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# AGENCY, CONSENT, AND COERCION: YOUNG PEOPLE'S EXPERIENCES OF FIRST SEX IN ASHANTI AND NORTHERN REGIONS, GHANA



## DHS Qualitative Research Studies 24

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DHS Qualitative Research Studies No. 24

**Agency, Consent, and Coercion:  
Young People's Experiences of First Sex in  
Ashanti and Northern Regions, Ghana**

Kerry LD MacQuarrie<sup>1,2</sup>  
Sara Riese<sup>1,t</sup>  
Jeffrey Edmeades<sup>1,3</sup>  
Peter Takyi Peprah<sup>4</sup>  
Priscilla Opoku<sup>4</sup>  
Nana Akosua Owusu-Ansah<sup>4,5</sup>  
Emmanuel Boateng<sup>4</sup>  
Afra Adomako Kwabiah<sup>4,6</sup>  
Martin Wiredu Agyekum<sup>4,5</sup>  
Frank Kyei-Arthur<sup>4,7</sup>  
Jones Apawu<sup>4,5</sup>

ICF  
Rockville, Maryland, USA

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<sup>1</sup> The DHS Program

<sup>2</sup> ICF

<sup>3</sup> Avenir Health

<sup>4</sup> Ghana Statistical Service

<sup>5</sup> University of Education, Winneba

<sup>6</sup> University of Ghana

<sup>7</sup> University of Environment and Sustainable Development

*Corresponding author:* Kerry LD MacQuarrie, International Health and Development, ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; phone: 301-407-6500; fax: 301-407-6501; email: Kerry.MacQuarrie@icf.com

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## **PREFACE**

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The Demographic and Health Surveys (DHS) Program is one of the principal sources of international data on fertility, family planning, maternal and child health, nutrition, mortality, environmental health, HIV/AIDS, malaria, and provision of health services.

Occasionally, DHS is able to supplement surveys with qualitative data collection and analysis to answer specific questions that are better explored with qualitative or mixed method approaches. Such research can also help clarify the interpretation of some complex indicators and improve understanding of measurement issues in DHS surveys. Results from these qualitative studies are made available in the DHS Qualitative Research Studies series.

The topics in this series are selected by The DHS Program in consultation with the U.S. Agency for International Development (USAID).

It is hoped that the DHS Qualitative Research Studies will be useful to researchers, policymakers, and survey specialists, particularly those engaged in work in low and middle-income countries.

Sunita Kishor  
Director, The DHS Program



## ABSTRACT

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The establishment of romantic and sexual relationships is a key component of the transition from adolescence to adulthood across the world. This is a time of both great excitement and vulnerability for youth, as they have less experience with relationships and how to protect themselves from poor outcomes. This is also a time when many are especially vulnerable to being pressured or forced into starting their sexual lives earlier than they would choose and where patterns of behavior, including for things like couple communication and decision-making or contraceptive use, are established. This point in the life course is very important, potentially influencing the rest of the lives of young women and men. However, significant gaps remain in the field's understanding of this period of life, including how young people enter into intimate relationships, what influences the decisions young people make about starting their sexual lives, and how much coercion is involved in those decisions. As a result, researchers, policymakers and programmers are often forced to make assumptions about what the needs of youth are at this point and how to best meet them.

This study aims to address some of these gaps through using a mixed-method approach to explore the context around the first time youth had sex in the Ashanti and Northern regions of Ghana. Ghana is in many ways an ideal setting in which to explore these questions, with a youthful age structure, considerable diversity, and rapidly changing patterns in the ages and types of relationships where first sex takes place. Qualitative data were collected in the two regions from 154 young women and men who had completed the main Ghana Demographic and Health Survey (GDHS) and met the following criteria:

- Age 15–29 (with a greater focus on collecting data from those aged 15–24)
- Reported having first sex before age 18 (women) and 20 (men)
- Consented to be reinterviewed for the study during the main GDHS

The study focused on three main themes related to the first sexual experience of young women and men in these two regions:

- What types of relationships were youth in when they experienced first sexual intercourse?
- How much coercion did youth experience around having sex for the first time?
- How prepared were youth for the initiation of sex?

The key findings from the study included:

- The type of relationship that youth were in when they first had sex plays a major role in how that experience took place
- Open and clear communication between couples about sex and contraception is generally very low prior to the first sexual encounter
- Detailed and correct knowledge about sexual and reproductive health (SRH) is very low
- Youth generally have limited understanding of sexual and reproductive health rights (SRHR) and the role of consent within relationships, especially marriage

- Gender norms play a major role in limiting communication and decision-making about sex and contraception, particularly for women
- Coercion at low or moderate levels around first sex was almost universal for women and forced sex was relatively common

These findings show that for many of the young women and men in this study, the initiation of sexual activity took place in ways that were neither safe nor healthy. Most youth did not take the decision to start having sex lightly but lacked the capacity, skills and knowledge required to minimize the risk of poor outcomes. There is, thus, a clear need for programming that builds on prior efforts by the Ghanaian government to provide youth with a comprehensive education that will better prepare them for establishing health relationships within which they may or may not become sexually active. This programming should aim to build knowledge about sexual and reproductive health rights (SRHR), gender roles, and the life skills required to ensure healthy, safe and respectful relationships, while also acknowledging that many young people will become sexually active, including within marriage. All efforts should be made to build this capacity *before* youth are likely to become sexually active so they can make fully informed decisions and effectively protect themselves from poor outcomes, such as unintended pregnancies and sexually transmitted infections. The Government of Ghana has made the health and productivity of youth a priority and in many ways it is in a good position to address these concerns. However, full success cannot be achieved without taking a realistic approach to youth sexual behavior and working to ensure that the SRHR needs of youth are met.

**Key words:** youth; first sex; relationships; coercion; contraception; Ghana

## ACRONYMS AND ABBREVIATIONS

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CAPI	computer-assisted personal interviewing
CITI	Collaborative Institutional Training Initiative
CSE	Comprehensive Sexuality Education
DHS	Demographic and Health Survey
ERC	Ethics Review Committee
GDHS	Ghana Demographic and Health Survey
GHS	Ghana Health Service
GSS	Ghana Statistical Service
HIV	human immunodeficiency virus
IRB	Institutional Review Board
NYP 2022–32	National Youth Policy (2022–2032)
SRH	sexual and reproductive health
SRHR	sexual and reproductive health rights
STI	sexually transmitted infection
USAID	United States Agency for International Development





# 1 BACKGROUND

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Adolescence and youth are life stages that are both times of great opportunity and vulnerability and that mark the end of childhood and the beginning of adulthood. A key part of this transition is the establishment of romantic and sexual relationships, both within and outside of marriage, where adolescents and youth often first encounter both the excitement and joys that can come with these relationships and their associated potential risks. Youth at this stage in their lives are less experienced with relationships, may not have first-hand knowledge of how to protect themselves from poor outcomes, and are young and less able to weigh the consequences of their decisions. Thus, this is a period where young men and women are especially vulnerable to being pressured or forced into beginning their sexual lives earlier than they would choose. This is particularly true for young women and girls. In sub-Saharan Africa, for example, the prevalence of coercion at first sex is estimated at between 5–46% among females<sup>1</sup> and between 4–19% among males,<sup>2,3</sup> with high proportions of women reporting having first experienced sexual violence during adolescence.<sup>4</sup>

Ideally, the start of sexual activity would take place in an environment that is safe, healthy, and protective, where the partners were aware and respectful of each other’s sexual and reproductive health rights (SRHR), had adequate and accurate knowledge about their bodies, the risk of pregnancy and sexually transmitted diseases, and where young people were free to choose when, how, and with whom to first have sex without fear or pressure. However, sexual coercion, which is broadly defined as when a person has a “lack of choice to pursue other options [to avoid sexual intercourse] without severe social and physical consequence”<sup>5</sup> is a disturbingly common experience for youth across the world.<sup>2,6,7</sup> This may include anything ranging from consensual sex that was only agreed to under heavy pressure to nonconsensual and/or forced sex,<sup>8</sup> and may involve verbal pressure, physical force, or social norms that regard sex as an obligation within relationships. The coercive pressures to engage in sexual acts and the consequences for failing to do so may come from multiple sources that range from the sexual partner to the broader community. With married women, for example, the implicit threat of violence as a consequence of failing to agree to sexual intercourse may come from the spouse or others in the community if there is an expectation that the perpetrator had the right to sexual activity. Alternatively, in situations such as arranged marriage, the consequences can be largely social and are imposed predominantly by community members.

Social and cultural norms play a significant role in defining what is considered acceptable or unacceptable levels and types of sexual coercion in given settings. Gender norms, which define socially appropriate behaviors and expectations for males and females, are particularly important and create the circumstances in which experiences of sexual coercion and their consequences can be perceived very differently for men than for women. For example, while social pressures can lead both men and women into unwanted sex, the reasons for doing so and the circumstances in which this takes place are typically very different.<sup>2</sup> Young men often face pressure to “prove their manhood” through sex and conform to norms that create expectations of male dominance in which men are always sexually available, and that sometimes push them to engage in sexual behaviors that they would have preferred to avoid or delay.<sup>9</sup> These same norms also place expectations on women, who are often expected to be sexually available to their male partners at all times. This is particularly the case within marriage, where women are often expected to have sex with their husbands to keep the husbands happy or to have children, regardless of their preferences at that time. As a result, nonconsensual sex for married women is often considered a normal and forgivable occurrence,<sup>10</sup> while social expectations that women be sexually passive undermine their willingness to express their

sexual desires or preferences. Finally, while both men and women may experience pressure to have sex from their partners and the broader society, physical force during coerced sex is much more commonly experienced by women, although it can also be experienced by men.<sup>2,8</sup>

Sexual coercion and violence are violations of sexual and reproductive rights that have harmful effects, which include adverse physical, sexual, behavioral, and mental health consequences.<sup>11</sup> These include sexual and reproductive health (SRH) outcomes among youth such as lower modern contraceptive use, unplanned pregnancy, poor pregnancy outcomes, and sexually transmitted infections<sup>1,12-15</sup> and associated outcomes such as interrupted schooling due to pregnancy and poorer mental health.<sup>11,16-18</sup>

The varied ways that sexual coercion may be expressed, the diverse ways that social pressure and consequences are exerted on individuals, and the influence that cultural and social norms have on what is considered sexual coercion, make measuring and understanding its role very challenging, especially for the first sexual experience. Furthermore, while sexual coercion in some form is a very common feature of many first sexual experiences, many other young people have very positive experiences with first sex where coercion was less prominent. Significant gaps remain in our understanding of how youth enter into intimate relationships, how first sexual experiences are viewed by most young men and women, how much agency and coercion is involved, what forms of coercion are involved, and how young people feel about these experiences. As a result, researchers, policymakers, and programmers often are forced to make assumptions about the first sexual experiences of youth, and often overlook the nuances they may involve.

The “Coercion at Sexual Debut” study explores these questions in two regions of Ghana by using a mixed-method approach that takes advantage of the broad range of data collected with a robust household survey and of the greater nuance allowed by qualitative methods of inquiry. The study provides insight into the lives of young Ghanaian men and women at the time that they first had sex, what their motivations were, how the decision to have sex was made, the level of coercion they experienced while making this decision, and the consequences their experienced sexual debut has on the rest of their lives. This report is one of a short series of reports and policy reviews and focuses primarily on the circumstances of youth at the time of sexual debut.

Ghana is an ideal setting in which to explore the topic, as it has a youthful age structure; considerable social, demographic, and cultural diversity; and rapidly changing patterns in the ages and types of relationships where first sexual intercourse takes place. Prior research in Ghana has found that a significant proportion of youth report experiencing coercion during their first sexual experience, with 30% of girls and young women and 12% of boys and young men saying they were “not willing at all” at their first sexual experience.<sup>2,8</sup> The results of this study provide badly needed insights into a critical part of the lives of young people in Ghana, and these insights will be useful to researchers, policymakers, and programmers in Ghana and beyond.

## **1.1 The Ghanaian Context**

Ghana is in a transition in age structure in which young people (broadly defined as those from age 15 to 35) are the dominant population group in terms of size. This includes rapid increases in the proportion of the population in the dominant ages for the initiation of sexual activity. Ensuring these young people transition into adulthood in a healthy way that allows them to contribute to their full potential is a key focus of the recently developed 2022–2023 National Youth Policy (NYP 2022–32).<sup>19</sup>

A key aspect of this transition is the romantic and sexual relationships they enter into. These are taking place in quite different ways than in the past. Fewer young people in Ghana today are formally married, particularly at younger ages. More young people are in informal cohabiting relationships and a greater share of sexual activity is taking place before marriage. Research in Ghana suggests that for many, especially young girls and women, high levels of sexual violence and/or coercion are common. Prior research in Ghana found that between a quarter and a third of high school aged females (and about one in 10 males) experienced sexual violence.<sup>20,21</sup> Experience of coercion and/or violence at the time of first sexual intercourse is also high, with ranges from 14 to 18% for girls<sup>22,23</sup> and 12% for boys.<sup>2</sup> The research suggests that sexual coercion and violence are influenced by a number of factors that include age, gender, religion, ethnic identity, and relationship experience.<sup>2,22,23</sup>

The Ghanaian government, recognizing the opportunity presented for a “demographic dividend” resulting from a greater proportion of the population being of working ages, has made significant commitments to ensure that the youth transition to adulthood is safe and healthy in ways that will ensure they are productive citizens in the future. This study aims to inform these efforts through developing a better understanding of the lives of youth at the time they first had sex, their motivations, their relationships, and the coercion or pressure they may have felt to have sex at that time.

## **1.2 Research Questions Explored in this Study**

This study aims to explore three main themes related to the first sexual experience of young women and men in Ghana, with a particular focus on better understanding the role that coercion may play in shaping this experience:

1. What types of relationships are Ghanaian youth in when they experience first sexual intercourse?
  - a. How established were these relationships?
  - b. How emotionally supportive were these relationships in terms of communication? How much communication did they have about their everyday lives? How much communication did they have about sex specifically?
  - c. What were the primary motivations for youth to have sex? How were these related to the type of relationship they were in?
2. How much coercion did youth experience when having sex for the first time?
  - a. What types of coercion were observed? How much did these shape their impressions of their first sexual experience?
3. How prepared were youth for the initiation of sex in terms of their ability to protect themselves from unintended pregnancy and sexually transmitted infections (STIs)?
  - a. What level of knowledge did youth have about SRH and contraception?
  - b. What was the decision-making process about using or not using contraception? How much communication was there about using or not using contraception? What level of agency and autonomy did youth have in making this decision?
  - c. What were the main motivations for contraceptive decisions at that point?

For each question, we examine how the experience of first sex differs according to the background characteristics of youth. We examine the effect of being male or female, living in either the Ashanti or Northern regions, and living in rural or urban areas. We begin by describing the relationships that young people were in when they first had sex. This included how established the relationship was, the type and level of communication they had with their partners, and how decisions were made about sex. We examined the role that coercion played in the first sexual experience, and how coercion was or was not manifested and the consequences for the ways that first sex was experienced by young men and women. Finally, we examined SRH knowledge and use of contraception at first sex among youth, as well as communication and decision-making about contraceptive use.

## 2 STUDY DESIGN AND METHODS

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### 2.1 Study Design

This mixed methods study is a qualitative, data-linked study embedded within a larger, quantitative survey, of the type described by Schatz.<sup>24</sup> The study is nested within the 2022 Ghana Demographic and Health Survey (GDHS), which was implemented jointly by researchers from the Ghana Statistical Service (the implementing agency of the GDHS), ICF, and Avenir Health (see Appendix A). The study was funded by the Office of Population and Reproductive Health, Global Health Bureau, and USAID through The DHS Program (720-OAA-18C-00083).

The mixed methods study design allows for in-depth investigation of research questions that are best answered with qualitative methods, such as those that guide the present study, while also leveraging the scale and reach of a large, national survey. The DHS surveys yield nationally and regionally representative data that quantify sexual behaviors of youth and adults. The surveys generate statistics on the number of decisions made by women and their experience with violence that includes sexual violence. However, the DHS surveys are not well positioned to describe the nature of young people's first sexual experiences beyond some demographic characteristics. Combining these data with the much more nuanced information that can be gathered through qualitative methods of inquiry allows for an in-depth exploration of how first sexual experiences unfold, the range of agency and coercion they entail, what coercion looks like for this group, and how young people feel about these experiences.

This qualitative study used the 2022 GDHS as a mechanism for identifying eligible respondents for the qualitative study and as a source of data on the respondents and their households. Eligible respondents identified during the 2022 GDHS interview were invited to participate in a follow-up, in-depth interview for this study. This follow-up interview used both open-ended, qualitative questions and precoded questions, as well as an interactive timeline activity that was designed in part to help guide the respondents' recollection of events around their first sexual experience. The DHS Program has applied a similar study design in mixed methods which was appended to the 2014 Bangladesh DHS, the 2014 Ghana DHS, and the 2016 Nepal DHS, and found this study design to be an effective, efficient mechanism for sample selection.<sup>25–29</sup>

A further benefit to the mixed methods study design is that the qualitative interview data collected from selected GDHS respondents can be linked with their quantitative data in the main GDHS. This possible linkage at the individual level allows numerous avenues for additional analyses, which could not be accomplished with either quantitative or qualitative data alone. In the present study, we link these two data sources to investigate how the coercion experienced at first sex may or may not be associated with certain outcomes later in life, at the time of the survey (these results are explored in report QRS 25). Other opportunities to exploit this linkage may be to investigate the concordance of responses around age at first sex or sexual violence between the two data sources.

## 2.2 Sample Selection

We aimed to interview approximately 100–150 respondents, comprised of 70–100 young women and 30–50 young men, in a sample of rural and urban clusters (primary sampling units) selected for the 2022 GDHS in two regions of Ghana. Eligibility criteria are listed in Table 2.1.

**Table 2.1 Study eligibility criteria**

	Women	Men
1	Northern or Ashanti region	Northern or Ashanti region
2	Age 15–24 (100%)	Age 15–24 (100%)
3	Age 25–29 (50%)	Age 25–29 (50%)
4	First sex by age 18	First sex by age 20
5	Completed age is at least 1 year older than age at first sex	Completed age is at least 1 year older than age at first sex
6	Consented to reinterview during GDHS	Consented to reinterview during GDHS

Each of the eligibility criteria were designed to ensure that the eventual group that provided the qualitative information was best suited to addressing the study research questions. Included individuals were:

- Those residing in one of the selected regions and between the age 15 and 29 at the time of the GDHS interview. This age range coincides with USAID’s definition of youth.<sup>30</sup>
- Those who had first sex by the age of 18 (for women) and age 20 (for men). This reflects the study’s focus on youth who experienced first sex relatively early. The difference in the age cutoff applied to men and women is because men in Ghana typically experience first sex at older ages than women, meaning that both ages represent relatively early points at which to have first sex.
- The respondents’ first sexual experience had to have occurred at least 1 year or more before the time of the GDHS survey. In other words, there had to be a 1 year or greater difference between the respondent’s completed age at first sex and their completed age at interview. This criterion ensured that there would be a sufficient span of time between first sex and the present so that we could analyze research questions about the circumstances around first sex with the respondents’ current life path and present-day outcomes.
- Finally, to be eligible, all respondents had to provide consent during the GDHS interview to be re-contacted for a follow-up, qualitative interview. At the end of the GDHS questionnaire, respondents were asked this question to provide informed consent: “Thank you for taking the time to answer these questions. I would like to inform you that additional information will be collected in the near future to better understand the health and well-being of young people as they grow into adulthood. Another member of our team may return in a few days or weeks to ask you some additional questions about these topics. Do you agree to allow another member of our team to contact you about participating in a short interview? Your responses will remain confidential.”

The qualitative component of the study aimed to interview all eligible young women and men age 15–24 and 50% of those age 25–29 in the selected communities. This was done for two primary reasons. The first was to rebalance the age distribution of the sample. If we interviewed 100% of eligible young people age

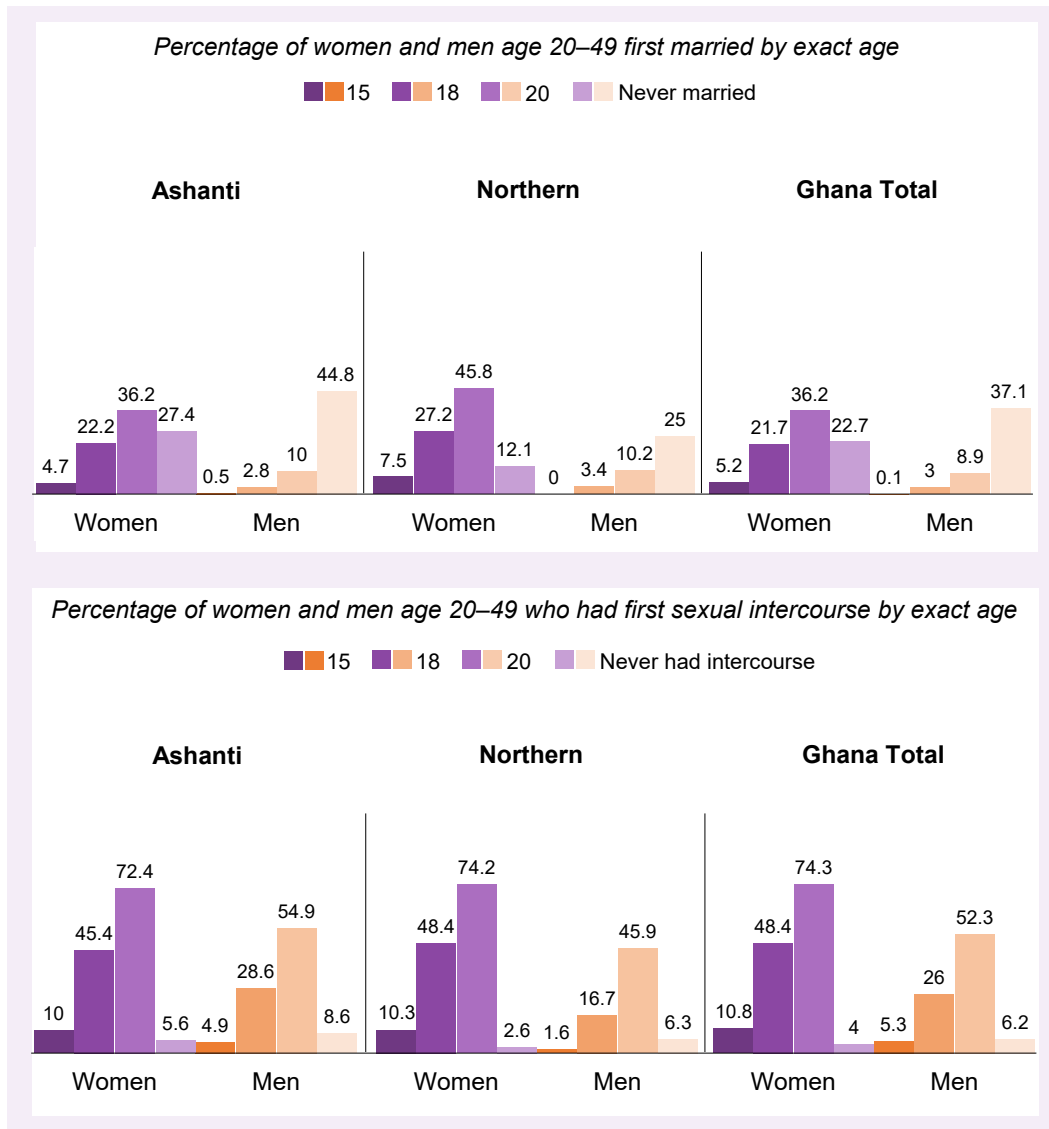
15–29, a disproportionate number of the respondents having had sex by age 18 and being at least one year older than age at first sex would fall into the older age group. We did not want our analytic sample to be skewed toward older youth. Second, we aimed to balance the recency of first sex to aid in recollection of events and for the study to describe current conditions for youth (yielding a younger sample) with a longer gap between first sex and the GDHS in order to analyze the influence of first sex on current outcomes (yielding a somewhat older sample).

The 2022 GDHS identified 622 young women and 182 young men who were otherwise eligible for the qualitative study. Of the 195 individuals selected (139 women and 56 men), interviews were completed with 154 (79%). Of the 41 for whom the interview was not completed, 16 were not at home after three visits, eight declined to participate, four participated but did not complete the interview, two were found to be ineligible, and one was incapacitated. Interviews were not completed for three other individuals for reasons other than those listed above. Finally, seven individuals were interviewed but the recording of the interview, which was required for accurate transcription, was either lost or not audible.

### **2.3 Study Sites**

We selected the Ashanti and Northern regions as the two regions for this study. These two regions offer diversity of experiences with the timing and context of sexual debut of first sex for young women and men (Figure 2.1). The regions offer different contexts in terms of if and how often first sex occurs within or separate from (before) marriage.

**Figure 2.1 Patterns of first marriage and sex**



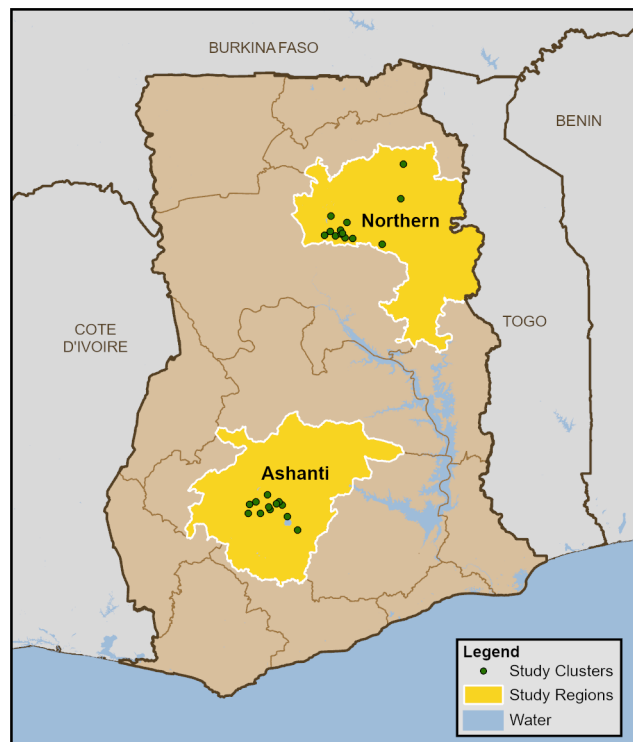
Source: 2022 GDHS



In the Northern Region, the percentages of young women (age 20–29) having had sex by age 18 and married by age 18 are among the highest in the country. This indicates that much of first sex often occurs within the context of, or close in time to, the first marriage for young women. However, there are large differences in the timing of first sex and first marriage between women and men. The percentages are remarkably lower for young men, which suggests there are substantial gender differences in the context of first sex.

In the Ashanti Region, there are somewhat lower rates of first sex by 18 and much lower rates of marriage by 18. This suggests that more first sex is unrelated to marriage, as compared with Northern Region. There are also more similarities in the timing of first sex between women and men, which may suggest greater gender parity in social relations.

**Figure 2.2 Study sites in Ashanti and Northern regions, Ghana**



To achieve our desired sample size of both young women and young men, we estimated that we would need to conduct interviews in approximately 15 GDHS clusters in each region. We conducted interviews in 12 (7 urban and 5 rural) clusters in Ashanti and 13 (7 urban and 6 rural) clusters in the Northern Region (Figure 2.2).

## 2.4 Ethical Clearance

The full protocol for the qualitative study, along with the protocol for the main GDHS, was submitted for ethical review with ICF’s Institutional Review Board (IRB) and the Ghana Health Services’ Ethics Review Committee (ERC) in Ghana. The ICF IRB returned a determination of “exempt—not human subjects research” on June 20, 2022 (2022-137) and the Ghanaian ERC provided clearance on August 3, 2022 (GHS-ERC: 004/08/22). The principal investigator and senior investigators hold Collaborative Institutional Training Initiative (CITI) Program Certification in Social and Behavioral Research.

The qualitative study obtained informed consent at two separate points. First, all GDHS respondents age 15–29 were asked during the administration of the individual interview if they would consent to a follow-up interview. This was question 1137B in the Woman’s Questionnaire and question 827B in the Man’s Questionnaire (Figure 2.3).

**Figure 2.3 Informed consent during GDHS interview**

1137A	CHECK 111: AGE 15-29 YEARS <input type="checkbox"/> 29 YEARS OR OLDER <input type="checkbox"/>	1138					
1137B	Thank you for taking the time to answer these questions. I would like to inform you that additional information will be collected in the near future to better understand the health and wellbeing of young people as they grow into adulthood. Another member of our team may return in a few days or weeks to ask you some additional questions about these topics. Do you agree to allow another member of our team to contact you about participating in a short interview? Your responses will remain confidential.	YES ..... 1 NO ..... 2					
1138	RECORD THE TIME.	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

In addition to obtaining informed consent for re-interview during the administration of the GDHS, interviewers again requested informed consent from respondents upon recontact (Figure 2.4). Thus, informed consent included two separate consent steps, one for the interview and another for recording the interview.

**Figure 2.4 Informed consent questions in qualitative interview**

Q1	<p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____. I am working with GSS, and the Ministry of Health. During the recent interview with my colleagues, you stated that you would be willing to have someone from our team follow-up with you. We are conducting a research study about young people and their experiences growing into adulthood in Ghana. If you still agree to participate, I will ask you questions about your experiences up to this point of your life.</p> <p>The questions usually take about 45–60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our study team. You don't have to be in the study, but we hope you will agree to answer our questions as your views and experiences are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question. You can also stop the interview at any time.</p> <p>Do you have any questions? May I begin the interview now?</p> <p><i>[If respondent accepts, check surroundings for privacy, thank them, and proceed.</i></p> <p><i>[If respondent declines, thank them for their time.]</i></p>	<p>RESPONDENT AGREES TO BE INTERVIEWED.....1</p> <p>RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2</p>
Q2	<p>Is this a good time and place to talk?</p> <p><i>[Check for presence of others. Only infants not capable of understanding can remain. Do not continue until privacy is ensured.</i></p> <p><i>[If privacy cannot be ensured, offer to reschedule the visit or move to a more private location.]</i></p>	<p>PRIVACY OBTAINED.....1</p> <p>PRIVACY NOT POSSIBLE.....2</p>
Q3	<p><b>CONSENT TO RECORDING</b></p> <p>I would like to record our conversation to help me remember everything that you say. Do I have your permission to record us?</p> <p><i>[If yes, begin recorder.]</i></p>	<p>RESPONDENT AGREES TO RECORDING.....1</p> <p>RESPONDENT DOES NOT AGREE TO RECORDING.....2</p>
Q4	Interview start time	<p>Start time _____</p>

Given the sensitive nature of the study topics, privacy was a paramount consideration. Interviews could only proceed if privacy could be assured and only small children under the age of 2 were permitted to be present during interviewing. Informed consent questions also prompted the interviewer to affirm that privacy was secured. Interviewers were trained to pause the interview and direct conversation to “small talk” in the event of any interruptions.

While GDHS data are made publicly available for free to researchers, the qualitative transcripts from in-depth interviews in this study are not released to fully protect study respondents from any possible identification. Quantitative tabular data collected in the course of the qualitative study are available from the DHS Program’s data repository upon special request. Inquiries about the datafile (GHQS81.dta) can be made at [dhsprogram.com/data](http://dhsprogram.com/data).

