
PSYCHOLOGICAL ANALYSIS OF THE ADOPTION OF RISKY SEXUAL BEHAVIOR BY ADOLESCENTS IN TOGO

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Abstract

Adolescent sexual and reproductive health indicators are very worrying in sub-Saharan Africa. In Togo, for the 2020-2021 school year, 1,244 girls dropped out of school due to early pregnancy (Republic of Togo, 2022). This article aims to make a psychological analysis of the adoption of risky sexual behaviors of adolescents in Togo. To do this, we have conducted an exploratory study with five (05) adolescents received in psychological interview using the all-comers method. The results reveal that romantic attachment and sexual curiosity promote early sexuality. But sex education from parents delays the age of first sexual intercourse. With regard to multiple sexual partners, it is favored by low partner abandonment anxiety. For the non-systematic use of condoms, the reasons are diversified according to gender. Thus, for boys, strong sexual arousal contributes to non-systematic condom use, while girls explain it by strong abandonment anxiety. Furthermore, our results also reveal that the adoption of risky sexual behaviors has consequences on the psychological state of adolescents. Given the small size of our sample, it is necessary to conduct a study on a large population in order to identify the relevant psychological factors. This will enable an adolescent-centred approach to improve adolescent sexual health in sub-Saharan Africa.

Key words: sexual and reproductive health; adolescent; risky sexual behavior; romantic attachment; sexual curiosity.

INTRODUCTION

Adolescent sexual and reproductive health indicators are very worrying in sub-Saharan Africa because this region is the second just behind East Asia in terms of births to adolescent mothers (World Health Organization, 2020). Taking the case of Togo (a country in West Africa), 1,222 students were identified who became pregnant between September 2020 and March 2021 (Republic of Togo, 2021). In addition, just for the 2020-2021 school year, the Ministry of Primary, Secondary, Technical and Handicraft

Education has published that 1,244 girls have dropped out of school due to early pregnancy (Republic of Togo, 2022). In addition to school dropout, early teenage pregnancies have serious health consequences for teenage mothers and their children. Furthermore, by looking for the causes of early pregnancy, we can find out early marriage, sexual abuse and the adoption of risky sexual behaviors by adolescents. Standing on the idea that early marriage and sexual abuse are often under duress, we ask ourselves what can explain the adoption of risky sexual behaviors among adolescents ? It

is in the perspective of having some answers to our question that we have conducted an exploratory study with five (05) adolescents who had adopted risky sexual behavior. This article aims to make a psychological analysis of the adoption of risky sexual behaviors of adolescents in Togo.

1. METHODOLOGY

Our study is carried out with five (05) adolescents including three (03) girls and two (02) boys received in psychological interview at the Regional Hospital Center of Atakpamé. The sampling technique was the all-comer. All adolescents were subjected to a clinical interview. The data collected during the interview were analyzed according to the following plan : the risky sexual behavior adopted, the explanation of the adolescent to justify his risky sexual behavior, the parental sexual education and the repercussions of the risky sexual behavior on their physical and psychological health.

2. RESULTS

Note that a fictitious name is given to each teenager in order to allow you to quickly find yourself in the text.

2.1. Presentation of the cases

2.1.1. Musila's case

Musila is a 16 years old girl. She is a first-grade student. She is Muslim. She lives with her father who is a bank executive and her mother who is a retailer. She is the eldest of a family of 02 children. We received Musila in psychological interview on the grounds that she is infected with the human immunodeficiency virus (HIV). During the interview, she told us about the risky sexual behaviors she has adopted. She said this:

In 3rd grade, I had a boyfriend who told me if I really love him as I say, I have to agree to have sex with him. I consented to this but I told him that we will use the condom. He refused on the pretext that it diminishes the pleasure and that if I speak like this it is because I am cheating on him. So we had unprotected sex several times.

After the BEPC, he went to Nigeria. There he fell seriously ill and eventually died. His parents phoned me to let me know about his death and asked me to go for the HIV test. That's what I did and now I got HIV (crying).

Musila expressed a lot of regret for having had sex. During the interview, she says each time : "I regret having slept with him. I was going to refuse, we were going to separate at that time and today I will not have HIV". She thinks HIV is a divine punishment for having had sex when she was very young. In addition, she told us that her parents are not aware that she has ever had sexual intercourse since the subject of sexuality has never been discussed with them. She asked us for advice on how to properly take her antiretroviral treatment without her parents knowing about it. She does not have suicidal thoughts but says she cries every night since she found out about her HIV status. This means that she cannot sleep at night and is less concentrated in class. However, she did not experience any academic failure until the moment we received her.

