

**ENSIGN GLOBAL COLLEGE, KPONG  
EASTERN REGION, GHANA**

**FACULTY OF PUBLIC HEALTH**

**DEPARTMENT OF COMMUNITY HEALTH**

**EXPERIENCE OF FORCED SEX AMONG WOMEN OF REPRODUCTIVE AGE (15-49  
YEARS) IN GHANA: AN ASSESSMENT OF GHANA DEMOGRAPHIC AND HEALTH  
SURVEY, 2022**

**BY**

**LYDIA FAFALI AGBENYEGA**

**(237100254)**

**AUGUST, 2024**

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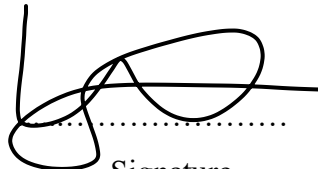
A THESIS SUBMITTED TO THE DEPARTMENT OF COMMUNITY HEALTH, FACULTY  
OF PUBLIC HEALTH, ENSIGN GLOBAL COLLEGE IN PARTIAL FULFILLMENT OF  
THE REQUIREMENTS FOR THE  
MASTER OF PUBLIC HEALTH DEGREE

**AUGUST, 2024**

## DECLARATION

I hereby certify that except for references duly cited for other people's work, this project submitted to the Faculty of Public Health, Ensign Global College, Kpong is the result of my investigation under the supervision of Dr. Millicent Ofori Boateng and has not been presented elsewhere.


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Date

Certified by:

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Signature

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Date

## **DEDICATION**

I dedicate this academic work to the Almighty God. I also dedicate it to my beloved mother, Madam Rose Adjoa Asare, my pastor, Rev. Philip Osei Poku, my stepfather, Mr. Paul Atsu Agbakpe, and my loved ones for their prayers, support, and good wishes throughout my career journey. With commitment and due diligence as my foundation, this work has been successfully completed.

## **ACKNOWLEDGEMENT**

My deepest gratitude goes to the Almighty God. This achievement would not have been possible without divine guidance.

I extend my heartfelt thanks to my supervisor, Dr. Millicent Ofori Boateng, whose meticulous review and guidance were instrumental in the successful completion of this study.

I am sincerely grateful to the Department of Community Health at Ensign Global College for providing me with the opportunity to pursue my academic and career goals.

Additionally, I appreciate all those who have supported me in various ways throughout the writing of my dissertation. I am profoundly thankful to each of you, and I pray that God blesses you abundantly.

## **ABBREVIATION/ACRONYMS**

DHS	-	Demographic Health Survey
FSI	-	Forced Sexual Initiation
GDHS	-	Ghana Demographic Health Survey
GHS	-	Ghana Health Service
GSS	-	Ghana Statistical Services
HIV	-	Human Immunodeficiency Virus
MoH	-	Ministry of Health
NGOs	-	Non- Governmental Organizations
STDs	-	Sexually Transmitted Diseases
STIs	-	Sexually transmitted Infections

## ABSTRACT

**Background:** Forced sex is a critical public health issue in Ghana, affecting women disproportionately, especially those in their reproductive years. Despite legal efforts to combat gender-based violence, cultural norms and stigma continue to hinder reporting and access to support services. The general objective of this study was to analyze the dynamics of forced sex experience among women of reproductive age in Ghana. **Method:** This was a descriptive study conducted with secondary data from the Ghana Demographic and Health Survey (2022). STATA 18.0 statistical software was used to analyze the data retrieved. The study analyzed the experiences of forced sex among women aged 15-49 in Ghana, using data from the Ghana Demographic and Health Survey 2022. **Results:** The study revealed critical insights into forced sexual experiences among women in Ghana. Specifically, 20.2% of respondents reported being physically forced into unwanted sex by their husbands or partners, while 7.2% experienced coercion into unwanted sexual acts by the same. Additionally, 9% of the women were forced to have sex by someone other than their husbands or partners within the last 12 months. Age played a significant role, with 55.6% of respondents experiencing their first forced sex by their husbands or partners between the ages of 15-21 years. A significant portion of respondents (49%) reported that their first experience of forced sex occurred between the ages of 11-16. Strangers were the largest group of perpetrators, accounting for 26.5%. In terms of help-seeking behavior, the study found that a substantial majority (72%) of victims did not inform anyone about their experiences, largely due to societal pressures and stigmatization. **Conclusion:** The study highlights the need for targeted public health interventions and policy reforms to protect women from forced sexual encounters and provide accessible support for victims. Addressing both individual and societal factors is essential for reducing the incidence of forced sex and aiding victims in their recovery.

**Keywords:** Forced sex, sexual violence, adolescents, married women, Ghana.

## **DEFINITION OF TERMS**

**Reproductive age** is defined by WHO as the period between 15 and 49 years, which is considered the typical childbearing age for women.



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# CHAPTER 1

## 1.0 INTRODUCTION

### 1.1 Background

Forced sex, or sexual coercion, is a significant public health concern with numerous consequences and associated risk factors. Many individuals who experience sexual coercion do not report these incidents, yet they continue to endure the resulting impacts (Agardh *et al.*, 2012).

According to the World Health Organization (2024), sexual violence encompasses "any sexual act, attempt to procure a sexual act, or other actions aimed at a person's sexuality through coercion, regardless of the perpetrator's relationship to the victim and in any context. This includes rape, characterized as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, another body part, or an object, as well as attempted rape, unwanted sexual touching, and other non-contact forms."

Defining sexual coercion is complex due to the differing circumstances and the impact of cultural and social norms (Tenkorang and Owusu, 2016). Sexual coercion includes a range of behaviors, from non-consensual sexual intercourse to consensual but undesired sex.

Social scientists often use the term "forced sex" to describe situations in which an individual is pressured or forced to engage in a sexual act against their will (Atteberry-Ash *et al.*, 2020). Sexual coercion refers to a range of situations where an individual is compelled to participate in sexual activities without their consent (Heise *et al.*, 1999). These situations may involve the use of violence, threats, verbal coercion, deception, societal expectations, or economic circumstances,

leading the individual to believe that they have no other options without encountering severe social or physical repercussions (Garcia-Moreno *et al.*, 2006).

The US Department of Health and Human Services/Centers for Disease Control and Prevention (2021) defines forced sexual initiation as the act of engaging in sexual intercourse during the first sexual encounter using physical force, pressure, or coercion. This definition is specifically applicable to females aged 13 to 24 who have engaged in sexual activity at any stage of their lives.

Prior research by Hayer (2010) linked the underreporting of sexual coercion incidents by victims to the sociocultural framework of social norms and expectations as well as the uneven power dynamics between victims and offenders. While sexual coercion was largely disregarded in the past, the general public and scientific community are now beginning to pay more attention to it. A study by Jahanfar, Ahmadpour, and Mirghafourvand (2022), found a link between experiences of forced sexual encounters among adolescents and several factors, including gender, negative self-perception, and suicidal thoughts. Additionally, studies by Abajobir *et al.* (2016; 2017)

have demonstrated connections between forced sexual experiences in adults and attitudinal factors such as low self-efficacy, as well as behaviors related to sexual relationships, particularly the history of multiple past romantic partners. These risk factors are closely tied to socio-ecological influences, including social, religious, cultural, educational, familial, political, and ideological elements that affect lifestyles (Spencer *et al.* 2016).

According to Vrolijk-Bosschaart *et al.* (2018), South Africa has been the focus of extensive research on rape, with a particularly high prevalence of 194 cases per 100,000 female population. The perpetrators of forced sex varied across life stages. During childhood, family members are the primary offenders, whereas, during adolescence, youth are more often victimized by



acquaintances, intimate partners, foreigners, and authority figures. Being in close relationships is part of the risk factors for sexual coercion (Van Decraen *et al.*, 2012). Studies have revealed that most forced sex is carried out by someone the victim knows, especially an intimate relationship partner (Bingenheimer and Reed, 2014). Gender and culture shape perceptions of coercion, particularly in sexual contexts. Societal norms and traditional gender roles can lead to different interpretations of what constitutes coercive behavior. Cultural values and expectations also influence how individuals recognize and respond to coercion. Additionally, the nature of the relationship and environment in which sexual interactions occur can affect these perceptions.

Studies conducted worldwide have revealed detrimental effects on women's physical, sexual, behavioral, and mental health, as well as being recognized as a violation of human rights and a serious threat to their health and well-being (Bingenheimer and Reed, 2014). The reproductive and sexual health of teens is among the most prominent and well-researched implications of sexual violence. These include unintended pregnancies, poor pregnancy outcomes (such as stillbirth, miscarriage, and low birth weight), STIs, and HIV infections (Agardh *et al.*, 2012). Adolescent females are a target population for public health initiatives due to their high victimization rates and the detrimental consequences these experiences have been shown to have on their transition into adulthood (e.g., via unintended pregnancies, HIV infection, psychosocial effects and influences on health behaviors) (Dartnall and Jewkes, 2013).

There are ramifications for the national and international morbidity and mortality related to psychosocial and clinical health outcomes linked to child sexual abuse. Manyike *et al.*, (2015), revealed that in comparison to their affluent peers, teenagers in Nigeria from lower socioeconomic and middle-class backgrounds were more susceptible to report sexual violence.

In Ghana and other sub-Saharan African countries, there have been repeated reports of high incidences of sexual coercion and violence against teenage girls (Koenig *et al.*, 2004; Moore *et al.*, 2007; Tenkorang *et al.*, 2013). Adolescent victims of sexual assault correlate with experiences and dynamics at the household level (Tenkorang & Owusu, 2016). Additionally, Ghanaian women claimed that they had been coerced into having their first sexual experience. Forced sex is a major issue experienced by individuals of all ages, genders, and sexual orientations (Adudans *et al.*, 2011).

Adolescent sexual violence has been linked to food insecurity, parental substance addiction, and women-headed households. Research conducted by (Naidoo *et al.*, 2017) indicates that households headed by women in sub-Saharan Africa are more likely to report cases of sexual abuse experienced by girls before the age of 18.

## **1.2 Problem Statement**

Forced sexual initiation (FSI) has been reported to range from 5% to 46% among women in low- and middle-income countries in Africa (Jahanfar *et al.*, 2022). Increasing evidence from around the world suggests that sexual coercion is relatively common among young people (Takele and Setegn, 2014). The World Health Organization (WHO) conducted a multi-country study on violence against women in ten different nations, revealing that the lifetime prevalence of sexual violence against women ranges from 15% to 71%, while the prevalence within the last 12 months ranges from 4% to 54%. Japan reported the lowest rates, whereas Ethiopia, Peru, and Bangladesh had the highest (Abramsky *et al.*, 2011). In West Africa, a notably high percentage of women experience at least one act of physical or sexual violence. In some countries, this rate is more than twice the global average (27%) and six times the European standard (10%) (Ouedraogo *et al.* 2022).

In an analysis of various Demographic and Health Surveys (DHS) in Africa by Ouedraogo, Scodellaro and Trinitapoli, (2022), Ghana showed the highest lifetime prevalence of sexual violence among women at 19%. This is compared with Senegal's lower rate of 3 to 4%. Benin, Togo, and Mali have rates above 10% but still lower than Ghana, with figures of 10.1%, 10.5%, and 12.6%, respectively. In Gambia, Liberia, and Nigeria, the rate is 9%, Sierra Leone is 7 to 4%, and Mauritania is 6%. Unpleasant sexual experiences can lead to many harmful psychological effects, such as anxiety, substance abuse, eating disorders, depression, sexual dysfunction, and attempted or actual suicide.

A multivariate study by Boateng (2015), found that victims' reporting of sexual assault to the police was significantly associated with their level of education, age, and type of sexual assault. According to research conducted in 2021 in Ghana, within the past year, one in five females reported experiencing sexual assault, including coercion. Less frequent forms of sexual coercion are almost always part of domestic sexual violence (Decosas *et al.*, 2021). Andersson *et al.* (2012), found that experiencing sexual abuse victimization is linked to subsequently pressuring someone else to engage in sex.

According to statistics from the Ghana Police Service's Domestic Violence and Victims Support Unit (DOVVSU), 305 women and 1,047 girls were raped in 2020. This indicates that fewer cases have been reported than the actual occurrences of rape and defilement (Abbey, 2021).

The complexities of forced sex experiences in Ghana have not been studied extensively. Research on the correlates of sexual victimization has often included only adolescent girls who have reported sexual activity (Bingenheimer and Reed, 2014). There have been various studies on forced sex among adolescents, including "Risk for Coerced Sex Among Female Youth in Ghana: Roles of

Family Context, School Enrollment, and Relationship Experience" by Bingenheimer and Reed (2014), but not on the entire spectrum of women of reproductive age especially married women. The study goes further to explore the help-seeking behavior exhibited by the victims.

