomé by collecting data in twenty (20) playing sites in one day.

The prevalence of pathological gambling was 62%. Those aged 18 to 35 years accounted for 55.48% of all players. Those under 18 represented 1.15% of gamblers and 62% of players thought that pathological gambling is not a disease. These results therefore demonstrate the presence of the scourge within the Togolese population where the youth pays the heaviest price. A study extended to other regions of the country and within the general population will make it possible to measure the impact of the problem on a national scale. But in the meantime, it seems appropriate to look at this state of affairs, to carry out an in-depth reflection in order to provide guidelines to reduce its negative impact on players.

Conflicts of Interest

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

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