## 2.5 Study Instruments

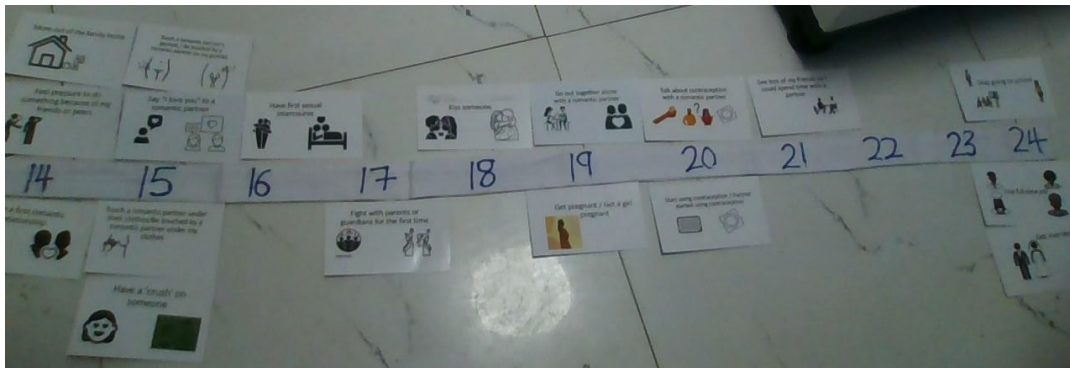
The main modality of the qualitative study is a personal, in-depth interview. This in-depth interview for the qualitative study included three components:

1. Two timeline activities
2. The qualitative interview, with a set of open-ended questions and prompts to elicit a narrative of respondents’ experiences, which was facilitated by an in-depth interview guide
3. Selected precoded questions that were captured with computer-assisted personal interviewing (CAPI).

### 2.5.1 Timeline activity

The timeline activity had two purposes. The first was to build rapport and introduce the topic of the study to the respondent. The second was to elicit information about key milestones and their timing that young people experience during the transition to adulthood. The timeline activity was implemented two times: first, to describe general norms about young people’s lives in the respondent’s community (Figure 2.5); and second, to describe the respondent’s personal life (Figure 2.6). This activity was adapted from a timeline used during the formative phase of the Global Early Adolescent Study<sup>31</sup>.

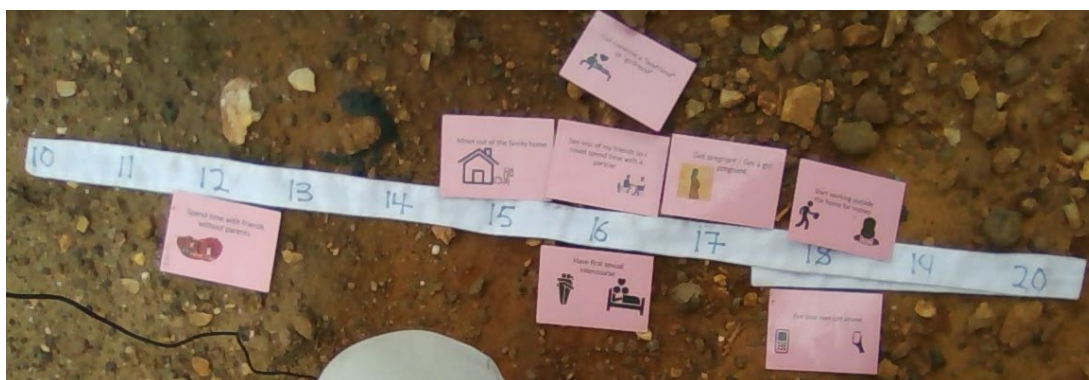
**Figure 2.5 Community timeline: Northern Region, urban, male**



Respondents were given a set of white index cards with images and short phrases that depict various life events such as “stop going to school,” “first crush,” or “first sex.” (See Appendix B for the full set of cards.) The respondents were also given a measuring tape that showed ages from 10 to 24 to serve as the timeline. Respondents were asked to select the cards that were important milestones and to place the cards on the timeline according to the age and sequence that respondents believed these events happen to “typical” young people in their community. Respondents were not required to use all the cards, and they could also create new, custom cards for milestones that were not found in the prepared cards. Female respondents developed timelines for young women, while male respondents created timelines for young men.

The respondents repeated this exercise with a different set of colored cards for their own personal timeline. Interviewers ensured that the “first sex” card was one of those placed on the timeline.

**Figure 2.6 Personal timeline: Ashanti Region, rural, female**



The timelines were photographed, remained in view during the duration of the interview, and served as a useful reference point as respondents talked about their lives.

### **2.5.2 In-depth interview guide**

The qualitative interview was guided by a flexible interview guide that contained mostly open-ended questions and optional prompts. (See Appendix C for the guide.) These questions and prompts were designed to elicit a narrative of the respondent’s first experience with sexual intercourse. Questions center on aspects of agency and coercion, but also include the context around first sex including peer group and adult influences, relationship with the first sexual partner, knowledge and use of contraception, sexual and reproductive health, and perceptions of the influences on current life.

The guide was intended to be a flexible guide for interviewers. The questions served as prompts, and did not need to be asked in the exact manner in which they were worded in the guide, or in the sequence they were ordered in the guide. It was not necessary for all questions to be asked of each respondent. The interviewer could follow the respondent’s narrative and select those prompts that were most relevant. There was, however, a CAPI checklist at the conclusion of the guide for the interviewer to review and record on the tablets if all study themes had been raised.

### **2.5.3 Quantitative questions with CAPI capture**

The interview guide also contains selected closed questions with precoded response options (see Appendix C). These data were captured through computer assisted personal interviewing (CAPI). Interviewers recorded responses to close-ended questions on tablets, which were in CPro, with the same procedures as used with the GDHS questionnaires’ data capture.

These quantitative questions include eight questions on sociodemographic background characteristics, such as current age, marital and relationship status, education and school enrollment status, as well as work and occupation. We also asked quantitative questions on eight items designed to capture willingness, coercion, and ambivalent feelings at time of first sex.<sup>32</sup> We asked three items from the DHS domestic violence module that inquired about experience with emotional, physical, and sexual intimate partner violence in the

respondents' current (or, for those not currently in a relationship, most recent) relationship.<sup>33</sup> Finally, we administered 15 items that were adapted from the Reproductive Autonomy Scale. This scale was first developed and validated in the United States and later administered in Ghana.<sup>34,35</sup>

## **2.6 Data Management**

As per the protocol, the study followed steps to secure the confidentiality of the data. Interviewers collected data on password-protected tablets and unique IDs we assigned to each interviewer and supervisor.

Interviews for the qualitative study produced three types of data files: (1) audio recordings; (2) tablet-captured data; (3) photographs of the timelines, all of which are captured on the tablet. A tailored CAPI data collection interface was developed that allowed for a mixed method approach, while also capturing multimedia recordings which documented the information provided by the respondents (photographs and audio recordings). Photographs of timelines were uploaded via the tablets in a procedure similar to that used for capturing child vaccination data during the GDHS. After each interview was completed, a field supervisor reviewed the tablet data entry. All data files were then uploaded to the remote secure server using the DHS Program's SyncCloud system, as is used for the GDHS data. The fieldwork plan included: (1) interviewers conducted their interviews; (2) supervisors checked interviews for completion; and (3) supervisors uploaded interview audio files, pictures, and CAPI-captured data to GSS' central office via SyncCloud.

The files included no identifying information beyond the GDHS identifier. No adverse events were reported.

## **2.7 Training and Field Testing**

Senior investigators from The DHS Program and GSS conducted training from October 3–17, 2022 in Winneba, Ghana, for 10 prospective qualitative interviewers and the six GSS study coordinators. The interviewer training focused on familiarizing participants with the purpose, main themes, and concepts of the study, learning study protocols, and reviewing qualitative interviewing skills. Over 2 weeks, interviewers explored the interview guide that was developed for the study and practiced applying it flexibly and using open-ended question prompts in mock interviews. The interviewers also practiced the timeline activity for a variety of respondent profiles.

Facilitators provided extensive training on the use of CAPI software and its application to qualitative data collection, the use of tablets to collect data, and the transcription of interviews. The CAPI capture and data transfer system was refined and tested throughout the training based on the feedback from workshop participants and study needs.

The trainees reviewed fieldwork procedures, aided by an interviewers' manual, that covered relocating and re-identifying prospective respondents, obtaining informed consent, securing privacy, and handling interruptions, as well as data security procedures.

Three days were dedicated to field testing in the test clusters near Winneba in which the GDHS fieldwork teams had conducted practice interviews. Qualitative interviewers followed the same procedures for reidentifying eligible respondents from the GDHS field test, conducted practice interviews complete with

timeline activities and quantitative portions, and stress-tested data capture, verification, and transfer procedures. The GSS study team and facilitators followed the field test with detailed debriefings to identify challenges and discuss solutions. A final review of study instruments resulted in several minor adjustments to quantitative questions or response wording and the CAPI programming, although no revisions to the cards or elements of the timeline activity were necessary.

## **2.8 Fieldwork**

Of the 10 trainees, six were selected as interviewers, two as supervising interviewers, one as an alternate interviewer, and one as a data validator (along with other senior study team members). From this pool, a Dagbani-speaking team and an Akan/Twi-speaking team were selected for data collection in the Northern and Ashanti regions, respectively. Each four-person team included a female supervisor/interviewer, 1 male interviewer, and two female interviewers. Two transcription validators, one for each region/language, were also selected.

Fieldwork for the study began on October 31, 2022, in both regions and concluded on December 12, 2022.

After the GDHS survey implementation was completed in each selected cluster (PSU) and the cluster was closed, the GSS produced a list of eligible respondents who consented to be recontacted for the youth qualitative study in that cluster. The GSS qualitative interviewers used data from the GDHS household listing operation and main interviews to identify and relocate the households with selected respondents for the qualitative youth study. The GSS qualitative study team at GSS sought to recontact selected respondents (100% of those age 15–24; every other respondent age 25–29) in the following week after the cluster was closed. Interviewers made up to three attempts to contact the respondent and obtain the privacy conditions necessary to conduct the interview before abandoning the interview.

Qualitative interview teams entered a selected cluster quickly after the GDHS completed the cluster. This priority minimized loss to follow-up (a challenge in other studies of this design) and maintained a fast pace of fieldwork.

## **2.9 Saturation Focus Group Discussion with Interviewers**

In qualitative research, the extent of data collection and sample sizes are often determined by the concept of saturation.<sup>36</sup> Saturation is the point at which additional interviews yield no new information about the study themes, rather the interviews only repeat information or data already collected.<sup>36</sup> Developing target sample sizes at the outset of the study were useful for coordinating fieldwork logistics. The target sample sizes of 100–150 respondents (30 to 50 young men and 70 to 100 young women, evenly distributed between the two regions) were our estimates for sufficient numbers to achieve saturation, both for the sample overall as well as major population subgroups (gender, region, residence, age, and marital status).

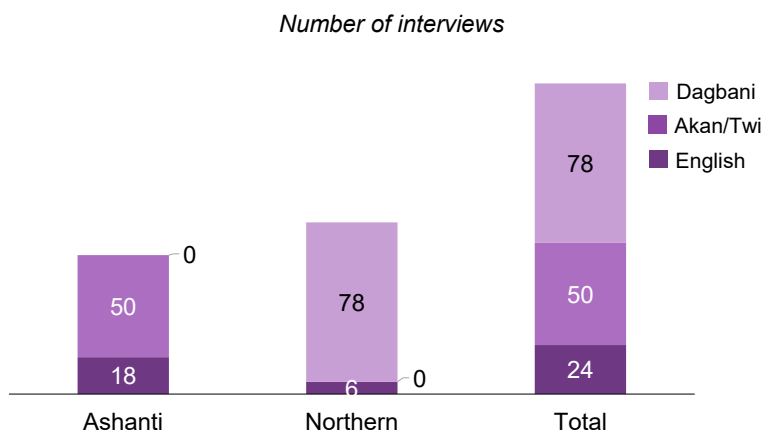
During fieldwork, interviewers generally encountered more eligible respondents per cluster than anticipated, while refusals and inability to recontact were generally low, although somewhat higher in Ashanti than in the Northern Region. This hastened the pace of fieldwork and meant that we achieved our target sample more quickly than anticipated. By late November, we had reached the minimum end of the range for the target sample size. An analysis of interviews by subgroup showed that we were on target without skews in the distribution by region, rural/urban residence, gender, or age.

At this point, the senior study staff facilitated focus group discussions with both region’s fieldwork teams to assess if we were approaching saturation. (See Appendix D for the Focus Group Discussion Guide.) Interviewers and supervisors indicated that although their most recent interviews were eliciting more nuances about young people’s first sexual experiences, no new themes were emerging from the latest interviews. We determined that the point of saturation had been reached. Fieldwork teams completed interviews of the remaining respondents in the open clusters already assigned them. Data collection ended on December 12, 2022.

## 2.10 Translation and Transcription

All study materials were translated from English into Akan/Twi and Dagbani, the principal languages spoken in the two study regions. During interviewing and training, the study team also reviewed and refined the translation of the interview guide into two local languages—Twi/Akan and Dagbani—to ensure that the wording captured the key concepts effectively. In total, the fieldwork team conducted 78 interviews in Dagbani, 50 in Akan/Twi, and 24 in English (Figure 2.7).

**Figure 2.7** Distribution of interviews by the language in which they were conducted, by Ashanti and Northern regions, and by total



After interviewers completed all interviews in a cluster, and the supervisor uploaded data to GSS’ central office, the cluster was closed. After completing interviews, interviewers were in the best position to handle transcription and translation responsibilities for their own interviews. This was a more efficient way to produce English-language transcripts than having separate teams of transcribers or translators. More important, this provided interviewers with immediate, ongoing feedback about the quality and content of their interviews that they could use to improve their interviewing techniques and discussion prompts. After a cluster was closed, but while still in the field, interviewers then transcribed and simultaneously translated audio files into an English transcript. Transcription validators at GSS’ central office validated the transcripts on a rolling basis as interviewers continued data collection with the new interviews in the next cluster.

In practice, interviewers were effective transcribers and translators. However, they were not always able to complete transcription of the prior clusters’ interviews before data collection in the next cluster was scheduled. The GSS prioritized qualitative interview teams entering a selected cluster quickly after the GDHS completed the cluster. This priority minimized loss to follow-up (a challenge in other studies of this design) and maintained a fast pace of fieldwork. However, it also resulted in a backlog of audio files waiting



to be transcribed. The GSS fieldwork teams took a break from interviewing between November 13–19, 2022, to catch up on transcription and translation, and a break again at the conclusion of data collection. This kept the validators engaged.

## **2.11 Coding and Analysis**

### **2.11.1 Coding**

Validated transcripts and other data were imported into Atlas.ti 23, which was used for data management, coding, and analysis. Coding was undertaken as an iterative process.

Senior investigators developed an initial code book of thematic codes for coding transcripts in Atlas.ti. Three coders, all senior members of the study team, piloted the initial codebook on eight transcripts each. The senior investigators then reviewed the coding schema for concordance across coders and proposed several additional codes.

The GSS coders held a coding training workshop in March 2023 at which they reviewed the initial code book, thematic codes and their definitions, principles of thematic coding techniques, and processes for managing the data in Atlas.ti. During the session, participants practiced coding several transcripts and compared their results to improve intercoder reliability. After each coder coded 15 transcripts, the study team revised the code book with sub-theme codes and recoded the first tranche of transcripts. Three GSS and three DHS Program coders then proceeded to code the remaining transcripts per the updated codebook. Thirty transcripts were coded in their entirety, twice by separate coders. Random spot checks were conducted on approximately three transcripts per coder for quality assurance.

In addition to major thematic and sub-theme codes, we labeled each transcript with a set of attribute codes. These attribute codes included respondent characteristics such as region, gender, and residence, as well as characteristics of their first sexual experience, such as if it occurred before or within marriage, if it was with a spouse, nonmarital partner, or a nonpartner, and if (if partnered) their current partner is the same person as their first sex partner.

### 2.11.2 Analytical strategy

The analytical strategy relied on a collaborative approach to exploring the research questions. The study team first identified the key codes and themes that would be used in the coding of the transcripts. We identified initial analytical themes based on the study research questions, with additional themes collaboratively identified based on the initial review of transcripts:

- General context around the time of first sex
- Relationships and activities with peers and important adults
- Partner attributes and context
- Coercion
- Agency, autonomy, and control
- Decision-making and initiation of sex
- Sexual and reproductive health knowledge, access to resources, pregnancy ideation, and contraceptive use
- Current life context

#### Highly coercive sex

- Physical force or attack
- Severe pressure to have sex, or
- The respondent reported they could not refuse sex

#### Moderately coercive sex

- Evidence of manipulation
- Moderate pressure to have sex, or
- The respondent could refuse sex only with consequences

#### No or low coercion

- Respondent reported wanting to have sex
- Some ambiguous feelings toward having sex
- Experienced very mild pressure, or
- They could refuse sex without consequences

Since coercion may take many forms and is of central interest to this study, we subsequently sought to develop criteria that would allow for a nuanced assessment of the level of coercion experienced during the participant's first sexual experience. To do this, we defined gradations of coercion: wanting to have sex, ambivalence, modest pressure, manipulation, severe pressure, and forced sex.

Codes were applied to narratives of first sex for anticipation, ambivalent feelings, autonomy, consent, decision-making around sex, hesitation, initiation of sex, regret, pain, and pleasure, as well as negative and positive feelings about first sex. We used these codes to inform these gradations. We also coded ability to refuse sex.

We then aggregated respondents into three levels, or categories, of coercion:

- **High coercion:** Participant reported being forced to have sex or so much pressure that she/he did not feel they could refuse to have sex without significant consequences.
- **Medium coercion:** Participant reported feeling manipulated or pressured into having sex, although did feel they could refuse without a major consequence.
- **Low coercion:** Participant reported being willing to have sex, wanted or initiated it themselves or reported feeling minor misgivings about having sex, but could refuse without consequence.

We attributed each transcript to at least one of these levels of coercion, depending on the coercive elements mentioned in respondents' narrative of first sexual experiences. This categorization, applied as an attribute code, served as a key factor in the organization of our analysis.

For each major theme, analysts read transcripts in their entirety and produced and reviewed output reports for relevant codes and code combinations, first for the full sample, and secondly stratified by:

- Gender
- Region
- Urban/rural residence
- If first sex occurred before or within marriage
- Type of first sex partner
- Level of coercion

The study team sought consensus on major themes and main conclusions across analysts. Analysts examined contours of these major themes for the full sample as a whole, and then investigated patterns and variations of these themes when disaggregating by population subgroup, while again seeking inter-analyst reliability and consensus.

## **2.12 Profile of the Analytical Sample**

There were somewhat more respondents in the Northern Region (85) compared with Ashanti Region (69) in this study, with young women being two to three times the number of young men in both regions (Table 2.2). Respondents were almost evenly divided between urban and rural residents in both regions.

**Table 2.2 Profile of analytical sample**

	Ashanti	Northern	Total
<b>Total</b>	69	85	154
<b>Sex</b>			
Women	48	66	114
Men	21	19	40
<b>Residence</b>			
Urban	34	42	76
Rural	35	43	78
<b>Marital status</b>			
Never married	41	21	62
Single	14	1	15
Partnered	27	20	47
Currently married	28	62	90
Divorced/separated	0	2	2
<b>School status</b>			
Out of school	64	73	137
In school	5	12	17
<b>Educational attainment</b>			
None	1	21	22
Primary/Middle/JSS/JHS	39	39	78
Secondary/SSS/SHS	25	21	46
Higher than secondary	4	4	8
<b>Worked in last 12 months</b>			
No	21	34	55
Yes	48	51	99
<b>Age</b>			
15–17	5	2	7
18–19	10	15	25
20–22	18	29	47
23–24	13	15	28
25–27	13	17	30
28–29	10	7	17

JSS = junior secondary school, JHS = junior high school, SSS = senior secondary school, SHS = senior high school

The number of Northern respondents who are currently married (or living with someone as if married) is about double that in the Ashanti Region, while the number who have never married in the Ashanti Region is about double the figure in the Northern Region. In Ashanti, about one-third of never married respondents (14) are single, while nearly two-thirds are in a relationship. In contrast, in the Northern Region, all but one of the never-married respondents is in a relationship.

The level of education is higher in our Ashanti sample than in the Northern sample, although the large majority is currently not in school in both regions. The age of our sample approximates a normal distribution with a mean and median age between 22 and 23 years.

### **3 RELATIONSHIP CONTEXT OF FIRST SEX**

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The type of relationships that young men and women have is a critical factor in whether and when they decide to become sexually active, the experience of the first sex, and the meaning it has for their lives. Among the group of young men and women included in this study, the majority of first sexual experiences took place within the context of established intimate relationships, although roughly one in five first had sex with someone they were not in a relationship with at the time. Of those in a relationship, most described being in established relationships but not formally married, although this varied depending on the sex of the respondent and their region of residence. All respondents, both male and female, from the Ashanti Region reported having first sex before marriage. Men in the Northern Region also all reported first sex before marriage, although in contrast, over half of Northern women were married at the time they first had sex. Therefore, all respondents who were married at the time of their first sexual experience were women from the Northern Region.

Patterns of coercion at first sex and relationship type emerged as well. The definition of coercion will be described in more detail in the next chapter. However, in this chapter, we examine coercion by grouping those who experience low or no coercion, medium levels of coercion, or high levels of coercion at first sex. Among the youth who experienced low coercion at first sex, the majority were in nonmarried intimate relationships at that time, with similar numbers in married relationships and with nonpartners. A similar pattern was seen among the youth who experienced medium coercion at first sex, with the majority in established intimate relationships and the remainder split between married relationships and nonpartners. Youth who experienced high coercion at first sex had different patterns of relationships. In this group, youth were relatively evenly split among the three different relationship types—established nonmarital relationship, marital relationship, and nonpartner.

This chapter explores the characteristics of these different relationship types, including the levels and quality of communication within the relationship, and communication about sex around the time of first sex, both within the relationship and with peers.

#### **3.1 Relationship and Communication**

Respondents were asked about how they communicated with their first sexual partners and the focus of their communication. Themes derived from the data showed that respondents had a range of levels of communication with partners. For some, there were deep conversations about the future, especially about marriage and children. These communications sometimes included discussions about religion. Other respondents described how their communication with their partners was casual and never reached a deeper level.

Conversations about marriage and children in a relationship play a vital role. Partners may regard conversations about marriage and children as a positive sign in a relationship. This may lead to a partner committing to a relationship. In some cases, this could play a role in how a partner commits or contributes to a relationship. With communication about the future with marriage and children, both male and female respondents indicated that they frequently talked about the future with their first sexual partners, especially about marriage and children. It was observed that women spoke about marriage and children as hopes and

dreams for their future, while men indicated that the conversations about the future were more operational. A male respondent stated that:

*I: So each day you sat together, what did you discuss with her most of time?*

*R: We were expressing the love that we have for each other, talking about our future plans. Just those things.*

*I: What specific things were you saying about your love for each other and the future plans you have for each other?*

*R: How we were going to handle our family.*

(28-year-old male living in urban area of the Northern Region)

Women described the discussions of the future in more descriptive language and tended to relate it to their hopes and dreams for the future. Extracts from women respondents showed this pattern:

*I: Okay, what are the things you use to talk about?*

*R: Our talk was mostly about how we will marry, have children and our intention of growing them up to become future leaders.*

(25-year-old female living in urban area of the Northern Region)

*I: What were you two always discussing about?*

*R: We were just talking about our life.*

*I: You were just talking about your heart desires, how the day went and how you want to support each other.*

*R: Yes, our heart desires and how we will support each other.*

(28-year-old female living in urban area of the Northern Region)

*I: So what did you use to talk about?*

*R: He used to speak about us getting married.*

(19-year-old female living in rural area of the Northern Region)

*I: What did you like talking about?*

*R: We talked about how he wants to marry me and I bear children for him.*

(26-year-old female living in urban area of the Northern Region)

There were variations in the patterns when comparing responses from respondents in the Ashanti and Northern regions. Respondents in the Northern Region talked more about the future with their first sexual partners, especially marriage and children, as compared to those from the Ashanti Region. This pattern was the same in both the urban and rural areas of these regions. A female respondent from a rural area of the Northern Region described this:

*I: Do you and [partner's name] talk about things like things that happened during the day, or your worries, or challenges, or talk about the number of children you want to give birth to.*

*R: About our children, we talk.*

(25-year-old female living in urban area of the Northern Region)

This was corroborated by another respondent from an urban area in the Northern Region

*I: Okay, so what did you usually talk about?*

*R: We used to talk about our relationship and how we want to be together.*

*I: What do you talk about?*

*R: We talk about our children.*

(28-year-old female living in urban area of the Northern Region)

Conversely, respondents from rural and urban areas in the Ashanti Region indicated that there were limited conversations about the future or in-depth conversations about feelings or emotions. This can be seen in a quote from a respondent from the rural area in the Ashanti Region:

*I: What did you talk about? Did you talk about what happened in the day?*

*R: Please no.*

*I: Did you talk about the future?*

*R: [shakes head]*

*I: Please talk.*

*R: Please no.*

*I: Did you talk about your worries or feelings?*

*R: Please no.*

(15-year-old female living in rural area of the Ashanti Region)

A similar response was seen from this respondent from the urban area in the Ashanti Region:

*I: Did you talk about the things that happened during the day?*

*R: Shakes her head disagreement.*

*I: Okay what about your plans for the future did you talk about it?*

*R: Silence.*

*I: What about your worries and feelings?*

*R: Shakes head in disagreement.*

(28-year-old female living in urban area of the Ashanti Region)

All respondents who had their first sex with a spouse were females. Those females who had their first sex with a spouse described frequent communication about the future especially about marriage and children. One female respondent said:

*I: Oh, okay. So, what did you usually talk about?*

*R: Like we used to talk about the future.*

*I: Okay.*

*R: Those were the things we use to talk about.*

*I: Okay.*

*R: And what to do to make our life better.*

(25-year-old female living in urban area of the Northern Region)

Many respondents who had their first sex with nonpartners or before marriage did not discuss issues concerning their future especially marriage and children. This may be because marriage and children are complex issues that may inform one's commitment in a relationship. Conversation among nonpartners and those who had their first sex before marriage focused on topics not related to the future of their relationship. Those who had their first sex before marriage, with partners or nonpartners, often did not engage in serious conversations, perhaps for fear of commitment in the relationship. A female who had sex before marriage described the level of communication with her partner:

*I: Okay. What were some of the things you liked to do together?*

*R: When we meet - like eating.*

*I: Apart from eating is there any other thing you liked to do together?*

*R: Like walking together.*

*I: Okay. How did you spend time together? How much time did you spend together?*

*R: I was in school by then so I didn't have enough time for him.*

*I: You were in a day school.*

*R: Yes, I was in a day school.*

*I: How many weeks or days that were you visiting him?*

*R: There are times where I may not have visited him a whole week. We only talk.*

*I: Were you talking on phone or you meet somewhere.*

*R: Sometimes just as I said he used to come to his friend when he does we talk and we part ways afterwards.*

*I: What were you talking about it?*

*R: What we spoke about is nothing serious. He would ask how are you, is your sister home?*

(28-year-old female living in urban area of the Ashanti Region)

Those in this group that experienced low coercion at first sex more commonly described deeper kinds of communication about the future. This male who had low coercion at first sex with a not married partner describes one example:



*I: So, each day you sat together, what did you discuss with her most of time?*

*R: We were expressing the love that we have for each other, talking about our future plans. Just those things.*

*I: What specific things were you saying about your love for each other and the future plans you have for each other?*

*R: How we were going to handle our family, how to.....just those sweet topics.*

*I: Did you share your worries or?*

*R: Yeah, we didn't hide, we didn't hide most things; we didn't hide anything.*

*I: Your worries were what, at that time what worries were you sharing with each other?*

(28-year-old male living in urban area of the Northern Region)

Similarly, this female who experienced low coercion at first sex with a nonpartner also says she talked about the future, feelings, and worries with her sexual partner:

*I: What did you like doing together?*

*R. What we liked doing together was chatting.*

*I. How did you spend your time?*

*R. What we did with our time?*

*I. What did you do with your time together?*

*R. We chat and go home and I later have sex that is how we spent our time together.*

*I. What did you talk about, did you talk about your day?*

*R. No.*

*I. Or your future.*

*R. Yes*

*I. Did you talk about your feelings and worries?*

*R. Yes.*

(27-year-old female living in urban area of the Ashanti Region)

Religion is a sensitive issue and can contribute to bringing partners closer together or splitting them up. Some may use religion to either intimidate or facilitate a relationship. Respondents spoke about the role religion played in the relationship where they first experienced sex and their belief about how God could help them keep their partners. This pattern was observed with both males and females. This pattern was also observed more among those who were married at first sex and in those living in the Northern Region. A male respondent who was married at first sex said:

*I: Were you talking about the plans you had for each other?*

*R: Yes. We prayed to God to be together until we get married.*

(23-year-old male living in rural area of the Northern Region)

A female respondent who was married at first sex said that:

*I: Okay, what are the things you use to talk about? What are the things you use to talk about?*

*R: Our talk was mostly about how we will marry, have children and our intention of growing them up to become future leaders. We also use to pray, like about our work so that it will be beneficial to us. That was what we use to talk about.*

(25-year-old female living in urban area of the Northern Region)

Intimate relationships often include discussions of emotions like worries or fears. These types of conversations may be one sign of how serious the partners view the relationship. However, gender norms are also at play. Males may be less likely than females to express their emotions to avoid appearing vulnerable or out of fear of not being respected by their partner. These gender roles may have contributed to most male respondents indicating that they shared fears or worries with their first sexual partner. A male respondent suggested:

*I: Were you speaking to her about your worries or fears?*

*R: My fears?*

*I: Yes. Things that worried you. Did you talk to her about those?*

*R: Not at all. When you discuss such things with your girl, she will not value you. So I didn't speak to her about those.*

(21-year-old male living in rural area of the Northern Region)

Another male respondent said that his partner was young and immature and so he does not have deep conversations with her, saying:

*I: Do you discuss things among yourselves?*

*R: She's young and immature so I don't normally talk about those things to her.*

(28-year-old male living in urban area of the Ashanti Region)

On the other hand, many female respondents described limited conversations about emotions, confirming that some males do not talk engage in deep conversation with their female partners. A female said that:

*I: Do you tell your husband the things that went on during your day, your hopes and future, aspirations, your challenges or the children you will like to give birth to?*

*R: No.*

*I: So, what do you usually talk about? Yes Madam [name], we have sat for long. And so when I ask you questions please respond to me. Is it every time you speak or sometimes?*

*R: We don't talk.*

*I: Is he at home?*

*R: He has gone to work.*

*I: So, when he comes home he doesn't tell you what happened at his work side? Or you don't also tell him what happened at home?*

*R: No.*

*I: So, what do you usually talk about?*

*R: We don't talk about anything.*

*I: How about confiding in you for advice, does he do?*

*R: No.*

*I: He doesn't involve in his decisions.*

(19-year-old female living in rural area of the Northern Region)

### **3.2 Relationship and Communication about Sex Around the Time of First Sex**

Similar to communication about emotions, communication about sex can be difficult, particularly when one or both partners are sexually inexperienced. This is true for those in committed, long term relationships, but is especially true for those with less power in a relationship or those who are more inexperienced. This research showed that those with partners frequently talked about sex and the implications sex would have on their relationship before they had their first sex as a couple. Both men and women responded that they talked about sex, but it was observed that communication about sex was typically initiated by men. This suggested that men were confident to talk about sex. One male respondent initiated the conversation about sex to demand proof of his partner's virginity:

*I: Sorry, eh, sorry about that. So, before you had sex with her, did you talk about sex at that time, when you were 20 years?*

*R: Yes.*

*I: What were some of the things you were saying before you had sex?*

*R: We were arguing particularly when I was doubting her being a virgin and this and that. So, I think we were like to proof each other that she is like this and I am like that.*

*I: After your first sex, did you talk about sex, after your sexual intercourse, did you talk about sex?*

*R: Definitely, yeah.*

(28-year-old male living in urban area of the Northern Region)

Women also stated that they talked about sex with their first sexual partner, although their responses indicate that they did not initiate communication about sex. This pattern of men initiating the conversations about sex may also be driven by gender norms. This female respondent highlights how women are not supposed to talk about sex with men.