The rationale for studying the experience of forced sex among women of their reproductive age (15-49 years) in Ghana is to address a critical and often overlooked issue. This study aimed to fill the gap in the literature on forced sex among women of reproductive age and serve as a reference point for future research.

### **1.3 Rationale of the Study**

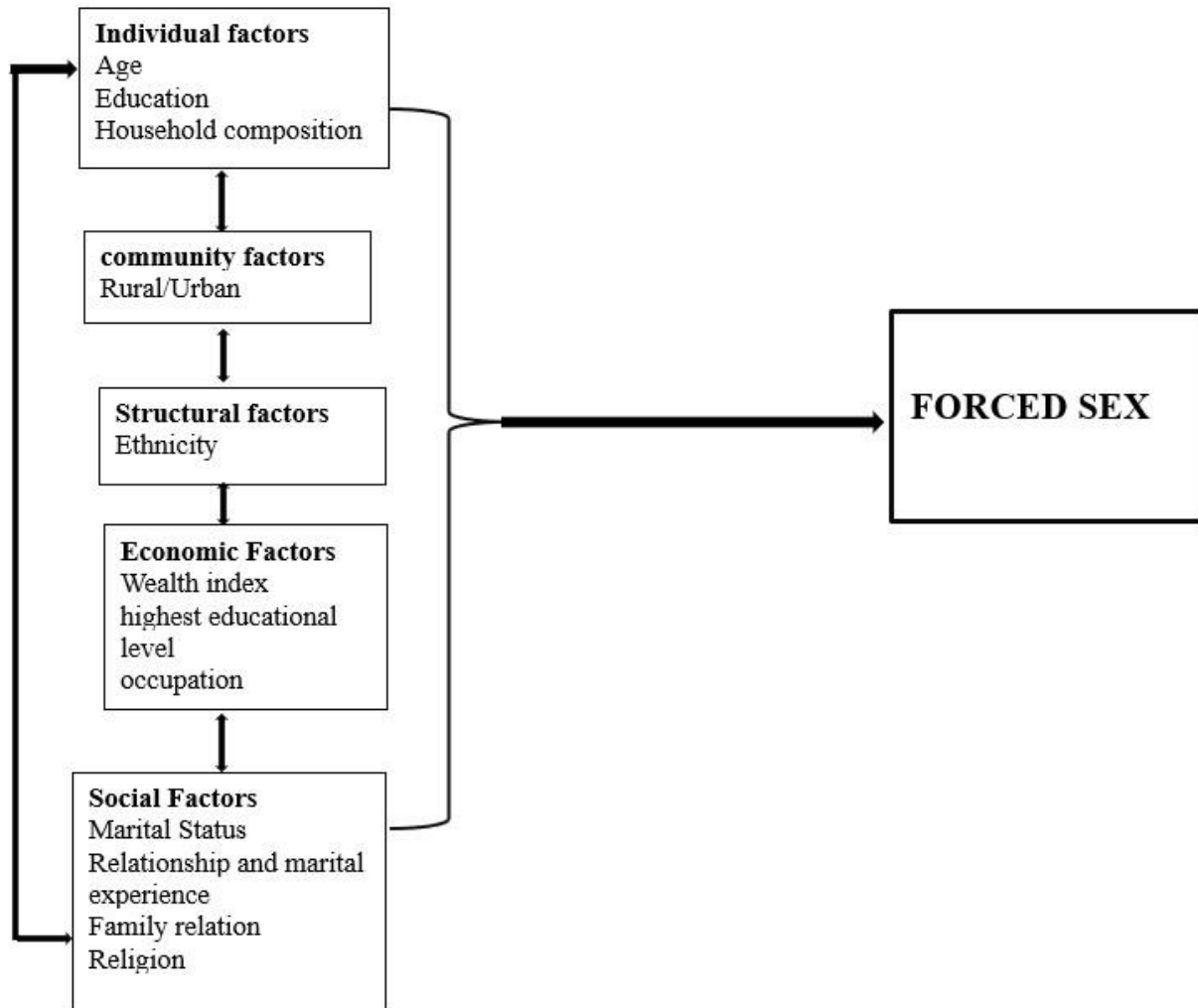
Addressing forced sex among reproductive-age women in Ghana is vital for achieving several Sustainable Development Goals (SDGs), such as good health and well-being (SDG 3), gender equality (SDG 5), reduced inequalities (SDG 10), peace, justice, and strong institutions (SDG 16) (United Nations Communications Group SDGs, 2023). This requires comprehensive sexual and reproductive health policies, strong legal protection, and widespread educational initiatives. Key interventions included providing victim support services, community education programs, specialized training for law enforcement, and school-based lessons on consent and healthy relationships. Research should encompass diverse populations and undertake comprehensive and long-term studies to inform policies and interventions effectively, ensuring that they address and prevent forced sex while supporting victims.

Gender roles in some parts of sub-Saharan Africa have been found to disenfranchise girls and increase their vulnerability to sexual assault (Kalichman & Simbayi, 2004). Studies on the gendered socialization of adolescents in Africa have revealed that poor pair communication on sexual matters and gender inequality, which favors male decision-making, are common

characteristics of teenage relationship dynamics (Ajuwon *et al.*, 2001; Kalichman and Simbayi, 2004).

By investigating these experiences, this study aims to contribute to the development of comprehensive public health strategies that address the specific needs of survivors, enhance support systems, and reduce the overall burden on the healthcare system. Additionally, examining these dynamics in the Ghanaian context will provide insights into the root causes of such incidents and inform culturally sensitive interventions. Through this research, the study will also foster a safer and more supportive environment for women, while advancing the broader goal of promoting gender equality and justice.

## 1.4 Conceptual Framework



*A modified socio-ecological framework from Dahlberg LL & Krug EG, (2002) and Makhaye, Mkhize, and Sibanyoni,2023)*

The model utilized in this study is adapted from Makhaye, Mkhize, and Sibanyoni (2023) and Dahlberg and Kru ( 2002), who adopted multiple models that assume interaction between the individual factors of the victim and other factors, including community, structural, economic, and social factors. This study modified the socio-ecological model. This approach considers the intricate interactions that exist among social, community, economic, structural, and individual

aspects. This enables us to comprehend the variety of variables that either shield individuals from encountering forced sex or being victims of it. The individual factors include sociodemographic factors such as age, education, relationship status, household composition, and occupation. Social factors include relationships such as marital status, family members of the victim or perpetrator, relationship, or marital experience. This assumes an increased or reduced risk of forced sex. The community factor comprises the poverty level in the community, and other factors. Structural factors comprise the ethnic groups of victims. Economic factors comprise the wealth index and the highest educational level of the victims.

### **1.5 Research Questions**

1. What are the sociodemographic characteristics of women in their reproductive age who have encountered forced sexual experiences?
2. What is the proportion of women of reproductive age who have experienced forced sexual encounters?
3. Who are the individuals engaging in sexual activities with the women?
4. Did the women seek assistance or support after experiencing forced sexual encounters?

### **1.6 General Objective**

The general objective of this study was to analyze the dynamics of forced sex experience among women of reproductive age in Ghana.

### **1.7 Specific Objectives**

1. To assess the sociodemographic characteristics of women of reproductive age who have experienced forced sex.
2. To examine the proportion of women of reproductive age who have experienced forced sex.
3. To describe the individuals who forced sex on these women.
4. To explore the help-seeking behaviors of women who have experienced forced sex in Ghana.

### **1.8 Profile of study area**

This cross-sectional study will focus on women in Ghana who are of reproductive age (15-49 years). Ghana is located in Africa, specifically West Africa. Ghana sits on the Atlantic Ocean at a latitude of 7.9465° North and a longitude of 1.0232° W. The country has a total land area of 238,533 km<sup>2</sup> and coastline of 539 km (Ghana Statistical Service, 2023). The country's total land area comprises 69% of the agricultural land (World Bank, 2021). Ghana is bordered west by Cote D'Ivoire, north by Burkina Faso, east by Togo, and south by the Atlantic Ocean. The country is divided into 16 geographical regions, with Accra as its capital city. Each region is subdivided into several districts for administrative purposes, totaling 261 districts. The districts included 149 ordinary districts, while 109 and six had municipal and metropolitan statuses, respectively.

The total population of Ghana as of 2021 is estimated to be 30,832,019, comprising 15,631,579 females and 15,200,440 males. The country has a youthful and urbanized population estimated at 11, 777, 831 (38.2%), and 17,472,530 (56.7%), respectively (GSS, 2022). There are more females (8,961,329) in urban areas than males (8,511,201). However, more males are in rural areas



(6,689,239) than females (6,670,250). The average household size according to the 2021 Housing and Population Census was 3.6. As of 2021, one in five persons in Ghana (20.8%) who are three years and older have never attended school. The country has more uneducated females (24.4%) than males (17%). Of the 38% of the total population that had attended school before, 41.8% were males and 37.8% were females. As of 2021, the country's total labor force is 11,541,355 (representing 58.1% of persons 15 years and above), comprising 9,990,237 employed and 1,551,118 unemployed. The male population is more economically active than their female counterparts (63.5% males and 53% females) (GSS, 2021b). The fertility rate in Ghana as of 2021 is estimated to be 3.1%. The fertility rate was higher in rural areas (3.8 %) than in urban areas (2.7 %). As of 2021, the rate peak at 25-29 years was the highest. As of 2021, women in rural Ghana will give birth at a younger age (21 years) than their urban counterparts (23 years) (GSS, 2022).

**MAP 1. The map of Ghana**



(The Permanent Missions of Ghana to the United Nations, 2018)

Source: <https://www.ghanamissionun.org/map-regions-in-ghana>

## **1.9 Scope of Study**

This research concentrated on women of reproductive age, specifically those aged 15 to 49, in Ghana, examining their experiences with forced sex. It covers sociodemographic characteristics. It also describes their experience of forced sex, perpetrators, the number of those who experienced forced sex, and if they ever sought help.

## **1.10 Organization of Report**

This paper consists of six chapters. Chapter One consists of the introduction, which includes the background of the study, a statement of the problem, research objectives, and general and specific objectives. This chapter also describes the rationale, scope of the research, and profile of the study area. Chapter Two reviews the published literature of different authors on the prevalence of forced sex among women of reproductive age. Chapter three outlines and focuses on the methodological approach utilized in the study and how the data collected were analyzed. This study also addressed how the ethical concerns were resolved. Chapters four and five contain the study's findings and discussion, respectively. The reviewed literature is used in the discussion in Chapter Five along with the findings of the study. Finally, chapter six presents the conclusions and recommendations drawn from the study.

## CHAPTER 2

### 2.0 LITERATURE REVIEW

#### 2.1 Introduction

This chapter includes the reviewed literature related to factors related to forced sex experiences among women of reproductive age, with a focus on Ghana. The review discussed the proportion of women who experienced forced sex, sociodemographic factors, perpetrators, and help-seeking behavior.

#### 2.2 The Concept of Forced Sex

There have been diverse definitions of forced sex or sexual coercion by diverse scholars across literature, which include but are not limited to the following definitions:

Social scientists have used the phrase ‘forced sex’ to describe relationships in which an individual is coerced or compelled against their will to engage in sexual activity (Atteberry-Ash *et al.*, 2020).

According to Moore *et al.*, (2007), sexual coercion can take several forms, ranging from non-consensual sex to consensual but undesired sex.

According to Heise and Heise (1995), sexual coercion is characterized as "a woman's lack of choice to pursue other options [to avoid sexual interactions] without severe social and physical consequence." It comes in many forms, from rape to lying and to have sex.

Sexual coercion encompasses various situations where an individual is forced to engage in sexual activities without their consent (Heise *et al.*, 1999). This behavior may include the use of physical force, intimidation, verbal manipulation, deception, societal expectations, or financial pressures, all of which limit the individual's ability to make choices freely and explore other options without facing substantial social or physical consequences (Garcia-Moreno *et al.*, 2006).

### **2.3 Proportion of women who experience forced sex**

There has been increasing global concern regarding the problem of sexual violence (Krug *et al.*, 2002; Boakye, 2020). Around the world, similar rates of forced sex among women by intimate partners have been documented in the Midlands Province of Zimbabwe (25%), North London, England (23%), Guadalajara, Mexico (23%), and Lima, Peru (22.5%) (Krug *et al.*, 2002a). In South Africa, where there has been considerable research on rape, a very high rate of 194 per 100,000 female population has been documented (Jewkes *et al.*, 2006). Thirty-three percent of Rwandan women said they had been victims of sexual coercion (Chirwa *et al.*, 2018). In Tanzania, almost 50% of female students enrolled in Mwanza's primary and secondary schools stated that they had once engaged in forced sexual relations (Tenkorang *et al.*, 2013). Research suggests that approximately 25% of women have been victims of sexual violence, and almost one-third of adolescent girls state that their first sexual encounter was forced. The prevalence of sexual violence in Africa varies significantly, partly due to the lack of a comprehensive data collection system (Jewkes, 2002; Dunkle *et al.*, 2006; Chirwa *et al.*, 2018). In Ghana and several other countries in Sub-Saharan Africa, there have been repeated reports of high incidences of sexual coercion and violence against teenage girls (Maharaj & Munthree, 2007). According to research in Ghana, 25% of women are forced into their first sexual encounter (Kenu *et al.*, 2020).