2.1.2. Yao's case

Yao is a 17 years old boy. He is a 12 th grade student. He is a Christian. He lives with his father who is a civil servant and his mother who is a retailer. He is the only child of his parents. We received Yao in a psychological interview on the grounds that he has disturbed sleep. He was accompanied by his father for the first date. During the interview, we noted that his sleep is disturbed after engaging in a risky sexual behavior. Here in these words what led him to adopt this risky sexual behavior:

I had my first and only sexual encounter when I was in first grade with my girlfriend at the time, who is called Essi and who was 14 at the time. She was in fourth grade at the same school as me. One day when my parents were away, she wanted to come to my house. What I accepted. When she arrived, she wanted us to have sex. I didn't want to but she has insisted so much stroking my penis and I finally gave in. She has pressured me so much that I didn't even think of using a condom. After this experience I broke up with her because I didn't want to have sex

until I was 18. I don't know if that was her first experience or not. So after having sex with her, I started having dreams where I see myself having sex with girls. I had to turn to my pastor in order to get into prayer with me because I feel I have sinned. Since then, the dreams are no longer as frequent as before. However, dad said to come and see the psychologist too, that's why I'm here.

Apart from disturbed sleep, Yao sometimes loses consciousness (falls into syncope) in class, especially he says "when I feel like a girl in my class is trying to seduce me, I faint". He also claims to have talked about this sexual experience with his father and after that his father reassured him not to think about it too much. Religion seems to play a lot on the feeling of guilt he manifests.

2.1.3. Amivi's case

Amivi is a 19 years old girl. She is learning to sew. She is a christian. She is the mother of a 2 year old child. Amivi was born to a teacher father and a retailer mother. When he was two years old, his parents got separated. His father left to live in Burkina-Faso. She was taken in by her paternal grandmother who raised her until the age of 14. At this age, she left her grandmother to live with her pastor and his wife. It was the latter who accompanied her on her first date. We received Amivi in a psychological interview for the reason that she loses consciousness (falls into syncope) on a frequent basis. During the interview, she told us : "it is when I see my son or I think of my parents that I sometimes lose consciousness. «. The loss of consciousness began a year ago. Seeking to know how she became a mother at 17, she tells us this :

I was 14 when I had my first sexual intercourse. I was in fifth grade. At that time, I had a friend who was dating a boy. She asked me to go out with this boy's friend too. After her insistence, I gave in. For me it was just the curiosity to see what it really feels like. Afterwards, since I didn't have feelings for him, I ended the relationship. After this first sexual experience, I entered into a relationship with another boy with whom I was until third grade. At the end of

the school year, I went to (...) for the holidays. There, I sold porridge. There was a student who came to take the porridge from my house every day. He flirted with me, I have accepted and we slept together several times. We didn't think to use a condom. A few days before my departure, I unfortunately learn that he died. Back home, I realized that I am pregnant with him. I took classes with the pregnancy until I gave birth to a boy. After passing the BEPC, I stopped school to enroll in a sewing apprenticeship.

She believes that she has a good relationship with the pastor's couple but has never discussed sexuality issues with them. When the pastor and his wife realized that she was pregnant, they got angry with her at first and then accompanied her until the end of her pregnancy. Regarding her school curriculum, she repeated the fifth and third class. Relationship-wise, although the boys continue to woo her, she refuses their advance and doesn't want to be in a relationship with a boy anymore. The psychopathological evaluation revealed that she sometimes has suicidal thoughts but when she sees her son, she abandons this project, she confides to us. She adds that she does not want to abandon her son as her parents have abandoned her. She has some difficulty falling asleep and cannot mourn the death of her child's father.

2.1.4. Mawussi's case

Mawussi's a 16 years old girl. She is learning hairdressing. She is a christian. She is the mother of an year old child. Mawussi was born to a father and a mother, both farmers living in a village. She came to continue her studies with her uncle who is a curmudgeon worker and his wife, a dealer after the success at the CEPD. We received Mawussi for a psychological interview on the grounds of difficulty falling asleep. During the interview, she tells us that the difficulty in falling asleep started a year ago, that is to say just after the birth of her son. Being a young mother, she did not worry. But lately (more than 3 months already) it has become recurrent to the point of requesting a psychological interview through a friend.

Seeking to know how she became a mother at 15, she tells us this :

I was 14 when I had my first sexual intercourse. I was in fifth grade. At that time, I had a boyfriend who was in high school. I liked him so much and we have decided to get married later when we were adults. He asked me to have sex and I agreed. Of course, we used a condom since we were told about it at school. After a party we went to together, I went to his house and we had sex without a condom. We didn't think to use any as it was not available and also we were drunk. A few weeks later, I realize that I got pregnant. I informed my boyfriend and told him that my uncle wants to meet him. After his baccalaureate exam, he came with his parents to hold apology ceremonies. After that, he went to another city for his university studies and since then I haven't seen him ; he doesn't even speak to me anymore.