*I: Did you talk about sex?*

*R: The man can talk about it, but lady will not if she wise. But if it is someone who is not wise, they will have sex when they are still in a relationship.*

*I: So did he talk to you about sex.*

*R: Yes.*

*I: After the first time you had sex with him, did he talk about it again?*

*R: Yes, after the first time, you know he is now my husband.*

(20-year-old female living in rural area of the Northern Region)

These patterns of communication about first sex were similar in the Ashanti and Northern regions. Respondents with partners from both regions stated that they talked about sex with their partners and, in some cases, what sex would mean for their relationship. In some instances, the discussions about sex were negotiations about the circumstances under which sex would occur, as seen with this respondent who implies that she and her partner talked about sex in the context of a promise of marriage:

*I: Is nothing, but before the sexual intercourse, did you talk about sex?*

*R: Yes.*

*I: You talked about sex?*

*R: Yes.*

*I: What and what did you talk about?*

*R: He told me he will marry me.*

(24-year-old female living in rural area of the Ashanti Region)

Similarly, this respondent talks about discussing sex with her partner and how they should wait to get married before having sex.

*R: We used to talk about football and just romantic things. I love you. [Laughs].*

*I: Did you talk about sex?*

*R: Yes.*

*I: Before you had it?*

*R: Yes, he told me but I told him that if he knows he loves me he should be patient with me and he marries me then we can do that because I didn't want to do that and besides I didn't know whether he will marry me or not and so I don't need to do that.*

(18-year-old female living in urban area of the Northern Region)

For some partners, communication about sex did not happen before their first sexual encounter, but that changed after having sex. This was seen across men and women, and in both Northern and Ashanti regions. A male respondent stated that:

*I: Were you talking about sex with her?*

*R: No.*

*I: Before the sex?*

*R: No.*

*I: But what about after the sex?*

*R: After it, after it, yeah, the first time, umm, that is what I say sometimes like I feel shy to even as of now I don't have that....*

(25-year-old male living in urban area of the Ashanti Region)

The female respondents had similar responses about communication after sex rather than before. Some females said that:

*I: Okay. So, after you had sex, you told me earlier that before you had sex you never talked about sex.*

*R: Yes.*

*I: What about after the sex? Did you talk about sex?*

*R: Yes, we did.*

(25-year-old female living in urban area of the Northern Region)

*I: And after the sexual intercourse too?*

*R: Yes, we had a chat about it.*

(19-year-old female living in urban area of the Ashanti Region)

Among respondents whose first sex was with nonpartners or not-married partners, there was often no communication about sex, either before or after sex. This respondent who had sex with a nonpartner described her communication with her partner below:

*I: So did you talk to him about sex? Or did he talk to you about sex?*

*R: No.*

*I: Did you talk about sex after you had it.*

*R: I didn't want to talk about it so he also left it.*

(18-year-old female living in urban area of the Northern Region)

These patterns of communication about sex were also seen across coercion categories. Some respondents who experienced low coercion talked about sex with their partners, while others did not. Similarly, some respondents who experienced high coercion talked about sex with their partners, while others did not.

### **3.3 Peers and Communication about Sex Around the Time of First Sex**

Communication about sex around the time of first sex does not only occur between sexual partners. Communication between peers play a key role in shaping day-to-day activities and is especially present and

important for adolescents. Experiences shared about happenings in an adolescent's life leading to their very first sexual experiences could not have been complete without looking at their communication with peers about sex.

Overall, respondents talked with their friends about sex, in detail about their own experiences, or about sex more generally. This was observed with more men than with women. More women preferred to talk with their peers generally about sex without necessarily sharing their personal experiences as compared to males. Males talked about sex in general and shared their personal experiences. This pattern is shown in the quote below from a male respondent from the Ashanti region:

*R: Yes, sex anytime like, you know boys we talk a lot, yes.*

*I: Okay, so, umm, at that time do you think that your friends were having sex?*

*R: Yes, yes.*

*I: Did they tell you or you saw it?*

*R: They told me and I saw some.*

(23-year-old male living in urban area of the Ashanti Region)

Another male also shared his experience this way:

*I: Okay, around the 17 years you first had sex, did you talk with your friends about sex?*

*R: We use to talk a lot about, you see, we were young so we use to talk about it.*

*I: At that time, what did you think your friends were doing? Were they also having sex or they told you they were having sex?*

*R: They have sex, they were having sex.*

*I: How much of your first sexual experience did you share with your friends?*

*R: [Laughs] the experience I had from it?*

*I: Yes or what happened how much of it did you tell your friends?*

*R: I use to tell them.*

*I: The first one that happened, first time?*

*R: You see that I had not done that before so when I did it I told them.*

(20-year-old male living in rural area of the Ashanti Region)

The few women who shared their experiences were mostly from the Ashanti Region and often did so with usually only one friend. This is shown in the quote below from a female respondent from the Ashanti Region:

*I: When you had your first did you talk to your friends about sex or they telling you they were having sex?*

*R: One of my friends.*

*I: Did she tell you she was having sex or you talked about it?*

*R: We talked about it.*

*I: So how much of your sex experience did you tell your friends?*

*R: Oh, I told one.*

*I: The one you been talking to?*

*R: Yes.*

*I: Okay, do you think your first sex experience was the same as your friends?*

*R: Mmm, it was the same.*

(26-year-old female living in urban area of the Ashanti Region)

Interestingly, some women also communicated about sex in general with friends, listened to their experiences, and yet would not share their own sexual experiences or, at best, shared with only one other person. This person should be someone secretive, trustworthy and older, who could give guidance in the event the sexual activity lead to a problem. The quotes below depict this pattern:

*I: Okay. So, at the time of first sexual intercourse were you and your friends talking about sex.*

*R: Yes, we have chats about sex.*

*I: What and what did you talk about sex?*

*R: If I go to my boyfriend and we have sexual intercourse, I come to my friend that I confide in, and then tell her all that happened and what I saw between my boyfriend and I, and she will tell me that when I have sexual intercourse with the man for the first time this is what happened. And she told me that it was nothing that if you sleep with a man that is what happens, so it was just nothing.*

*I: Okay. So, why did you single out just one person amongst your friends and you confided in?*

*R: Among all my friends. She's the one I trusted those.*

*I: Why so?*

*R: Because she is so secretive. If you tell her something about yourself, the other friends will not hear it. She will not tell it to anyone. That was why I told her my secrets.*

*I: So apart from your friend being so secretive about the things you told her, what else made you confided in her?*

*R: The reason why I singled her out was, because she was older than me and if I had any issue, she brings up solutions that do it like this, do it like that. So that was why I went to her.*

(20-year-old female living in rural area of the Ashanti Region)

Another female said:

*I: What were your thoughts about your friends the time you first had sex? Did you think they have also started having sex?*

*R: Yes.*

*I: After your first sex did you share your experience with them?*

*R: No.*

*I: You didn't tell them?*

*R: No I didn't tell them.*

*I: How similar or different was your first sexual experience from your friends.*

*R: It was similar to some and not similar to some, because around that time some of them already had their first sex but me I was still a virgin.*

*I: Okay.*

(20-year-old female living in rural area of the Northern Region)

Female respondents from the Ashanti Region more frequently shared their sexual experiences with peers when compared to their counterparts from the Northern Region. The few female respondents from the Northern Region who talked about sex with their peers limited their conversation to general discussions about sex rather than sharing personal experiences.

*I: Okay, around the first time you had sex, did you talk about sex with your friends, like either in general or your experiences?*

*R: In general.*

*I: Hmm, you spoke about sex with them.*

*R: In general, but not myself, I did this, I did that.*

*I: So, what do you think your close friends were doing? Were they also having sex or saying they had sex?*

*R: I am sure they were because their responses showed me that they were.*

*I: So how much of your sexual experience did you share with your friends?*

*R: I do not really share my sexual experience with my friends because they are also mature and they understand.*

*I: Okay, so do you think your experience with sex was similar to or different from theirs?*

*R: I am sure it's the same.*

*I: In what ways?*

*R: Because through their saying and all that, through their saying I would have been able to detect if they were having a different this thing about it but their responses told me that they are! We are in the same boat. The same experiences as I did.*

(22-year-old female living in urban area of the Northern Region)



Even when sex was a common topic for peers, some respondents did not share their own experiences or would only share if there were problems. Below is a quote from a male respondent from the Northern Region which gives a vivid, very insightful description of this pattern:

*I: Can you tell me the kind of conversation you use to have with them. Did you sometimes speak about sex or did you sometimes speak about girls?*

*R: Yes, we used to talk about girls all the time.*

*I: What kind of conversation did you use to have about girls?*

*R: You know; the way sex is some may have a problem about it.*

*I: What kind of problem?*

*R: He not being able to satisfy a woman in bed.*

*I: And he just says this in front of you?*

*R: Yes, he knows we won't say this anywhere else. When he says that, if you have any solution you can give it out.*

*I: What kinds of solutions were you able to give to them?*

*R: As you know, we are Dagombas, when he voice it out someone among us might know a person who have the medicine to such conditions.*

*I: Did you know each other girlfriends?*

*R: Yes, we knew each other girlfriends.*

*I: That means your friends knew your girlfriend and you also knew their girlfriends?*

*R: Yes.*

*I: That means if your friends had sex with their girlfriends they will come and tell you and vice versa?*

*R: If only he has a problem during the intercourse that he will say it but if he doesn't have a problem he won't say it.*

*I: Was there any problem again besides not being able to last in bed?*

*R: Another problem was that sometimes the guy may want to have sex and the girl may be denying him.*

*I: What will they do when it happened that way?*

*R: There is a saying that two better heads are better than one. When it happens that way and he says it, one of us might call the girl and talk to her and the next time the guy wants it the girl will give it to him.*

*I: When you had sex for the first time, did you tell your friends?*

*R: I didn't tell them.*

*I: Why didn't you tell them?*

*R: Like I said before we only say it if there is a problem.*

*I: That means you didn't have a problem?*

*R: Yes.*

*I: Did they ever know you did such a thing?*

*R: Yes, they knew.*

*I: How did they get to know?*

*R: There were only two people among us by then who had a room. When one of us had a match (sex with a partner) he will ask those having the rooms among us for the keys to take the girl there.*

*I: Is that how you call it—match?*

*R: Yes.*

*I: So, this was how you got to know who had sex among you?*

*R: Yes.*

(23-year-old male living in urban area of the Northern Region)

A small number of respondents did not talk about sex with their peers and saw sex as something not to be openly discussed. Although talking about sex seemed very prevalent among adolescents, there were still few who believed such topics were purely a reserve for adults. Below is a quote that shows this pattern:

*R: No, I did not.*

*I: Okay, so why did you not tell them about it?*

*R: At that time, I did not trust my friends like that and also my other friend did not come to school that day. So, because of that, I was unable to say what happened to me?*

*I: So, did you and your friends talk about sex in general, and all your personal sexual experiences.*

*R: No.*

*I: Okay, so why did you not talk about sex in general?*

*R: We did not talk about sex among ourselves because, sex talk is discussed among adults and not young people like us. Young people as we are, what we should be concerned and discussing about is our books and how to learn. And not about sexual intercourse. So, that is the conversation people my age should be having.*

(15-year-old female living in urban area of the Ashanti Region)

## Key Findings

- **Communication about everyday things:** Most individuals in established relationships shared their feelings and hopes for the future with each other, although men were more likely to focus on operational details such as employment or educational plans. In the Northern Region, where sex is more closely linked to marriage, these conversations more often included plans for their future families.
- **Communication about sex:** Many respondents reported minimal communication about sex prior to their first sexual experience, with much of the communication limited to that specific point in time. Those in established relationships were more likely to have talked about sex at an earlier time, compared to those not in a relationship with the person with whom they first had sex. Discussions about sex were typically initiated by men, although much of the communication about this was nonverbal.
- **Sex as a starting point for more open communication about sex and contraception:** While communication about sex was limited prior to sexual initiation, many respondents reported higher levels of communication about sex in their relationship after they had first had sex.
- **Peer communication about sex:** Both men and women generally talked with their peers about sex before they first had sex, although the types of conversations were very different for women and men. Women reported much more general conversations with their peers, while men were more likely to talk about their own personal experiences.



## 4 MOTIVATION FOR FIRST SEX

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Individuals have sex for the first time for many different reasons. In the previous chapter we described general patterns of communication as well as communication about sex around the time of first sex that compared the different relationship types and contexts. This chapter continues the analysis and focuses on the motivations and concerns around the first sexual experience.

### 4.1 Motivations for First Sex

Motivations for first sex varied from being curious to wanting to express the depth of love for a partner. The categories of these motivations observed in the qualitative data are described in this section. For many respondents, sex was seen as a demonstration of love, and of the commitment or seriousness of the relationship. However, there were a range of ways in which this was experienced in relationships. For individuals who had their first sex within a romantic relationship but before marriage, having sex for the first time was seen as a way of establishing a relationship. One male from the Northern Region said:

*I: I want to know some of the things that influence you to have interest in having sex in the first place.*

*R: We both wanted to have a relationship together, at that time and in the future.*

(26-year-old male living in rural area of the Northern Region)

Sex as a way to create a bond and establish a relationship was also observed among women, as reported by a woman from the Northern Region:

*I: So, thinking back up to when you first had sex, why did you have sex with him at that time?*

*R: Why did I?*

*I: Why did you have sex with him?*

*R: Like I said already, I thought that will bond us together and I felt I was grown and was in a relationship so it was bound to happen and I followed up with that.*

(22-year-old female living in urban area of the Northern Region)

Beyond establishing a relationship, other respondents described having sex as a sincere demonstration of love and commitment between two people, especially among those who were in a relationship but not married at the time of first sex. This type of motivation was often observed among those who had low coercion at first sex, and those whose first sex was with a nonmarried partner or with a spouse.

*I: So, what motivated you to have your first sexual intercourse with [partner's name] and not any other person, but with him?*

*R: I will say that the time I met [partner's name], I was not in a relationship with anyone and I have nobody too at that time. So, when I entered into the relationship with him, I had so much affection and love for him. So, I also wanted to do something for him, for*

*him to know that I also love him. That's why I did whatever I did with him by having sexual intercourse with him.*

(29-year-old female living in urban area of the Ashanti Region)

For some, sex, love, and intentions for marriage are all interconnected motivations for first sex, as with this man:

*I: So, what really motivated you and you had sex with her? You could have chosen a different girl, but you chose [partner's name].*

*R: At that time, she was the one I loved and had intentions for. And she also wanted to get married to me.*

(20-year-old male living in rural area of the Northern Region)

When some respondents described their first sex as a demonstration of love, there was a coercive component. These cases were categorized as highly coercive, where sex was commonly described as a means to “prove” love to a person, or as a test of love, and also with the implication if there would be some consequence if sex did not happen—either the end of the relationship or some other kind of consequence. In some cases, this test was initiated by the partner as with this woman:

*I: What motivated you to have sex with [partner's name]?*

*R: He just told me that the only way to prove my love for him is for me to sleep with him.*

*I: So that was why you slept with him?*

*R: Yes.*

(22-year-old female living in urban area of the Northern Region)

In other cases, there was an internal pressure to prove love to the partner so that they would not leave, as described by this woman:

*I: Okay, so were you feeling that, if you don't agree to have sex with him, he might leave you. Before you had sex, were you having that thought? Like if you don't allow him to have sex with you, he will leave the relationship?*

*R: Yes, especially because [unintelligible] it came that maybe I also have feelings for him, nuh, so maybe I was also thinking that maybe if I don't give him that chance or if that thing doesn't happen, he may also leave me, and I will also be hurt.*

*I: Hmm.*

*R: Because I also have his feelings.*

(28-year-old female living in urban area of the Northern Region)

For some women and one man, having sex was a demonstration, not of love or commitment, but of appreciation for some kind of financial or material support. While this may be viewed as transactional sex, it was often not clear that the giver of the support expected something in return. These gifts could lead to more internal expectations or fear that the relationship might go away if nothing was done in return. This

kind of sex as appreciation is described by this woman from an urban area of Ashanti who had her first sexual experience before marriage.

*I: What motivated you to have sex with [partner's name]?*

*R: What motivated me was that he has vision and I knew he was a good person.*

*I: What do you mean by good person?*

*R: When I ask for something he gives it to me, anything I ask he gives it to me.*

(21-year-old female living in urban area of the Ashanti Region)

Some respondents, all women, described other more clearly transactional sexual relationships, where sex was exchanged for school fees, lodging, or food. This pattern was also only seen among women from Ashanti Region who were primarily from rural areas and who had their first sex with nonspouse partners or nonrelationship partners, as with these two women. These transactional relationships, where there was an expectation of sex in return for money or gifts, was categorized as high coercion.

*I: What motivated you to have sex with [partner's name] for the first time?*

*R: That time my mother did not give me money to buy food and my father did not give me money to buy food, he was the one that gives me money.*

(22-year-old female living in rural area of the Ashanti Region)

*I: What encouraged you to have sex with him that time? What was peculiar about [partner's name] that no other gentleman had that encouraged you to have sex with him?*

*R: He gave me money to buy food.*

(22-year-old female living in rural area of the Ashanti Region)

Even within these transactional relationships, respondents often described the goodness of their benefactor, and spoke of how they trusted them and how those feelings factored into the decision to have sex. This mix of motivations is one of the main contributors to medium coercion.

*R: What motivated was that he helped me to a point and he is good. But a point he told me he could not control himself anymore, so he asked if he could date me and I said yes.*

*I: What kind of help did he give you that made have sex with him?*

*I: You said he helped you, what kind of help did he give you?*

*R: He took care of what I needed for school.*

(20-year-old female living in rural area of the Ashanti Region)

*I: So, what motivated you to have the sexual intercourse with [partner's name]? What motivated you?*

*R: What's motivated me to have the sexual intercourse with [partner's name] was that he told me that if I agree to have the sexual intercourse with him, he was going to do just anything for me.*

*I: Okay.*

*R: And especially when I was in school, if it's time that I had to pay my school fees, I had no one to pay my fees for me. So when I tell him, he paid the fees. That was why I trusted him and I gave myself to him by having the sexual intercourse with him.*

(20-year-old female living in rural area of the Ashanti Region)

Among the respondents, all the women who were married at the time of first sex were from the Northern Region. All male respondents from the Northern and Ashanti regions and female respondents from Ashanti Region had their first sexual experience before marriage. For those women who were married at the time of their first sexual experience, sex, love, marriage, and starting a family were intertwined motivations for their first sex, as described by this woman from Northern Region:

*I: At that time you had sex with him, what was your reason for having sex with him?*

*R: I will say I wanted a child.*

*I: Okay, how did you feel about having sex with him at that time? Will you say you wanted it, you did not want it, or you were confused? And why?*

*R: I wanted it because I loved him that is why I married him.*

(24-year-old female living in rural area of the Northern Region)

Many women who had their first sex within marriage described their motivation being the love they felt for their husbands. At the same time, many women automatically equated marriage with the need to have sex with their husband. This social pressure to have sex once married was clearly communicated in many interviews. This pressure was described by women from the Northern Region, in both urban and rural areas.

*I: Can you tell me about the first time you had sex with [partner's name]? How did it happen?*

*R: Because he married me that was why we had sex.*

(23-year-old female living in urban area of the Northern Region)

Although many women who were married at their first sex described this social pressure, the pressure did not always translate into a highly coercive situation. This woman describes the social pressure, while also explaining that she wanted to have sex with her husband.

*I: Now I want to ask about how it was like when you first had sex. Try your best, how it was like when you first had sex, not now. If you look at the first time you had sex with [partner's name], why did you agree to have sex with him?*

*I: What was the reason why you agreed to have sex with him? You said because he married you or is there also another reason?*

*R: No.*

*I: So, how did you see when you and [partner's name] at that time, will you say you wanted to have sex with him. You did not want to have sex with him, or you had mixed feelings?*

*R: I was not confused, I wanted to have sex with him.*



*I: Why? Why did you want to have sex with him?*

*R: Because I wanted a life with him.*

(23-year-old female living in rural area of the Northern Region)

Among women who were married at first sex and who were categorized as experiencing high coercion at first sex, a few women described feeling that they did not want to have sex at the time, but that since they were married, they no longer had a choice in deciding about sex. This lack of choice and lack of an ability to refuse is part of the definition of coercion used in this analysis.

*I: So, do you wish that you prevent it from happening?*

*R: Yes I wanted but I wouldn't have been able to.*

*I: So, why do you think you wouldn't have been able to prevent it?*

*R: Because I was legally married to him.*

*I: So it was something you wanted but not that particular time?*

*R: What?*

*I: It was something you wanted but not that particular time?*

*R: Yes.*

(26-year-old female living in urban area of the Northern Region)

*I: What motivated you to have sex with him at that time?*

*R: Because I married him because you can't marry and say you won't have sex with him.*

(20-year-old female living in urban area of the Northern Region)

This pressure was expressed even more frequently by those who were in arranged marriages and who did not want to upset or shame their families who had organized the marriage. This example is from a woman from a rural area in the Northern Region:

*I: What motivated you to have sex with him?*

*R: I didn't want to disown my parents.*

(24-year-old female living in rural area of the Northern Region)

Part of the social pressure to have sex within marriage is linked to the understanding that sex was a means to become pregnant and start a family, which was expected after marriage. This pattern was seen among women from the Northern Region:

*I: What motivated you to have sex with him? What motivated you to have sex with him?*

*R: For him to marry me or?*

*I: For you to have sex with him.*

*R: Honestly, I knew that once you are married, you need to give birth to a child and I also know you needed to have sex before you can have a child so that's why.*

(22-year-old female living in urban area of the Northern Region)

For some who had their first sex before marriage with an intimate partner, sex as a means for family formation was also important. Among men, this was often expressed as “starting a family” rather than specifically having a child, as with this man from Northern Region:

*I: How about the first time you had sex, was it important for you?*

*R: Yes, it was important for me.*

*I: Why was it important for me?*

*R: My intention was to have a family with her.*

(26-year-old male living in rural area of the Northern Region)

Among respondents who had first sex with a nonspouse, either someone they were in a relationship with or not, there were some motivations for first sex that were outside of the categories of love, commitment, or relationship/family formation. A few respondents described wanting to have sex for the first time as a means for pleasure, and to meet their sexual needs. This woman from a rural area in Ashanti Region describes her motivations of this type.

*R: I had sexual desires that craved for fulfilment—that is why I had sex with him.*

(19-year-old female living in rural area of the Ashanti Region)

Another rural Ashanti women who had first sex with a nonrelationship partner described the attraction she felt to her sexual partner as the primary motivation for sex.

*I: So, what motivated you to sleep with him? What did he have that was peculiar about him that made you like him more than the rest?*

*R: He was handsome and he is an Ashanti. He was really handsome.*

(25-year-old female living in rural area of the Ashanti Region)

Similarly, this woman from the Northern Region who had first sex with a nonspouse partner stated that she had no other motivation other than just wanting sex.

*I: Did you talk about sex?*

*R: Yes.*

*I: Before or after the first time you had sex?*

*R: Before we first had sex.*

*I: What motivated you to have sex with him?*

*R: Nothing motivated.*

*I: Like, eeerrhhh, you and him spoke about sex and it took sometime before you had sex is that not so? Or when he said it, you had sex?*

*R: No.*

*I: So, I am asking that what made you agree to him on the day you first had sex.*

*R: Nothing motivated it, I just wanted it.*

(21-year-old female living in rural area of the Northern Region)

Among those who had first sex with nonrelationship partners, a common motivation for first sex was having heard of the pleasure that sex gives and being curious and wanting to try it. This response was primarily seen among the male respondents in the Ashanti Region who had first sex with nonrelationship partners:

*R. (Giggles) I hadn't done that before and my friend told me it was nice and sweet, he was saying stuff so I should try you see boys, boys stuff.*

*I: What things did he say to you?*

*R: He said it was nice, if you do it you get some pleasure that made me want to try it and it was true I liked it.*

(28-year-old male living in urban area of the Ashanti Region)

*I: Okay, okay, so the next one is what motivated you to have sex with her? The time that she was doing that you could have stopped, you could have left the room but what, is it the one you said that you wanted to do and see how it was?*

*R: Yeah, because I have heard my cousins talking around how sweet it so I, like I also say let me try it and see.*

(25-year-old male living in urban area of the Ashanti Region)

These themes of pleasure, curiosity, and desire for sex were all motivations among those who had low coercion at first sex.

Several participants, all males, described how their first sexual experience occurred within the context of a game, which appeared to be focused on getting couples, or just two individuals, alone together with some expectation of sex. This type of motivation was only observed in Ashanti Region and among those who had first sex with nonrelationship partners.

*I: So what motivated you to have sex with her, what did you see about her that others didn't have so made you to have sex with her?*

*R: That time it was because of the playing we all, like she went to hide in the room and I also went there, then we had sex.*

(23-year-old male living in urban area of the Ashanti Region)

*I: What motivated you to have sex with [partner's name]? What did you see about her that others didn't have that led you to have sex with her?*

*R: I didn't see anything about her, starting that I said I had not done that before.*

*I: Mmm, respondents phone rings.*

*R: Even this one it was my friend drew me into it and said I should come and when it was left with only us in the room, we did it.*

(23-year-old male living in urban area of the Ashanti Region)

## 4.2 First Sex and Commitment

Sex is often one way to demonstrate commitment to a relationship or to a partner. Most respondents in this study indicated that they had their first sex with an intimate romantic partner, either in a nonmarried or a married relationship. In this section we explore the different facets of how first sex and commitment to these relationships interact. Among those who had first sex with an intimate partner before marriage, some respondents—primarily males—earnestly believed that having sex was the best way to show love and their readiness to be committed to a partner.

*I: You said you didn't really speak about sex before your first sex, how about after you had sex, did you speak about it?*

*R: Yes.*

*I: What did you talk about?*

*R: We spoke about the fact that now that we know each other, it is important we committed to each other and not allow any other thing to come between us. We said our separation should be what God wills and not listening to some people asking her to leave me. I told her we should allow any other issue to separate us unless the will of God.*

(26-year-old male living in rural area of the Northern Region)

*R: I told her that with the way our relationship had progressed, it was about time we give our life to each other.*

*I: What do you mean by give your life to each other?*

*R: That means we should do something to show that we trust each other and that we are not deceiving each other.*

(26-year-old male living in rural area of the Northern Region)

Among the female respondents who had first sex before marriage in the context of a relationship, there was this same feeling that sex was first and foremost a sign of the love. However, some females also indicated that sex was a sign of marriage with the partner in the near future. This expectation of marriage sometimes interacted with feelings of appreciation of the things the male partner had provided. This pattern was observed across both regions with females who had their first sexual experience before marriage, as well as for both urban and rural communities. However, the pattern was more apparent with females from the Northern Region compared to the Ashanti Region. The quotes below by two female respondents highlight these interacting feelings of commitment:

*I: Did you feel obligated to have sex with him?*

*R: Yeah, I thought about the things he has been giving me and how we also liked each other and me believing he will be my husband.*

(18-year-old female living in rural area of the Northern Region)

*I: Overall, will you say that the first time you had sex was a positive experience or negative one in your life?*

*R: It was a positive experience.*

*I: In what ways was it a positive one?*

*R: Because I am now in his house.*

(21-year-old female living in rural area of the Northern Region)

Women in the Ashanti Region who had first sex before marriage with an intimate partner describe having sex simply to show or reciprocate love to the partner.

*I: What motivated you to have the sexual intercourse with him and not anyone else?*

*R: [She sighed.]*

*I: Why was it not any other person like [name], [name], or [name], but it was with [partner name], why was it so? What motivated you to have it with him?*

*R: All I can say is that I just loved him.*

*I: Okay, but then you said that you did not like him.*

*R: No, I did not like, but I loved him and he also loved me.*

*I: So, that was why you had the sexual intercourse with him.*

*R: Yes.*

(24-year-old female living in rural area of the Ashanti Region)

*I: So, when he started. . . did you tell him that you did not want to have the sexual intercourse with him, if you remember.*

*R: No! I did not say that.*

*I: You even said that you wanted to have the sexual intercourse with him, because you loved him, that was why you did it with him.*

*R: Yes.*

*I: Or you feel that there was some form of pressure from him to do it.*

*R: No.*

*I: Or you think that it was pressure from your friends that you are in friendship with that are having sexual intercourse, would you say, it was as a result of that?*

*R: No, it was not about that.*

*I: You feel it was not it, but personally you said that you wanted to do it. Would you say that he was giving you gifts that was why that happened?*

*R: No.*

*I: Or the way you said that later you developed love for him, if you had said no, for having the sexual intercourse with him, he would have gone in for another girl.*

*R: No.*

*I: No, okay, why?*

*R: Like?*

*I: Like, okay, you have said that because you loved him that was why you have the sexual intercourse with him.*

*R: Yes.*

*I: So, the time that you had the sexual intercourse with him, did he also want to have the sexual intercourse with you?*

*R: Yes.*

*I: How did you know that he wanted to have the sexual intercourse with you?*

*R: Prior to having the sexual intercourse with him, he always told me about it.*

*I: Okay.*

(24-year-old female living in rural area of the Ashanti Region)

While some respondents described an earnest desire to show or reciprocate love to a partner, there were other cases in which sex was a response to a demand of a demonstration of commitment by a partner or internalized feeling of needing to “prove” commitment. This was seen exclusively among participants who had their first sexual experience with a romantic partner before marriage and was observed across the two regions. This case was predominantly among females. Many female respondents describe their male partner communicating that the love of the female partner can only be demonstrated by giving in to his sexual advances. This experience is described by this female respondent who had first sex before marriage:

*I: So he told you he was just trying you.*

*R: Yes, that was what he said.*

*I: Was it after you had the sexual intercourse with him?*

*R: Yes, it was after the sexual intercourse when he said that he was just trying to test my mind.*

*I: Was it the same time that he told you or it was on a different date?*

*R: Right after we finished the sexual intercourse, that's when he told me. So he said he was trying to test me to see if I was going to give in to his advances or I was going to deny him. So, when I didn't deny him, he realized that I really loved him.*

(20-year-old female living in rural area of the Ashanti Region)

There was a similar pattern among women who had first sex within marriage. For some, even if marriage automatically equated with sex, the motivation for marriage was love and commitment. This can be seen in this woman's description of the reason she had sex with her husband.

*I: At that time you had sex with him, what was your reason for having sex with him?*

*R: I will say I wanted a child.*

*I: Okay, how did you feel about having sex with him at that time? Will you say you wanted it, that you did not want it or you were confused? And why?*

*R: I wanted it because I loved him. That is why I married him.*

(24-year-old female living in rural area of the Northern Region)

However, as discussed in the section on motivation for first sex, the social pressure around sex within marriage was clear among many respondents. Numerous female respondents who had first sex within marriage expressed feelings that after marriage, sex was obligatory and was required to demonstrate commitment to the relationship and family building, especially for procreation. Urban and rural patterns were similar and coercion was seen to be embedded in the cultural context of marriage.

In general, females who had their first sexual experience within marriage felt obliged to have sex with the spouse as a way of living up to their marital expectations to procreate and saw it as the best way to exhibit their commitment to the marriage process. This pattern can be seen in the responses from female respondents who had first sex within marriage:

*I: When you first had sex with him, what was the reason you had sex with?*

*R: The reason I did that was because of his talks to me, because when you bring home a wife and that (sex) is not between us, I will be long in the house and they will start saying this person's husband how is he that they have not given birth yet. Not knowing it is from me. That was what he told me.*

(21-year-old female living in rural area of the Northern Region)

*I: What motivated you to have sex with him? What motivated you to have sex with him?*

*R: For him to marry me or?*

*I: For you to have sex with him.*

*R: Honestly, I knew that once you are married, you need to give birth to a child and I also know you needed to have sex before you can have a child. So that's why.*

(22-year-old female living in urban area of the Northern Region)

### **4.3 First Sex and Pregnancy Intention**

Respondents' pregnancy intentions fall into three broad categories—those who had a fear of pregnancy, those who clearly wanted to become pregnant, and those who did not think about pregnancy. Within the first two groups, however, these intentions included a variety of feelings and motivations.

Fear of pregnancy was seen among those who had first sex with a relationship partner or a nonrelationship partner before marriage. This fear was expressed differently for male respondents compared to female respondents. The men primarily focused on being unprepared for the financial implications and responsibility that would come with getting someone pregnant. These fears were seen in men in rural and urban areas of both the Northern and Ashanti regions.