Teenage victims of sexual assault correlate with experiences and dynamics at the household level. Adolescent sexual assault is linked to food insecurity, parental substance addiction, and households headed by women. (Koenig *et al.*, 2004; Wagman *et al.*, 2009).

In Ghana, official police records from the period of 2010 to 2014 reveal an average incidence rate of 19.5 cases of child rape per 100,000 girls (up to the age of 19) and 4.8 cases of rape per 100,000 women (DOVVSU), 2016). The prevalence estimates of sexual violence vary in different studies,

ranging from 6% to 33%, which can be attributed to variations in data sources, sample types, and definitions used in the research (Tenkorang *et al.*, 2013; Chirwa *et al.*, 2018; Boakye, 2020). The collective data from formal documentation and occurrence surveys indicates that a significant portion of the abuse occurs during the victims' youth, with perpetrators often being classmates or male acquaintances (Dunkle *et al.*, 2006; Chirwa *et al.*, 2018; Boakye, 2020)

#### **2.4.0 Socio-demographic characteristics of Women who experienced forced sex**

##### **2.4.1 Age**

It has been shown that the age of their intimate partners influences sexual violence against women. (Obi and Ozumba, 2007; Luke *et al.*, 2007). Aizer (2011) found that older women have a decreased rate of sexual assault. Domestic and sexual violence was more common among women aged 15 to 19 years in urban Peru, with 41% of those experiencing this type of abuse compared to 8% of women aged 45 to 49 years (García-moreno, 2005).

A report by Joshi *et al.* (2001) indicates that research conducted in Bangladesh, India, and Nepal suggests that women who marry after the age of 20 are less likely to report sexual assaults than those who do so before that age. Evidence suggests that early sexual intercourse is often forced at younger ages and therefore young women are more likely to engage in such behavior than older women (Koenig *et al.*, 2004; Santhya *et al.*, 2010).

The collective results of these empirical investigations indicate that some sociocultural and economic factors play a role in the prevalence of sexual violence against women. Not only can any one of these elements interact to raise the risk of sexual violence against women, but it is also crucial to recognize that none of them can exist independently (Santhya *et al.*, 2010). Measuring the root causes and drives of men's sexual abuse and violence against women is a helpful approach to determine the scope of this issue, even if research on sexual violence against women is a

neglected subject. While several studies have indicated a correlation between these characteristics and instances of sexual and domestic violence, other studies appear to indicate a lack of evidence. Men giving young women drugs so they can have sex with them was a recurring theme in the conversations from Burkina Faso.

According to Moore *et al.* (2007), a focus group in Malawi indicated that rape or coerced sexual activity frequently occurred when young women declined sexual advances, even after young men attempted to negotiate sexual consent. This pattern was particularly common among young women who had received gifts or monetary inducements. Seldom is sexual coercion in relationships between boyfriends and girlfriends or inside marriages.

Focus group discussions carried out with adolescents aged 14 to 19 in Burkina Faso, Ghana, Malawi, and Uganda revealed that forced sexual relations commonly surfaced in two contexts. These contexts included when a child was forced to have sex (referred to as "defilement") and when some men discussed what they would do with young women after smoking marijuana or drinking alcohol. The latter context often involved discussions about men's "uncontrollable" cravings or desires to have unprotected sex while under the influence of drugs or alcohol (Amuyunzu-Nyamongo *et al.*, 2005).

Specifically, Baumgartner *et al.*, (2009) discovered that Ghanaian women who engaged in sexual activity before the age of 12 were significantly more inclined to indicate that their initial sexual encounter was non-consensual, as opposed to those who commenced sexual activity between the ages of 12 and 14.

## 2.4.2 Education

According to research, women's experiences of sexual coercion and violence are influenced by the educational attainment of their intimate relationships. García-Moreno et al. (2005) observed that as women's educational level increased, there was a drop in sexual and intimate partner violence. This conclusion was corroborated by (Tenkorang *et al.*, 2013), who discovered that women were less prone to suffer from sexual and domestic abuse with more formal education. This is because education gives women the capacity to be agents of their social emancipation and make effective use of resources and information (Jewkes, 2002). Women can become more powerful and have wealth, good jobs, and increased self-reliance through education (WHO 2010). These results indicate that education can significantly reduce the likelihood of sexual violence among women. On the other hand, a substantial body of research has shown that women's exposure to sexual violence is not always mitigated by their educational attainment (Jewkes, 2002; Krug *et al.*, 2002). According to small-scale quantitative research conducted in South Africa and Zimbabwe, for example, educated women were more expected to oppose discriminatory sociocultural norms, which encouraged men to resort to violence to regain control and power (Jewkes, 2002; Krug *et al.*, 2002). Rwanda has produced comparable outcomes (La Mattina, 2012). Men who had completed more schooling were less violent against their female partners than those who had not completed any education or training (Ackerson *et al.*, 2008). According to research conducted in Northern India, a significant proportion of married men, ranging from 18% to 45%, had abused their female spouses both domestically and sexually (Martin *et al.*, 1999).

In a similar finding, the 2008 Ghana Demographic and Health Survey revealed that women without formal education had a lower incidence of sexual and domestic violence and abuse than women



with only primary education. Women who have received more education than those who have not considerably lessened their vulnerability to male-partner violence, including sexual assault (GSS GHS and Macro, 2009).

### **2.4.3 Socio-Cultural Norms and Values**

Research has shown that a variety of sociocultural norms, such as patriarchal structures, religious convictions, and detrimental customs, greatly increase women's susceptibility to sexual assault in many developing nations (Kalra and Organization, 2002; Kalra Health Bhugra, 2013). Men are socialized to perceive themselves as having authority and power over women within the context of relationships or marriages, which is why patriarchy was proposed as a potential rationale for women's objectification (Jewkes, 2002; Eswaran and Malhotra, 2011). Thus, (Harcourt, 2009), mentioned that the "power of patriarchy has its roots in the widespread of violence against women, whether physical, sexual, or psychological." In many developing nations, bride costs are another sociocultural element that encourages male aggression. Some academics contend that paying bride prices increases male dominance and creates a societal environment for abuse of women by their male partners (Tenkorang *et al.*, 2013; Adu-gyamfi, 2014). A common interpretation of the bride price tradition in different areas of sub-Saharan Africa suggests that it serves as a mechanism for transferring rights from the woman's family to her husband, leading men to develop a sense of ownership over their wives (Stafford, 2007; Archampong and Baidoo, 2011; Tenkorang *et al.*, 2013).

According to several writers, male-partner violence, especially sexual violence against women, has a significant root in this patriarchal entitlement (Amoakohene, 2004; Tenkorang *et al.*, 2013).

Likewise, women are vulnerable to sexual and domestic abuse when they conform to and uphold traditional masculine norms (Freedman and Jacobson, 2012).

Research indicates that in certain cultures and ethnic groups, the notion of masculinity is closely connected to male dominance, power, and possession, which greatly raises the risk of sexual assault and abuse against women (Andersson *et al.*, 2012). Some feminists support the idea that men's need for power and control and inflexible traditional gender norms are the underlying causes of all sorts of violence against men in relationships (Giardino and Giardino, 2010). According to feminists, males primarily utilize violence in the home to maintain control over their partners, and patriarchal social structures are reflected in sexual and domestic violence (Giardino and Giardino, 2010). For instance, in a Ghanaian study, Mann and Takyi, (2009) discovered a connection between the notion that males are justified in using violence in the home under specific conditions and masculine ideals that portray men as the family's breadwinners. Gender-based violence is thus made possible by the pressure men have to live up to specific socio-cultural standards of masculinity.

#### **2.4.4 Poverty**

According to some academics, unemployment, and low income are two more elements that contribute to the prevalence of domestic and sexual violence targeting women in addition to the numerous social and cultural ones that are already present (Obi and Ozumba, 2007). One important factor that significantly predicts sexual assault and abuse against women is poverty in households (Jewkes, 2002; WHO, 2010).

For instance, Aizer, (2011) suggested that females from low-income households in the United States are particularly at risk of experiencing sexual and domestic violence from their male

partners. Similarly, research by Haj-Yahia, (2000) involving 2,410 women in Palestine indicated that unemployment and low income substantially heightened the likelihood of women being subjected to male sexual assault and violence. These results are consistent with findings from various studies conducted in diverse settings.

Emerging studies on domestic violence against women have consistently demonstrated that unemployed women are more likely to experience sexual, physical, and psychological abuse at the hands of men in sub-Saharan Africa (Obi and Ozumba, 2007; Tenkorang *et al.*, 2013; Alesina, Brioschi and Ferrara, 2016).

This situation develops because women from lower socioeconomic backgrounds are more inclined to depend on their spouses or partners, and this reliance can be a key strategy in the control of women's sexuality and behavior (Mann and Takyi, 2009; Adjei, 2016; Issahaku and A, 2016). There is a growing call for the economic empowerment of women to mitigate the occurrence of sexual and domestic violence against them. Studies carried out in South Asia, specifically in Bangladesh and India, have shown that women involved in gainful employment faced reduced levels of male aggression in comparison to those who were unemployed (Panda and Agarwal, 2005). In a similar vein, women with access to property were less likely than those without it to experience spousal abuse (Panda and Agarwal, 2005; Lamichhane *et al.*, 2011). Africa had similar findings. (Jewkes, 2002; WHO, 2010; Sikweyiya *et al.*, 2020)(Sikweyiya *et al.*, 2020). Research indicates that economically independent women may be more vulnerable to intimate partner and sexual violence even in the presence of the protective impact of employment for women against male-partner violence (Naved and Persson, 2005; Alesina, Brioschi, and Ferrara, 2016). For example, in a quantitative investigation into the factors associated with intimate partner violence, Alesina, Brioschi and Ferrara, (2016) claimed that working women experienced domestic violence

at higher rates. Domestic and sexual violence can result from female's increased bargaining power in domestic interactions, which might, in turn, cause men to react negatively. This is how the authors interpreted it. Women may also become economically independent. Financial independence for women, in particular, can be seen as a threat to conventional gender roles and male standards in some African countries, which could result in abuse, including sexual violence (Alesina, Brioschi, and Ferrara, 2016; Ganle, 2016).

In Ghana, for example, studies have shown that women's work and property ownership significantly lower their susceptibility to sexual and domestic violence (Adinkrah, 2011; Institute of Development Studies, 2016). As explained by (Lamichhane *et al.*, 2011), Women are less prone to experience sexual and domestic abuse when they are employed and have property ownership, as these factors enable them to advocate for their interests and have greater autonomy in decisions made within the household.

Macmillan and Gartner, (1999) indicated that "women's labor force participation substantially increases risks when their male partners are not employed but lower risks when their male partners are also employed." According to research conducted in Ghana, one of the factors that leads to male violence against women is the low economic standing of men, particularly their lack of money. (Ganle, 2016; Chirwa *et al.*, 2018). One theory frequently proposed to explain the connection between a husband's unemployment and violence against women is that it stems from the concept of masculinity (Ganle, 2016). For example, men who find it difficult to perform the conventional role of provider for their families can turn to use violence as a means of controlling and exerting dominance over women (Heise and Garcia-Moreno, 2002; Krug *et al.*, 2002; Ganle, 2016). Overall, these studies indicate that women may be more susceptible to sexual abuse and violence depending on whether they are employed or not. Men's low socioeconomic standing

might sometimes unintentionally leave women more open to violence, including sexual and domestic abuse.

#### **2.4.5 Laws and Policies**

Studies have indicated the detrimental consequences of male aggression towards women, necessitating the implementation of efficient measures to lessen its expression. Many nations have enacted legislation in this area to guard against gender-based violence. Nonetheless, data indicates that, especially in many low- and middle-income nations, there is a lackluster institutional and societal response to violence against women (Bashiru, 2012; Boateng, 2015). For example, to stop abuse in domestic interactions, Ghana's government adopted the Domestic Violence Act in 2007. (Institute of Development Studies, 2016). Even after these laws were passed, issues with acceptance and application still exist. The enforcement of these laws is lax (Agbitor, 2012). In addition, abusive husbands may get favorable legal treatment under the law. Still, women are frequently subject to scrutiny and must produce witness statements and medical records to support their claims. Furthermore, because law enforcement organizations like the police may be prejudiced in favor of survivors when handling assault cases, sexual violence against women may go unreported (Adinkrah, 2011; Bashiru, 2012; Boateng, 2015).