She believes that she has a good relationship with her uncle and his wife but has never discussed sexuality issues with them. Regarding her school curriculum, she did not repeat any class till she stopped studying because of her pregnancy, in fifth grade. On the relational level, she said «I will no longer get married with the father of my daughter, since he left, he no longer speaks to me and does not come to see his child». The psychopathological evaluation revealed that she sometimes has suicidal thoughts. Recurrently, she thinks about abandoning her child but she has noticed that «there is a voice telling me not to abandon her». Difficulties falling asleep are explained by : “at night I think a lot about my life, my child and I wonder if I still have a future”. Throughout the interview, she cries regularly, has a low tone of voice to talk about her daily life and she ends up saying «I regret having had this child».

2.1.5. Kokou's case

Kokou is a 19 years old boy. He is a 2nd year student. He is a christian. He lives alone but takes holidays or vacations with his parents. His father is a driver and his mother is a detaler. He is the eldest of a family of three children. We received Kokou in a psychological interview on the grounds of voluntary HIV

testing after adopting risky sexual behavior. Here in these few words what led him to adopt this behavior:

This is my first and only sexual intercourse. This has happened two weeks ago. In fact I have a girlfriend who is in second grade. We have been together for 5 months. She came to my place and during our discussion we were talking about sexuality. She told me that she used to have sex before, but I never had. She told me that if I want to know it feels like to have sex, she is willing to show me. I agreed and we had sex. But I made a big mistake ! Thow I had a condom in my drawer I couldn't use it. So turned on by everything she was doing to me, all I thought about was penetration. After she left, I thought to myself as she had sex with other men before me, she could have infected me with HIV. I phoned her asking if she had ever done the screening ; she replied that she had never done so. That's why I came to do my screening.

Kokou believes he has already discussed sexuality with his parents and it was on their advice that he delayed his first sexual encounter. Now, he is anxious about the outcome of his screening test. He kept saying every time that if the result is negative, he's not going to do that anymore.

2.2. Psychological analysis of cases

2.2.1. Analysis of the case of Musila

Musila has adopted risky sexual behaviors such as early sexuality (first sexual intercourse at 14) and the non-systematic use of condoms. These risky sexual behaviors result in HIV infection. This infection gave rise to feelings of regret. She saw her HIV infection as divine punishment for breaking religious rules (having sex at a young age without being married).

In addition, Musila's parents did not discuss the subject of sexuality with her. Not having enough information about sexuality to counter her boyfriend's arguments, and also for fear of being rejected by him, she consented to sex without a condom. Thus, she has a loving attachment with strong abandonment anxiety towards her partner. This explains the adoption of a risky sexual behavior. It should

have been noted that attachment theory was developed by Bowlby (1969), then adapted to romantic relationships by Hazan and Shaver (1987). In the context of romantic relationships, attachment is in general conceptualized along two main dimensions, namely abandonment anxiety and intimacy avoidance. Abandonment anxiety is the fear of rejection and abandonment characterized by hypervigilance to signs of partner unavailability. Intimacy avoidance refers to discomfort with intimacy and dependency characterized by a strong need for autonomy.

2.2.2. Analysis of the case of Yao

Yao has adopted risky sexual behaviors such as the non-systematic use of condoms. This risky sexual behavior disrupted his psychic functioning. It results in loss of consciousness and erotic dreams on a regular basis. His sexual desires are permanently in conflict with his religious beliefs. This gives rise to a feeling of guilt. In addition, he intends to strengthen religious convictions with the prayers of the pastor in order to restore psychic balance.

It should also be noted that Yao discusses his sexuality with his parents, which allowed him to speak freely about his problem to his father. However, he explains the non-systematic use of condoms by pressure from his girlfriend and strong sexual excitement as illustrated by this verbatim «I didn't want to but she insisted so much by stroking my penis and I ended up giving in. She pressured me so much that I didn't even think of using a condom.» It therefore appears that a strong sexual arousal leads the adolescent to forget the use of a condom.

2.2.3. Analysis of the case of Amivi

The risky sexual behaviors adopted by Amivi are early sexuality (first sexual intercourse at age 14), multiple sexual partners (three sexual partners) and non-systematic use of condoms. These risky sexual behaviors led Amivi to become a mother at the age of 17. However, she experiences difficulty in her new role as a mother, which leads to psychological distress marked by loss of consciousness, insomnia on awakening and sometimes suicidal thoughts.

She finds comfort in her child. Which helps her to give up suicidal thoughts.