*I: At the time you had the sex with her, what were your thoughts about getting a girl pregnant?*

*R: Around that time if I had gotten her pregnant there would have been a problem.*

*I: What would have been the problem?*

*R: At that time, I didn't have a job of my own. That's the reason why I said there would have been a problem.*

*I: That means you thought about that, right?*

*R: Yes, I thought about it.*

*I: So, you didn't want her to get pregnant?*

*R: Yes, I didn't want her to get pregnant.*

(23-year-old male living in urban area of the Northern Region)

*I: What were your thoughts about getting a girl pregnant at the time you were 15 years, when you first had sex?*

*R: My thoughts were that it was not right to get a girl pregnant.*

*I: Why is it not right?*

*R: You should get a girl pregnant when her people want you for her. If you get her pregnant and her people don't want you, who will take care of the baby.*

(20-year-old male living in rural area of the Northern Region)

Women's fears of getting pregnant were broader and encompassed a variety of concerns. Some women described how becoming pregnant would affect her studies.

*I: In all will you say the first time you had sex is a good or bad experience?*

*R: Please it was not good.*

*I: Why?*

*R: It can make you pregnant [cock crows].*

*I: And what else?*

*R: It can damage your life.*

*I: It damages your life in what ways?*

*R: If you are a student it can delay everything.*

*I: What will be delayed?*

*R: It can affect your studies.*

(15-year-old female living in rural area of the Ashanti Region)

Others described a concern for who would take care of them economically, which was similar to the concerns of men.

*I: Okay. At that time when the sex happened did you have thoughts about pregnancy?*

*R: Yes.*

*I: What were your thoughts?*



*R: Eeei, what was in my mind?*

*I: Yes.*

*R: I thought to myself who would take care of me if I got pregnant.*

*I: Did it put fear in you or there was nothing like that? Did you tell him?*

*R: I did not tell him.*

(22-year-old female living in urban area of the Ashanti Region)

Others explained that they would receive other kinds of negative attention or social exclusion if they became pregnant.

*I: So, now I would like to talk about contraception and pregnancy. At the time you had sex for the first time, what were your thoughts about becoming pregnant? Did you have any thoughts about pregnancy?*

*R: Yes, I had.*

*I: What were your thoughts about it?*

*R: I was afraid that I would get pregnant. I have ever heard that someone first time having sex and the person became pregnant and so I was afraid. Especially this our landlord, he would have killed me.*

(18-year-old female living in urban area of the Northern Region)

Some women talked about how they discussed these fears with their partners, although most partners disregarded the concerns.

*I: You said you didn't really speak about sex before your first sex. How about after you had sex, did you speak about it?*

*R: Yes.*

*I: What did you talk about?*

*R: We spoke about the fact that now that we know each other, it is important we committed to each other and not allow any other thing to come between us. We said our separation should be what God wills and not listening to some people asking her to leave me. I told her we should allow any other issue to separate us unless the will of God.*

*I: What else did you talk about?*

*R: That is the only thing we talked about.*

*I: Okay. Were you telling each other about your worries or fears?*

*R: Yes, we did. We were concerned about pregnancy. But our intention was to get married and not get each other impregnated. So, pregnancy out of marriage was our worry. So, we said we were not going to have sex again.*

*I: So, you decided not to have sex again?*

*R: Yes. When we finally get married, then we can continue to have sex again.*

(26-year-old male living in rural area of the Northern Region)

Some women described how they told their partners about their fears, but their concerns were often disregarded.

*I: Now I would like to ask you about the first time you had sex. What were your thoughts about pregnancy then?*

*R: Yes, I was afraid though.*

*I: You were afraid. So, did you tell him you could get pregnant?*

*R: Yes.*

*I: Did he listen to you?*

*R: Yes, he said nothing will happen.*

(19-year-old female living in urban area of the Ashanti Region)

Other respondents talked about how their partners/they would not allow women to have an abortion if they became pregnant.

*I: The first time you had sex what were your thoughts about pregnancy?*

*R: I thought "what if pregnancy happens"?*

*I: Did you tell him?*

*R: Yes, I told him.*

[Noise in the background. Respondent talking to a relative.]

*I: Were you afraid of being pregnant?*

*R: Yes.*

*I: If you nod my machine cannot capture it.*

*R: Yes.*

*I: What about preventing sexually transmitted infection. Did you think about it?*

*R: Yes.*

*I: What were your thoughts about it?*

*R: I told him that. . . . [Laughs]. I told him that when I am going to have sex with him I will not take contraceptive pills and he also told me that if I get pregnant he will not permit that I abort it.*

(22-year-old female living in rural area of the Ashanti Region)

Most frequently, it was the female partner who expressed fears of pregnancy that were then disregarded by the male partner. However, there was one example of a woman from Ashanti who describes how her male partner expressed fear of getting pregnant just before their sexual encounter and she brushed aside his fears.

*I: How did you know you were going to have sex?*

*R: [Laughs]. When we entered the room we started kissing, touching each other and then we had sex.*

*I: Did you do or say anything that showed that you wanted to have sex?*

*R: When we were about to have sex he asked “can I do it.” And I said “yes, you can do it.” And he said he was afraid to have sex because I can get pregnant and I said no, I will not get pregnant.*

(23-year-old female living in rural area of the Ashanti Region)

Although most respondents who had first sex before marriage described a fear of pregnancy, some unmarried couples expressed a desire to become pregnant. One woman from the Northern Region reported that she and her partner wanted to get pregnant as a way to force her family to accept them as a couple.

*I: Now I would like to ask you about your feelings at the time you first had sex with [partner’s name]. Please try to remember how you felt at that moment, not how you feel about it now. Thinking back to when you first had sex with [partner’s name], why did you have sex with him?*

*R: He wanted me and my father wasn’t in agreement but I wanted him. So, we were now praying that I become pregnant so that he will agree.*

*I: So, when you became pregnant he agreed?*

*R: Yes.*

(21-year-old female living in rural area of the Northern Region)

This unmarried woman from Ashanti Region also wanted to become pregnant, although there was no particular reason:

*I: Did [partner’s name] use contraceptives or did he do anything to prevent pregnancy?*

*R: No.*

*I: Why didn’t you do anything?*

*R: We wanted to get pregnant.*

*I: Did you talk about pregnancy?*

*R: No.*

*I: How did you make up your mind to use or not to use contraceptives?*

*R: We made up our mind not to use contraceptives because it was something that we wanted.*

*I: What is it that you wanted?*

*R: Pregnancy.*

*I: Now you wanted to get pregnant?*

*R: Yes.*

*I: After the first sex, did you make up your mind to use contraceptives in the future?*

*R: No.*

*I: Why not?*

*R: Because we wanted it.*

*I: What was it that you wanted?*

*R: The pregnancy.*

(21-year-old female living in urban area of the Ashanti Region)

For others, particularly men, getting a partner pregnant and having a child was something they wanted because it signified a transition to adulthood. This feeling was described by a male from a rural area of the Northern Region who had first sex with a partner before marriage:

*I: What was your perception about pregnancy at that time?*

*R: Is like when she gets pregnant, what I would want he to do?*

*I: Did you want her to get pregnant?*

*R: Yes, I did.*

*I: Why did you want her to get pregnant?*

*R: I wanted to also have a child or have a ceremony of my own so I can also do certain things.*

*I: So, you were not scared of her getting pregnant?*

*R: No, I wasn't scared.*

(18-year-old male living in rural area of the Northern Region)

For married women who had their first sex within marriage, all living in Northern Region, there was a strong desire to become pregnant. These women wanted a child for different reasons—to establish themselves within their husband's family, and to strengthen the marital relationship. This fatalistic thinking that marriage leads to sex which leads to children can be problematic if it does not align with individual independent fertility desires. While we did not explore these fertility desires in this study, we can see women describing how having a child would be good for the couple and the family as shown here.

*I: Now, we want to talk about contraception and pregnancy. The time you first learnt about sex, what were your thoughts on pregnancy?*

*R: I used to pray to God that if He is going to give us a child, it should be a child that is going to be good for both of us.*

*I: So, you wanted to get pregnant?*

*R: Yes, I wanted to get pregnant.*

(23-year-old female living in rural area of the Northern Region)

Some women who were married at the time of first sex also felt social pressure since many women their age had children already.

*I: At the time you first had sex, what were your thoughts about becoming pregnant?*

*R: My thoughts?*

*I: Yes, did you give any thoughts to the chances that you could become pregnant?*

*R: Yes, my thoughts were that I wanted to give birth to a child, because my peers had all given birth, my thoughts were that I also wanted to give birth.*

*I: Okay, so were you worried that you could become pregnant?*

*R: Yes.*

*I: Did you want to become pregnant?*

*R: Yes.*

(26-year-old female living in rural area of the Northern Region)

Similar patterns were seen across coercion categories. Women who experienced low or medium coercion at first sex and had first sex with nonpartners or nonmarried partners generally wanted to avoid pregnancy, while those who had first sex with a married partner wanted to get pregnant.

This woman from the Northern Region who experienced low coercion at first sex with a romantic partner before marriage and describes her fear:

*I: So, when you were going to have sex did you think about becoming pregnant? Did you know you could become pregnant?*

*R: Yes, I thought about it and I knew I could become pregnant.*

*I: Were you worried about becoming pregnant?*

*R: Yes, I was.*

(18-year-old female living in urban area of the Northern Region)

Similarly, this male from the Northern Region who experienced low coercion at first sex with a romantic partner before marriage describes worrying about pregnancy:

*I: How did you feel after you guys were done?*

*R: [Laughing]. Mix feelings, mix feelings or what should I say. Because we were all scared because she said to me that what if it resulted into pregnancy and what not.*

*I: Was she the one who said that?*

*R: Yes, even in my own mind, I knew when the girl got pregnant I will be in serious trouble, so . . . although we didn't regret; like this time, when you just finish up with sex, that kind of regret that comes but no . . .*

*I: But you were worried if she should get pregnant?*

*R: Yeah, yeah, we did, yeah.*

(28-year-old male living in urban area of the Northern Region)

Conversely, this woman from the Northern Region who experienced low coercion at first sex within marriage describes wanting to become pregnant.

*I: At the time of having your first sex how were you thinking about pregnancy?*

*R: My thoughts?*

*I: Yes*

*R: I was just praying to get pregnant and deliver.*

*I: Were you thinking about pregnancy?*

*R: Yes*

*I: Did you want to be pregnant?*

*R: Yes.*

(20-year-old female living in rural area of the Northern Region)

Respondents who experienced high coercion at first sex nearly universally expressed a fear of getting pregnant. This woman from a rural area in the Ashanti Region experienced highly coercive sex at her first sex and describes not wanting to become pregnant from that experience.

*I: In all, will you say the first time you had sex is a good or bad experience?*

*R: Please it was not good.*

*I: Why?*

*R: It can make you pregnant [cock crows].*

*I: And what else?*

*R: It can damage your life.*

*I: Was your first sex experience, what you imagined?*

*R: No, please.*

*I: If it's not what you imagined, how was it?*

*R: I didn't want it to. . . .*

*I: You didn't want it to be. . . ?*

*R: I didn't want it to get me pregnant.*

*I: If you had the chance to change anything about your first sex experience, what could have changed?*

*R: I wouldn't want anything to happen.*

*I: If you had the chance to change anything, what could have changed?*

*R: I wouldn't want it to happen again.*

(15-year-old female living in rural area of the Ashanti Region)

In the Northern Region, a male respondent recounted what a female stated when he coerced her to have sex. In the conversation between them before the first sex was carried out, the adolescent female warned the male about the occurrence of pregnancy, but he soothed her fears by telling her no conception would happen.

*R: She didn't act as if you wasn't pleased with that, and so I began to take off her cover cloth, she didn't mind, I took off my trousers, she didn't mind, I then [laughing] pull down her panties, then she realized what I wanted and called me [name], please I don't want to get pregnant. Then I told her she won't get pregnant.*

(26-year-old male living in urban area of the Northern Region)

While most respondents described either a fear of pregnancy or a desire to become pregnant or have a child, some did not report thinking about pregnancy around the time of first sex. These cases were found among both men and women, all who had first sex before marriage. However, among the men, this feeling was observed among those who had their first sex with a nonromantic partner. This man describes how pregnancy was not something he thought about when having his first sexual experience.

*I: At the time you first had sex with [partner's name], what was your thoughts about pregnancy?*

*R: I didn't think about pregnancy.*

*I: Umm?*

*R: I didn't think about pregnancy.*

*I: Did you think she could become pregnant?*

*R: Mmm, but it didn't come to my mind.*

*I: Okay, were you worried she could become pregnant?*

*R: [Moves head from left to right.] That time it was not in my mind to get someone pregnant.*

(20-year-old male living in rural area of the Ashanti Region)

For some, this seeming disregard for the risk of pregnancy may stem from a lack of sexual and reproductive health knowledge. Lack of knowledge is shown in this quote by a male respondent from Northern Region who had first sex with a nonpartner.

*I: What were your thoughts about getting a girl pregnant at the time you had your first sex?*

*R: I was asking myself the perception my parents will form about me if I get a girl pregnant. I was still under their care and the little money I was getting could have been enough to take care of a wife and a child. I was actually scared about it. My thinking was that I would be putting myself in a mess if I get a girl pregnant.*

*I: So did you do something at the time you were going to have sex with her to prevent pregnancy?*

*R: At that time, it was just the raw sex.*

*I: Raw sex?*

*R: Yes. We didn't do anything in order to prevent pregnancy.*

*I: After you were done having the sex, did you worry that she may get pregnant?*

*R: I didn't get worried.*

*I: Why didn't you get worried?*

*R: I believed that she cannot just easily get pregnant like that.*

*I: Why did you have that belief?*

*R: I just didn't believe that having sex just once will result in pregnancy. I just didn't have that belief.*

(18-year-old male living in urban area of the Northern Region)

A few female respondents also described not thinking about pregnancy when they first had sex. As with the men, this disregard for the risk of pregnancy can also be linked to a lack of sexual and reproductive health knowledge.

*I: I want us to have conversation about the first time you had sex. Did it ever crossed your mind you could get pregnant? Did you ever think about it that you would get pregnant?*

*R: No, I never thought about that.*

(27-year-old female living in urban area of the Ashanti Region)



## Key Findings

- **Motivations to have sex for the first time:** The respondents reported a range of reasons for having first sex. Most commonly, respondents talked about the decision being motivated by a desire to demonstrate love or commitment to the relationship or as a part of an overall desire to begin the family formation process, especially for women who had their first sexual experience within marriage. These women were also more likely to report hoping to become pregnant as a reason for initiating sex.
- **First sex and commitment:** Many respondents who had first sex in the context of a romantic relationship felt that sex was a way to express love and commitment to their partner. Some, however, felt pressure to prove their commitment to their partner by having sex with them. Similarly, with those who had first sex within marriage, many felt that the marriage was a demonstration of love and commitment and therefore led to sex, while others felt pressure to procreate in order to establish their marriage.
- **Pregnancy intentions around the time of first sex:** Respondents fell into three broad categories: those who had a fear of pregnancy, those who did not think about pregnancy, and those who clearly wanted to become pregnant. Respondents who had first sex before marriage generally either had a fear of pregnancy or did not think about pregnancy, while those who had first sex within marriage generally wanted to become pregnant. Those who experienced high coercion at first sex also expressed fears of becoming pregnant.



## 5 CONTRACEPTIVE USE AT FIRST SEX

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Ensuring that young women and men have accurate knowledge about and access to contraception at the point when they become sexually active has proven to be a challenge for policymakers and programmers throughout much of the world. Cultural and social norms that limit discussion of sexual activity often make it difficult for young men and women to learn about contraception or obtain appropriate contraceptive methods. In Ghana, and particularly in the Northern areas, social taboos limit open discussions about sex, pregnancy, and childbearing, particularly for those who are young, unmarried, or female. As a result, many young men and women begin their sexual lives with incomplete or inaccurate information about the reproductive process, risks of pregnancy, or contraception. Even fewer reach this stage with guidance on how to effectively communicate about sex and contraceptive use with potential partners or a full understanding of reproductive rights and autonomy. When paired with their lack of experience with sex and contraception, these taboos make the time when they begin their sexual lives especially risky in terms of unintended pregnancy and exposure to sexually transmitted diseases.

Understanding the factors that influence contraceptive use at first sex among youth is particularly important because first sex takes place at early ages and may have consequences that last throughout their life. Unintended pregnancies often signal the end of formal schooling, are associated with higher levels of lifetime poverty, and may force young people into adulthood before they are fully prepared to make that transition in their lives. Alternatively, a young person or couple may intentionally choose to not use contraception in the hope that their sexual activity results in a pregnancy, potentially confirming their social status as an adult, strengthening the relationship they have with their partner, or marking the beginning of the formation of their own family that is distinct from their family of origin. Effectively meeting the varied family planning needs of youth therefore requires first understanding what the levels of knowledge and use of contraception are among youth and what factors shape actual contraceptive behavior. In this chapter, we explore these questions with young women and men in the two regions, beginning with levels of use at the time they first had sex and then the potential reasons for why or why not contraception was used.

### 5.1 Use of Contraception at First Sex

There was considerable variation in the use of contraception at first sex across the respondents. Overall, use of contraception was relatively low, with large portions of both men and women reporting not having used a contraceptive method. Many couples did not discuss or plan for sex, which implied that they also did not discuss using contraception. Others lacked knowledge about contraception, while some felt they were not able to make choices about using contraception themselves, and still others intentionally chose to not use contraception.

When asked why they did not use contraception, respondents reported a variety of reasons. Among male respondents, the most common reasons included a perception that it was not possible for their partner to become pregnant the first time she had sex and pressure from their family to produce a child. Others feared judgement from others in the community or their family, either because they did not approve of the relationship, premarital sex, or the use of contraception. Finally, some men simply did not discuss using contraception at first sex at all, for no specific reason.

*R: For the condom, I didn't believe in it. I believed that she would not get pregnant even if I did not use a condom.*

(18-year-old male living in urban area of the Northern Region)

*R: He said if the girl will get pregnant, we should do family planning and I said my mother said we should give birth for her so I won't do it and he said okay.*

*I: So, when you had sex, you didn't use anything to prevent pregnancy?*

*R: No please.*

(22-year-old male living in rural area of the Ashanti Region)

*I: Were you the one who decided not to use a condom or she asked you not to use it?*

*R: I decided not to use it because I was afraid to go to my father and tell him I needed a condom to have sex. He would wound me.*

*I: [Laughing].*

*R: My father was not in support. It was my mother. Sometimes he will tell my mother that she wants to spoil me. To be frank, he was not all that interested in my relationship with the girl. My father was a form-four-graduate so he was very interested in me going to school.*

(26-year-old male living in rural area of the Northern Region)

*I: At the time that you had sex, did you talk about contraception?*

*R: Please, no.*

*I: Why did you talk about it?*

*R: It is not because of anything. After the sex.*

*I: Before you had sex?*

*R: That time we didn't talk about it.*

(21-year-old male living in rural area of the Ashanti Region)

Women were much more likely to report deferring the decision about contraception to their male partner, often because of an assumption that males had greater knowledge. Others had limited interest in using contraception, often for nonspecific reasons. Others wanted to get pregnant and intentionally chose to not use contraception for that reason.

*I: So, did you or brother [partner's name] use any family planning at the time you had sex to avoid getting pregnant? Your first sex, did you use any condom or family planning?*

*R: No, we didn't use.*

*I: Why didn't you use?*

*R: I didn't use any and I didn't see him also using some.*

*I: Oh, okay. Was it something you decided not to use or it just happened?*

*R: No, we didn't just want to use it.*

(20-year-old female living in rural area of the Northern Region)

*I: Did [partner's name] use contraceptives or did he do anything to prevent pregnancy?*

*R: No.*

*I: Why didn't you do anything?*

*R: We wanted to get pregnant.*

*I: Did you talk about pregnancy?*

(21-year-old female living in urban area of the Ashanti Region)

Some participants indicated that they did not use contraceptives for their sexual debut, although they used them in their subsequent sex. This was more commonly reported among females than males. For example, a female participant reported that she used contraceptives after her first sex, while another participant chose long-term family planning after her first sex.

*R: First day for breaking me up I didn't use anything but the second time I used.*

(18-year-old female living in urban area of the Northern Region)

*I: So, what did you do?*

*R: Well, I went to do some of the contraception.*

*I: I mean, the first sexual intercourse.*

*R: No, for the first time of the sexual intercourse, I didn't do it. It was after the first sexual intercourse that I went to do it.*

(26-year-old female living in urban area of the Ashanti Region)

A male participant mentioned that he used contraceptives during his subsequent sex.

*R: No, I didn't use it during the first day.*

*I: Then, at what point did you use it?*

*R: It was during our subsequent sex.*

(20-year-old male living in rural area of the Northern Region)

In terms of the contraceptive methods used by respondents at first sex, the primary methods were condom (mostly by men) and emergency contraceptives, although other methods (primarily injectables) were also mentioned. The reliance on emergency contraception may in part reflect the lack of discussion about contraception, although this may also reflect the contraceptive preferences and needs of this population.

*I: At the time you had sex for the first time, what were your thoughts about [partner's name] becoming pregnant?*

*R: I used a condom so, I never thought about pregnancy.*

(23-year-old male living in urban area of the Ashanti Region)

*R: So, the first day I prevented it by using a condom.*

(26-year-old male living in rural area of the Ashanti Region)

*I: Yes, the first day that it happened?*

*R: The first day that it happened I think we bought a pill.*

*I: What type of the pill did you buy?*

*R: We bought Postinor 2, an emergency contraceptive.*

(23-year-old female living in rural area of the Ashanti Region)

*I: Did your girlfriend get pregnant when you had intercourse with her?*

*R: No, she didn't; in this era of family planning.*

*I: Did you do something to prevent her from getting pregnant?*

*R: Yes, family planning.*

*I: What kind of family planning?*

*R: Some injection.*

*I: Did you do it when you were to have intercourse?*

*R: It has one for 3 years and 1 year.*

(18-year-old male living in rural area of the Northern Region)

Although some females used contraceptives after sex, there were times when their partners assisted them in obtaining the contraceptive or giving them the contraceptives. Similar to males, some females also reported that their partners used condoms.

*R: He gave me some.*

*I: What did he give to you?*

*R: He gave me Levon 2.*

*I: The first time it happened?*

*R: Yes.*

(19-year-old female living in urban area of the Ashanti Region)

*I: So, what did you do?*

*R: My parents thought I was sleeping so when I came back, I bought a contraceptive that was the first time I used it and used some sanitary pad as well because I was still bleeding.*

(24-year-old female living in urban area of the Ashanti Region)

*I: So, the sex after the first sexual intercourse, did you protect yourself?*

*R: Yes.*

*I: So, what did you use to protect yourself?*

*R: As for him, he protected himself.*

*I: What did you use to protect yourself?*

*R: He used the condom.*

(29-year-old female living in urban area of the Ashanti Region)

## 5.2 Contraceptive Knowledge and Access

### 5.2.1 Knowledge about reproductive health and contraception

Knowledge of the risk of pregnancy and the potential for sexually transmitted infections among participants was generally low, especially among some groups. Females and participants in the Ashanti Region had more knowledge of the risk of pregnancy than those in the Northern Region. In addition, participants in rural areas and those who were unmarried at the time of their first sexual intercourse had more knowledge about the prevention of pregnancy.

Informal networks were the most common source of information about contraception cited by respondents. For example, a female participant indicated that she became knowledgeable about the risk of pregnancy through a family history, and therefore knew that having unprotected sex could lead to pregnancy. Another participant indicated her knowledge of the risk of pregnancy by citing pills as a method for preventing pregnancy.

*R: For pregnant, it comes only once. A woman can get pregnant just with sex because my grandmother who gave birth to my mother had sex just once and she got pregnant and gave birth to my mother. I was also told that if you have sex with a man, for not be pregnant, and you could take medicine to prevent the pregnancy, so, I used some of the medicine to prevent the pregnancy.*

*I: So, you knew something about using medicine to prevent pregnancy,*

*R: Yes.*

*I: Okay, so you protected yourself.*

*R: Yes, I protected myself so that I won't get pregnant.*

(24-year-old female living in rural area of the Ashanti Region)

*R: Yes, I knew but I didn't do it.*

*I: What did you know about it?*

*R: I knew about contraception and its pills but I did not do it.*

(21-year-old female living in urban area of the Northern Region)

In rural areas, a participant explained how a woman can become pregnant using the ovulation cycle and having unprotected sex.

*I: Did you have any information or knowledge about how to prevent pregnancy?*

*R: Mmm, I knew a little.*

*I: What did you know about how pregnancy happens? How to prevent pregnancy. What did you know about it?*

*R: Like if her period ends. You see the period is within 1 to 7 days. So, after 7 days within the 8 and 9 days, that 8th day or if it was 4, it took 4 days. That 5th day if you have sex with her, she will not get pregnant.*

*I: Mmm.*

*R: But on the 6th day, if you have sex, she will get pregnant. That is what her own was like.*

*I: Okay, apart from that, did you know any other way to prevent pregnancy?*

*R: Mmm, you will use a condom or she will use medicine.*

(26-year-old male living in rural area of the Ashanti Region)

For those who did not know about the risk of pregnancy, an unmarried participant expressed that he does not believe having unprotected sex once could make someone pregnant, because he believed that pregnancy required having sex multiple times.

*R: Yes. We didn't do anything to prevent pregnancy.*

*I: After you were done having sex, did you worry that she may get pregnant?*

*R: I didn't get worried.*

*I: Why didn't you get worried?*

*R: I believe that she cannot just easily get pregnant like that.*

*I: Why did you have that belief?*

*R: I just didn't believe that having sex just once would result in pregnancy. I just did not have that belief. . . . As for the condom, I didn't believe in it. I believed that she would not get pregnant even if I did not use a condom. Before I could get a condom unless someone gave it to me. And that night, I would want to use it by having sex with a girl.*

(18-year-old male living in urban area of the Northern Region)

Similarly, a male participant expressed that he did not know about pregnancy prevention.

*R: That time I had no idea of pregnancy. I did it then we went our ways.*

(28-year-old male living in urban area of the Ashanti Region)

Participants had good knowledge of contraceptives among all groups. While general knowledge about reproduction and the specifics of contraceptives was relatively low, many respondents were able to name different contraceptive methods. This more superficial knowledge was highest among women, unmarried women, and participants from the Ashanti Region. From the narratives, some unmarried female participants had more comprehensive knowledge of contraceptives and were able to explain the various methods of contraceptive methods, how they work, and the duration of each type. Some of the participants listed injectables, implants, and condoms, as well as Lydia and Postinor 2 (emergency contraceptive methods) as various types of contraceptives.

*I: At that time did you know what to do and prevent pregnancy?*

*R: Yes.*

*I: Did you know places where you could get some kind of contraception to prevent pregnancy?*



*R: Yes*

*I: Which types of family planning did you know?*

*R: At the time I knew about the 3-month injectable.*

*I: And which one?*

*R: And the 3-year one.*

*I: So it was only the injectable you knew? How about the implant?*

*R: I knew about implants too.*

*I: Did you know about emergency contraception?*

*R: Yes.*

*I: Did you know any places/people that could help young people like you to get a method or to give advice when considering having sex?*

*R: Yes, I knew.*

*I: Where were these places?*

*R: Nakundugu.*

*I: Which place was it? Hospital or where?*

*R: Hospital and drug store.*

(21-year-old female living in rural area of the Northern Region)

*I: Did you have a little knowledge about contraception and things that will prevent pregnancy?*

*R: I knew. However, I didn't use anything.*

*I: What about contraception or family planning did you know about?*

*R: I knew about family planning—the injectable which you be injected with to prevent you from becoming pregnant. There is another one they say it can be inserted, and there is another one which is the pill that when you finish having sex you can take it that one too it came to my thought but I didn't do it.*

(25-year-old female living in urban area of the Northern Region)

*I: What did you know about preventing pregnancy and contraception, do you think you have enough knowledge on how pregnancy comes about?*

*R: Yes.*

*I: When you can become pregnant?*

*R: I didn't know much about it.*

*I: Ways to prevent pregnancy?*

*R: I knew of contraceptives.*

*I. Which contraceptives did you know about?*

*R: Condoms, Lydia, Postinor 2.*

*I.: Everybody knows condoms, how about Lydia and Postinor 2?*

*R.: Lydia takes effect for 3 days, you can take it after 3 days but it does not work after 3 days. Its potency on days 1st day is 90% and it reduces every day but on the 3rd day it does not work.*

(19-year-old female living in urban area of the Ashanti Region)

In terms of regional differences, participants in the Ashanti Region had better knowledge of contraception than those in the Northern Region. Some of them were able to explain the various types of family planning methods and indicated the source of these methods. For example, two participants from the Ashanti Region were able to list multiple methods and indicated that this knowledge allowed them to protect themselves during their sexual debut.

*I: Did you know where you could get contraception?*

*R: Yes.*

*I: What kind of contraception did you know?*

*R: You can use condoms or contraceptives but I don't like contraceptives but the first time I had to.*

*I: What kind of contraception did you know about?*

*R: There is Lydia, there is Postinor 2. Whatever was available.*

*I: Did you know about emergency contraception?*

*R: Yes.*

(24-year-old female living in urban area of the Ashanti Region)

*I: At the time you had sex for the first time, what were your thoughts about becoming pregnant?*

*R: You know the first time because my mother said if you have sex for the first time you will become pregnant that was what was in my mind but [partner's name] wore a condom so I didn't have any thoughts of becoming pregnant.*

*I: Okay. What about preventing diseases such as STIs etc. Did you have any thoughts about it?*

*R: No, I did not have any thoughts about it.*

*I: What did you know at that time about pregnancy and the ways to prevent pregnancy? Do you think you know enough about how pregnancy happens?*

*R: Yes, please.*

*I: Did you know about the chances of becoming pregnant such as the fertile period or safe period or the dangerous period for every woman?*

*R: Yes, please.*

*I: Okay. So did you know about contraceptive methods?*

*R: Yes, please.*

*I: What type did you know?*

*R: I did not use anything—he protected himself.*

*I: What had you heard that people were doing to protect themselves against pregnancy?*

*R: If you have sex with a man and you don't want to become pregnant you can take contraceptives so it will not cause pregnancy.*

*I: So which methods did you know?*

*R: I had not taken the pills before.*

(23-year-old female living in rural area of the Ashanti Region)

One participant from the Northern Region said that she had little knowledge of contraceptives. She indicated that she has heard people talking about contraceptives but does not have much knowledge.

*I: Could you tell me about what you knew concerning pregnancy and how to prevent it at that time?*

*R: No, I hear them say but I have not used them before.*

*I: And do you know them?*

*R: No, I do not know them.*

(21-year-old female living in rural area of the Northern Region)

Although contraceptive knowledge was high among the key groups, some participants in the rural areas expressed that they did not have any knowledge. This was common for both males and females and often led to unprotected sex.

*R: As I said, I did not have any idea about contraceptives either to take a pill or condom. It just happened so the sex happened when we entered the room, I knew nothing about contraceptive pills and condoms.*

(24-year-old male living in rural area of the Ashanti Region)

*I: And did you know about when you can get pregnant or ways to prevent pregnancy?*

*R: No.*

(17-year-old female living in rural area of the Ashanti Region)

*I: Did you or [partner's name] use contraception to prevent pregnancy?*

*R: No.*

*I: Why didn't you do anything?*

*R: Oh, he didn't know anything, I also didn't know anything.*

(20-year-old female living in rural area of the Ashanti Region)

In addition to protection from unintended pregnancy, barrier methods such as condoms can protect from sexually transmitted infections (STIs). Very few respondents reported having considered exposure to STIs at the time of first sex. Many, and particularly those who were married at the time of first sex, did not express a concern about STIs. However, STI knowledge was low among women, particularly among those in the Northern Region, and participants in the rural areas. Participants who were married were not as aware of STIs compared to those who were not married. A number of participants expressed some concern about STIs but took no action to protect themselves during their first sexual experience.

*I: At the time you first had sex, what were your thoughts about becoming pregnant? Did you think that there was a possibility for you to get pregnant?*

*R: No, my mind didn't give me that if we have sex, I will become pregnant. My knowledge didn't go to it.*

*I: How about the prevention of diseases, was it something you thought about?*

*R: No, that too my mind didn't go there.*

(25-year-old female living in urban area of the Northern Region)

*I: What was your thought on disease prevention? Did you think of preventing yourself from diseases when you were to have sexual intercourse?*

*R: No.*

(16-year-old female living in urban area of the Northern Region)

Likewise, some women were not sure about the risk of contracting STIs through sexual intercourse and did not do anything to protect themselves.