A study by Boateng, (2015) revealed that Ghanaians frequently accept stereotypes about rape, and the police frequently support them by attributing the root of violence against males to woman survivors. In a similar vein, a sizable portion of the participants (Fugate *et al.*, 2005) claimed that because many police officers had a bad attitude when it came to handling complaints, reporting assaults to official institutions such as the police, courts, etc was not beneficial. These results show that responding to cases of sexual and domestic abuse might be extremely difficult in some nations. Because of the widespread negative sentiments in society, particularly in the police service who

are tasked with defending the rights of women and people, receiving these services can occasionally even become frightening and traumatic (Boateng, 2015). Survivors frequently face substantial obstacles in obtaining legal protection and attaining emotional healing after being subjected to assault, because of these scenarios, which serve as major deterrents. Due to their unwillingness to seek assistance and the lack of consequences for offenders, it may also result in recurrent assaults against women.

Nevertheless, some scholars contend that it is challenging for law enforcement agencies in developing nations to address the prevalence of sexual and domestic abuse because of the numerous difficulties they face (Mitchell and Nyadzi, 2011; Agbitor, 2012). A few issues that are frequently brought up are a shortage of personnel, the tardiness of court decisions, and the deficiency of support services including emergency shelters, hospitals, and legal counsel (Mitchell and Nyadzi, 2011; Agbitor, 2012).

Examining court documents regarding domestic abuse in Ghana's Mampong City, (Adu-gyamfi, 2014) discovered that while the number of abuse cases climbed sharply with the passage of the Domestic Violence Act (237), the proportion of prosecutions fell noticeably. It was also revealed in Ghana's 2011 Domestic Violence Unit annual reports that 12,706 incidences of domestic abuse were documented in 2010. Even still, just 118 prosecutions were brought in 954 instances that were ultimately decided. The legal system's difficulties were partially blamed for these few cases that were processed. In other words, as institutions are necessary to safeguard citizens' rights and interests, they must be free from obstacles to operate efficiently. While there are instances of violence between people, the conversation demonstrates that systems of privilege and power that are ingrained in larger society are the root cause of sexual abuse and violence against women. Due to their relative lack of authority in social interactions and society at large, women are

disproportionately victims of sexual and domestic abuse. Therefore, addressing research, practice, and policy related to male abuse against women should start with the broader community.

## **2.5 Perpetrators of forced sex**

Although different actors perpetrate violence against women, there is evidence that the main perpetrators are intimate male partners (Krug *et al.*, 2002; Mutisya, Mwachari and Ngunjiri, 2017).

The perpetrators of sexual violence or coercion, according to women who have experienced it, are typically people they know or have some intimate relationship with. Examples of these people include spouses, peers, boyfriends, and other members of the social hierarchy like employers, teachers, religious leaders, and family members (Santhya *et al.*, 2010; Tenkorang and Owusu, 2013).

The majority of sexual violence is perpetrated by men against women (WHO, 2021). In Australia, for instance, over 99% of women who have suffered sexual violence were assaulted by a male, often someone they knew. Many of these perpetrators were young men, typically aged 15 to 30 (Flood *et al.*, 2022). These patterns are observed globally as well (WHO, 2021).

## **2.6 Help-seeking behavior of forced sex victims**

Help-seeking behavior is the term used to describe the actions taken by individuals who have experienced violence to report or disclose their experiences and to access various services aimed at addressing the consequences of such abuse (De Schrijver *et al.*, 2022). Those seeking help may choose to utilize either formal or informal support channels. Informal support typically comes from family, friends, colleagues, and other individuals within the survivor's social circle, while formal support is provided by institutional organizations such as law enforcement agencies and domestic violence organizations like the Ghana Domestic Violence and Victim Support Unit (DOVVSU)

(Akonor and Okorley, 2021). Help-seeking specifically refers to utilizing services rendered by formal institutions, including DOVVSU and the police.

Seeking help when experiencing violence significantly reduces its repercussions (Nobels *et al.*, 2024). However, various barriers often make it difficult to seek assistance (Muuu *et al.*, 2020). Several studies have identified factors associated with seeking help during instances of violence (Wright *et al.*, 2022). Factors like joblessness, limited education, financial reliance, and repeated past cases of violence are associated with remaining in a toxic relationship. Age, educational level, and extent of injury influence help-seeking behavior (Dufort, Gumpert and Stenbacka, 2013; Parvin, Sultana and Naved, 2016; Leonardsson and San Sebastian, 2017). Moreover, the duration of the marriage and the number of children is associated with the likelihood of seeking help (Leonardsson and San Sebastian, 2017).

A study conducted in Afghanistan found that women between the ages of 25 and 34 years are more inclined to seek help compared to younger women (Handebo, Kassie, and Nigusie, 2021). However, Roberto *et al.* (2013) reported that older women are less inclined to seek help than their younger peers. This may be because older women are more knowledgeable about available resources and feel more confident in reporting the violence they face (Hyman *et al.*, 2009).

However, in certain instances, as women mature and spend more time in a relationship, they tend to develop greater autonomy and acquire coping mechanisms for dealing with violence, which could result in a reduced inclination to seek assistance (Kaukinen, Meyer, and Akers, 2013). Research carried out in India, Nigeria, and Uganda did not find a significant association between age and help-seeking behavior (Linos *et al.*, 2014; Leonardsson and San Sebastian, 2017; Bishwajit and Yaya, 2019). In urban settings, there are various institutions available to support women in seeking help (Naved *et al.*, 2006).



A study by Handebo, Kassie and Nigusie, (2021), revealed that women residing in rural areas exhibited lower levels of help-seeking behavior compared to their urban counterparts. The challenges in seeking help in rural areas can be attributed to cultural and socio-economic influences, along with restricted access to support services. Moreover, rural women may perceive instances of violence as private matters that require utmost confidentiality (Volkova, Lipai, and Wendt, 2015). This observation contrasts with research conducted in Dhaka Slums and Bangladesh, where rural inhabitants demonstrated higher rates of help-seeking behavior in comparison to urban women (Linos et al., 2014; Parvin, Sultana, and Naved, 2016). This phenomenon could be attributed to the lengthy and costly legal procedures that act as a deterrent for urban female residents to seek assistance (Leonardsson and San Sebastian, 2017). Additionally, occupational status has been identified as another influencing factor in help-seeking behavior. Women engaged in sales and agriculture professions demonstrated a higher tendency to seek help. This inclination may be linked to the financial independence and increased autonomy that these job roles offer, enabling women to seek assistance (Kaukinen, Meyer, and Akers, 2013).

The focus on women's employment is a significant intervention in initiatives aimed at empowering women and promoting help-seeking behaviors to prevent and address violence. Conversely, when a spouse is engaged in professional or agricultural occupations, there is a decreased likelihood of seeking assistance. Specifically, women whose husbands have primary, secondary, or higher education are less likely to seek help compared to those whose husbands have no formal education. This pattern suggests that as husbands achieve higher levels of education and engage in more professional roles, the probability of their wives seeking help decreases. This phenomenon can be attributed to the improved communication and cognitive skills acquired through education, which may facilitate more effective resolution of marital conflicts (Sharma, 2015).

Despite the implementation of legal measures, the prevalence of sexual violence against women persists as a widespread concern on a global scale (La Mattina, 2012). Some scholars suggest that a contributing factor to this issue could be the reluctance of female survivors to seek support (Brennan and Taylor-Butts, 2008; Luce, Schragger and Gilchrist, 2010; Benoit and Belle-isle, 2015). While there is a growing body of research examining the factors influencing the reluctance of female victims of violence in sub-Saharan Africa to seek assistance (Liang *et al.*, 2005; Tenkorang, Owusu and Kundhi, 2018), there are still several crucial aspects of this significant problem that have not been thoroughly investigated. Specifically, there is a notable scarcity of studies that address the obstacles to seeking help among women who have experienced sexual violence within the context of marriage.

Research conducted in Ghana indicates that a significant number of female survivors of sexual and intimate partner violence do not seek assistance from formal support systems, including law enforcement (Sedziafa *et al.*, 2017; Tenkorang, 2019). These studies underscore a troubling occurrence of non-help-seeking behavior among Ghanaian women, suggesting that this reluctance to seek help may have adverse effects on the health and well-being of the survivors.

In Ghana, for instance, accumulating evidence indicates most female survivors of sexual violence and intimate partner violence do not seek help from formal support networks, including law enforcement agencies (Sedziafa *et al.*, 2017; Tenkorang, 2019). These studies reveal high rates of non-help-seeking behavior among Ghanaian women and suggest this silence has implications for the health and well-being of survivors.

## **2.7 Conclusion**

This chapter reviewed literature relevant to the study. It highlights the multifaceted nature of forced sex among women in Ghana, emphasizing the interplay of socio-demographic factors, cultural

norms, and systemic inadequacies. Grasping these dimensions is essential for creating effective interventions and support systems to address and reduce the incidence of forced sex. The review underscores the importance of comprehensive strategies that encompass legal, educational, and healthcare reforms to support victims and prevent forced sex. By addressing these issues, the study aims to contribute to broader public health and gender equality goals, ensuring a safer and more equitable environment for women in Ghana.

## **CHAPTER 3**

### **3.0 METHODOLOGY**

#### **3.1 Introduction**

This section details the research methodology employed to analyze the dynamics surrounding forced sex among women in Ghana who are in their reproductive age. The section comprises the study design, the population and sample of the study, data handling and statistical analysis procedures. The details are presented below:

#### **3.2 Research Methods and Design**

A quantitative research approach was employed to investigate the research questions. Particularly, the study adopted a descriptive research design to analyze the dynamics surrounding forced sex among women of reproductive age in Ghana and to describe the individuals who forced sex on these women. It analyzed the factors determining forced sex among the sampled group and evaluated their help-seeking behaviors. Descriptive research designs apply quantitative or statistical methods to analyze data collected through surveys, polls, questionnaires, or manipulation of existing data using computational techniques. They allowed the researcher to measure variables and determine relationships among them.

#### **3.3 Data Collection Techniques and Tools**

The 2022 GDHS data was collected using four survey questionnaires: questionnaires for men, women, the household, and field workers. The Demographic and Health Survey (DHS) can be defined as a population-based survey that tracks developments in the management and use of health services. Led by the Ghana Statistical Service and working with the Ministry of

Health/Ghana Health Service (MoH/GHS) and other stakeholders, DHS surveys have been carried out in Ghana since 1988.

Given the objectives of the study, the data generated from the women's questionnaire, particularly the section on forced sex, was employed. The section contained information on the experiences of forced sex, their socio-demographic characteristics, the proportion of women who were forced, the perpetrators, and their help-seeking behavior. The questionnaire collected information from all adult women (15-49 years) designated as individuals residing in the household or visitors who spent the night there prior to the survey. To carry out the data processing and subsequent analysis, the researcher used STATA version 18.0 software. This program allowed us to analyze the dynamics of forced sex experience among women in their reproductive age in Ghana.

### **3.4 Study Population**

The population of a study refers to the entire set of individuals, objects, or events from which the study sample is drawn. Therefore, following the study objectives, the population of this study was defined to be women aged 15 to 49 years from the 16 regions of Ghana. These women in the country were individuals who were prone to have experienced forced sex in their lifetime and thus were suitable for the current study.

#### **3.4.1 Inclusion Criteria**

- All women who were in their reproductive age, between 15-49 years old, were included.
- Women who had responded to questions related to forced sex were part of the study.

#### **3.4.2 Exclusion Criteria**

- Anyone under 15 years and above 49 years was not included in this study because the GDHS 2022 data recorded information on women aged 15 to 49 years.

- Women in their reproductive age who did not respond to questions related to forced sex were not included in the study.

### 3.5 Study Variable

The study variables are methodically grouped and explained in the table, helping us understand their functions in the research. This framework focuses on the dependent variable, "Experience of Forced Sex," for the research. It comprises women of their reproductive age who have ever experienced forced sex, those who are living with their husband or partner, as well as those staying alone.

This variable is important because it exposes research participants' experiences with forced sex.

Other demographic factors, such as age, region, highest educational level, religion, and ethnicity are independent variables. These characteristics help contextualize the research population and determine how they affect forced sex. Table 3.1 below provides a structured foundation for the research by distinguishing between the dependent and independent variables, allowing for the exploration of relationships and patterns in the dataset and a better understanding of forced sex.