Unfortunately, Amivi didn't have to talk about sex with her parents or her foster family. She explains her early sexuality by pressure from a friend and a desire for sexual curiosity. Therefore, we believe that it is the frequentation of a friend who has already had sex that has developed in her this sexual curiosity. This early sexuality without feeling of love for the partner has favored the multiplication of sexual partners. Having found a partner for whom she became attached, she did not use a condom. However, she justifies the non-systematic use of condoms by the fact that she did not think about it at the time.

2.2.4. Analysis of the case of Mawussi

Mawussi has adopted risky sexual behaviors such as early sexuality (first sexual intercourse at age 14) and the non-systematic use of condoms. These risky sexual behaviors led Mawussi to become a mother at the age of 15. However, she experiences difficulty in her new role as a mother, which leads to psychological distress marked by insomnia on awakening, sometimes suicidal thoughts and the desire to abandon her child.

Mawussi did not have the opportunity to discuss sexuality with his parents. She explains her sexual precocity by an intense amorous attachment for her partner. As for the non-systematic use of condoms, we note that this is due to the consumption of alcohol before sexual intercourse and the non-availability of condoms in the immediate environment.

2.2.5. Analysis of the case of Kokou

Kokou has adopted a risky sexual behavior such as the non-systematic use of condoms. This risky sexual behavior put him in an anxious state.

Kokou claims to have already had discussions around sexuality with his parents. It was on the advice of the latter that he delayed his first sexual intercourse. However, under the effect of sexual curiosity, he proceeded to have sex. He explains the fact of not having used the condom by strong sexual arousal. After the

sexual act, he becomes aware of this fact and recognized it as “a big mistake”. This suggests that sexual arousal sometimes leads to impaired reason in adolescents.

3. DISCUSSION OF RESULTS

The results of our study show that several psychological factors explain the adoption of risky sexual behaviors in adolescents. Thus, loving attachment and sexual curiosity promote early sexuality. On the one hand, the adolescent consents to sexual intercourse in order to satisfy her partner’s desires fearing to lose him. And on the other hand, by being exposed to pornographic content or by dating friends who have already had sexual intercourse, the adolescent harbors a curiosity about sexual intercourse and will seek ways to satisfy this curiosity.

Our results corroborate those of C. Lemelin (2012, p.127) who finds out that romantic attachment has an effect on early sexuality because the more the anxiety of abandonment increases, the earlier the age at sexual relations. Along the same lines, C. Potard (2010, p.124) asserts that “the sexual experiences of ambivalent adolescents are guided by the fear of rejection and abandonment. They engage earlier in sexual interactions and present a more risky sexuality. Our results are also similar to those of studies that point that peer pressure and exposure to pornography lead adolescents to early sexuality because peers and the media are the primary sources of information about sexuality (MA B. Pépin, 2010, D. Bambara, 2014, R. Cissé, AS Fall & M. Jacquemin, 2017). In addition, our study shows that sexual education from parents delays the age of first sexual intercourse. These results corroborate those of various authors (MA. B. Pépin, 2010, G. Guiella, 2012, D. Therriault, 2020), who have shown that adolescent girls who report being the object of a very high level of parental control enter into sexuality late.

In addition, the results of our study also show that multiple sexual partnerships are favored by low partner abandonment anxiety. Thus, when the partner is unable to satisfy the

needs expressed, this favors having low abandonment anxiety and, in turn, abandoning the partner for other people. Results similar to those of C. Lemelin, (2012, p.127) who finds that the more the anxiety of abandonment increases, the number of sexual partners is low.

As for the non-systematic use of condoms, the reasons are diversified according to gender. Thus, for boys, strong sexual arousal contributes to non-systematic condom use, while girls explain it by strong abandonment anxiety. These results are better explained by R. Cissé, AS Fall & M. Jacquemin (2017, p.18) who find that the prejudices on the condom mean that it is not systematically used because in addition to reducing sexual pleasure, it would suggest infidelity, promiscuity and lack of trust. Thus, for young girls, asking for it would be a sign of “loose morals” which could expose them to violence and reduce their chances of building a lasting relationship.

Moreover, our results also reveal that the adoption of risky sexual behaviors is not without consequences on the psychological state of adolescents. It causes psychological distress manifested by loss of consciousness, insomnia, suicidal thoughts and permanent anxiety.

CONCLUSION

The sexuality of adolescents is worrying because of the risky sexual behaviors they adopt. It is urgent to find the factors that favor the adoption of these risky sexual behaviors. It is in this sense that we conducted an exploratory study with five (5) adolescents received in psychological interview. From our study it appears that romantic attachment, sexual curiosity and sexual arousal contribute to the adoption of risky sexual behaviors in adolescents. Given the small size of our sample, it is necessary to conduct a study on a large population in order to identify the relevant psychological factors. This will enable an adolescent-centred approach to reduce early pregnancy.

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