*I: You said that for getting infected with disease, you did think about, why did you not think about it?*

*R: I did not think about it that I can get infected with disease.*

(24-year-old female living in rural area of the Ashanti Region)

There were some participants in the rural areas who were also aware of STIs but did not protect themselves during sex.

*I: What about disease protection? Was that in your mind? What I mean about sicknesses is HIV, gonorrhea, and syphilis, were you thinking about those things?*

*R: What name is that?*

*I: Have you heard about HIV/AIDS?*

*R: Yes.*

*I: So, when you were having sex, where were you thinking of that? Those sicknesses that when a man and a woman sleep together and get, were you thinking about that?*

*R: No.*

(23-year-old female living in rural area of the Northern Region)

In contrast, male participants who knew of STIs were very conscious of protecting themselves from STIs.

*I: What were your thoughts about diseases you could get from sex?*

*R: At that time, it was HIV/AIDS which was on the lips of people. That when you have sex and you don't use a condom, you could get it.*

*I: So, were you worried about that?*

*R: Yes, I was worried about it. One of the reasons I use the condom.*

*I: So, it was part of the reasons you used the condom?*

*R: Yes.*

(28-year-old male living in urban area of the Northern Region)

### **5.2.2 Access to contraception**

Access to contraceptives among adolescents is vital to preventing unintended pregnancy and to promoting equitable reproductive and sexual health rights. Overall, very few respondents reported that they had significant challenges in accessing contraception, although access was easier for those in the Ashanti Region and those who lived in urban areas.

Youth in the Ashanti Region were able to identify places where they could obtain contraceptives. Most participants cited drug stores/pharmacies and hospitals as places for obtaining contraceptives. They further indicated that they also obtained condoms, implants, and injectables from these places.

*I: What encouraged the two of you to use the pill and the condom?*

*R: We did not want to get anything like (pregnancy) to happen.*

*I: Did you know how to use the pill?*

*R: No, he taught me.*

*I: Was he the one who gave you money to buy the pill?*

*R: Yes.*

*I: Okay. Was it difficult to purchase the drug?*

*R: No. In any drug store, you will find some to buy.*

(19-year-old female living in urban area of the Ashanti Region)

*R: I went to the drug store; I did not go to the hospital. I went to the drug store, and I explained to them my situation. They said that the medicine would give me if it is six pieces that I will take, and I had to take it by the time it was finished, and they said even if I do not have sex with partner, I still have to take so that I will not get pregnant.*

*I: Okay, so you took the medicine after the sexual intercourse so that you will not get pregnant, and they gave you this medicine at the drug store.*

*R: Yes.*

*I: Okay. So, apart from the drug store, did you know a place where someone like a youth can go to if they did not want to get pregnant after having sexual intercourse?*

*R: Yes.*

*I: Where is that?*

*R: That is Trebu [a community not far from the town]. They do family planning at the hospital, but I never did one. So, when they. . . .*

(24-year-old female living in rural area of the Ashanti Region)

*I: Where did you think you could get those things from; did you know where you could get the condom, the Postinor 2?*

*R: Oh, yeah, the pharmacy I know all.*

*I: The pharmacy?*

*R: Yes.*

*I: And did you think that it was easy for a young guy to get to the pharmacy and get those things? Was it easy or difficult?*

*R: It was, it was difficult.*

(23-year-old male living in urban area of the Ashanti Region)

In contrast to participants in the Ashanti Region, more respondents in the Northern Region indicated that they did not know of places where they could obtain contraceptives during their sexual debut.

*I: So, did you know places or people around you that could support in the training and supporting young girls like you when considering having sex? Like you said, those times, did you know where to go, like you want to have sex with your husband and don't want to get pregnant, did you know?*

*R: No.*

*I: You did not know?*

*R: No.*

(23-year-old female living in rural area of the Northern Region)

In terms of gender, there were no clear differences between males and females in terms of knowing where to obtain contraceptives, although in practice, men were often tasked with obtaining the contraceptive, especially if the method was condom or emergency contraceptive. While school-based education about contraception was rarely mentioned by respondents, one young women reported that she had received education about contraception at school and that condoms were shared with them by the health workers afterwards.

*I: Did you know where to buy the condom as of then?*

*R: Yes, I knew.*

*I: Did you buy it?*

*R: No, they used to give us at school.*

*I: Who were those giving you?*

*R: I will say it was nurses or doctors that used to give us such things at school.*

(23-year-old male living in urban area of the Northern Region)

*I: Okay. Did you know of any place that you could get any method of preventing pregnancy? A place where if you want to prevent pregnancy you could go for help? Did you know of any place?*

*R: Mmm, no. It was the clinic I go to buy or the pharmacy.*

*I: Okay at the clinic, what do you go to buy?*

*R: Maybe the condom or a contraceptive.*

(26-year-old male living in rural area of the Ashanti Region)

While some unmarried women mentioned that they did not know of any place to get contraceptives, this was more likely to have been mentioned by those whose first sexual experience was within marriage. This may reflect both differences between married and unmarried women and regional differences, as all the women reporting having first sex within marriage were in the Northern Region. A participant explained that people were finding it difficult to access contraceptives because family planning services were not provided in their community and another reported having to travel to another community for the service.

*I: Did you know of places you could get contraception?*

*R: No, please.*

*I: And did you know about emergency contraception?*

*R: No.*

*I: Did you know of places or people near you that can help young people to get contraception or advice, did you know of any place like that?*

*R: No, please.*

(15-year-old female living in rural area of the Ashanti Region)

*I: Did you know places where you could go and get or find out about contraceptives?*

*R: No.*

*I: From school or people, you didn't know?*

*R: Yes.*

(25-year-old female living in rural area of the Northern Region)

Most participants believed that adolescents are treated well in their quest to obtain contraceptives, mostly in urban areas. Participants mentioned hospitals and clinics as places where they were treated well. For example, one participant indicated that she was well received and treated by Marie Stopes when she visited there for contraceptives. Another female participant recounted that although it was difficult for her to buy contraceptives from the drug store, she was treated very well and this enabled her to buy the contraceptive.

However, while most respondents, especially in the Ashanti Region, reported not feeling intimidated by going to a health center to obtain contraception, some did report this as a barrier.

*I: What do you think about how they treat young people like you at Marie Stopes? Have you been there before?*

*R: Yes, I went with my friend. She went to get family planning.*

*I: How do they treat young people like you?*

*R: They treat you normal, they treated us good, even their logo say we give birth by, I have forgotten the rest.*

*I: Is the place and service accessible?*

*R: Yes.*

*I: Did you or partner do anything or use contraception to prevent pregnancy?*

*R: Yes, when we were done.*

(24-year-old female living in urban area of the Ashanti Region)

*I: Hmm , okay. So, after the first sex did you take any pill?*

*R: Yes.*

*I: Where did you get the drug?*

*R: I bought it.*

*I: You bought it okay. Was it difficult to get the pill?*

*R: It was difficult for me to buy it but when I went to the drug store and asked, they gave me the drug.*

*I: They gave it to you. Okay. Apart from buying the pill, did your partner do anything to protect himself like using a condom?*

*R: Yes.*

(19-year-old female living in urban area of the Ashanti Region)

Overall, the major challenge to obtaining contraception mentioned by the respondents was in accessing the places where contraceptive methods were available. There were some instances where respondents reported that obtaining contraception as a young and unmarried person was challenging, although it was not always clear if this was due to internalized feelings of shame or due to the reaction of the service providers.

*I: So, what were your thoughts about it or how they help the youth? Like how they help the youth, what were your thoughts about them?*

*R: Those who did the family planning?*

*I: Yes.*

*R: It was really helping the youth because some may not want to become pregnant at that moment so if they use it, it will help prevent pregnancy.*



*I: So, were those places or people difficult to find?*

*R: Yes, because it was not in this community, if you wanted it unless you do lorry fair to [name] so because of that most people didn't want to do it. If you were to go, they will be asking you were going to do, that are you sick and all sorts of questions. But now you can just put on your veil and go and it come and nobody will know.*

(28-year-old female living in urban area of the Northern Region)

*I: Where did you think you could get those things from? Did you know where you could get the condom, the Postinor 2?*

*R: Oh, yeah, the pharmacy I know all.*

*I: The pharmacy?*

*R: Yes.*

*I: And did you think that it was easy for a young guy to get to the pharmacy and get those things, was it easy or difficult?*

*R: It was, it was difficult.*

*I: It was difficult okay.*

(23-year-old male living in urban area of the Ashanti Region)

## **5.3 Decision-making around Contraception**

### **5.3.1 Discussions around the use of contraception at first sex**

From the narratives, some men and women discussed contraceptives at first sex, although many others did not. As with discussions about sex more generally, there were some indications that use of, or a desire to use, contraception by women was a sign of moral impurity, which potentially lessened women's inclination to openly share their preferences with their partners. Some women also reported that they felt requesting to use contraception might be interpreted as showing a lack of commitment to the relationship, which further pressured them to not raise the topic.

Discussions about contraception were more common among those in committed relationships, but who were not yet married compared to those who first had sex with someone with whom they were not in a relationship and those who were married. For married women, this may be due to a combination of a greater likelihood of wanting to become pregnant and sociocultural factors in the Northern Region, where all the respondents who first had sex within marriage resided. In cases where there was a discussion, the motivation to use was primarily related to avoiding the consequences of unintended pregnancy, particularly the interruptions of schooling. For example:

*I: How about talking about contraception with a romantic partner?*

*R: Yes, at 18 years.*

*I: Okay, 18 years. In talking about contraception, you told me it was the opposite. I didn't get it.*

*R: It was rather the guy who was talking to me about it. I wasn't the one.*

(18-year-old female living in urban area of the Northern Region)

*I: Did you talk about ways to prevent pregnancy before it happened?*

*R: Yes.*

*I: What did you say?*

*R: Oh, we needed to protect ourselves so we will not get any problem.*

*I: Okay. So, who brought the idea of condom usage?*

*R: He is the same person.*

*I: The same person.*

(20-year-old female living in rural area of the Ashanti Region)

*I: Okay, okay, okay so did the two of you discuss that there is the need to prevent pregnancy?*

*R: Yeah.*

*I: Okay and you said you used condoms and the reason is that she had not completed school?*

*R: Nodding.*

*I: Okay, I want to know how did you decide whether to use or not to use contraception for the first time you had sex? Did you want to use contraception? You said you did that because you used a condom [respondent nodding]. Did you tell [name] whether you wanted or didn't want to use a contraception? You said you talked about. . . .*

*R: We talked about it.*

*I: Did you think your partner took what you wanted regarding using contraception?*

*R: She accepted it.*

*I: She accepted. Okay, who do you think made the final decision about using contraception?*

*R: She is the one who said it.*

*I: She said it. . . . Okay, the first time you had sex did you think or plan to use contraception later on when you want to have sex? After the first one did you think or plan that next time you will again use something to protect yourself from pregnancy?*

*R: Mmm.*

*I: Did you do something like that?*

*R: We did something like that because for her she had not completed school.*

(26-year-old male living in rural area of the Ashanti Region)

In other cases, the discussion centered on specific contraceptive methods, with some men reporting that they were reluctant to use a condom due to a perception that it lessened pleasure, while some women reported having concerns about potential side effects of hormonal methods. For example:

*I: Could you elaborate on the exact conversations you were having on those topics?*

*R: I used to tell her that if we were to have sex, I wasn't going to use a condom on her and she would be like if I don't use the condom, then she will not agree. Then I will tell her that if we use the condom, we will not enjoy the sex and she will reply that she may get pregnant if you don't use a condom. Then I used to suggest to her to use emergency contraception like the pills and she would tell me that she would stop getting her menses if she took the pill.*

*I: So, what happened on the day you had sex?*

*R: We used a condom. It wasn't a pill. I used a condom.*

(28-year-old male living in urban area of the Northern Region)

Discussions about contraception took place both before and after sex. Both male and female respondents reported talking about contraceptive use prior to sex, although in some cases, particularly when the contraceptive method used was the emergency pill, it appeared that it was only after sex that the decision was made.

*I: How did you decide on taking the pill [referring to emergency contraception]?*

*R: I took it so that there would be no pregnancy.*

*I: Did you make up your mind to take it or he encouraged you to take it?*

*R: As long as you've had sex you need to take it.*

*I: Okay. Did you tell him you were going to take a pill like that?*

*R: Yes.*

*I: Who brought the idea? You or him?*

*R: Him.*

*I: How did you make a decision to take the drug to prevent pregnancy? Did you want to take it?*

*R: Yes.*

(19-year-old female living in urban area of the Ashanti Region)

*I: How old were you when you started to talk about contraception with your girlfriend?*

*R: 18 to 19 years.*

*I: You were talking about contraception with your girlfriend?*

*R: Yes.*

*I: How old were you when you started to use contraception, condoms, and pills or either of them?*

*R: The first time I was going to have sex I didn't use it, yes we talked about it but. . . somewhere. . . my age and not the year, right?*

*I: Based on what you told me, it means that you talked about it at 19 years, but you had your first sex at 20 years.*

*R: Good, that is what am saying.*

*I: How about when you started using it?*

*R: That was just it, the same year, 20 years; no, 21 years.*

(28-year-old male living in urban area of the Northern Region)

### **5.3.2 Autonomy in contraceptive decision-making**

The ability to make decisions about one's reproductive life is a key aspect of empowerment and autonomy. Contexts where gender norms create a potential power imbalance between male and female partners can lead to women either not being able to express their preferences about contraceptive use or to them not being able to act on those preferences. In its most extreme form, such as when sex is forced or highly coerced, women typically have no input into decisions about sex or contraceptive use. In other cases, this can take the form of using contraception when one does not want to, or the opposite, which is desiring to prevent or delay pregnancy but not being unable to. In some cases, respondents in this study reported that women made decisions about contraceptive use, although male partners had the most influence and direct decision-making power. When men were not described as the primary decisionmaker, decisions were typically made by women primarily or jointly by both partners.

In the cases where the male partner primarily made the decision about contraceptive use, this took place directly or through influencing their partners to use or not use them. In many cases, the expectation was that the male partner would pay for or obtain the contraception, although most respondents did not feel that the male partner would force women to use a particular method. Due partly to social norms that limit women's ability to express desires in sexual matters, and the perception that men were more knowledgeable about contraception, women often reported that they deferred to their male partners in contraceptive decisions. In some cases, women reported wishing they had greater influence over sexual and contraceptive decisions, although in the majority of cases, women reported being satisfied with the level of influence they had over the decision. For example:

*I: On that day you had sex, did you do something so that she doesn't get pregnant?*

*R: Yes, I used a condom.*

*I: Did she ask you to use the condom?*

*R: I decided to use the condom myself.*

(20-year-old male living in rural area of the Northern Region)

*I: Who made the decision for you to use the medicine? Was it you or her?*

*R: I said we should use it. I asked her to use it so that she doesn't get pregnant.*

*I: And what did she say?*

*R: She said there is nothing wrong with that, that she will use it.*

*I: She didn't refuse?*

*R: No, she didn't refuse.*

*I: Was she worried about using it?*

*R: No.*

*I: That means, you ever talked about it?*

*R: Yes.*

(20-year-old male living in rural area of the Northern Region)

*I: Okay. Did you tell him you were going to take a pill like that?*

*R: Yes.*

*I: Who brought the idea? You or him?*

*R: Him.*

*I: How did you make a decision on taking the drug to prevent pregnancy? Did you want to take it?*

*R: Yes.*

*I: So looking at the decision you made to use a contraceptive method do you wish you had more influence in making that decision or you were satisfied?*

*R: Mmm*

*I: Where mmm mean?*

*R: [unintelligible].*

*I: Looking back at the decision you made about contraceptives do you wish you had more influence?*

*R: I decided not to take it but since it happened, I decided to take it.*

(19-year-old female living in urban area of the Ashanti Region)

*I: Yes, the first day that it happened?*

*R: The first day that it happened I think we bought a pill.*

*I: What type of the pill did you buy?*

*R: We bought P2.*

*I: What is the full name?*

*R: Postinor 2.*

*I: But did he himself do anything to protect himself?*

*R: Please no.*

*I: Who brought the idea that you should go and buy the P2?*

*R: Please, he did.*

*I: What about the money to buy it?*

*R: He did.*

(23-year-old female living in rural area of the Ashanti Region)

Few participants said that the decision to use contraceptives was made by both males and females. For example, one participant indicated that the decision to use a condom for their sexual debut was decided by her and their partner. Due to the earlier discussions, the partner bought the contraceptive for her before they had sex.

*I: How would you say it was your decision at that time to use the condom was it ....?*

*R: We were all afraid just as I said. In the beginning, he was even afraid more than I [laughs] so he was fast to go buy it.*

*I: So, who in the end made the decision to use the condom? You or him?*

*R: We all made the decision.*

*I: The two of you. You bought it before you went or you were already at the location and he said he was going to buy it?*

*R: He bought it before we went there.*

(23-year-old female living in rural area of the Ashanti Region)

Similarly, few females decided on their own to use contraceptives, and not all the decisions were communicated to their partners. One participant said she did not tell her partner of her intentions to use contraceptives but was happy with the influence she had on the decision to use contraceptives.

*I: How did you make decisions about whether to use contraception the first time you want to use contraception? Did you tell [partner's name] you wanted to use contraception?*

*R: No.*

*I: Finally, who made the decision to use contraception?*

*R: Me.*

*I: At the time did you wish you had more influence about the decision to use or not to use contraception?*

*R: No.*

*I: Were you happy with the amount of influence you had on the decision?*

*R: I was happy with it.*

*I: Would you have wanted to influence the decision to use contraceptives more?*

*R: Yes.*

(17-year-old female living in rural area of the Ashanti Region)

*I: So, you were the one who decided everything about the use of contraception, not her, because she didn't know anything about it?*

*R: She also knew about it.*

*I: But why were you the one who decided for her?*

*R: She knew but she didn't know how to approach me and tell me.*

*I: How do you know she didn't know how to tell you?*

*R: She knew it alright, perhaps she was thinking that if she was to approach me with something like this, it would sound like I am having the. . . that I don't love her or she doesn't love me.*

(20-year-old male living in rural area of the Northern Region)

There were very clear differences between married and unmarried couples in terms of decision-making about sex and contraception. As noted in Chapter 2, unmarried couples in established relationships were more likely to talk and collaboratively make decisions about sex, and this was also true for contraception. The women for whom first sex took place in the context of marriage, however, were much less likely to report feeling that they could make decisions about having sex and were more deferential to their husband's preferences for contraception as well. As these cases were in the Northern Region, much of this pattern appears to be driven by norms that create an expectation that either partner, but particularly men, can and should expect their partner to be sexually available and have a greater desire to become pregnant and have children as a part of forming a family.

#### **5.4 Motivations Related to Contraceptive Use at First Sex**

Both males and females had the motivation to use contraceptives, but the desire to use was notably lower among males, mainly due to concerns about lessening their sexual pleasure or potential infertility on the part of female partners. For the reasons for using contraception, there were no marked differences between male and female respondents who described why they used a method. For both groups, the main reason for using contraceptives at first sex was to prevent unwanted pregnancy. It should be noted, however, that for the most part only those who actively discussed using contraception also reported on their intentions, so that broader conclusions about the motivations of those who did not discuss contraception at all cannot be reached with these data.

For males, some participants said that they were afraid of impregnating their partner because some were in school and they did not want them to drop out of school.

*I: She said it. . . . Okay the first time you had sex, did you think or plan to use contraception later on when you want to have sex? After the first one, did you think or plan that next time you will again use something to protect yourself from pregnancy*

*R: Mmm.*

*I: Did you do something like that?*

*R: We did something like that because for her she had not completed school.*

(26-year-old male living in rural area of the Ashanti Region)

*I: Who made the decision for you to use the medicine? Was it you or her?*

*R: I said we should use it. I asked her to use it so that she doesn't get pregnant.*

*I: And what did she say?*

*R: She said there is nothing wrong with that, that she will use it.*

(20-year-old male living in rural area of the Northern Region)

Similarly, most females also said that the main motive for using contraceptives was to protect themselves from pregnancy. One respondent indicated that she and her partner were afraid of pregnancy and that necessitated the need for them to use contraceptives. Another respondent explained that she needed to protect herself from pregnancy because she was still in school.

*R: I needed to protect myself.*

*I: Did you protect yourself or not?*

*R: I protected myself. . . . What encouraged the two of you to use the pill and the condom?*

*R: We did not want to get anything like [pregnancy] to happen.*

(19-year-old female living in urban area of the Ashanti Region)

*R: We were all afraid just as I said. In the beginning he was even afraid more than myself [laughs] so he was fast to go buy it.*

(23-year-old female living in rural area of the Ashanti Region)

*I: She said it. . . . Okay, the first time you had sex did you think or plan to use contraception later on when you want to have sex? After the first one, did you think or plan that next time you will again use something to protect yourself from pregnancy?*

*R: Mmm.*

*I: Did you do something like that?*

*R: We did something like that because for her she had not completed school.*

(26-year-old male living in rural area of the Ashanti Region)

With regards to the region of residence, few respondents from the Northern Region indicated the motive for using contraceptives during first sex. Some participants mentioned the fear of pregnancy as the main reason for using contraceptives in the Northern Region.

*I: Did you use the condom because you were afraid you couldn't afford to do the naming ceremony when she got pregnant?*

*R: Yes.*

*I: That means she didn't also want to get pregnant right?*

*R: Yes, she didn't want to get pregnant.*

*I: What was she afraid of?*



*R: She was also afraid of getting pregnant. They also don't like to get pregnant outside of marriage. It is shameful to get pregnant outside of marriage because every guy in their area will insult her. That was the reason why we used it.*

(23-year-old male living in urban area of the Northern Region)

Likewise, most participants in the Ashanti Region indicated that they use contraceptives during their first sex to prevent pregnancy.

*R: I took it so that there will be no pregnancy.*

*I: Did you make up your mind to take it or he encouraged you to take it?*

*R: As long as you've had sex you need to take it.*

*I: Okay. Did you tell him you were going to take a pill like that?*

*R: Yes.*

(19-year-old female living in urban area of the Ashanti Region)

*R: Yes*

*I: Okay, so you protected yourself.*

*R: Yes, I protected myself so that I won't get pregnant.*

*I: Okay, so did you take the medicine after the sexual intercourse or?*

*R: I took the medicine after the sexual intercourse.*

(24-year-old female living in rural area of the Ashanti Region)

## **5.5 Reflections on Use/nonuse of Contraception at First Sex**

### **5.5.1 Regret about not using**

Some participants reported regretting not using any contraceptive during their first sex. The regret is due to the consequences emanating from their sexual debut. This was most common among women from the Ashanti Region, who residing in rural areas or were not married during their sexual debut. Most commonly, these regrets were related to the impact that unintended pregnancy had on their life trajectory:

*I: So, let's say today is the first time you've been given the opportunity to have your first sexual intercourse. What would you wish to happen differently?*

*R: [Pauses to recall.]*

*I: Ah, so if you had the opportunity today, what do you think would have happened or you would have done differently?*

*R: I will try hard for me not to get pregnant again, so I will use medicine so that I will not get pregnant.*

*I: So why do you say that? You know, Allah. It's off to be pregnant again or you use the medicine so that you can get pregnant. Why do you use it?*

*R: Then I didn't know, I could use medicine to protect myself from getting pregnant. But today, I know better so, if I have another opportunity, I will not allow myself to be pregnant, so I will use the medicine to protect myself from getting pregnant or we even go and do the family planning?*

*I: Okay, protect yourself about what and what.*

*R: I would have protected myself from the sexual intercourse so that I would get pregnant, to give birth.*

*I: Okay, so, why are you saying that giving birth isn't the right.*

*R: Because as I speak with you, at the moment, I am not doing any work, I am just home, and I have children to take care of so, if I get pregnant, again, I will suffer hardship.*

(26-year-old female living in rural area of the Ashanti Region)

Others expressed regret about not having protected themselves from pregnancy even when their first sexual experience did not directly lead to unintended pregnancy:

*I: Yes, I understand you, the time you were 15 years and had the first sexual intercourse, if you were to make any changes, the experience you had about the sexual intercourse, if you asked to make changes, what do you wish to do differently*

*R: What I will like to do differently?*

*I: Yes.*

*R: I will have protected myself from pregnancy so that it will not be a case whereby I got pregnant.*

*I: But you said that you did not get pregnant.*

*R: Yes, I was not pregnant, but I would have like to protect myself, because then I was protecting myself.*

*I: Okay, but if it were now, you would have protected yourself.*

*R: Please, yes. But now we want. . . .*

(20-year-old female living in rural area of the Ashanti Region)

### **5.5.2 Link between contraceptive use and pregnancy/relationship goals**

There was a clear disconnect between pregnancy intentions and contraceptive use at first sex for many participants. Many reported being afraid of pregnancy yet did not use a contraceptive method when the time came to have sex. Low pregnancy intention was common among men, participants in the Northern Region and those residing in the rural areas. On the other hand, some women, especially those who were married, had high pregnancy intentions and also did not use contraceptives.

The majority of the men interviewed reported being afraid of getting their partner pregnant but most did not use contraceptives during their sexual debut. For example, one man reported wanting to delay childbearing until after marriage, but did not use contraception, while another chose not to use a condom due to his perception that they lessen pleasure.

*I: What were your thoughts about getting your partner pregnant at the time?*

*R: My intention was not to get a girl pregnant when I have not yet married her.*

*I: Why was that your intention?*

*R: My intention was to also do well and get married in my household before she gave me a child.*

*I: Why was it part of your intention or why did you want it that way?*

*R: I looked at some of my peers who got married before having children and I also wanted to do it that way.*

*I: Why did you not want it to happen out of marriage?*

*R: Because my peers didn't do it that way.*

*I: Why do you want to do what your friends have done?*

*R: I see to be a responsible way of doing things.*

*I: So, you didn't use a condom on the first day you had sex with [partner's name]?*

*R: No. We didn't use anything.*

*I: She could have gotten pregnant?*

*R: And God didn't allow that to happen.*

*I: So, were you worried about it or you were not worried about it?*

*R: We were worried about it.*

(26-year-old male living in rural area of the Northern Region)

*I: You have told me about the pills. At the time you first had sex, not now, what were your thoughts about the use of contraception?*

*R: I wasn't thinking about it.*

*I: You said earlier that you thought about if she gets pregnant and you have to organize a naming ceremony, the pressures that come with it. Did you think about it?*

*R: I thought about it.*

*I: Did you use any form of contraception or condom?*

*R: For those things, I don't do it. I didn't use condom.*

*I: Why didn't you use a condom?*

*R: I don't like it. When you wear it and have sex, you don't really enjoy the sex. So I don't like it.*

(21-year-old male living in rural area of the Northern Region)

In contrast, some women had high pregnancy intentions and intentionally did not use contraceptives during their sexual debut. In the Ghanaian context, one would expect that young married women would have high

pregnancy intentions, and this was also the case for those who were not married but wanted to give birth (often with the goal of starting their own family).

*I: Now, we want to talk about contraception and pregnancy. The time you first learnt about sex, what were your thoughts on pregnancy?*

*R: I used to pray to God that if He is going to give us a child, it should be a child that is going to be good for both of us.*

*I: So, you wanted to get pregnant?*

*R: Yes, I wanted to get pregnant.*

(23-year-old female living in rural area of the Northern Region)

*I: Did [partner's name] use contraceptives or did he do anything to prevent pregnancy?*

*R: No.*

*I: Why didn't you do anything?*

*R: We wanted to get pregnant.*

*I: Did you talk about pregnancy?*

*R: No.*

(21-year-old female living in urban area of the Ashanti Region)

Desire to avoid pregnancy was also high in the Northern Region, although the disconnect between these desires and actual contraceptive use was even greater than in the Ashanti Region. This was for a variety of reasons. One participant indicated that he was still living with his parents and was afraid of impregnating a lady. Despite his fears, he had unprotected sex and never thought that his partner would get pregnant.

*I: What were your thoughts about getting a girl pregnant at the time you had your first sex?*

*R: I was asking myself the perception my parents will form about me if I get a girl pregnant. I was still under their care and the little money I was getting could have been enough to take care of a wife and a child. I was actually scared about it. My thinking was that I would be putting myself in a mess if I get a girl pregnant.*

*I: So, did you do something at the time you were going to have sex with her to prevent pregnancy?*

*R: At that time, it was just the raw sex?*

*I: Raw sex?*

*R: Yes. We didn't do anything in order to prevent pregnancy.*

*I: After you were done having sex, did you worry that she may get pregnant?*

*R: I didn't get worried.*

*I: Why didn't you get worried?*

*R: I believed that she cannot just easily get pregnant like that.*

(18-year-old male living in urban area of the Northern Region)

In addition, another participant explained that the shame of getting pregnant outside of marriage made her have low pregnancy intentions and use contraceptives during her sexual debut.

*I: Did you use the condom because you were afraid you couldn't afford to do the naming ceremony when she got pregnant?*

*R: Yes.*

*I: That means she didn't also want to get pregnant right?*

*R: Yes, she didn't want to get pregnant.*

*I: What was she afraid of?*

*R: She was also afraid of getting pregnant. They also don't like to get pregnant outside of marriage. It is shameful to get pregnant outside of marriage because every guy in their area will insult her. That was the reason why we used it.*

*I: Who made that decision or did you agree with her?*

*R: I made the decision alone.*

(23-year-old male living in urban area of the Northern Region)

## Key Findings

- **Use of contraception at first sex:** Use of contraception at first sex was relatively low, particularly for married women—all of whom were in the Northern Region—those with more coercive first sex experiences and men. For many, initiation of sexual activity seemed to act as a launching point for contraceptive use rather than a key point for discussions. Among those who did use contraception, condoms and emergency contraception were the most common methods, which were often obtained from a pharmacy or, less commonly, a hospital or health center.
- **Sexual and reproductive health (SRH) and contraceptive knowledge:** While most respondents knew about the existence of contraceptive methods and some had detailed knowledge, many lacked even basic knowledge about reproduction. Women and those living in the Ashanti Region and/or urban areas had the highest knowledge. For all groups, the primary sources of information about contraception appeared to be informal, such as through conversations with family or friends, although some mentioned education in school and/or from health care workers. In all groups there was very little knowledge of or concern about the risk of STIs at the point of first sex.
- **Decision-making and autonomy:** Women's ability to influence or make decisions about contraceptive use ranged from completely unable in the case of forced or highly coercive relationships to very engaged and effective when acting as the main decisionmaker. In practice, both men and women were much more likely to report that the male partner made the decision about contraception, although many women were satisfied with this. As for sex more generally, there was much more open discussion about contraception among unmarried youth in committed relationships than for either married youth or those not in a relationship with the person with whom they first had sex.
- **Motivations for use or nonuse of contraception:** While many respondents did not make a conscious decision about sex or contraception, those who did were primarily motivated by the desire to avoid unintended pregnancy and the consequences for education and employment. Choosing not to use contraception was primarily motivated by a desire to begin the process of family formation—particularly for married women.

## 6 EXPERIENCES OF COERCION AT FIRST SEX

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Young people's first sexual experience can occur under a variety of conditions. They may be willing and eager to have sex, or their first time may be highly coercive sex (Figure 6.1). They may be interested in having sex with a particular partner, but have reservations about when, where, or whether or not to use contraception.

We organize our discussion of coercion at first sex around three degrees of coercion. These levels are high coercion, moderate coercion, and no or low coercion. The process and criteria we used to categorize young people's experiences are described in more detail in Chapter 2.

After an initial coding and review of all interview transcripts, senior study investigators met to discuss the continuum of coercion reflected in respondents' experiences and to reach consensus on what constituted highly coercive, moderately coercive, and no/low coercive sex. After establishing these criteria, transcript passages that demonstrated various types of coercion were recoded with more nuanced subcodes, and attribute codes that categorized the degree of coercion were applied to the entire transcript. In some cases, multiple coercion subcodes or attribute codes were applied to the same transcript if respondents described circumstances that simultaneously reflected different degrees of coercion.