**Table 3.1: Variables for Data Collection**

Variable Name	Measurement
Age	15-19 (coded 1)
	20-29 (coded 2)
	30-39 (coded 3)

	40-49 (coded 4)
Educational Level	No formal education (coded 1) Primary (coded 2) Secondary (coded 3) Higher education (coded 4)
Region	Region of residence in Ghana
Urban/Rural Residence	Urban (coded 1) Rural (coded 2)
Ethnicity	The ethnic background of the participant
Religion	Christianity (coded 1) Islamic (coded 2) Traditionalist (coded 3) Others (coded 11) Specify
Literacy	Cannot read at all (coded 1) Able to read only parts of sentence (coded 2) Able to read whole sentence (coded 3)
Current Marital status	Never in union (coded 1) Married (coded 2)

	<p>Living with partner (coded 3)</p> <p>Widowed (coded 4)</p> <p>Divorced (coded 5)</p> <p>No longer living together/separated (coded 6)</p>
Ever been forced to have sex	<p>Yes (coded 1)</p> <p>No (coded 2)</p> <p>Refused to answer/ No answer (coded 3)</p>
Perpetrator Relationship	<p>Current Husband/Partner (coded 1)</p> <p>Former Husband/Partner (coded 2)</p> <p>Current/Former Boyfriend (coded 3)</p> <p>Father/Step-Father (coded 4)</p> <p>Brother/Step-Brother (coded 5)</p> <p>Other Relative (coded 6)</p> <p>In-Law (coded 7)</p> <p>Own Friend/Acquaintance (coded 8)</p> <p>Family Friend (coded 9)</p> <p>Teacher (coded 10)</p> <p>Employer/Someone at Work (coded 11)</p>



	Police/Soldier (coded 12)  Priest/Religious Leader (coded 13)  Stranger (coded 14)  Other (coded 96) (Specify)
Ever seek Help	Yes (coded 1)  No (coded 2)
Informed someone	Yes (coded 1)  No (coded 2)

*Source: Author's construct*

### **3.6 Sampling Technique and Sample Size**

The study used secondary data from the 2022 Ghana Demographic and Health Survey (GDHS), which employed a multi-stage sampling technique to sample 18,450 households in 618 clusters, of which 15,014 women aged 15-49 years were interviewed. The first stage of the sampling procedure for the 2022 GDHS involved using a probability proportional to size (PPS) strategy for rural and urban areas in each region to select 618 target clusters. The targeted clusters were then chosen through equal probability systematic random sampling of clusters during the initial phase for both rural and urban areas. After the clusters were selected, the second stage involved listing

households and map updating operations in all the selected clusters. The second phase involved compiling households within each cluster. This list of households was subsequently used as a sampling frame to select the household sample.

The study population for the women's dataset includes women aged between the ages of 15 and 49 who had ever experienced any form of domestic violence and the data was first restricted to this peculiar sample. This resulted in a sample size of 5,737. This was used to assess the proportion of women who had experienced forced sex. However, the data was further cleaned to suit subsequent study objectives which focused on only women who had experienced forced sex, resulting in a sub-sample of 309. The variables reviewed included age, ever forced to perform unwanted sexual acts, people who forced sex on the victim and ever told anyone about forced sex.

### **3.7 Pre-testing**

This data did not require pre-testing since it was secondary data that was used.

### **3.8 Data Handling**

The 2022 GDHS data was loaded into Stata for onward statistical. The data was scrutinized for missing data, especially concerning key variables relevant to the empirical investigation. For example, to examine the proportion of women who were forced among the sampled group, those who did not provide any response (yes or no) for the question seeking whether they were forced were dropped. This was because the analysis required that all participants respond to that particular question since it was the outcome variable.

### **3.9 Data Analysis**

For the analysis of this data, STATA version 18.0, a statistical analysis program, was employed. The characteristics of the study participants were summarized in tables and graphs using descriptive statistical analysis. Frequency distributions and percentages were utilized to provide an overview of the results. Also, to analyze the dynamics surrounding forced sex and the proportion of women who were forced, examining the proportion of women in their reproductive age who had experienced forced sex. Bar charts, pie charts, and 3D charts were used to evaluate the help-seeking behaviors and the perpetrators of this act among the respondents.

### **3.10 Ethical Considerations**

A formal request was submitted to the Ghana Statistical Service to obtain access to the current Demographic and Health Survey datasets. Ensign Global College's Ethical Review Committee was engaged for ethical approval. Finally, the study's data were utilized strictly for the study's stated objective.

### **4.11 Limitation of the Study**

Although this paper presents valuable findings and policy recommendations, some limitations should be acknowledged. The use of cross-sectional data restricts the interpretation of the results, allowing for the identification of associations between dependent and independent variables but not establishing causality. Furthermore, the definition and measurement of 'force' or 'coercion' in surveys like the GDHS pose challenges, as they may not fully capture the experiences of women, particularly younger women, involved in transactional sexual relationships or those pressured by their partners into sexual activity to demonstrate commitment. Consequently, responses regarding forced sex or sexual coercion are likely to only reflect instances of physical force.

## **CHAPTER 4**

### **4.0 RESULTS**

#### **4.1 Introduction**

This chapter presents the results and discussions based on the responses received from the respondents. It addresses the research objectives and answers the research questions through detailed presentations in tables and charts. The focus is on the socio-demographic characteristics of the respondents, their experiences with forced sex, the perpetrators, and their help-seeking behaviors among women of reproductive age (15-49 years).

#### **4.2 Sociodemographic characteristics**

Table 4.1 below, provides a comprehensive overview of the sociodemographic and economic characteristics of the study participants. Sociodemographic data collected covered the age group, highest educational level, religion, ethnicity, literacy, wealth index combined, and current marital status.

The participants' age distribution was categorized into five-year groups. The majority of participants fall within 15-19 years age group, constituting 20.1% of the total study participants, and the least age group is 45-49 years representing 6.8% who were all women.

It was also observed that the majority of respondents 188 (60.8%) were in urban residences, with 121 (39.2%) in rural residences.

The educational background of the participants varied, with the majority 188 (60.8%) having completed secondary education, and the least being 34 (11.0%) who have no formal education.

The majority of respondents were Christians from various denominations 256 (82.8%), with the majority being Pentecostal 148 (47.90%), 44 (14.24%) respondents were Islam, 7 (2.3%) respondents were people with no religion and only 2 respondent were Traditionalist.

This study had a diverse ethnic composition. The Akan ethnic group was the most prominent, constituting 115 (37.2%), followed by Mole- Dagbani (n=70) with 22.7%; with the least being Mande, 7 (2.3%); while other ethnic tribes constitutes 4 (1.5%).

The study took place in 16 regions in Ghana, with Greater Accra and Ashanti region representing the highest number of respondents constituting 36 (11.7%) each and the least being North East and Western North regions 5 (1.6 %)

The participants' economic status was categorized into wealth index groups. The analysis revealed that the majority of the respondents, 76 (24.6%), were richer, and 39 (12.6%) were the poorest in the wealth index combined.

The analysis revealed the participants' literacy level, with the majority of the respondents 193 (62.5%) being able to read a whole sentence and 80 (25.9%) being unable to read any sentence.

The analysis also revealed the respondents' current marital status. Approximately 36% of the women were currently married; about 38% were never in a union, 18.7% were living with partner, 0.97% were widowed, 2.3% were divorced and 3.7% were separated.

**Table 4.1: Sociodemographic and Economic Characteristics of Study Participants**

Variables	Frequency (N=309)	Percentage (%)
<i>Age groups</i>		
15-19	62	20.06
20-24	56	18.12
25-29	58	18.77
30-34	41	13.27
35-39	44	14.24

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40-44	27	8.74
45-49	21	6.80
<i>Type of Place of Residence</i>		
Urban	188	60.84
Rural	121	39.16
<i>Highest Level of Education</i>		
No Education	34	11.00
Primary	46	14.89
Secondary	188	60.84
Higher Education	41	13.27
<i>Religion</i>		
Catholic	36	11.65
Anglican	1	0.32
Methodist	11	3.56
Presbyterian	17	5.50
Pentecost	148	47.90
Other Church	43	13.91
Islam	44	14.24
Traditional/spiritualist	2	0.65
No Region	7	2.27
<i>Ethnicity</i>		
Akan	115	37.22
Ga/Adagme	19	6.15
Ewe	49	15.86
Guan	19	6.15
Mole-Dagbani	70	21.15
Grusi	10	3.24
Gurma	16	5.18
Mande	7	2.27
Other	4	1.29
<i>Region</i>		
Western	15	4.85
Central	28	9.06
Greater Accra	36	11.65
Volta	34	11.00
Eastern	23	7.44
Ashanti	36	11.65
Western North	5	1.62
Ahafo	19	6.15
Bono	17	5.50
Bono East	10	3.24
Oti	20	6.47
Northern	10	3.24
Savannah	21	6.80
North East	5	1.62
Upper East	15	4.85

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Upper West	15	4.85
<i>Wealth Index Combined</i>		
Poorest	39	12.62
Poorer	58	18.77
Middle	66	21.36
Richer	76	24.60
Richest	70	22.65
<i>Literacy</i>		
Cannot read at all	80	25.89
Able to read only parts of sentence	36	11.65
Able to read whole sentence	193	62.46
<i>Current Marital status</i>		
Never in union	118	38.19
Married	112	36.25
Living with partner	58	18.77
Widowed	3	0.97
Divorced	7	2.27
No longer living together/separated	11	3.56

**Source: GDHS (2022)**

#### 4.3 Women who were ever forced to perform Unwanted Sexual Acts

**Table 4.2: Proportion of women who were ever forced to perform Unwanted Sexual Acts**

Variable	Frequency (N=5,737)	Percentage(%)
<i>ever forced to perform unwanted sexual acts</i>		
Yes	309	5.39
No	5,417	94.42
Refuse to answer	11	0.19

**Source: GDHS (2022)**

Table 4.2 above, indicates that out of the 5,737 women included in the domestic violence survey, 309 women (5.39%), experienced being forced to engage in unwanted sexual acts. This suggests

that a notable portion of the population has encountered this type of sexual violence. On the other hand, the vast majority of the women 5,417 (94.42%), reported that they had not been subjected to such coercion, showing that most respondents did not face this issue. Furthermore, 11 women (0.19%), either declined to answer or did not respond, likely due to the sensitive nature of the question.

**Figure 1: Comparison of Forced Unwanted Sexual Acts Experienced by Women from their Husbands/Partners**

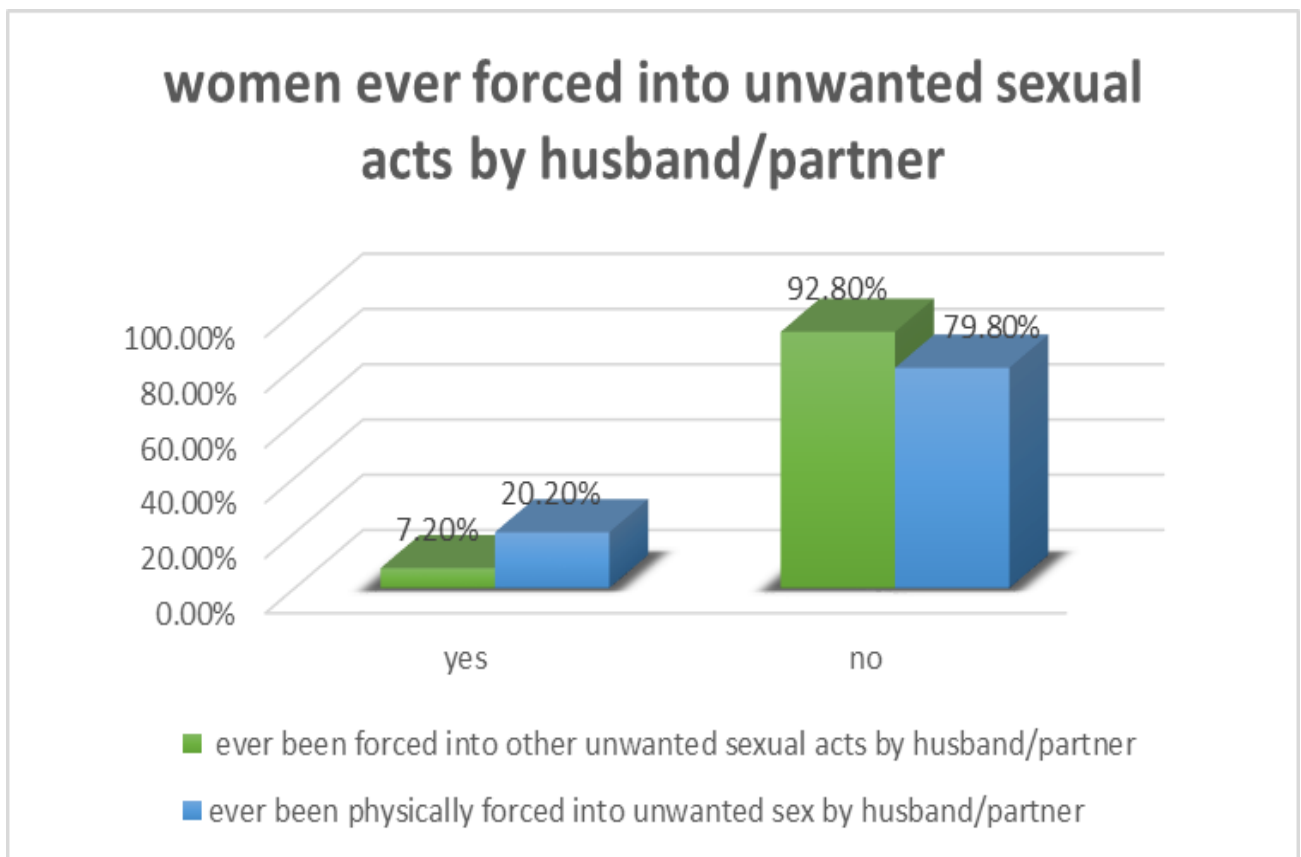


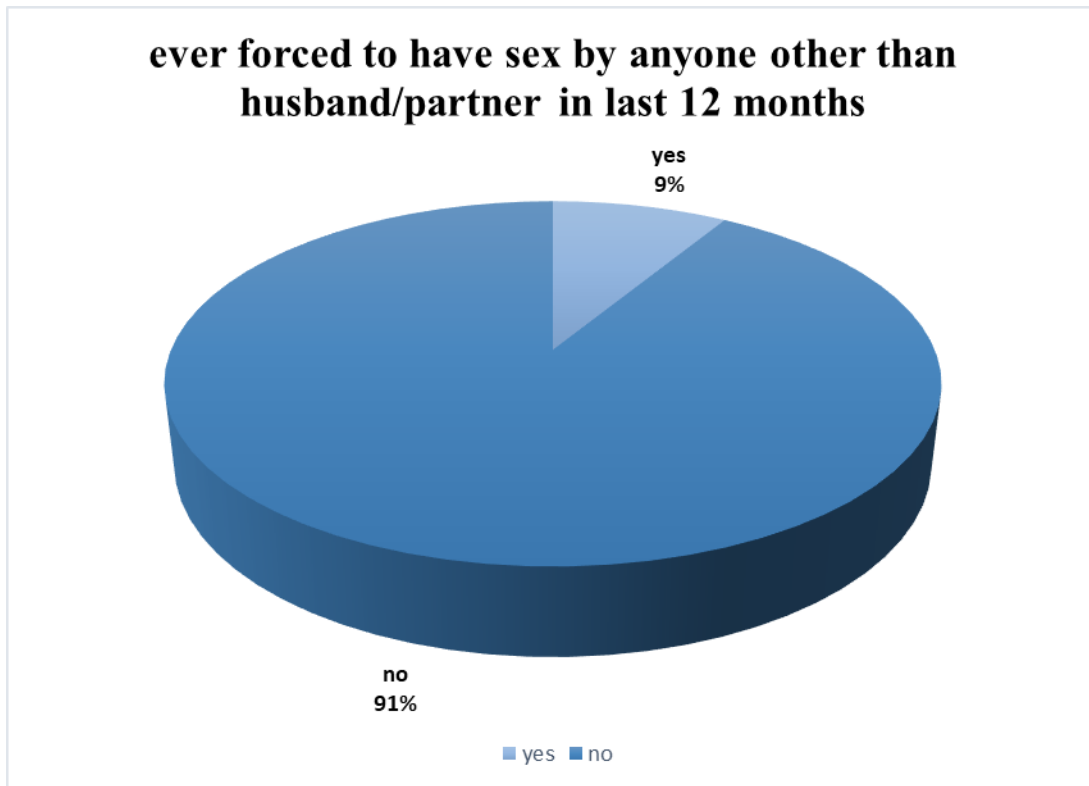
Figure 1 above, illustrates the experiences of women who have been subjected to unwanted sexual acts by their husband or partner and 223 of the women responded to this question. It shows that a



significant majority of women, totaling 207 (92.8%), have never been forced into other unwanted sexual acts by their partner, and 178 (79.8%) women have never been physically forced into unwanted sex.

However, a smaller yet notable number of women have experienced these forms of sexual coercion. Specifically, 45 (20.2%) women have been physically forced into unwanted sex by their husband or partner, while 16 (7.2%) women have been forced into other unwanted sexual acts.

**Figure 2: Proportion of women who Experienced Forced Sex by Non-Partners in the Last 12 Months**



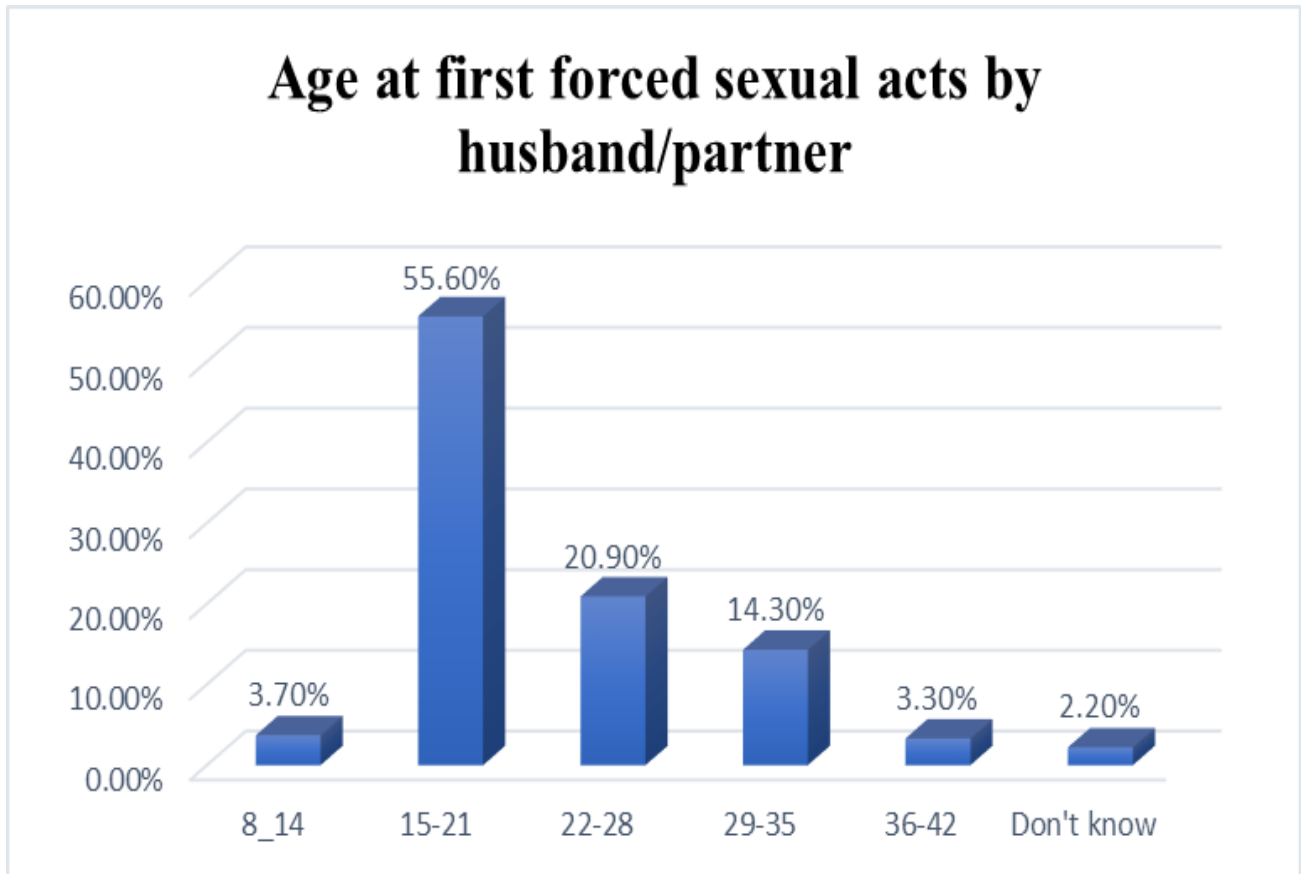
As shown in figure 2 above, 27 (9%) of women reported being forced to have sex by someone other than their husband or partner within the last 12 months, while 282 (91%) of women reported not being forced to have sex by anyone other than their husband or partner during this time.

**Figure 3: Proportion of Women who Experienced Different Forms of Violence by Husbands/Partners**



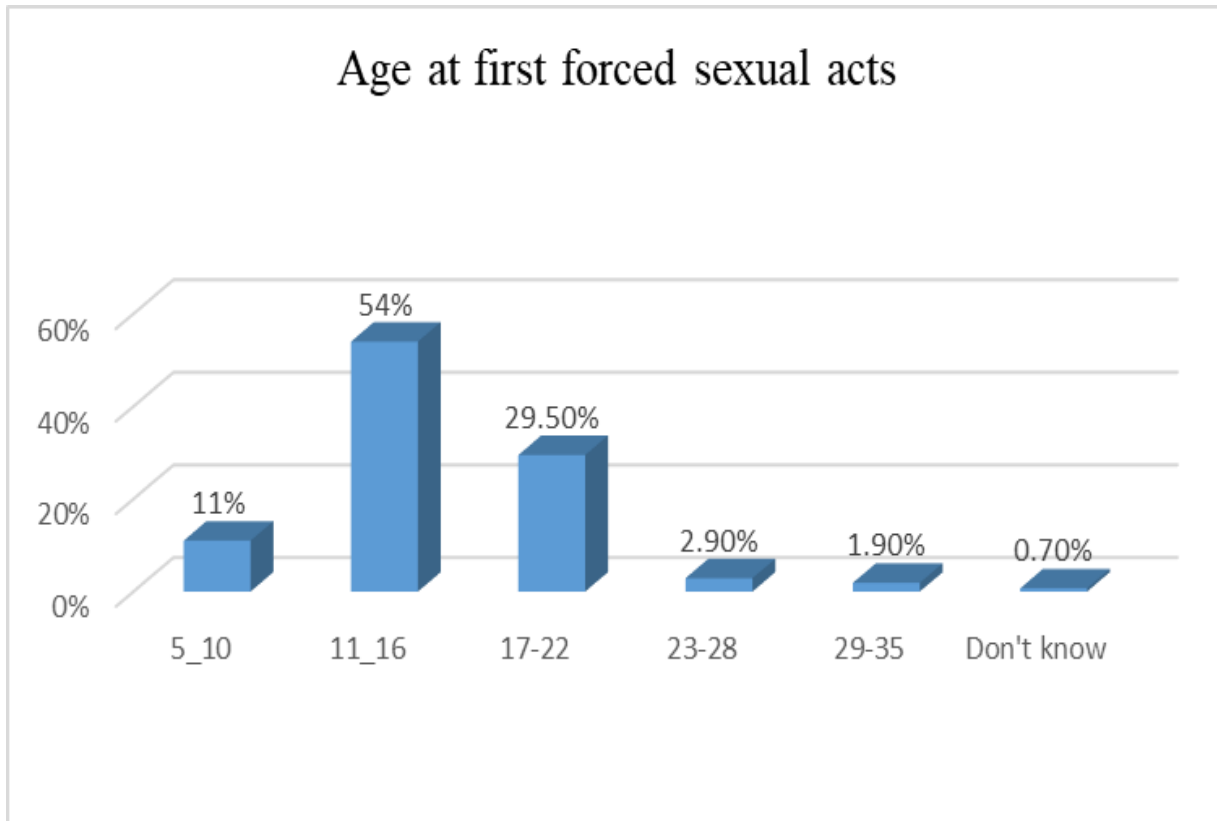
Based on Figure 3 above, Out of 260 women who responded to these questions the data shows that a significant portion of 68 women, (26%) reported experiencing any sexual violence from their husbands or partners. Additionally, 56 women (22%) indicated that they suffered less severe forms of violence from their spouses or partners, whereas 32 women (12%) experienced severe violence. This shows that 60% (156) of the women experienced some form of sexual violence by husband or partner.

**Figure 4: Women’s Age at First Forced Sex Experience by Husband/Partner**



As shown in Figure 4 above, respondents were asked about their age at the time of their first forced sexual acts by their husband or partner, and 91 of the women responded to this question. The majority of the women, 46 (55.6%%) reported experiencing their first forced sex by husband or partner between age 15-21 years old. The next category was 19 women (20.9%) aged 22-28 years old. This was followed by 13 women (14.3%) aged 29-35 years old. Additionally 8 women (3.7%) aged 8-14years. The smallest group, consisting of 3 women (3.3%), reported their first forced sex by husband or partner occurred between the ages of 36-42 years. Additionally, 2 women (2.2%) stated that they did not know their age at the time of their first forced sexual activity by husband or partner.