We categorized first sex to be highly coercive when there was physical force or attack, aggressive interference, threats or severe pressure to have sex, or other conditions or actions that force individuals to have first sex against their will. We also considered first sex to be highly coercive if the respondent reported they could not refuse sex. Moderate coercion is an expansive spectrum of experiences between high and low coercion. Although physical force or attack may not typify the first sex experience, one partner may experience conditions such that sex is not fully voluntary, regardless of the presence of physical force. We considered first sex to be moderately coercive when there was evidence of manipulation, moderate pressure to have sex, or repercussions for refusing. We considered there to be no or low coercion if the respondent reported wanting to have sex or some ambiguous feelings toward having sex, or the experience involved subtle conditions and/or mild pressure which may induce individuals into having sex for the first time. A key distinguishing feature was being able to refuse sex without consequences.

### High coercion

- Physical force or attack
- Severe pressure
- Could not refuse

### Moderate coercion

- Manipulation
- Moderate pressure
- Could refuse only with consequences

### No or low coercion

- Wanted to have sex
- Ambiguous feelings
- Modest pressure
- Could refuse without consequences

**Box 6.1 Willingness to have sex**

**Own willingness to have sex**

Thinking back to the first time you had sex, how willing were you to have sex with [name of first sex partner] at that time?

Very willing   Somewhat willing   Not at all



**Partner's willingness to have sex**

Thinking back to the first time you had sex, how willing was [name of first sex partner] to have sex with you at that time?

Very willing   Somewhat willing   Not at all willing



Source: Coercion at Sexual Debut: A 2022 Ghana DHS-Linked Qualitative Study



## 6.1 Experiences of Highly Coercive First Sex

### 6.1.1 How does highly coercive first sex manifest?

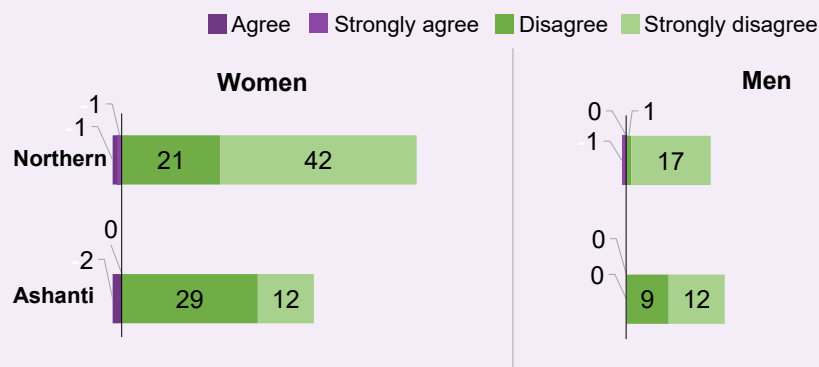
Highly coerced first sexual experiences occur in multiple contexts and manifest in a variety of ways. High coercion occurs among young people regardless of age at which they first have a sexual relationship with the perpetrator or where they live.

Some of the most disturbing accounts of first sex were those in the category of highly coercive sex. Whether meeting precise legal definitions or laypersons' common understandings, some of these experiences can only be described as rape. Forms of high coercion observed in this study include physical attacks, use of force, physically restraining the person, locking doors to prevent victim from escaping, and putting drugs in the victim's drink. These forms of coercion are meant to suppress the victim's ability to resist and entirely negate the individual's agency.

#### Box 6.2 Forced sex

Please tell me how much you agree that this is true for the first time you had sex:

*You forced [name of first sex partner] to have sex*



Source: Coercion at Sexual Debut: A 2022 Ghana DHS-Linked Qualitative Study

### Examples of physical attack

While anyone may experience coercion, all victims of force or physical attacks in this study are young women. We recorded physical attacks in urban areas of both the Ashanti and the Northern regions. The perpetrators of these physical attacks were not romantic partners or spouses of the victims. This young woman recounted her rape as follows.

*R: On that day of the incident, I was at the bathroom, taking my bath. So, I heard footsteps coming towards the bathroom. So, I shouted to let the person know that someone was in the bathroom, bathing I said so, so that the person will not approach farther but I don't know because he heard my voice, he came the more. So, I'm thinking he came over because he heard my voice that I was the one, then he came towards me. He asked why I refused his proposal of being his girlfriend. So, I replied by telling him that I am still in school. I am still staying with my grandmother. I am not living by myself so I*

*cannot be his girlfriend. So, I told him that because of that, I could not be his girlfriend. So, I told him that if he insisted on still making me his girlfriend, then my grandmother is there, and she is the one I am living with. He should come and then tell my grandmother so that my grandmother will know he proposed to me to be his girlfriend and he said, no. So, there and then he told me that he wanted to have sex with me, and I said, no, I will not agree for him to have sex with me. So, because of that, I had to use a stone to hit him. So, because I use the stone to hit him in the form of defense, he became more aggressive, and he forced himself on me and had the sex with me.*

*I: So where did the sex intercourse happen?*

*R: It happened right in the bathroom.*

*I: So, with that what did you do afterwards?*

*R: He instilled fear in me.*

*I: How did he instill fear in you?*

*R: He cautioned me not to tell anyone about what has happened because if I did, he was going to harm me so as a result of that, I was so frightened so, when my grandmother came back home, I was unable to tell her about what has happened to me. So, when I realized I was pregnant, then I told my grandmother about it. So, I told my grandmother what happened and that the guy threatened that, if I told anyone he was going to. . . .*

(15-year-old female living in urban area of the Ashanti Region)

Several young women recounted that forceful first sex happened after they turned down the proposals or refused to enter into a romantic relationship with the male perpetrator. The same young woman who was attacked in the bathroom elaborated:

*R: The initial stage he approached me and told me he wanted me to be his girlfriend, but I told him I am going to school, so I want to complete my education before starting something like that, so when I refused then he forced himself on me and had sexual intercourse with me.*

(15-year-old female living in urban area of the Ashanti Region)

### **Examples of physical means of restraint**

Perpetrators adopted other ways to force sex upon young women. Perpetrators sometimes locked the door to prevent the person from running away or used physical strength to overpower her before having sexual intercourse with her. Such incidents were present in both the Ashanti and the Northern regions, primarily among urban residents. These incidents were perpetrated by nonpartners against unmarried young women. Some of these incidents were planned in advance, as this woman described.

*I: If you look back at what happened at age 17 do you think you could have refused to have sex with him or you couldn't have done anything?*

*R: I had no plan of having sex.*

*I: So, that time if you had refused and planned on leaving, could you have left?*

*R: In the area he lived it was a sunny day, the whole area was quiet, there was a bush behind his house so even if I shouted no one would help*

*I: If you wanted to walk out could you have?*

*R: He had locked the gate so I couldn't.*

*I: Do you think he had planned it for long?*

*R: I think so.*

(22-year-old female living in urban area of the Ashanti Region)

Another young unmarried woman in the Northern Region described how a young man she knew used his physical strength against her:

*R: No matter what, even if you want, he can fight with you. Because if he locks the door, you have nothing to do. Mmm, so maybe we were just there talking, and he was touching me, especially if a guy touches where your feelings err.*

*I: Mmm.*

*R: Then you don't have any option than to. . . .*

*I: Give in.*

*R: To give in.*

*I: Okay. So, err, did you do or show anything like to show whether you wanted it or not?*

*R: The sex?*

*I: Yes*

*R: Eern, yes, because I was telling him that, I have never done anything like this, so he should let me go and he will release me [unintelligible]. Am not ready for now and so he should let me. He insisted because he was stronger than me [laughs].*

(28-year-old female living in urban area of the Northern Region)

### **Examples of severe pressure**

In contrast to other types of highly coercive first sex, those who exerted severe pressure to induce sex were typically a partner. This was usually a nonmarital partner, although the seriousness of the relationship varied from a new to a longtime relationship, or fairly casual to relatively serious romantic relationship. Below is the account of a young woman in the Northern Region of her first sex experience.

*I: What happened that day and you finally agreed to have sex with him?*

*R: We had to fight [laughs] not a small fight.*

*I: Oh, what happened?*

*R: . . . .*

*I: When he was undressing what did you do or what did you do to make the two of you fight?*

*R: [Laughs] I was just sitting. I was sitting away from him but he said he would not agree to that so we had a fight.*

*I: Okay, so how was he able to finally convince you to have sex with him?*

*R: He pleaded with me. . . and I agreed.*

(27-year-old female living in urban area of the Northern Region)

More directly coerced sex was reported by several young women in the study. A respondent in the Ashanti Region shared her experience with a nonpartner whom she was visiting and was coerced to have sex, which occurred before marriage.

*R: I did not want to do it even before going there. When I was going there, I had no thoughts about it. When I arrived there, he was the person who initiated it.... I wasn't in agreement with that. I would say he forced me.*

(25-year-old female living in urban area of the Ashanti Region)

In other cases, pressure was put on the young woman by her spouse and forced sex occurred while she was asleep. This was reported in the Northern Region.

*I: How did you know?*

*R: [Laughs] Ooii, madam [laughs]. . . definitely, when someone wants something, you will know, so he was putting pressure on me, yeah, he was even outside for a while before coming back inside. I was already asleep.*

*I: What kind of pressure was he giving you?*

*R: With regards to sex.*

*I: He gave you pressure to agree to have sex?*

*R: Yes.*

(20-year-old female living in urban area of the Northern Region)

One way in which severe pressure was exerted was through the use of threats and blackmail, which made young women afraid of what the man would do if she did not yield to having sex with him. One woman in an urban area of the Northern Region, who was not married at the time, and was pressured into having sex for the first time explained how a man threatened her with revenge porn.

*I: Did he force you or scared you that if you don't accept to his demand, he will do something bad to you?*

*R: Yes, he told me that, he will do something that I will not like, if I don't accept.*

*I: Something like how?*

*R: [Laughing]. . . that he will cast a magic spell on me, then sleep with me and also, snap me pictures.*

(22-year-old female living in urban area of the Northern Region)

### **Examples of sex while partner was incapacitated**

Another way in which highly coerced sex was perpetrated against young women was by initiating sex while the young woman was unable to provide consent because they were in an unconscious state. These incidents

occurred in Ashanti, in both rural and urban areas, and with victims who were both unmarried and married at the time of first sex.

In one situation, a young woman described that she was “knocked out” because her drink was drugged by the perpetrator:

*I: Will you say [partner’s name] forced you to have the sexual intercourse?*

*R: Please, yes. It’s because of the drink I drank.*

*I: What did you say?*

*R: Please, it is because of the drink I drank. He told me he placed something in the drink.*

*I: Okay. He told you the drink you drank, he placed something inside. Okay but before you had the sexual intercourse with him, did he tell you he wanted to have sexual intercourse with you and you didn’t agree?*

*R: Please, yes.*

*I: Who was he to you?*

*R: He was my classmate. . . . We were age mates. He told me that I should come and do something for him. . . . When I went, he told me he was lying. . . . There was a drink on the table. And I drank it. I didn’t see anything again.*

*I: You didn’t see anything again. When you drunk it and you said you didn’t see anything again. Please when you say you didn’t see anything what’s the meaning. Why didn’t you see anything again?*

*R: Like I was feeling drowsy and I slept. When I woke up, it was like I had my menses. I went to take my bath.*

*I: So, did you ask him what happened?*

*R: He told me himself. . . . He told me, he slept with me. He told me he slept with me.*

(17-year-old female living in rural area of the Ashanti Region)

Another described having fallen asleep and being awakened to find her “friend” already having sex with her.

*R: I went to his house to go watch television and I slept off and it happened. . . . I was asleep.*

*I: After you saw that he had done something with you what did you do?*

*R: I got angry.*

*R: It was like we were three ladies who went there to watch TV. So, when they were coming home they did not call me because I was asleep and they left.*

*I: Did you confront your friends about it for leaving you in his room asleep?*

*R: I asked them. One even told me that why do you sleep off so soon when we have gone somewhere. Why won’t we leave you there? I went with you so why did you leave me*

*there when I fell asleep? If I had fallen asleep what stops you from waking me up. She said she was feeling sleepy so she left to go and sleep.*

*I: Was the experience something you liked or it wasn't an experience you liked?*

*R: No.*

*I: I want to know that if you were not asleep then could you have had the strength to prevent him from having sex with you?*

*R: Yes I can. ... I would have walked out and come home. I will engage him in a conversation then I will get out of his room. . . .*

*I: In summary, if you look at the first time you had sex would you say it was a positive experience or negative experience? First time you had sex how do you feel about? Was it positive thing or negative ?*

*R: It was a negative experience to me.*

(28-year-old female living in rural area of the Ashanti Region)

While most perpetrators who began sex while their victim was asleep or unconscious were men known to the young women, but not a partner. One married woman described how her husband accosted her while she was sleeping.

*R: [Laughs] Ooii, madam [laughs]. . . . Definitely, when someone wants something, you will know, so he was putting pressure on me. Yeah, he was even outside for a while before coming back inside, I was already asleep.*

*I: What kind of pressure was he giving you?*

*R: With regards to sex.*

*I: He gave you pressure to agree to have sex?*

*R: Yes.*

(20-year-old female living in urban area of the Northern Region)

### **6.1.2 Perpetrators of high coercion at first sex**

The perpetrators of other forms of highly coercive sex beyond pressure were most often with someone with whom women are not in a relationship. These nonpartners include acquaintances, neighbors, friends, or friends of friends, and the occasional stranger. Women experienced severe pressure to have sex from nonspousal partners, either in the context of an ongoing romantic relationship or casual partner. This description from a woman who experienced physical force from a friendly acquaintance is typical.

*R: I was here. I closed from church and he asked me to come to him and I went.*

*I: How long had you been in a relationship with him? Weeks or days or months?*

*R: Eerm, it wasn't a relationship because. . . it was something like rape. . . .*

*I: Were you in a relationship with the person you first had sex with?*

*R: Yes. It was just like he acted like a pastor so I felt like well it's a church bond so I liked him so we were like just friends. I wasn't in a relationship with him like girlfriend or boyfriend relationship.*

(26-year-old female living in urban area of the Ashanti Region)

### **6.1.3 Experiences of highly coercive first sex among young men**

Occasionally young men in the study experienced high degrees of coercion at first sex. Young men are not immune to coercion. In one example, a male respondent from the Northern Region described his first sexual intercourse with an older girl as highly coercive. This occurred in the context of a group game intended for youth to engage in sexual interactions—including but not necessarily intercourse.

*I: You were playing as children usually do?*

*R: Yes, we were children who like to play around. . . . It was in the night. . . . It was outside, in the open.*

*I: Was she the only person you were playing the game with?*

*R: We were many. I was the one running and she was running after me, until I fell down. Then she ran to me and fell on me. Then I started to hit her to get up. Then she held my hands tight.*

*I: Then she held your hands and undressed you?*

*R: Yes.*

*I: Or you were the one who undressed her?*

*R: She undressed me. I didn't know it.*

*I: After undressing you, what did she do next?*

*R: When she undressed me, I was lying down and she continue lying on top of me. Then she later turned me upside and I was now lying on top of her.*

*I: So, you were now on top of her?*

*R: Yes.*

*I: Did she remove your penis?*

*R: Yes.*

*I: And kept it in her vagina?*

*R: Yes.*

(18-year-old male living in urban area of the Northern Region)

He elaborated:

*I: When you made an attempt to get up, did she threaten you or did something that scared you?*

*R: She held on to my shirt when I tried to get up. It was very tight.*

(18-year-old male living in urban area of the Northern Region)

#### **6.1.4 Privacy, resistance, and responses to highly coercive sex**

Perpetrators who used attacks, physical force, or drugging—and sometimes highly severe pressure—to coerce women into sex often relied on privacy to dissuade or reduce the effectiveness of resistance to their attack. They often chose times when others had left for work and students were at school or friends were away, which was a quiet environment without anyone to witness or respond to a physical sexual assault. The young woman who was attacked in the bathing room reported:

*R: . . . and all the older people in the house had all left for work, so there was no one home. So, on that day, I also was a bit late for school.*

*I: That day, did you go to school?*

*R: That day I did not go to school, because I was already late for school. As for him I didn't know whether he went to school or not on that day.*

(15-year-old female living in urban area of the Ashanti Region)

A young woman from the Ashanti Region who was forced by a church friend to have sex recounted:

*R: It was something like rape.*

*I: He forced you?*

*R: Yes. . . aha.*

*I: And did you scream for help?*

*R: I did, but his house was, err... At that time there was no one in the house and he had loud music on and he beat me up and so on.*

*I: I see.*

*R: What my concern was, was that I was very secretive and I was so scared of my father because I was his special daughter. So didn't know what he will do if I had reported the incident to him. So, I could not mention it to him.*

(26-year-old female living in urban area of the Ashanti Region)

During incidents of highest coercion, respondents indicated that they attempted to resist the sexual intercourse. They did this by physically defending themselves and attacking the perpetrator, screaming for help from other people, crying, and negotiating with the perpetrator to discourage them from continuing with sexual intercourse.

Some young people did not resist because any resistance seemed futile to them, and they gave in to having sex:

*I: Can you say why you couldn't choose to have sex at that time, what could have happened?*

*R: It could have taken a lot of time. He could have wasted my time there whilst my parents thought I was in the house. So I decided we should get it done so I can go home.*



*I: Did he threaten you?*

*R: He didn't but he forced me.*

(24-year-old female living in urban area of the Ashanti Region)

Several respondents reported their experience of forced sex to the police, hospital staff from whom they sought help, or other trusted adults. Many respondents, however, did not disclose their experience, either to protect the perpetrator from being charged with abuse or otherwise getting into trouble, or out of fear that their own reputation could be impugned. This young woman, who had a friend force himself on her while she was sleeping, explained:

*R: I cried . The next day I did not come out of my room.*

*I: Did you go to the police station or what did you do?*

*R: I did nothing.*

*I: Did you tell someone about it or what did you do?*

*R: I did not tell anyone.*

*I: Not even your mother? Because you said you trusted your mother.*

*R: If I had told her she would have given him trouble.*

(28-year-old female living in rural area of the Ashanti Region)

Several disclosed their experience only after it was clear that a pregnancy had resulted, which could not be hidden, as in the case of this unmarried young woman from an urban area of the Ashanti region.

*I: Did you mention it to your grandfather what the guy had done?*

*R: He said I should ask the guy to come home and the guy came home to see him.*

*I: Okay, so what did your grandfather say?*

*R: They talked to him that if this is what has happened he should take care of me.*

*I: What had happened?*

*R: The pregnancy had happened so he should take care of me.*

*I: So, he came home because of the pregnancy and not because he forced to have sex with you? Didn't you tell anyone what he had done to you, even your friends?*

*R: No, please.*

*I: Why didn't you tell anyone about it?*

*R: I was shy.*

(23-year-old female living in urban area of the Ashanti Region)

A female respondent who was unmarried and lived in an urban residence in the Ashanti Region recounted her experience where she decided not to disclose that she had been forced to have sex with a nonpartner out of fear that her reputation could be impugned.

When a highly coerced first sex experience occurred within a relationship or friendship that had the potential to become romantic (typically severe pressure), women expressed ambivalent feelings about continuing the relationship. This ambivalence was especially apparent when women had hoped the relationship would evolve to a more committed relationship or if they had wanted to have sex with their romantic partner at some point in the future. Continuing the relationship despite the sexual coercion occurred among respondents in both the Ashanti and the Northern regions and urban and rural respondents.

One respondent in the Northern Region whose partner forced himself upon her visited her the following day to apologize for his behavior and pledge his continuous commitment to their romantic relationship.

*R: He will see me then, but time came then I said okay then let me give him chance to speak to me. And he came and apologized, and he was saying that what he did, it, err, shows that we really loves each other or he really loves me. So, there is nothing to be worried about and he will never disappoint me or something like that or these kind of stuffs.*

(28-year-old female living in urban area of the Northern Region)

This second account is from a female from the Ashanti Region who explained that she was forced into having sex with a male friend. She gave in to having sex with him because she knew he was “a good responsible guy.”

*R: I had less strength than him so I couldn't resist it.*

*I: So, what were your thoughts about having sex with [partner's name] that time, would you say that you wanted to have sex him?*

*R: I wanted it and I also knew that he is not a guy who would run away from his responsibilities that's why I gave in to him.*

*I: Were you looking forward to having sex with him?*

*R: No.*

*I: Was it something that you were looking forward to happening at that time?*

*R: No I was not looking forward to it. When he sent me for which reason I showed up in his house, I realized that from the look of things I have to give in to his demands.*

*I: Before you went to his house were you looking forward to having sex with him?*

*R: No.*

(23-year-old female living in urban area of the Ashanti Region)

### **6.1.5 Feelings about highly coercive first sex**

Respondents described their experiences of highly coercive first sex as negative. No one who experienced high coercion described a positive first sex experience. They frequently lamented the lack of autonomy or control. These respondents felt they were overpowered by their partners in the decision making about first sex and regretted that they did not have greater say in whether, when, and with whom they first had sex. As one respondent said:

*I: Will you say the first sexual intercourse you had, it was a good sexual intercourse or a bad sexual intercourse?*

*R: It is a bad one. . . . I didn't say I will do it, that we will have the sexual intercourse.*

(17-year-old female living in rural area of the Ashanti Region)

Others expressed their regrets based on the consequences of the coercive experience, particularly pregnancy. Several victims of forced sex became pregnant. Many more expressed fears of becoming pregnant, which was universally unwanted, and was the single main thing that defined their first sex experience as a negative one.

Some respondents who became pregnant after first sex explained that they were initially unaware and only recognized they were pregnant when the pregnancy was more advanced, as this young woman from the Ashanti Region explained.

*I: I see you have used the pregnancy card [in the timeline activity], how did the pregnancy end?*

*R: My pregnancy, I was going to school, at that time I was still a virgin and had not yet had sexual intercourse with a man. One day I was bathing at the bathroom and a man forced himself on me and had sexual intercourse with me, so I also did not know that it will result in pregnancy. So, when it was detected that I was pregnant, the pregnancy had advanced into the fifth month before I realized I was pregnant.*

*I: You said that the person forced himself on you?*

*R: Yes.*

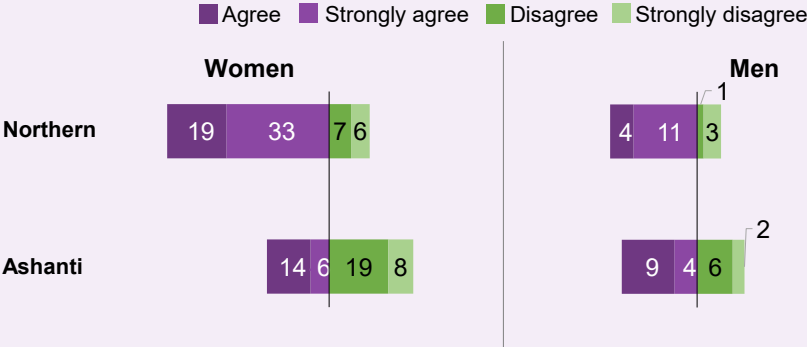
*I: Where?*

*R: Just here, in the bathroom.*

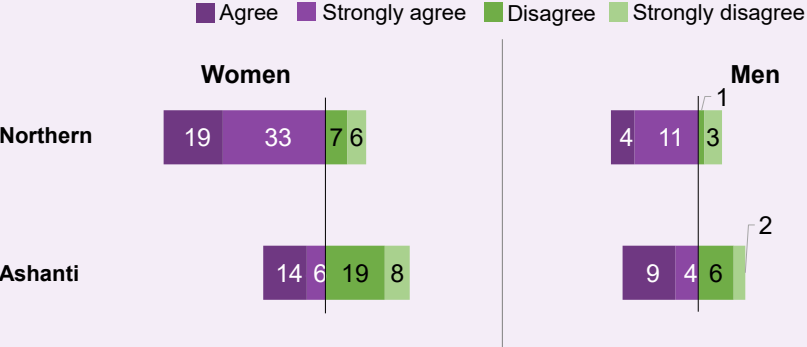
(15-year-old female living in urban area of the Ashanti Region)

**Box 6.3 Feelings about first sex**

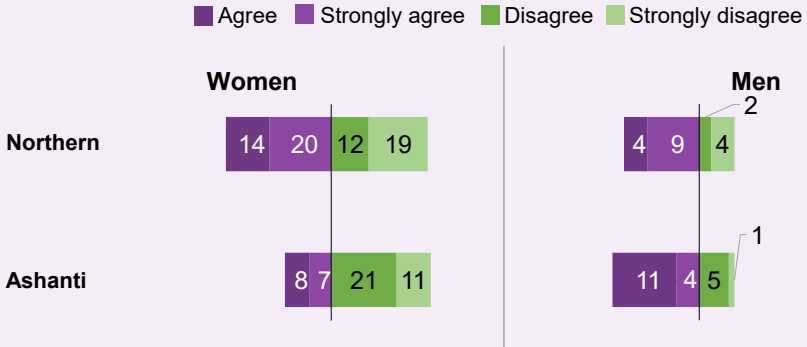
*You looked forward to having sex*



*You were reluctant to have sex*

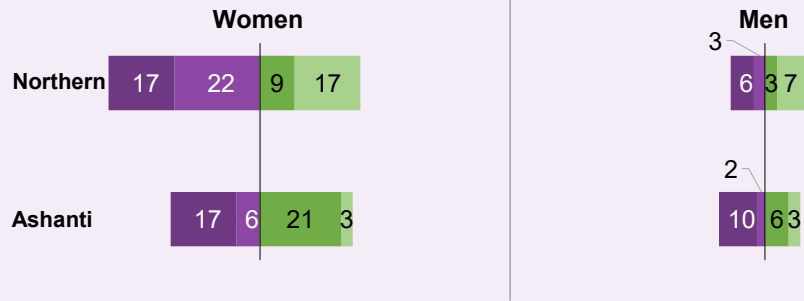


*You were enthusiastic about having sex*



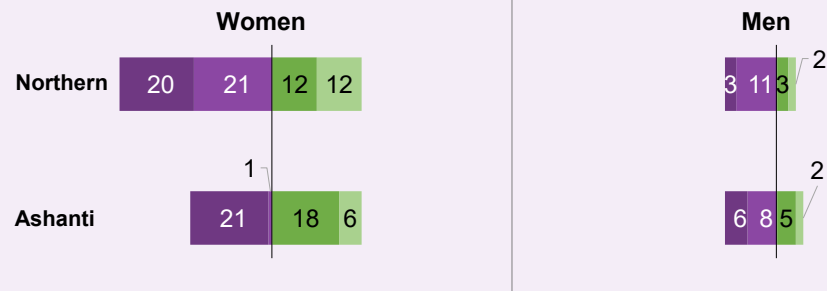
*You did not feel ready to have sex*

Agree Strongly agree Disagree Strongly disagree



*You had sex just so you wouldn't feel pressured anymore about sex*

Agree Strongly agree Disagree Strongly disagree



Source: Coercion at Sexual Debut: A 2022 Ghana DHS-Linked Qualitative Study

## 6.2 Experiences of Moderately Coercive First Sex

### 6.2.1 How moderate coercion manifests

Accounts of medium coercion were reflected in a greater number of transcripts than high coercion and many more than low coercion. Since these accounts are often blended with elements of either low or high coercion, it is difficult to clearly differentiate medium coercion from the other categories of coercion at first sex. Medium coercion does not include physical force or restraint but does manifest as pressure or manipulation.

#### Pressure and pleading from a partner

Some forms of medium coercion occur principally within the context of some kind of relationship. Partners, typically male partners, often applied pressure or pleaded with women as one form of moderate coercion. In some cases, this pressure was exerted over a period of time before women acceded to having sex for the first time. For example, an interviewee said:

*R: That was why I said that he did not take it easy, but later I allowed him.*

*I: Okay, later you allowed him. Why did you allow him?*

*R: Okay, I really did not know, but I just gave up.*

*I: Okay, you just gave up. But I want to know, you did not agree but at a point you just gave in, that is what I want to know why you gave in.*

*R: I don't really know why.*

(19-year-old female living in urban area of the Ashanti Region)

Another described:

*R: I considered it like if I am a woman and a man comes to plead with you. When he comes and pleads with you, you have become one flesh. So, you cannot sit down and say that you will refuse to have sex with me because he has come to perform all rites in the customary way.*

(27-year-old female living in rural area of the Ashanti Region)

Examples of pleading by partners were particularly reported in the rural areas of the Ashanti Region.

#### Peer pressure

Peer pressure refers to the influence that individuals in a social group can exert on each other to conform to certain behaviors, attitudes, values, or norms. Moderate coercion, expressed as the feeling that one must have first sex because other people have had first sex already, was found in the study for both young men and women in both the Ashanti and Northern regions of Ghana. Peer pressure was most profound for young women in urban areas. Peer pressure may have emanated from a specific individual or a social group, or it may be a general feeling.

One young woman discussed entering into a relationship in which sex was expected in return for financial support with a friend said:

*R: Yes, I told my friend and she said since there is no help from anywhere that is what I should do.*

After she was asked:

*I: Do you think you were pressured by some people such as your partner or friends to start having sex?*

(19-year-old female living in urban area of the Ashanti Region)

One young man from an urban Northern Region reported pressure to have sex for the first time because becoming sexually active is one sign of the transition to adult manhood, as is getting married and establishing a family. He described the pressure this way:

*R: I said we Dagombas usually concentrate on “those ahead of us and not those behind us.” If we were to focus on those behind us, we wouldn’t be so worried about a baby now. My master, [name], the one I said is my uncle, for instance, married his second wife and she was brought home on Saturday, the next Saturday they brought [name] to me, the following Saturday they brought my senior apprentice’s wife, the same month and all their wives have already given birth.*

(26-year-old male living in urban area of the Northern Region)

### **Examples of manipulation**

Manipulation in the context of sex refers to the use of deceit, control, illusion or misrepresentation, or other unethical tactics to induce someone into engaging in sexual activity without their full and informed consent. Some cases of manipulation include one person arranging—alone or in collusion with friends—for the conditions in which they could have sex or in which it would be difficult for the other person to refuse sex. This could be arranging to find themselves alone in a room together, or organizing sexually-oriented games, or inviting a person for a visit under the pretext of some other purpose, but which in reality, sex was expected. One woman described what happened to her:

*I: Can you tell me about the first sex you had, how did it happen?*

*R: [Laughs] I don’t know how I will answer this question. Like I already said, it’s the marriage talks he gave me. It happened that I was going to his house. It was when I went to his house that it happened. This was also due to the fact that he made up his mind to marry me and so I agreed to him. He is not the one who left me. I did. He wasn’t correct and was always lying. Because he used marriage as a factor to get me. When I told him to come and pay my bride price he didn’t mind me. Whenever I told him, he will get a date and fix. So, I realized he wasn’t serious about me. So, I left him.*

(25-year-old female living in urban area of the Northern Region)

Other examples of manipulation involved lying about their commitment, fidelity, or making false promises about their intentions or future actions. This frequently involved young men misrepresenting a relationship as exclusive when it in fact was not or falsely expressing a desire to marry. Such deceit was often accompanied by pleas to the young woman to reciprocate signs of love or commitment by having sex with

them. This type of deceit was often revealed only after sex, either a single sexual encounter or over a period of time of sexual activity after which a relationship dissolved when promises did not materialize.

Young women were not the only ones subject to manipulation to induce them into having sex for the first time. Young men also reported experiencing manipulation as a part of their first sexual experiences:

*I: Did you do or say something to encourage her to have sex with you?*

*R: As I said when she said she wanted money for the convention I decided to give her some but I didn't give it to her.*

*I: So, will you say you manipulated her?*

*R: That was manipulation.*

(28-year-old male living in urban area of the Ashanti Region)

### **6.2.2 Ability to refuse sex**

Refusing sex is a fundamental aspect of personal autonomy and consent. Every individual has the right to say no to any sexual activity at any time, regardless of their previous actions, relationship, or circumstances. Further, this is a right that should always be respected, with no negative consequences for someone who chooses not to engage in sexual activity. In a healthy and respectful relationship, refusing sex should not result in harm or repercussions, further coercion, or pressure. It is essential to promote and maintain an environment where individuals feel comfortable asserting their boundaries and making choices that align with their own comfort and well-being.