**Figure 5: Women's age at first forced sex**



As shown in Figure 5 above, respondents were asked about their age at the time of their first forced sexual acts. The majority of the women 166 (54%) reported experiencing their first forced sex within the age range of 11 to 16 years old. The next category was 91 women (29.5%) aged 17-22 years old. This was followed by 35 women (11%) aged 5-10 years old. Also, 9 women (2.9%) had their first sexual acts between the ages of 23-28 years. The last group, consisting of 6 women (1.9%), reported their first forced sex occurring between the ages of 29-35 years. Additionally, 2 women (0.7%) stated that they did not know their age at the time of their first forced sexual activity.

#### 4.4 INDIVIDUALS WHO FORCED SEX ON THE WOMEN

**Figure 6: Individuals who Forced Sex on the Women**

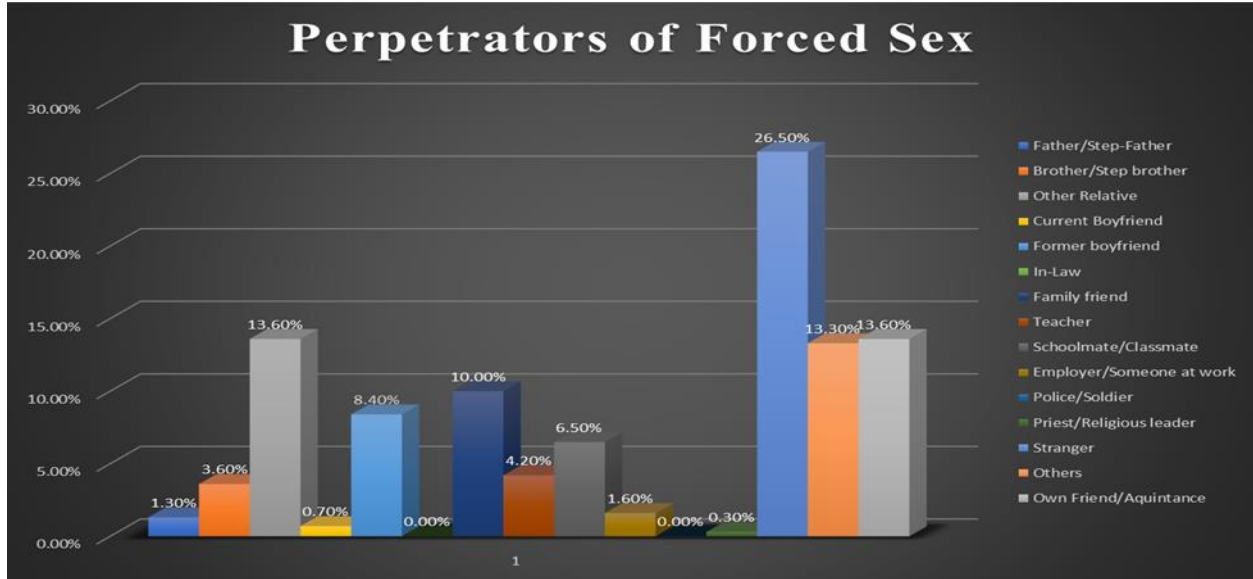
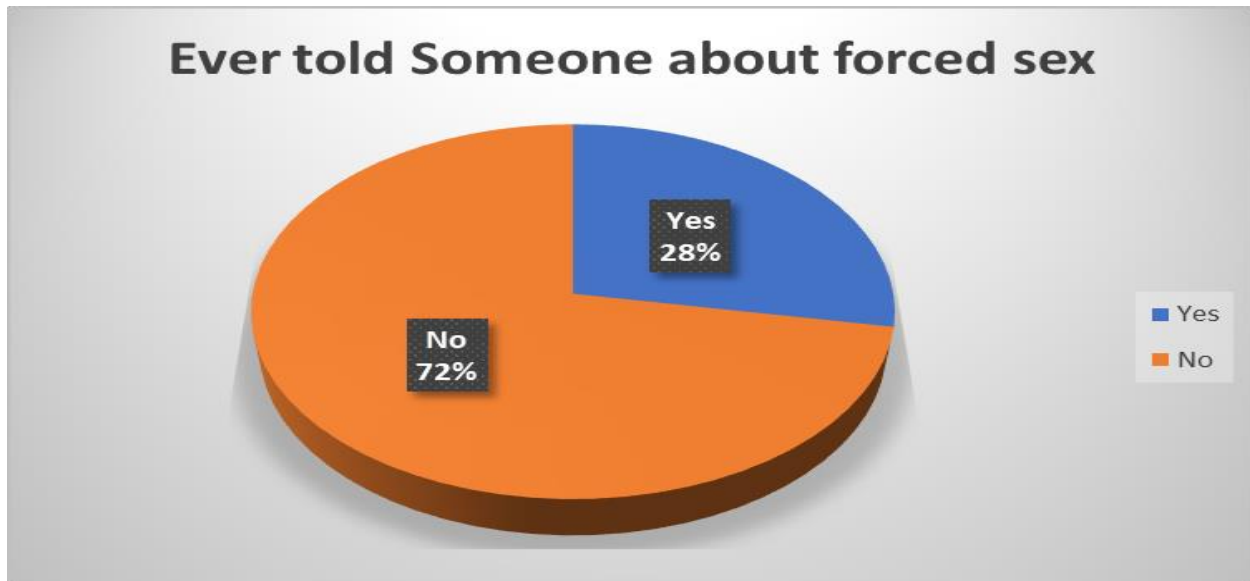


Figure 6 above, depicts the individuals responsible for forcing sex among women of reproductive age in Ghana. The analysis showed that the largest group of perpetrators were Strangers, accounting for 82 cases (26.5%). This was followed by Own friend/Aquaintance with 42 cases (13.6%) then followed by "Others" category with 41 cases (13.3%), and other relatives with also 41 cases (13.3%). The least frequent perpetrators were step-fathers or fathers with 4 cases (1.3%), and current boyfriends with 2 cases (0.7%), priests 1 case (0.3%). There were no instances of forced sex by police officers, soldiers, or the In-laws.

#### 4.5 The Help-seeking Behavior of the Women

**Figure 7: Help-seeking Behavior of Victims**



From Figure 7 above, respondents were asked if they had ever informed anyone about forced sex out of 169 (100%), 122 (72%) of them said they had never informed anyone about forced sex, and only 47 (28%) said they had ever informed someone about forced sex.

**Table 4.3: Bivariate analysis between Ever Informed Anyone and Sociodemographic variables**

Variable	Ever informed anyone about forced sex		P-Value (0.05)
	Yes	No	
<i>Age Range</i>			0.767
15-19	7 (4.14)	21 (12.43)	
20-24	6 (3.55)	21 (12.43)	
25-29	12 (7.08)	24 (14.20)	
30-34	9 (5.33)	15 (8.88)	
35-39	6 (3.55)	15 (8.88)	
40-44	3 (1.78)	15 (8.88)	
45-49	4 (2.37)	11(6.51)	
Type of Place of Residence			<b>0.013</b>

Urban	36 (21.30)	68 (40.24)	
Rural	11 (6.51)	54 (31.95)	
<i>Highest Level of Education</i>			<b>0.015</b>
No Education	2 (1.18)	18 (10.65)	
Primary	4 (2.37)	21 (12.43)	
Secondary	28 (16.57)	69 (40.83)	
Higher Education	13 (7.69)	14 (8.28)	
<i>Religion</i>			0.571
Catholic	7 (4.14)	13 (7.69)	
Anglican	0 (0.00)	1 (0.59)	
Methodist	0 (0.00)	5 (2.96)	
Presbyterian	1 (0.59)	7 (4.14)	
Pentecostal/Charismatic	23 (13.61)	61 (36.10)	
Other Church	9 (5.33)	16 (9.47)	
Islam	6 (3.55)	14 (8.28)	
Traditional/spiritualist	1 (0.59)	1 (0.59)	
No Religion	0 (0.00)	4 (2.37)	
<i>Ethnicity</i>			<b>0.026</b>
Akan	21 (12.43)	46 (27.22)	
Ga/Adagme	0 (0.00)	8 (4.73)	
Ewe	8 (4.73)	24 (15.75)	
Guan	1 (0.59)	7 (4.14)	
Mole-Dagbani	11 (6.51)	22 (13.02)	
Grusi	4 (2.37)	1 (0.59)	
Gurma	0 (0.00)	8 (4.73)	
Mande	0 (0.00)	4 (2.37)	
Other	2 (1.18)	2 (1.18)	
<i>Region</i>			<b>0.015</b>
Western	1(0.59)	6 (3.55)	
Central	1 (0.59)	15 (8.85)	
Greater Accra	6 (3.55)	15 (8.85)	
Volta	4 (2.37)	16 (9.47)	
Eastern	4 (2.37)	7 (4.14)	
Ashanti	6 (3.55)	13 (7.69)	
Western North	2 (1.18)	1 (0.59)	
Ahafo	5 (2.96)	7 (4.14)	
Bono	5 (2.96)	4 (2.37)	
Bono East	3 (1.78)	4 (2.37)	
Oti	0 (0.00)	8(4.73)	
Northern	0 (0.00)	7 (4.14)	
Savannah	4 (2.37)	5 (2.96)	
North East	0 (0.00)	3 (1.78)	
Upper East	6 (3.55)	4 (2.37)	
Upper West	0 (0.00)	7 (4.14)	

<i>Wealth Index Combined</i>			0.208
Poorest			
Poorer	7 (4.14)	15 (8.88)	
Middle	3 (1.78)	26 (15.38)	
Richer	9 (5.33)	25 (14.79)	
Richest	13 (7.69)	26 (15.38)	
	15 (8.88)	20 (17.75)	
<i>Literacy</i>			
Cannot read at all	7 (4.14)	39 (23.08)	<b>0.035</b>
Able to read only parts of sentence	3 (1.73)	13 (7.69)	
Able to read whole sentence	37 (21.89)	70 (41.42)	
<i>Current Marital status</i>			
Never in union	21 (12.43)	29 (26.04)	
Married	15 (8.88)	45 (26.63)	0.947
Living with partner	8 (4.73)	25 (14.79)	
Widowed	1 (0.59)	2 (1.18)	
Divorced	1 (0.59)	3 (1.78)	
No longer living together/separated	1 (0.59)	3 (1.78)	

**Source: GDHS (2022)**

#### 4.6 A bivariate analysis on help-seeking behavior

To determine the factors influencing help-seeking behavior among women of their reproductive age in Ghana, a bivariate analysis was performed to examine the association between various socio-demographic variables and the help-seeking behavior among women of their reproductive age in Ghana.

The study identified socio-demographic variables such as highest educational attainment ( $p = 0.015$ ), place of residence ( $p = 0.013$ ), ethnicity ( $p = 0.026$ ), Literacy ( $p = 0.035$ ) and region ( $p = 0.015$ ) as statistically significant factors influencing help-seeking behavior among women of reproductive age in Ghana. All the p-values were found to be less than 0.05. This indicates that women with higher education, those living in urban areas, women who can read and write, and



those from specific regions and ethnic groups are more likely to seek help after experiencing forced sex.

#### **4.7 Chapter Summary**

In summary, this chapter has conducted a comprehensive examination of the responses from the study participants, effectively addressing the research objectives and inquiries through the presentation of data in tables and charts. It has also analyzed the socio-demographic characteristics, experiences with forced sex, perpetrators, and help-seeking behaviors among women aged 15-49 were examined. The analysis revealed significant socio-demographic factors, such as age, educational level, literacy, ethnicity and residence, and their associations with forced sex and help-seeking behavior. Younger women and those with secondary education were particularly vulnerable, with strangers identified as the primary perpetrators. The majority of victims did not report their experiences. The results are discussed in the next chapter.

## CHAPTER FIVE

### 5.0 DISCUSSION

#### 5.1 Introduction

In this chapter, key findings revealed by this study are discussed in line with the other literature to appreciate the research gaps identified in this research.

#### 5.2 Sociodemographic Characteristics

The demographic assessment in the study offers important insights into the characteristics of women who have experienced forced sex. Most victims were young women aged 15-19, followed by those aged 25-29. This finding is consistent with the World Health Organization's 2013 reports on sexual violence, which indicate that younger women are more susceptible to sexual violence (WHO, 2013).