Most women from both study regions said they could have refused first sex. Reports of the ability to refuse sex were more common among rural women from the Ashanti Region than rural woman in the Northern Region. An interviewee said:

*I: As for refusing I had totally refused to have sex with him but what he said had made me to be patient and gave myself to him.*

(21-year-old female living in rural area of the Northern Region)

Although many respondents who experienced medium coercion felt that they could nonetheless refuse sex, some who experienced sustained pressure to have sex over time ultimately yielded to that pressure, as the above quote also illustrates. That is, they did refuse sex on multiple occasions prior to their first sex. However, they decided to have sex for the first time, not because of changes in their circumstances, relationship, or readiness to have sex, but because their resistance was worn down by the continuing pressure.

The ability to refuse first sex was not restricted to women in our sample. Young men also reported this ability. In some cases, this ability to refuse was not exercised because of ambivalent or conflicting feelings about having sex for the first time (interest in sex along with desire not to have sex). A young man said:

*R: Hmm, I could have controlled myself but I didn't control myself [but] pressure was from her.*

(23-year-old male living in urban area of the Ashanti Region)



Some who reported that they could refuse sex said they could refuse sex free from consequence. Others could refuse sex without consequence except for the continued pressure. Others reported that they had the ability to refuse sex but would experience repercussions for doing so.

Many young women in rural areas of Ashanti fell into this latter category and gave in to having sex because they are afraid of the consequences if they did not. One interviewee said:

*I: The reason why I agreed to have the sexual intercourse with him was because if I had said no, I was afraid he was not going to take care of me anymore or if I asked him for anything, he was not going to give me. So, when he said that, I also said okay, and I agreed.*

(21-year-old female living in rural area of the Northern Region)

### **6.2.3 Ambivalence, readiness, and misgivings about first sex**

When it comes to sexual decision-making, individual interest in having sex can be influenced by various factors that can either enhance or diminish their desire in engaging in sexual activity.

Ambivalence toward sex refers to having mixed or conflicting feelings and attitudes about sexual activity. This means that an individual may experience a combination of positive and negative emotions, thoughts, or uncertainties about sex. This ambivalence can manifest in various ways and can result from personal, cultural, religious, or social factors.

Many young women expressed some ambivalence about having sex for the first time, particularly in the Ashanti Region. For most of these ambivalent women, desire in having sex was mixed with conflicting feelings that they were not ready to have sex. In some cases, these conflicting emotions were enough to mean that consent to have sex was not full and enthusiastic. We categorized such cases with ambivalence, alone, as low coercion. In other cases, the male partners of ambivalent young women exploited this ambivalence and added pressure to make the experience even more coercive. We categorized such instances as medium coercion. One woman who had sex before she felt fully ready described:

*R: At that time, I did not know it was going to happen, but the way he spoke to me that was why I gave into his persuasion.*

*I: Okay.*

*R: But that time I was not ready to do that thing.*

*I: What thing?*

*R: To have the sex, but because I also loved him and because I trust him, I was why I did it with him.*

(28-year-old female living in urban area of the Ashanti Region)

Another described her experience this way:

*I: Okay. So, err, did you do or show anything like to show whether you wanted it or not?*

*R: Ern, yes, because I was telling him that, I have never done anything like this, so he should let me go and he will release me [unintelligible]. Am not ready for now and so he should let me. He insisted because he was stronger than me [Laughs].*

(28-year-old female living in urban area of the Northern Region)

In some cases, with young women especially, this ambivalence and sense of not being ready pertained to social expectations that they should be married or in a more committed relationship before having sex, rather than a personal feeling that they were not ready.

Most men were interested in having sex for the first time, which suggested a stereotype that men are sexual beings, while women may not be. However, some men reported that they were pressured into having sex, even if they did have sexual desires. For several young men, these forces—pressure and interest—co-existed and sometimes were expressed as ambivalence. For example, a male from an urban Ashanti Region who was influenced moderately to have first sex said:

*R: Yeah, the pressure was that, umm, when she started touching me you know, she was fat and let me say stronger than me so, and I felt like if I didn't do it like she will be so embarrassed, you understand, yeah, she will be so embarrassed and she has also been kind to me though I didn't know that maybe that was her own agenda, that is to lure me into such thing like that but I felt that everything that she was giving to me she was so kind, she was so good, I mean, so if I stopped doing something like that like I will embarrassed her and at the same time also, like I said earlier, when she started touching me and I started having that feelings I felt like, okay, let me do it and see how it is the way my cousins have been telling me about it.*

(25-year-old male living in urban area of the Ashanti Region)

## **6.3 Experiences of First Sex with No or Little Coercion**

In the Ashanti and Northern regions, numerous young women and men described no coercion or very little coercion during the first sexual experiences. No or low coercion exists when both partners enter into sexual activity willingly and with full consent. Alternately, there may be minimal pressure applied or some ambivalent feelings about having sex for the first time. However, a criterion for this category is that the respondent was able to refuse sex, if they wanted to, without consequence.

### **6.3.1 How low coercion manifests**

#### **Peer pressure**

Study participants who experienced modest pressure to have sex most frequently experienced peer pressure, rather than direct pressure from a prospective partner.

Several young men and women stated that they were influenced indirectly by their peers to engage in first sexual intercourse. The peers did this by sharing their own first sex experience with their friends which encouraged them to also try sex, or by specifically coaxing their friend to begin having sex. As one recalled:

*I: So how did it come about. We are trying to look at the situation that happened, how you all spoke and agreed to have it you get it or was it a force or you didn't want it and she forced you or just want to try it because friends were saying it or was it because of something, you get it?*

*R: Most of my friends, okay, what led me to even romance with my partner was one, peer pressure.*

*I: Okay.*

*R: My friends will be telling me, eh, you have to do it, you have to do it, you have to do it and is you yourself you want to know how, how it feels. How, like how it is like, you want to know.*

(22-year-old male living in urban area of the Ashanti Region)

In other cases, the friends initiated the relationship between the couple, which led to the first sex. In some cases, their friends' direct action or encouragement contributed to their decisions to engage in sex for the first time. We found accounts of these types of peer pressure in both regions, and in particular among those respondents whose first sex was with a nonmarital partner.

### **Relationship-related expectations**

Low coercion can manifest as an expectation that living with or being in a loving, committed relationship with someone should entail sex, rather than direct pressure from a partner. Low coercion existed among young people because of the idea that being in a loving relationship meant one must offer sex as a female while males also expected sex in response for the love they offer to their female partners. This idea was widespread across all categories (gender, region, marital status, place of residence, and perpetrator of first sex) except those whose first sex was initiated by a nonpartner.

*I: Do you wish you had more control over the situation where she wanted to have sex and you didn't want to have sex?*

*R: I wished.*

*I: But what stopped you?*

*R: I could not resist because of the way I lived with her.*

*I: How did you live with her?*

*R: I felt we loved each other. In some cases, they may be having sex every day and not necessarily love each other.*

(23-year-old male living in rural area of the Northern Region)

Some women described some degree of manipulation, in the form of being led to believe that the relationship would progress to marriage. One man described manipulating his partner to have sex with her with the promise of monetary gifts.

*I: If you had the chance to change anything about your first sex what will you change?*

*R: I will want it to happen in a different. . . . I manipulated her. I shouldn't have promised her and not fulfill it.*

(28-year-old male living in urban area of the Ashanti Region)

## **Marriage and coercion**

For those whose first sex was within marriage, there was the acknowledgement that marriage came with the expectation of sex and a limited ability to refuse sex. These limitations on the ability to refuse sex did not come with direct consequences if the respondent were to refuse. Rather, the social expectations that marriage by definition includes sex were sufficiently pervasive that refusing sex was largely outside of the realm of conscious choice. This limited ability to refuse sex—because of social expectations of sex within marriage—was expressed by young women in our study. As this young woman described:

*R: I didn't have choice.*

*I: Why wouldn't you have had the choice?*

*R: It is being said that, once you get married you don't have the power to make that choice. It is said that, he [husband] cannot want something and you deny him.*

(23-year-old female living in urban area of the Northern Region)

For those describing low coercion, this was in the form of social pressure and expectation and only secondarily with personal pressure from the partner. This is in contrast to experiences of moderate coercion, in which there was more personal pressure from a spouse, nonmarital partner, or nonpartner. One married respondent explained how this pressure did not come from her spouse:

*R: I could not have refused.*

*I: Why could you not have refused?*

*R: . . . because he had already requested for my hand in marriage, paid my bride price and brought me home, I could not refuse. I did not want to refuse his word because he is now my husband. It will not be good for him to say something and I will refuse.*

*I: Okay, did you feel any pressure from your husband or other people to have sex at that time?*

*R: No.*

(25-year-old female living in urban area of the Northern Region)

In the Northern Region, where early marriage is prevalent, we observed that young women had sex at early ages because they were married. On the other hand, since men in both regions married later than young women, young men who had sex during adolescence often did so before marriage, and were thus free of such social expectations.

### 6.3.2 Young women express wanting sex

It is a common belief that men are beings with a sexual drive, interest, and even need for sex, whereas women are not sexual beings and are expected to be sexually passive. This belief sets expectations for communication and behavior around sex that are culturally circumscribed. Following from these beliefs, it is often expected that men will express their interest in sex and initiate sex, and that women will be disinterested or even resist sexual advances. These behavioral scripts are accompanied by value judgments. The idea that “men do” and “women don’t” shift into ideas that “men should” and “women shouldn’t.” Yet the underlying belief that only men are sexual beings and women are not may be merely a myth.

The data from this study are replete with examples of young women who shared that they were not only willing but wanted to have sex. This was particularly common among young women who were unmarried but in a romantic relationship of some kind with their partner.

One young woman in the Northern Region who had sex for the first time before marriage and who is now married to this same partner, said:

*R: It is not because of the pressure [to have sex]. I wanted it, because he can't force me to have sex with him.*

(18-year-old female living in urban area of the Northern Region)

However, it is evident that young women rarely initiated sex, even when they were interested in having sex with their partners. We noticed this pattern in both the Ashanti and Northern regions and among rural and urban young women. Both women who were married and unmarried at the time of first sex stated that although they wanted sex, they rarely initiated it, relying on their partners instead. It could be that, in spite of wanting sex, they were falling back on those same behavioral scripts about who initiates sex, or they were intimidated by the gender stereotype that perceives young women as promiscuous or morally wrong when they initiate sex.

### 6.3.3 The (lack of) language of consent

Consent is essentially the act of agreeing, preferably enthusiastically and without compulsion, to participate in a sexual encounter. Consent is a right and a critical aspect of any healthy sexual activity that ensures all parties involved are willing participants and have agreed to engage in the activity willingly and without coercion.

Even where there is willingness and interest in having sex, especially for the first time, explicit consent from the partner is seldom sought. Neither did the person initiating sex communicate their consent verbally. Rather, the lack of resistance from their partner, body language, and other subtle signs of interest are viewed as implicit consent. The following account is typical of a first sexual experience with no coercion.

*I: How did you start it?*

*R: Because we were lying together and then I told her I love her so much and she said she felt the same way. Then I asked her if she would give me whatever she has, she said yes. Then I asked her what she wanted from me that she loved so much? But she said she doesn't know at this point what she wanted, because the way she loves me, she doesn't*

*know what to choose from me. Then I said I love her as a whole and she asked me to choose some particular thing I wanted. But I insisted I wanted her entire body. We suddenly became quiet and nobody was talking and then I touched her, she didn't mind, I pulled her towards me she didn't mind and then I pulled her closer to myself.*

*I: She didn't mind means she didn't act like she wasn't interested?*

*R: She didn't act as if you wasn't pleased with that, and so I began to take off her cover cloth, she didn't mind, I took off my trousers, she didn't mind, I then [laughing] pull down her panties, then she realized what I wanted and called me [name], please I don't want to get pregnant. Then I told her she won't get pregnant.*

(26-year-old male living in urban area of the Northern Region)

#### **6.3.4 Men's views on the (im)possibility of coercive sex**

In this study, a few rural men in both the Ashanti and Northern regions expressed the view that men could not compel women to have sex with them. It simply means women cannot be coerced into sexual intercourse if they are not interested or willing to have sex. However, these men were also of the opinion that women could coerce men into having sex.

*R: I don't remember who initiated it, but you know cannot force a girl and have sex with her. Unless she is interested, you cannot force a girl to have sex with her. But a woman can force a man to have sex with her. So, the initiation will be coming from the woman, because you cannot force a woman to have sex with, but she force you to have sex with you.*

(23-year-old male living in rural area of the Northern Region)

One male respondent, whose partner was the one who initiated sex, did not maintain this view that men could not coerce women into sex. Rather, men should not compel sex and it is therefore preferable that they are not the ones who initiate sex. He explained:

*I: Would you have preferred that you had started the sex rather than her?*

*R: I wouldn't have preferred it that way.*

*I: Why wouldn't you have preferred it that way?*

*R: When you are with a woman and she doesn't want to have sex with and you keep pestering her with sex, it can destroy your relationship. But if she is the who wants it or started it, that cannot destroy your relationship.*

*I: Why can it not destroy your relationship?*

*R: You know, because she is the one interested in the sex.*

(26-year-old male living in rural area of the Northern Region)

### 6.3.5 Feelings about first sex

Respondents who experience little or no coercion at first sex most commonly expressed positive feelings about their first sexual experiences, compared to young people whose first sex was characterized by medium coercion and, certainly, high coercion.

At the same time, even where first sex was desired and occurred without coercion, there were sometimes regrets about having had sex. These regrets were often about timing (in general or related to marriage), or a revision of perspective based on what ultimately happened with the relationship or who the partner revealed themselves to be. Both young men and women expressed some form of regret about the timing, the partner, and circumstances surrounding the initiation of the first sex. Such misgivings were most frequently reported by unmarried young people who lived in urban areas and whose first sex was with a nonmarried partner.

Below is the account of a female respondent from Northern Region who lived in an urban area and described her feelings of regret after first sex. In this case, the source of her regrets arose from tensions between her attraction to her partner and repeated admonishments by her mother not to have sex with someone until she was sure she was going to marry the person. Although she was a very willing participant in her sexual encounter with her partner, her feelings of disappointment in herself moved her to cry afterward.

*R: We were just playing with each other and it happened.*

*I: Okay, so you were playing with each other. So, what did you do next?*

*R: I was crying.*

*I: You were crying, why?*

*R: Because I remembered what my mom told me.*

*I: After the crying how did you feel?*

*R: I was afraid about what my mother told me. I broke it. Because she used to advise me on that. That I should never do it unless is the man that is going to marry me.*

(18-year-old female living in urban area of the Northern Region)

## 6.4 Commitment, Gifts, and Coercion

Transactional sex refers to a sexual exchange or transaction where one party engages in sexual activity with another in exchange for something of value. This could be money or a nonmonetary thing of value or favors. This practice is often associated with power imbalances, economic disparities, and vulnerability. Giving gifts or money or other forms of materials is a type of transaction commonly associated with exploitation and is often considered a form of sexual coercion. In this study, we looked for examples of transactional sex and for patterns of coercion that might coincide with such transactions. We used a liberal definition of transactional sex that included not just specific encounters or incidences of sex in which there was a transaction, but ongoing relationships characterized by monetary support, gift-giving, and favor-giving in which sex occurred.

We found that accounts of purely transactional sex are rare in this study. More commonly, we found examples of mutual gift or money-giving, and sex that was not transactional. We found examples where financial conditions influenced others (usually young women) into a relationship for financial support, without necessarily any expectation of sex.

### **Transactional relationships and no coercion**

One young man in the Northern Region described buying sex from sex workers, including for his first sexual experience, which appeared free of coercion. Just one or two respondents described entering into a relationship with financial support being the clear, underlying motivation. In contrast to investigators' expectations, these relationships did not include accounts of coercive sex, manipulation, or exploitative power imbalances. Rather, there were clear terms of the relationship and sexual encounters within this relationship.

### **Transactional relationships and high coercion**

There was one account of a transactional relationship in which the first sexual experience was categorized as highly coercive. Although the young woman entered into the relationship willingly and with the knowledge that it would become a sexual relationship, the partner was abusive and sometimes physically violent with her. Further, financial difficulty is what compelled this young woman to enter into a transactional relationship and, after the relationship became abusive, she felt there were obstacles to ending the relationship or refusing sex. These elements of duress and obstacles to refusing sex overrode any initial consent to first entering into a sexual relationship.

### **Transactional relationships and low coercion**

More common than transactional sex or relationships were relationships in which gift-giving or favors were a common component. This described many relationships in which male partners would provide money or give gifts and female partners would give gifts or do chores—like washing—or other favors. These did not appear to be necessarily transactional relationships. The gifts, money, or favors were not directly an inducement for sex. They were ways in which people expressed their interest in the other person or showed growing commitment or love.

These relationships were generally free of coercion around first sex.

However, sex is also another expression of commitment or love. Further, there is generally an expectation or hope that shows of commitment or love will be reciprocated. Although gifts, money, or favors are not given with the direct expectation of sex, this combination of each of these being displays of commitment can create a rather confusing situation in which indirectly money, gifts, or favors and sex are all expected as expressions of commitment. Coercion in such situations is not particularly evident. Yet, there were instances where young women felt obligated to have sex because of the gifts and money they were receiving from their partners. For example, an interviewee said:



*R: Yes, that is what my thoughts were.*

(28-year-old female living in rural area of the Ashanti Region)

when she was asked:

*I: Do you think it was because of his money that's why he had sex with you?*

### **Transactional relationships and medium coercion**

However commonplace, this pattern of gifts/money and sex as signs of commitment can create opportunities for manipulation, which characterizes some medium coercion in first sexual experiences. In particular, one person can use gifts, money, or favors to substitute for actual love or commitment, as a deceptive maneuver, in the hopes of sex.

In one account, a young woman living in the urban Ashanti Region described her partner using gifts, including a mobile phone, as a way to become close to her.

*R: Oh, yes, he gave me gifts.*

*I: Do you think it because of the gifts he gave you he expected sex in return?*

*R: Err, hmm. I don't know if he wanted me to get close to him that's why he was giving the gifts. I think the first time so.*

*I: Oh, okay, before the first sex.*

*R: Yes.*

(26-year-old female living in urban area of the Ashanti Region)

Women were not the only targets of such manipulation, as this account from a young man in the Northern Region attests.

*I: Before that thing [first sex] happened between the two of you, did she ever give a gift?*

*R: Yes.*

*I: And what did she give you?*

*R: Sometimes she will buy candies for me when she came out. She gave me candies sometimes.*

*I: Then what else?*

*R: Only that. Nothing again.*

*I: Did she give it to only you or she gave other people?*

*R: I was the only one she gave it to.*

*I: Is that the reason why she had sex with you?*

*R: Yes.*

*I: Does it mean she already had the intention to do that?*

*R: It is possible.*

(18-year-old male living in urban area of the Northern Region)

## **6.5 Contraceptive Coercion and Sexual Coercion**

While cultural and normative factors play a very large role in how contraceptive decisions are made in these two regions, there were also many cases where the decision-making process was the result of much more coercive processes. This was most obvious in the highly coercive cases, where women had little or no say in any part of their first sex experience, but also was evident in more subtle ways. Most commonly, this involved male partners attempting to convince their partners not to use condoms, as in the examples above, but also in pressuring partners to use or not use contraception against their preferences. Among the respondents, pressuring or forcing a partner to use contraception was more obviously coercive than decisions to not use contraception, although this may partly be a function of more coercive relationships being less likely to involve discussions at all. One male participant explained that his partner bought him a condom to use during their sexual debut when he resisted to protect himself, rather than have unprotected sex. Another participant narrated that she was forced to swallow a contraceptive pill but later on, wanted to take it.

*I: Did you use a condom that first time?*

*R: Yes, I used it for protection.*

*I: Who got the protection?*

*R: She brought it. She was having it.*

*I: Was it a female one or a male one?*

*R: It was a male one. It was when I was resisting that she brought it out. I was concerned that she may get pregnant and she brought it out. She said nothing would happen with the condom. And at that time, I knew about contraception.*

(24-year-old male living in urban area of the Northern Region)

*I: What of you and [partner's name]? Did you do anything to prevent pregnancy?*

*R: Yes.*

*I: What did you do?*

*R: Medicine, drug.*

*I: What drug did you use?*

*I: Did you know the name or anything about the drug?*

*R: No, he was the one who bought it.*

*I: And what did he say about it?*

*I: Did you talk with him about ways to prevent pregnancy?*

*R: No.*

*I: What was your choice to use or not to use this drug?*

*R: He made me swallow it.*

*I: So, did you want to take the drug or you did not want to?*

*R: I wanted to.*

(19-year-old female living in urban area of the Northern Region)

On the other hand, there was an instance where a participant insisted the partner use contraceptives during sex but upon further insistence, the partner convinced her that there was no risk in having unprotected sex and failed to use the method.

*I: Okay, the time that the first sexual intercourse happened, did you have thoughts of getting pregnant?*

*R: Yes. I had these thoughts a lot.*

*I: Why did you have these thoughts a lot?*

*R: Because I've heard that if you have sexual intercourse with a man, for the first time, there's a possibility of you getting pregnant. So after we had sexual intercourse, I was afraid. I didn't take any medicine. Neither did he protect himself, so I was afraid that I was going to get pregnant. So, I was really afraid that I was going to get pregnant. When he was about to start it I told him that if he did it, and I got pregnant, I would have to forego my school but he didn't listen. So, we should stop and then he assured me that after we do it, nothing will happen. So, after we did it, nothing happened.*

(20-year-old female living in rural area of the Ashanti Region)

In many cases, women reported that they wished they had greater influence over the decision about whether or not to use contraception, even when the decision process seemed to be less coercive:

*I: Did you tell [partner's name] you wanted to use contraception or not?*

*R: I didn't say.*

*I: Who made the final decision about contraception was it you or [partner's name]?*

*R: Please.*

*I: Was it you or [partner's name]?*

*R: That I don't remember.*

*I: Do you wish you had more influence about the decision to use contraception at that time or you were okay with the influence you had?*

*R: Yes.*

(15-year-old female living in rural area of the Ashanti Region)

In other cases, particularly when the decision appeared to be made jointly on the basis of respectful exchange of preferences (or when both partners had the same preferences), women reported being satisfied with the level of influence:

*I: How would you say it was your decision at that time to use the condom was it. . . ?*

*R: We were all afraid just as I said. In the beginning, he was even afraid more than myself [laughs] so he was fast to go buy it.*

*I: So, who in the end decided on using the condom? You or him?*

*R: We all made the decision.*

*I: The two of you. You bought it before you went or you were already at the location and he said he was going to buy it?*

*R: He bought it before we went there.*

*I: Okay. At that time do you wish you had more influence on condom use?*

*R: Yes.*

*I: Were you satisfied?*

*R: Yes.*

(23-year-old female living in rural area of the Ashanti Region)

Interestingly, women often reported not wanting to have greater influence over the contraceptive decision even in situations where they were not very involved in the decision. This suggested that in many cases they simply were comfortable deferring to their male partner or conforming to gender norms that emphasize the role of the man as a “decisionmaker.”

## Key Findings

- **Manifestation of coercion:** Coercion at first sex is not a binary, yes or no experience. Coercion manifests in a variety of ways, and ranges from forced sex and rape to manipulation and mild pressure.
- **Coercion is a highly gendered experience:** Typically, young men are the perpetrators of coercion, while young women are the subjects of coercion. However, some men do experience coercion when women express their desire for sex.
- **Consent and communication:** Young people do not have a language around consent. They use nonverbal cues to show their interest or intention to have sex and they interpret lack of active resistance as signs of their partner's consent.
- **Desire for agency:** Young people who experienced coercion at first sex, particularly those who experienced the highest forms of coercion, lamented their inability to have control over their sexual experience and wished for more agency and autonomy. Young people who experienced little or no coercion were generally satisfied and had more positive reflections on their first sexual intercourse.
- **Societal expectations:** When first sex occurs within the context of marriage, coercion is most often experienced as societal expectations to have sex, rather than pressure from one's partner.
- **Peer pressure and first sex:** Peer pressure is not an obvious source of coercion to have sex, although friends sometimes create or manipulate scenarios that make sex possible and even expected.
- **Coercion and transactional sex:** Transactional sex is only occasionally a driver of coercive sex. More often, the social meaning of giving money or gifts as a show of commitment indirectly sets expectations for sex as a reciprocal show of commitment.



## 7 DISCUSSION AND IMPLICATIONS

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Establishing romantic and sexual relationships is a key component of the transition from adolescence to adulthood throughout the world. The results of this study provide new and important insights into the first sexual experiences of Ghanaian youth that will assist policymakers and programmers in ensuring that this transition takes place in a way that is as safe, healthy, and protective as possible. For many of the young people included in the study, their first sexual experiences were very positive. For these young men and women, this usually took place within relationships in which they felt emotionally supported, where their preferences and desires were considered, and where they felt they were able to freely decide whether or not to have sex without fear of consequences. For many others, however, their first sexual experiences were far less positive, taking place before they would have wanted, and often involving high levels of coercion and/or violence where they had little or no choice or ability to protect themselves from poor outcomes. In far too many cases, regardless of the level of coercion involved, youth did not have the knowledge or tools required to ensure that their first sexual experience was safe, either in terms of basic knowledge about how to prevent pregnancy or sexually transmitted diseases or in being able to express and advocate for their own desires and needs.

The key findings from the study include:

- **The type of relationship youth are in makes a big difference in their first sexual experience.** As is the case for youth throughout the world, young men and women in the Ashanti and Northern regions were in a diverse range of relationship types when they first had sex. Contrary to how adolescent relationships are often portrayed, however, most first sexual experiences, particularly for women, took place in established relationships, either within marriage (for women from the Northern Region) or longer-term nonmarital relationships (most commonly in the Ashanti Region). The relationship type had a major influence on the motivations of young women and men for having sex, the level of communication they had with their partner about their relationship, whether or not to have sex, whether or not to use contraception when they had sex, and ultimately the level and type of coercion they experienced as a part of that experience.
- **Open and clear communication about sex is very low, especially prior to the initiation of sex, for females and for those in relationships where they had not known their partner for as long.** The majority of youth did not report having open discussions with their partners about having sex where they discussed their preferences, desires, and fears prior to the first time they had sexual intercourse. For girls and women, this seemed to be partly a reflection of gender norms where discussion of sex or sexual desires by women was seen as inappropriate. “Shyness” was a major barrier for both genders. There was even less discussion about the use of contraception prior to first sex, even when the couple had discussed their fears of unintended pregnancy. However, communication about both sex and contraception increased markedly following the initiation of sexual activity, which suggested that some of the inhibitions that prevented effective communication were specific to the first sexual experience. It should be noted that, generally, both males and females reported that they wanted to know what their partners wanted, although they did not know how to have those conversations or felt too shy to initiate them. As a result, a great deal of the communication about sex was nonverbal or one-sided, which

allowed for misinterpretation. In the best cases, this resulted in awkwardness, but for many, the result was a first sexual experience that was coercive.

There were also clear differences in the level of communication between different relationship types, both about general matters and those related to sex. Communication was highest among those who were in unmarried but established relationships and lowest among those not in established or relatively short-term relationships, with married youth being in between. This could be due to a number of different factors, but the most likely relates to how well the couple knew each other, with those who had been together longer being more comfortable discussing sensitive matters with each other. Furthermore, these couples were also more likely to be motivated to have sex as a part of strengthening their relationship. In contrast, those who were married at the time of first sex had comparatively low levels of communication, despite clearly being in committed relationships. This could in part be because of more restrictive norms about sex in the Northern Region, where all the interviewed women had their first sexual experience within marriage, but also could reflect the fact that these couples typically did not know each other very well prior to marriage, which were often arranged. Finally, it is clear that both male and female respondents generally felt that sexual availability was an obligation within marriage, particularly for women, which confirms past research in the region.<sup>10</sup>

- **Detailed and correct knowledge about sexual and reproductive health prior to first sex was very low.** The majority of the participants, particularly females, reported having little accurate knowledge about sexual and reproductive health before having sex for the first time. This included basic topics, such as the risk of pregnancy at first sex or the need to protect themselves from sexually transmitted infections (STIs). Women, particularly in the Northern Region, were especially likely to report not having sufficient knowledge to be able to make informed decisions about how to protect themselves from unplanned pregnancy or sexual infections. As a result, they were much more likely to defer to their male partner, particularly for contraceptive use, assuming (often mistakenly) that the man had more knowledge. As with communication, this could reflect social norms that restrict the access of young girls to information about their sexual and reproductive health, and which means that girls must often rely on informal advice from others, much of which is incorrect.
- **Youth had very limited understanding of the role of consent and sexual rights within relationships, especially within marriage.** Given the low levels of knowledge and communication about sex and reproductive health, there was also very little understanding or discussion of sexual rights within the relationships of the youth in the study. Respondents, both male and female, very rarely discussed the concept of consent in their recollections of their first (or subsequent) sexual experiences, and there were very few cases where consent was directly sought. In part, this reflects the challenges that youth, particularly girls and women, faced in feeling free to communicate about sex generally, although it was clear that most lacked a clear understanding of their rights beyond a basic recognition that more extreme cases of forced sex or rape are wrong. For most, and again especially for females, it was clear that sexual availability, regardless of individual preferences or desires, was seen as simply part of being in a relationship. This was especially the case for married girls and women, who commonly reported not feeling able to refuse having sex or even that doing so might be an option. A number of married girls reported feeling compelled or forced to have sex for the first time when they did not want to. However, none recognized this as marital rape, and viewed this as an unpleasant but expected part of being married.



- **Coercion at low or moderate levels was almost universal for women and forced sex was surprisingly common.** As with youth throughout the world, most of the young women and men in this study reported feeling curious and excited about the idea of having sex, particularly when this was seen as a natural extension of a committed relationship. For many, having sex was a welcome event that they entered into willingly and had no regrets about, although most reported feeling at least some pressure to have sex, usually from their partner but also from others. Most commonly, youth felt they needed to have sex to either demonstrate their commitment to their relationship or to “keep” their partner, with some reporting feeling that their partner had intentionally manipulated the situation to lead to sex. This “middle-ground” of coercion was very common and, while not forced, often meant that youth felt they did not have much choice, particularly if they cared for their partner or were married. In many cases, the root cause of the pressure was related to the lack of clear communication about sexual desires. Unable to have conversations about sex, youth often relied on indirect or unspoken “signals” that were easily misinterpreted and, in some cases, ended up being unnecessarily coercive, particularly when one or both partners had no real understanding of the importance of clear consent within sexual relationships.

While poor communication created a great deal of the coercion reported in this study, more young women than anticipated (particularly given the significant under-reporting that is common for sexual violence) reported that their first sexual experience was through rape, which often involved violence or the threat of violence. While this was somewhat more common when the couple was not in an established relationship and did not know each other well, forced sex took place in every relationship type, including within marriage. Youth reported these as being very traumatic, with long-term effects on their physical and psychological well-being. Sadly, very few of these cases resulted in consequences for the perpetrator, often because the victim was ashamed or reluctant to discuss the experience.

- **Gender norms and expectations play an important role in shaping experiences with first sex, both directly and indirectly.** There are similarities in the experiences of first sex between young women and men, but these were generally very different. Men were more likely to have had sex before marriage, much less likely to report direct coercion, and generally reported being more able to make decisions about whether and when to start having sex than the women in the study. Within couples, girls and women very often deferred to the boys and men when making decisions and it was typically assumed that the male partner was more experienced and knowledgeable. In large part, these differences reflected broader gender norms that are more permissive of male sexual behavior and that give men more power within relationships, including an assumption of the right to sexual access to their partner. Most important, the broader norms around adolescent sexual activity play a key role in both limiting the ability of youth, both male and female, in building the knowledge base and communication skills required to begin their sexual lives in a safe and healthy manner.

Overall, these findings show that, for many of the young women and men in this study, the initiation of sexual activity took place in ways that were neither safe nor healthy. Contrary to the perception that many have of youth, most did not take the decision to start having sex lightly or without thought, but rather lacked the skills and knowledge required to minimize the risk of poor outcomes. Finding ways to strengthen the capacity of youth to make empowered and informed decisions about whether or not to have sex should be an important policy and programmatic focus.