Education and economic status are key factors in the context of sexual violence. This study found that secondary education was the highest educational level most common among victims. Research by (Dartnall and Jewkes, 2013) indicates that higher education levels can potentially reduce the risk of sexual violence, though they do not offer complete protection. Economically, a significant number of victims were in the "richer" and "richest" categories, demonstrating that forced sex affects individuals across different economic strata. However, this finding contrasts with a study by Adudans *et al.*, (2011), which found a correlation between higher levels of education and economic status and the occurrence of forced sex among women. Additionally, Andersson *et al.* (2012) discovered that adolescents who faced food insecurity in their homes in the week prior were more likely to have experienced instances of forced or coerced sexual encounters.

The study found a higher percentage of individuals who experienced forced sex living in urban areas. This result aligns with a survey by (Shorey *et al.*, 2023), which suggested that the urban-rural divide may highlight differences in social dynamics and exposure to various forms of sexual violence.

The results of the study revealed that women from the Akan ethnic group are more likely to experience forced sex compared to other ethnic groups. This aligns with the findings of (Nwabunike and Tenkorang, 2015) in Nigeria, which indicated significant ethnic differences, with Igbo women being more likely to experience sexual and emotional violence compared to Yoruba women. Conversely, Hausa women were significantly less likely to experience physical and sexual violence but not emotional violence compared to Yoruba women. However, these findings contrast with those of (Tenkorang *et al.*, 2013), who found that Ewe and Ga Dangbe women were more likely to experience forced sex compared to Akan women.

Regarding religion, the study found that a significant majority (82.8%) of victims of forced sex were Christians, which supports the findings of (Tenkorang *et al.*, 2013). It was initially expected that followers of traditional African religions would be more likely to experience forced sex compared to Christians. However, the study findings presented a different outcome. This unexpected result could be attributed to the fact that certain practices within traditional African religious settings, which expose young women to sexual exploitation, are often rationalized based on their religious and cultural significance. This justification may lead to underreporting of such incidents but the results indicated otherwise. This outcome may not be surprising, as practices that put young women at risk of sexual exploitation among adherents of African traditional religions are often rationalized by their religious and cultural significance, leading to underreporting.

### **5.3 Proportion of women of reproductive age who have experienced forced sex.**

The study's findings reveal a troubling situation regarding forced sex among women in their reproductive age in Ghana. Consistent with broader patterns discussed in existing literature, 309 of the respondents reported being forced into an unwanted sexual act. This aligns with the WHO World Health Organization (2024) report stating that nearly 1 in 3 women, or 30%, have experienced physical and sexual violence by an intimate partner or non-partner, or both.

Findings from the study revealed that 20.2% of the respondents were physically forced into unwanted sex by their husbands or partners, whereas 7.2% of the respondents were forced into unwanted sexual acts by their husband or partner. These findings corroborate a study in Nepal by (Adhikari and Tamang, 2010) which indicated that nearly three out of five women reported that their husbands had physically forced them to engage in sexual intercourse. However, the result of this study is lower than a study done in India (Santhya *et al.*, 2007) which had between 12% and 44% of young women reported that they had experienced unwanted sex within their marriage.

According to the study, 9% of the women reported being forced to have sex by someone other than their husbands or partners within the last 12 months. These findings corroborate a study in Ethiopia by (Takele and Setegn, 2014), which indicated they had reported having experienced at least one incident of sexual coercion either at some point in their lifetime or within the past 12 months by someone other than their husband or partner.

The analysis also revealed a significant portion of respondents 55.6% experienced their first forced sex by their husbands or partners between age 15-21 years old and 20.9% between the ages of 22-28 years. These findings support a study in Uganda by (Mmari *et al.*, 2013), which indicated that their first forced sexual experiences by their husband were at age 15.

Additionally, a significant portion of respondents (49%) experienced forced sex for the first time between the ages of 11-16, and 33.1% between the ages of 17-22. These findings support a study in South Africa by (McClinton Appollis *et al.*, 2022), which indicated that first sexual experiences before age 15 were often associated with coercion.

The notable prevalence of forced sex among the study's respondents aligns with findings from other research. Yang *et al.*, (2024) reported high rates of sexual violence against women worldwide, highlighting the widespread nature of intimate partner violence. The significant percentage of forced sex experiences in this study reflects these global statistics and underscores the urgent need for targeted interventions in Ghana.

#### **5.4 Individuals who forced sex on the women**

The study identified strangers as the largest group of perpetrators of forced sex on women, which contrasts with the findings of Mutisya, Mwachari and Ngure (2017), who reported that perpetrators were mainly intimate partners. Tenkorang and Owusu (2013) also found that women who experienced sexual violence or coercion typically identified the perpetrators as people they knew or had an intimate relationship with, such as spouses, boyfriends, peers, employers, teachers, religious leaders, and family members. Similarly, Adudans *et al.* (2011) found that in Kenya, perpetrators of forced sex were often intimate partners or known individuals, with strangers accounting for only 10% of the cases. These differing findings suggest that there may be specific social or cultural dynamics in Ghana that distinguish it from other contexts.

#### **5.5 Help-Seeking Behavior**

Regarding help-seeking behavior, findings from the study reveal that a significant majority (72%) of victims did not inform anyone about their experiences. This corroborates with that of (Sedziafa *et al.*, 2017). It is also consistent with findings of help-seeking behavior on sexual violence in

studies completed in India, Nigeria, and Uganda (Linos *et al.*, 2014; Leonardsson and San Sebastian, 2017; Bishwajit and Yaya, 2019). Another study by (Kenu *et al.*, 2020) indicated that participants chose not to disclose their experiences of coerced sexual encounters primarily because of concerns about how their parents would react to their sexual activity. These concerns exacerbate the isolation of girls from support systems that could help them cope with the negative impacts of their experiences. Moreover, this silence hinders their ability to seek legal action against the perpetrator, if they desire to do so.

Also, the analysis revealed an association between some of the sociodemographic characteristics of respondents and their informing someone about forced sex. From the study, there was a significant association between help-seeking behavior highest level of education ( $p=0.015$ ), place of residence (0.013), ethnicity ( $p=0.026$ ), literacy (0.035) and region (0.015). These findings corroborate with the conceptual framework which hypothesizes relationships between community factors and a variable in economic factors (Independent Variables) and Forced Sex (Outcome variable). Also, the consistency of the study was found with Parvin, Sultana, and Naved, (2016) on low reportage of women on sexual violence. The study also revealed an association between level of education and help-seeking behavior. However, this finding is not consistent with a study by Handebo, Kassie, and Nigusie (2021) who found that the education status of women was not associated with help-seeking behavior.

The analysis also revealed that women living in rural areas have a lower percentage of informing someone than those living in urban areas. This corroborates Riddell, Ford-Gilboe, and Leipert, (2009) who identified that women in rural areas exhibit lower levels of help-seeking behaviors compared to those in urban settings. In rural environments, various cultural and socio-economic factors, coupled with limited access to support services, may impede the inclination to seek

assistance. In contrast, this finding contradicts research conducted in the Dhaka Slums and wider Bangladesh, which found that rural residents demonstrated higher levels of help-seeking behaviors than their urban counterparts (Linos *et al.*, 2014; Parvin, Sultana and Naved, 2016). This inconsistency could be attributed to the prolonged and financially burdensome legal procedures that discourage women in urban areas from seeking help (Leonardsson and San Sebastian, 2017).

A significant finding from the study revealed that married women are more prone to disclose experiences of forced sexual encounters compared to those who have never been married. This result corroborates with the study conducted by Santhya *et al.* (2010), which documented a higher prevalence of forced sexual activity among married women in developing countries. However, this outcome contradicts the findings of Tenkorang and Owusu (2013), who concluded that married women were notably less inclined than unmarried women to report instances of coerced sexual activity.

## CHAPTER SIX

### CONCLUSION AND RECOMMENDATION

#### 6.1 Conclusion

In conclusion, this study aimed to achieve the following specific objectives:

*Objective 1: To assess the sociodemographic characteristics of women in their reproductive age who have experienced forced sex.*

The sociodemographic characteristics of women in their reproductive age were examined, revealing diverse demographic trends. The most prominent age group in the sample was the 15-19 age group, representing (20.1%) of the participants, consistent with global demographic patterns. Marriage was prevalent among the participants, with (36%) reporting that they were married. The study included participants from various regions of Ghana, with Greater Accra, Ashanti, and Volta regions contributing more than 10%. The distribution between urban (60.8%) and rural (39.2%) settings reflected urbanization trends. A diverse range of educational backgrounds was observed, with 11% of participants having no formal education. The majority of participants were Christians (68.9%), followed by Islam (14.2%). The wealth index combined showed economic diversity, with richer individuals (24.6%) representing the largest group.

*Objective 2: To examine the proportion of women of reproductive age who have experienced forced sex.*

The proportion of women of reproductive age who experienced forced sex was examined, revealing different forms of sexual acts. The study revealed that women within the age range of 11-16 years experienced their first forced sex compared to the other ages. Also, women who were married were less exposed to forced sex, 20.2% of women reported being physically forced into



unwanted sex by their husbands or partners, 7.2% were forced into unwanted sexual acts by their husbands or partners whereas 9% reported such incidents within the last twelve months by other people other than their husbands or partners.

*Objective 3: To describe the individuals who forced sex on these women.*

The study described the various perpetrators of forced sex among women of reproductive age and found that strangers comprised the majority of people who forced sex on women. Regardless of previous studies that found intimate partners and people known to the women.

*Objective 4: To evaluate the help-seeking behaviors of women who have experienced forced sex in Ghana.*

The help-seeking behavior of the women was explored. A significant percentage of women who faced forced sex exhibited minimal help-seeking behavior. Socio-demographic factors such as the highest educational level, type of place of residence, ethnicity, literacy, and region significantly affected their help-seeking behavior. Education and literacy play vital roles where higher level of education and literacy are indirectly influenced by community factors. Also, their place of residence, ethnicity, and region influences their help-seeking behavior. However, factors like age, wealth index combined, marital status, and religion had no significant effect on their help-seeking behavior.

## **6.2 Recommendations**

In light of the study's findings, the following recommendations were proposed.

Educational and Awareness Programs

1. Comprehensive sex education should be integrated into school curricula, focusing on issues of consent, recognizing coercion, and promoting gender equality. Tailor these programs to be age-appropriate and culturally sensitive.
2. Partner with local NGOs and community groups to conduct workshops and seminars in both urban and rural areas, focusing on breaking down stigmas and encouraging community support for victims of forced sex.

The police in collaboration with DOVSSU

3. Should conduct a thorough review of existing laws related to forced sex to identify gaps and areas for improvement, and advocate for legal reforms that strengthen protections for victims and ensure stricter penalties for perpetrators.
4. Should conduct regular impact assessments of programs and policies aimed at addressing forced sex, and implement systems for continuous data collection and monitoring of forced sex incidents. Use this data to evaluate the effectiveness of interventions and adapt strategies as needed.
5. Set up confidential hotlines and online platforms where victims can report incidents of forced sex and seek help. Ensure these platforms are accessible and provide immediate response and support.

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# APPENDICES

## APPENDIX A :IRB CLEARANCE FORM



OUR REF: ENSIGN/IRB/EL/SN-254/02  
YOUR REF:

April 29, 2024.

**INSTITUTIONAL REVIEW BOARD SECRETARIAT**

Lydia Fafali Agbeneyega  
Ensign Global College  
Kpong.

Dear Lydia,

### **ETHICAL CLEARANCE TO UNDERTAKE POSTGRADUATE RESEARCH**

At the General Research Proposals Review Meeting of the *INSTITUTIONAL REVIEW BOARD (IRB)* of Ensign Global College held on Thursday, April 25, 2024, your research proposal entitled "Experience of Forced Sex Among Women in their Reproductive Age (15-49 Years) in Ghana: An Assessment of the Ghana Demographic Survey, 2022" was considered.

You have been granted Ethical Clearance to collect data for the said research under academic supervision within the IRB's specified frameworks and guidelines.

We wish you all the best.

Sincerely,

A handwritten signature in black ink, appearing to read "Rebecca Acquah-Arhin", with a stylized flourish at the end.

Dr. (Mrs.) Rebecca Acquah-Arhin  
**IRB Chairperson**

## APPENDIX B :PLAGIARISM REPORT

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Simegnew Handebo, Ayenew Kassie, Adane Nigusie. "Help-seeking behaviour and associated factors among women who experienced physical and sexual violence in Ethiopia: evidence from the 2016 Ethiopia Demographic and Health Survey", BMC Women's Health, 2021

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[ir.knust.edu.gh](https://ir.knust.edu.gh)

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Gervin A. Apatinga, Eric Y. Tenkorang. "Barriers to Help-Seeking for Sexual Violence Among Married or Cohabiting Women in Ghana", Violence Against Women, 2021

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