There is a clear need for programming that builds both knowledge about sexual and reproductive health and rights and the life skills that are required to ensure safe, healthy, and respectful relationships. As the stories of the youth in this study clearly show, focusing solely on trying to stop youth from having sex is very unlikely to be successful, particularly as they enter more serious, committed romantic relationships. Rather, these approaches should aim to better prepare youth for the point where they become sexually active, whenever that is, while providing them with clear and accurate information to help protect them from unintended pregnancy or STIs. These policies and programs should seek to provide youth with the appropriate knowledge and skills as early in adolescence as possible, *before* they are likely to become sexually active, so that they can make fully informed decisions about whether or not to begin their sexual lives. There is strong evidence at the global level that more comprehensive programs that aim to provide children and youth with a broad base of values, skills, and knowledge related to their sexual lives, while emphasizing sexual and reproductive health rights (SRHR), are more effective than those focused on simply preventing youth from having sex and that do not include training on gender norms.<sup>37</sup> In addition, because these programs emphasize building the skills and knowledge of youth across a broad range of areas, including SRHR, negotiation, communication, and decision-making, they are also likely to result in less coercion within relationships, including around sex. In other words, these programs provide youth with the skills and knowledge they need to establish and maintain safe and healthy relationships where communication is clearer and more respectful, both generally and about sexual matters.

## **Implications for Policy and Programming in Ghana**

The government is committed to policies and programs aimed at enhancing the productivity and well-being of Ghanaian youth across a range of areas, including through ensuring a safe and healthy transition to adulthood. The National Youth Policy 2022–2032 (NYP 2022–32) provides a comprehensive framework for policies and programs aimed at youth, while other documents provide more specific health-related guidance.<sup>19,38,39</sup> Together these provide a strong demonstration of the government’s commitment to youth.

The findings of this study suggest, however, that there remains considerable room for improvement in preparing youth for a successful and healthy transition to adulthood. In particular, the findings highlight the need to address the SRHR needs of youth more effectively, a challenge that threatens to undermine progress toward the other goals of the NYP 2022–32. While Ghana has a robust SRHR framework relative to other countries in the region, and it is a signatory to a range of international agreements that protect these rights, a number of studies have found that the existing programs are inconsistently applied and in many cases are not meeting their goals in terms of SRH knowledge or behavior.<sup>40,41</sup> This research suggests this is in part because the focus of sexual education programs within schools is on fear-based approaches that emphasize abstinence and physiological and biological knowledge, rather than on a broader set of skills that recognize that youth are already in relationships and may be considering becoming sexually active.<sup>40</sup> Furthermore, this research also suggests that much of the sexual education takes place late in adolescence, often after some youth have already become sexually active, thus reducing its effectiveness.<sup>40</sup> Finally, most sexual education programming takes place within the educational system, and this misses those who are out of school and those who marry early. This latter group requires specific attention because, while Ghana has committed to ending child marriage, it remains common in some areas.

More specifically, the results from this study suggest that the following areas should be a priority for policy and programming:

- **Increasing awareness and respect for sexual and reproductive health rights (SRHR) at the individual and collective levels.** The results of this study show that this is not well understood by youth or others in their community. In the case of first sex, emphasizing the importance of consent and the right to refuse to have sex and clearly defining sexual coercion are particularly important, as are laws and agreements related to child marriage and the prevention of violence and sexual abuse. It is critical that efforts to increase awareness of SRHR include a discussion of sexual rights within marriage because this is an important context for women’s first sexual experiences in the Northern Region in particular.
- **Improving basic SRH knowledge.** Existing frameworks for providing youth with SRH information are robust on paper but, as the results demonstrate, weak in practice. Ideally, these frameworks should aim to provide the knowledge that allow youth to assess the risk of pregnancy at first sex and understand the options for meeting their reproductive preferences, particularly in terms of using effective contraceptive methods. This should be available for youth who are both in and out of school and it should aim to provide this knowledge before youth enter into relationships where they might have sex (including marriage). While ensuring that youth do not have sex before they are ready and that they have basic physiological knowledge is important, programming and instruction should aim to prepare youth from the point where they are sexually active and not assume that all youth are abstaining from sex.
- **Demystifying and desensationalizing adolescent sexuality.** Moving away from a fear-based approach to SRH education toward a comprehensive approach focused more broadly on the health and well-being of youth will help increase the acceptability of programming within communities and within the educational systems. It also will make it easier for couples to engage in more open discussions about sex and contraception *prior* to starting sexual activity, a critical component of reducing the vulnerabilities that youth face at first sex. This should be done as much as possible in partnership with communities and parents and be sensitive to cultural barriers to discussing sexual matters, although not to the extent that it impedes effective programming.
- **Build the life skills of youth to effectively communicate and negotiate with their partners.** Most first sexual activity takes place in the context of established relationships, although many youth had their first sexual experience with someone they were not in a relationship with. Building the communication skills of youth, particularly in terms of negotiation and conflict resolution, will assist in creating an environment where youth are better able to articulate and advocate for their sexual and reproductive preferences. This should also include building skills related to communicating about sex in particular, with an emphasis on ensuring consent.
- **Enhance services available to youth who are victims of gender-based and sexual violence.** These services should aim to both prevent violence and treat those who are victims of violence. While programmers should not assume that all adolescent sexual activity is coercive, our findings and other research make it clear that high levels of sexual coercion and violence are also not uncommon.
- **Continue to work to change harmful gender norms in ways that empower all youth.** The findings from the study show how gendered norms and expectations limit the ability of both young boys and girls to make decisions about initiating sexual activity free of pressure or coercion. It is also

clear that these norms place young girls in a very vulnerable position and limit their ability to advocate for themselves. Addressing these in a culturally sensitive way and in partnership with communities and parents is critical to the other changes that policy or programming are aiming to achieve in this area.

- **Develop programming that works specifically with youth who marry early.** While Ghana is committed to ending child marriage (broadly defined as marriage before the age of 18), it is clear that the practice remains common in some regions, including the Northern Region. While the reasons for this are complex,<sup>42</sup> it is clear from the findings of this study that youth who marry early have a particular need for programming aimed at improving their SRHR knowledge and building their communication skills. This is particularly true in cases where the couple did not know each other very well prior to marriage and where cultural norms make open discussions related to sex difficult. As many of these youth will not be in school, this group will not necessarily benefit from in-school programming. Developing tailored programming in partnership with communities and religious leaders, as has been shown to be successful in some settings,<sup>43,44</sup> should be a priority in areas where marriage continues to take place at early ages.

To achieve these goals, SRHR should be emphasized more explicitly in policy, such as the NYP 2022–32, and greater efforts should be made to resolve the challenges encountered in the implementation of the Comprehensive Sexuality and Reproductive Health Education guidelines developed by the Ghana Education Service/Ministry of Health.<sup>45</sup> While implementation of these programs has proven challenging in many different contexts, the evidence for the effectiveness of this approach is strong and efforts to successfully adapt the approach to the Ghanaian context should continue.

In comparison to many other countries, Ghana is in a very good position to address these concerns and has the necessary policy and legal frameworks in place to allow youth to achieve their full potential. The strong commitment that the government of Ghana has made to building a healthy, productive youth population is to be commended, although success cannot be fully achieved without more effectively addressing the SRHR needs of this group. As the results of this study show, there remains considerable work to be done to achieve this goal for many of the youth in the country, whose undoubted potential is too often stunted by adverse experiences just as they begin the process of becoming adults.

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# APPENDIX A PERSONS INVOLVED WITH THE STUDY

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## STUDY LEADERSHIP

### THE DHS PROGRAM

Kerry LD MacQuarrie Principal Investigator, ICF  
Sara Riese Senior Investigator, ICF  
Jeffrey Edmeades Senior Investigator, Avenir Health

### GHANA STATISTICAL SERVICE

Peter Takyi Peprah Project Director, GSS  
Nana Akosua Owusu-Ansah Deputy Project Director, UEW  
Emmanuel Boateng Trainer/Field Coordinator, GSS

## TECHNICAL AND ADMINISTRATIVE STAFF

Peter Takyi Peprah  
Nana Akosua Owusu-Ansah  
Emmanuel Boateng  
Jones Apawu  
Priscilla Opoku  
Kwamena Leo Arkafra  
Frank Kyei-Arthur  
Martin Wiredu Agyekum  
Elizabeth Arhin-Donkor

Project Director  
Deputy Project Director  
Trainer/Field Coordinator  
Trainer/Field Coordinator  
Trainer/Field Coordinator  
Trainer/Field Coordinator  
Trainer/Field Coordinator  
Trainer/Field Coordinator  
Project Accountant

## DATA PROCESSING

Leo Kwamena Arkafra

## SUPERVISORS

Afra Adomako Kwabiah

Ukashetu Tanko

## INTERVIEWERS

Abena Antwiwaa-Boasiako  
Frank Agyei  
Iddrisu Mohammed T. Innah

Adam Feruza  
Cecilia Segbedzi  
Azaratu Masahudu

## DATA VALIDATION

Priscilla Opoku

Mohammed Abdul-Razak

## TRANSCRIBERS

Abena Antwiwaa-Boasiako  
Frank Agyei  
Iddrisu Mohammed T. Innah  
Adam Feruza

Cecilia Segbedzi  
Ukashetu Tanko  
Afra Adomako Kwabiah  
Azaratu Masahudu

## CODING AND DATA ANALYSIS

### GHANA STATISTICAL SERVICE

Priscilla Opoku  
Frank Kyei-Arthur  
Martin Wiredu Agyekum  
Ukashetu Tanko  
Afra Adomako Kwabiah

### THE DHS PROGRAM

Kerry LD MacQuarrie  
Sara Riese  
Jeffrey Edmeades

## REPORT WRITING


### GHANA STATISTICAL SERVICE

Peter Takyi Peprah  
Nana Akosua Owusu-Ansah  
Emmanuel Boateng  
Jones Apawu  
Priscilla Opoku  
Afra Adomako Kwabiah  
Kwamena Leo Arkafra  
Frank Kyei-Arthur  
Martin Wiredu Agyekum



### THE DHS PROGRAM

Kerry LD MacQuarrie  
Jeffrey Edmeades  
Sara Riese



# APPENDIX B CARDS FOR TIMELINE ACTIVITY





Stop going to school



Have a 'crush' on someone



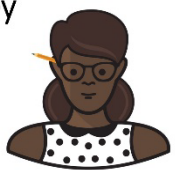

Kiss someone





Spend time with friends without parents



Start working outside the home for money



Fight with parents or guardians for the first time



Created by Justin Blake from the Moon Project

Feel pressure to do something because of my friends or peers



Have a first romantic relationship



See less of my friends so I could spend time with a partner



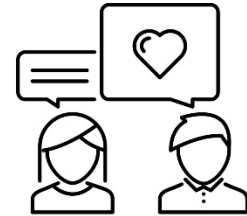
Call someone a "boyfriend" or "girlfriend"



Go out together alone with a romantic partner



Say "I love you" to a romantic partner



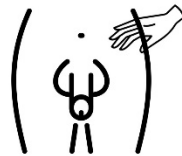
Touch a romantic partner under their clothes/Be touched by a romantic partner under my clothes



Have sexual intercourse



Touch a romantic partner's genitals / Be touched by a romantic partner on my genitals



Get married



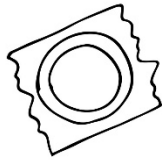
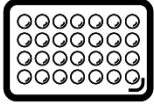
Get pregnant / Get a girl pregnant



Talk about contraception with a romantic partner



Start using contraception / Partner started using contraception



First full-time job



Move out of the family home



Got your own cell phone





## **APPENDIX C IN-DEPTH INTERVIEW GUIDE**

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# **Youth Qualitative Study in Ghana: Sexual Coercion at Sexual Debut and Implications for Sexual Health and Well-being**

## **In-Depth Interview Guide**

7 October 2022





DEMOGRAPHIC AND HEALTH SURVEYS  
YOUTH QUALITATIVE STUDY  
IN-DEPTH INTERVIEW GUIDE

GHANA  
GHANA STATISTICAL SERVICE

IDENTIFICATION

PLACE NAME	_____		
NAME OF HOUSEHOLD HEAD	_____		
CLUSTER NUMBER	.....		
HOUSEHOLD NUMBER	.....		
GEOSPATIAL COORDINATES	.....		
NAME AND LINE NUMBER OF RESPONDENT	_____		


INTERVIEWER VISITS

	1	2	3	FINAL VISIT													
DATE	_____ _____	_____ _____	_____ _____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> INT # <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>													
NEXT VISIT DATE	_____			TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>													
TIME	_____																

\*RESULT CODES: 1 COMPLETED    4 REFUSED    5 PARTLY COMPLETED    7 OTHER \_\_\_\_\_  
 2 NOT AT HOME    6 INCAPACITATED    SPECIFY

LANGUAGE OF GUIDE\*\* 

0	1
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    LANGUAGE OF INTERVIEW\*\* 

--	--

    LANGUAGE OF RESPONDENT\*\* 

--	--

TRANSLATOR USED (YES = 1, NO = 2) 

--

    \*\*LANGUAGE CODES:  
 01 ENGLISH    03 GA    05 DAGBANI  
 02 AKAN    04 EWE

TEAM <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER			TEAM SUPERVISOR _____ NAME <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

## INFORMED CONSENT

- Introduce study and obtain informed consent

Q1	<p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____. I am working with GSS, and the Ministry of Health. During the recent interview with my colleagues, you stated that you would be willing to have someone from our team follow-up with you. We are conducting a research study about young people and their experiences growing into adulthood in Ghana. If you still agree to participate, I will ask you questions about your experiences up to this point of your life.</p> <p>The questions usually take about 45–60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our study team. You don't have to be in the study, but we hope you will agree to answer our questions as your views and experiences are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question. You can also stop the interview at any time.</p> <p>Do you have any questions? May I begin the interview now?</p> <p><i>[If respondent accepts, check surroundings for privacy, thank them, and proceed. If respondent declines, thank them for their time.]</i></p>	<p>RESPONDENT AGREES TO BE INTERVIEWED.....1</p> <p>RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2</p>
Q2	<p>Is this a good time and place to talk?</p> <p><i>[Check for presence of others. Only infants not capable of understanding can remain. Do not continue until privacy is ensured. If privacy cannot be ensured, offer to reschedule the visit or move to a more private location.]</i></p>	<p>PRIVACY OBTAINED.....1</p> <p>PRIVACY NOT POSSIBLE.....2</p>
Q3	<p><b>CONSENT TO RECORDING</b></p> <p>I would like to record our conversation to help me remember everything that you say. Do I have your permission to record us?</p> <p><i>[If yes, begin recorder.]</i></p>	<p>RESPONDENT AGREES TO RECORDING.....1</p> <p>RESPONDENT DOES NOT AGREE TO RECORDING.....2</p>
Q4	Interview start time	Start time

## PART 1: INTRODUCTION

- Thanks so much for agreeing to talk with me
- I would like to begin by gathering some background information about you

**Please remember, there are no right or wrong answers. We just want to hear your story about your experiences and thoughts. You can skip any question you do not want to answer and you can stop the interview at any time.**

Q5	How old are you?	<input type="text"/>
Q6	What is your current marital status? 1. Married/living with someone as if married 2. Never married 3. Widowed 4. Divorced or separated	MARRIED/LIVING AS IF MARRIED.....1 NEVER MARRIED.....2 WIDOWED.....3 DIVORCED/SEPARATED.....4 [If 2–4, SKIP to Q8]
Q7	At what age did you get married/begin living with them as if married?	<input type="text"/> [SKIP to Q9]
Q8	Are you in relationship with a romantic partner?	NO, SINGLE.....0 YES, PARTNERED.....1
Q9	What level of education did you reach? 0. None 1. Primary school 2. Secondary school 3. College or university	NONE.....0 PRIMARY SCHOOL.....1 SECONDARY.....2 COLLEGE OR UNIVERSITY.....3
Q10	Are you currently in school?	NO.....0 YES.....1
Q11	Do you currently work?	NO.....0 YES.....1
Q12	What is your occupation?	Specify: _____

## PART 2: YOUTH TIMELINE CARD ACTIVITY

- Now I'd like to talk about young people in your community

*[The purpose of this activity is to build rapport with the respondent and to provide a reference point throughout the interview. Ask women respondents about young women and male respondents about young men. Begin by telling the respondent:]*

**We are interested in hearing about the typical lives of young people in this community. Here is a set of cards that describe different common events for young [men/women]. Take some time to look through them.**

*[Give the respondent a few seconds to flip through the cards.]*

Now I would like you to lay out the cards as a timeline, so in the order that you believe these events happen to the “typical” young [woman/man] in your community. You don’t have to use all of the cards, if there are some that you think are not so important. There are a few blank cards in case there are any events that you think are important in the timeline of a young [woman/man] that are not included in the set of cards.

*[Give the respondent 5 minutes or so to lay out the cards in a timeline. Assist as needed to provide clarifications. After the respondent finishes the timeline, take a photo of the timeline with the tablet.]*

*Ask a few follow-up questions.]*

**Let’s give this person a name, how about [Mary/John] [use culturally appropriate common first names]? Tell me about Mary/John and these important events in their life.**

Possible probes:

When in this timeline would you say that [Mary/John] stops being a child?

What does that mean for them?

In what ways is this [*pick an event/card*] important in the process of becoming an adult?

*[Be sure to probe about first sex and romantic relationships. Is the “first sex” card placed in the timeline? Ask why or why not.]*

*If the respondent changes the cards or their sequence in timeline, take a second photo of the final timeline with the tablet.]*

### PART 3: PERSONAL TIMELINE CARD ACTIVITY

*[After a few questions, ask the respondent to do the same exercise, but for themselves.]*

**Here is another set of cards, with the same events on them, but in a different color. Now I am interested in hearing about your life and when these events happened to you. Can you organize the cards in a timeline of when they happened to you? Again, you don’t have to use all of them, and there are a few blank cards in case there are events that you think are important that are not included.**

*[Give the respondent 5 minutes or so to lay out the cards in a timeline. Assist as needed to provide clarifications and show interest in what the respondent is doing, without influencing where they place the cards. After the respondent finishes the timeline, briefly review it to make sure they feel the order is correct. Take a photo of the timeline with the tablet.]*

**Can you point to the events that you feel were most important to your life? Tell me about a few of these important events in your life.**

Possible probes:

How did that make you feel?

What impact did that event have on your life?

**[If pregnancy card is used] What happened with this pregnancy?**

**PROBE: If the baby was not born, ask “Did you do anything to prevent the birth?”**

*[If the respondent changes the cards or their sequence in timeline, take a second photo of the final timeline with the tablet. After a few follow up questions, proceed with the other sections of the interview, but leave the timeline out to refer to.]*

#### **PART 4: GENERAL CONTEXT OF FIRST SEX, PEERS, & ADULTS**

*[Check that the “first sex” card is placed in the timeline. If that card is not placed on the timeline, prompt the respondent to do so. Take note of the age at first sex.]*

**Now I would like to better understand what your life was like around the time that you first had sex. According to the card [point to card] this was when you were around [age that this took place]. I’m interested in how things were generally around that time, not that day specifically.**

**[Confirm] And it was about this age that you had sex for the first time?**

*[Let the respondent rearrange cards, as needed.]*

**Can you tell me more about your life when you were about [age at first sex].**

Possible probes:

Were you going to school or have a job?

Who were you living with?

What did you and your friends like to do?

Were you in any romantic relationships?

*[Refer to the cards around the time of first sex card, as needed.]*

**Who were the important adults in your life at that time?**

Possible probes:

E.g., Family members or teachers?

Who did you trust most?

Who was most important for providing discipline and guidance? Support and help? To learn from?

Was there someone you could go to if you needed advice or you could tell about a problem you were having?

**Now I’d like to talk with you about the friends you had around the time you first had sex. How often did you spend time together?**

Possible probes:

Were most of your friends from school or somewhere else?

Were they about the same age as you?

Did you hang out with mainly people of your same sex, or a mixed sex group?

Did you have one best friend or a few friends?

**Around the time you first had sex, did you talk with your friends about sex, either in general or about their own experiences?**

Possible probes:

What did you think your close friends were doing? Were they also having sex, or saying that they were having sex?

How much of your first sexual experience did you share with your friends?

Do you think your experience regarding sex was similar to or different from theirs? In what ways?

## PART 5: NARRATIVE OF FIRST SEX

*[Refer to the “first sex” card, as needed. As the respondent tells the story of what happened, take note of **what** counts as sex and **who with**. Look for signs that the instance the respondent is describing is not the first time they had sex, but a subsequent time. Probe about any earlier time they had sex. If there is a big age difference between when they first had sex compared to what they initially reported in the timeline activity, you may want to repeat some of the prior Part 4 questions to refer to this first time.]*

**Now I would like to talk to you more specifically about the time that first had sex with [name of first sex partner]. Try to remember that specific day. By sex, we mean when a man puts his penis into a woman’s vagina.**

**[Look at card again] The very first time happened when you were around [age] right?**

***[Let respondent rearrange cards]***

**[If respondent rearranges card, ask:] Were you thinking of something else when I first asked you about first sex? [If yes] What were you thinking of?**

**Can you tell me the name of the person you first had sex with? *[use this name to refer to this person throughout interview. If they are uncomfortable telling you the name, suggest a common name that can be used and use that].***

**Can you tell me about the first time you had sex with [name of first sex partner]? How did it come to happen?**

Possible probes:

Where were you?

What happened next?

What did you do?

How did you react/feel?

**Was this the first time you did something like this/this type of experience happened?**

Possible probes:

How was this [earlier] time similar or different?

What happened then?

**Do you remember if either you or [name of first sex partner] had been drinking alcohol or using drugs at that time? I don’t mean in general—specifically at the time you first had sex.**

Possible probes:

Were you both drunk or using drugs, was it just you, or was it just the other person?

## PART 6: RELATIONSHIPS

*[Note: Some questions will not be relevant, particularly if the person the respondent had sex with was a stranger or casual acquaintance, or if sex was not consensual. Take note of the respondent's body language as well as answers. Choose questions carefully and change the wording as needed.]*

**Now I would like to ask you about [name of first sex partner] to better understand what your relationship was like. As I said before, nobody from this community will ever see or hear what you tell me, so please don't worry about that.**

**Please tell me a little bit [more] about [name of first sex partner].**

Possible probes:

How well did you know each other? When/where did you meet?

Were you in a relationship together?

What did you like about this person?

**What was your relationship like with [name of first sex partner]?**

Possible probes:

What were some of the things you like to do together?

How did you spend time together?

How much time did you spend alone with this person?

**What kinds of things did you talk about?**

Possible probes:

Did you talk about things like what happened to you during the day?

Did you talk about your hopes and plans for the future, or your feelings or worries?

Did you talk with them about sex? Before or after the first time you had sex with them?

**What motivated you to have sex with [name of first sex partner]?**

PROBE: What was it about [name of first sex partner] that led you to have sex with them rather than someone else?

**What was your relationship with [name of first sex partner] like after you had sex?**

Possible probes:

Was it the same or different in certain ways?

Did you have sex with them again?

Did you spend more, less, or about the same amount of time together?

**Are you and [name of first sex partner] still in a relationship together?**

## PART 7: AGENCY, AUTONOMY, AND CONTROL

**Now I would like to ask you about your feelings at the time you first had sex with [name of first sex partner]. Please try to remember how you felt at that moment, not how you feel about it now.**

*[Only ask if you think they haven't told you everything about their reasons for having sex that day]*

**Thinking back to when you first had sex, why did you have sex with [name of first sex partner] at that time?**

**How did you feel about having sex with [name of first sex partner] at that time? Would you say that you wanted to have sex with them, did you have mixed feelings about it, or did you not want to? Why?**

Possible probes:

Was this something you were hoping would happen?

Did you want to avoid this from happening at that time?

Is this something that you wanted but not at that time?

**Who initiated sex? Who started it?**

Possible probes:

How did you know you were going to have sex?

Did you do or say anything to tell or show your partner whether you wanted to have sex then or not?

Did your partner?

Do you think your partner listened to you and took your preferences seriously?

**Who in the end do you think made the decision about having sex then?**

Possible probes:

Was it more one person than the other? Who?

Looking back, did you wish that you had more influence over the decision to have sex then, or were you happy with how much influence you had over the decision?

**Do you remember making a deliberate choice to have sex for the first time, or was it something that just kind of happened without thinking much about it?**

Possible probes:

Sometimes people can get caught in the moment and things happen without really making a decision—is that what happened with you, or had you planned to have sex at that time?

Did you talk about having sex before it happened?

Did you feel that you had control over whether you would have sex then, or not? By this I mean whether or not you could choose to have sex or not, not about your self-control.



**At that time, did you feel any pressure from other people, such as your partner or your friends, to begin to have sex?**

Possible probes:

Who did you feel pressure from?

In what ways did you feel pressure?

**How much do you feel it was as your choice to have sex at that point? Did you feel that you could refuse or did you feel you couldn't really choose for yourself? Why/why not?**

**[If not their choice] Can you tell me more about why you felt you couldn't make the choice by yourself about whether to have sex or not at that moment?**

Possible probes:

What might have happened if you had refused?

Did the person threaten you if you didn't have sex?

Did you feel that your partner might leave you if you didn't have sex with them?

**Did the person you first had sex with give you gifts or money?**

Possible probes:

Did you feel obligated to have sex because your partner had given you gifts or money?

Do you think your partner expected sex?

**Did you try to avoid having sex at that time or to refuse or convince them not to have sex at that time?**

Possible probes:

What did you do?

What happened when you tried to refuse or convince them not to have sex then?

**I'd like to ask about the person you had sex with for the first time. How did they feel about having sex? Do you think they wanted to have sex with you at that time?**

Possible probes:

How did you know?

What, if anything, did they do or say anything to show that they were interested in having sex with you then?

What, if anything, did they do or say anything to show that they did not want to have sex with you then?

[If they did not want to have sex] Why do you think they didn't want to have sex at that time?

Did you do anything to persuade them to have sex with you then? What?

Would you say that you persuaded them, or did you force them?

How did they respond?

**Overall, would you say that the first time you had sex was a positive experience or a negative experience? In what ways?**

**Was your first sexual experience how you imagined it would be? How was it/how was it not as you imagined?**

**If you could change some things about your first sexual experience, what would you do or have happen differently?**

## **PART 8: CONTRACEPTION**

- Now I'd like to talk about contraception and pregnancy

**At the time you had sex for the first time, what were your thoughts about [becoming pregnant/[partner name] becoming pregnant]?**

Possible probes:

Did you give any thought to the chances of becoming pregnant?

Were you worried about becoming pregnant/getting your partner pregnant?

Did you want to/want your partner to become pregnant?

**What about preventing disease? Was that something you thought about?**

**How would you describe what you knew at that time about pregnancy and the ways to prevent pregnancy?**

Possible probes:

Do you think you knew enough about:

how pregnancy happens, the chances of becoming pregnant

the fertile cycle,

contraceptive methods and how to prevent pregnancy

Did you know places where you could get some kind of contraception?

What methods did you know about? Did you know about emergency contraception?

**Did you know of any places/people around you that could help young people like you to get a method or to give advice when considering having sex?**

Possible probes:

Where were these places?

What do you think about how they treated/served young people like you?

Were these places difficult to get to or unpleasant to use to get contraception?

**Did you or your partner do anything or use any method of family planning to try to avoid getting [them] pregnant? Why or why not?**

Possible probes:

Did you talk about contraception?

What method did you use? Why that method?

Who got it?

Did you know how to use it?  
Was it difficult to get?

**How did you make the decision about whether to use or not use contraception the first time you had sex?**

*Probes: [Be sure to ask the respondent the full set of these related questions.]*

Did you want to use contraception?

Did you tell your partner whether you wanted or didn't want to use contraception?

Did you think that your partner took what you wanted regarding using contraception into account?

Who in the end made the decision about using contraception? Was it more one person than the other?

At the time, did you wish that you had more influence over the decision to use or not use contraception, or were you satisfied with how much influence you had? Were you happy with the amount of influence you had on that decision? Would you have wanted to influence the decision more?

**What about *after* the first time you had sex. Did you think about or plan on using contraception later on when you might have sex in the future?**

**[Check if they have the pregnancy card on their timeline. If they do, ask]**

**Was this pregnancy the result of sex with [name of first sex partner]?**

**How did you feel when you found out that you were pregnant?**

**PROBE: Were you happy? Or maybe afraid?**

**How did [name of first sex partner/responsible partner] feel about the pregnancy?**

**Did [name of first sex partner/responsible partner] put pressure on you to do anything when you found out you were pregnant? If so, what did he want you to do? How did he pressure you?**

Question Number	Question	Response	Skip
Now I would like ask you some questions about how you and your partner felt about having sex that first time.			
Q13	Thinking back to the first time you had sex, how willing were you to have sex with [name of first sex partner] at that time? Were you: Very willing, Somewhat willing, Not willing at all?	Very willing.....1 Somewhat willing.....2 Not at all willing.....3 Decline to answer.....9	
Q14	How willing was [name of first sex partner] to have sex with you at that time? Were they: Very willing, Somewhat willing, Not willing at all?	Very willing.....1 Somewhat willing.....2 Not at all willing.....3 Decline to answer.....9	
For these next questions, I will read you a statement. After I read it to you, can you please tell me how much you agree that this is true for the first time you had sex. The options for answering are: Strongly agree, Agree, Disagree, Strongly disagree.			
Q15	You looked forward to having sex	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q16	You forced [name of first sex partner] to have sex	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q17	You were reluctant to have sex	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q18	You were enthusiastic about having sex	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q19	You did not feel ready to have sex	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q20	You had sex just so you wouldn't feel pressured anymore about sex	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	

## PART 9: CURRENT LIFE

- Now I'd like to talk about what your life is like now

**How do you think your first sexual experience changed your behavior or your life path? Are there things in your life that you think would not be the same if things had gone differently (e.g. first sex at a different time, with a different person, or under different circumstances)?**

Possible probes:

Would it have changed the direction of your life path that we talked about at the start of our discussion?

Did it change the way you thought about relationships? If and when you wanted to get married?

What about your goals for school or work?  
Were there changes in your friendships, who you spent time with?

**Do you think that the circumstances around when you first had sex have had an influence on your relationships since then? By circumstances I mean things like the influence of your friends or family, how much influence you had on whether to have sex, or just what your relationship was like then?**

Possible probes:

If yes, In what ways?

If no, Why do you think it didn't really matter for your relationships since then?

*[Refer back to earlier parts of the interview, as needed. Refer to the current relationship, most recent relationship, or skip altogether if not relevant.]*

**Now I'd like to talk to you specifically about the relationship that you are in at the moment or, if you are not currently in a relationship, your most recent relationship.**

**Please remind me, are you currently in a relationship with someone, or are you single at this time?  
Is this a different person than the person you first had sex with?**

**[If single] have you been in a relationship with someone since the time you first had sex and now?  
Is this with a different person than the person you first had sex with?**

**[If in relationship] What is the name of the person you are in a relationship with?**

**Are you in a relationship with anyone else other than [partner name] at the moment?**

**[If yes], what is the name of the person that you would consider to be your main relationship? By this I mean the person you spend the most time with and share the most with.**

**Can you tell me how much you and [main partner name] /most recent partner talk/talked to each other about things like what happened to you during the day, what hopes you each have for the future, each other's worries or feelings, or decisions about your children (if you have any)? Is it all the time, very often, sometimes or hardly ever?**

I'd like to ask you about how some of the decisions are made in your relationship with [main partner name]/most recent partner and your feelings about that.

*[Be sure to ask the respondent the full set of these related questions.]*

**I would like you to remember the last time you had sex with [main partner name]/most recent partner. At the time, did you want to have sex?**

PROBE: Did you want to, did you not really care, or did you not want to?

**Did you tell [main partner name] /most recent partner whether you wanted to have sex or not?**

PROBE: Sometimes people prefer to not directly talk about these things and instead show their partner what they want by how they behave, how they react to them or in other ways. Did you try to tell your partner what you wanted in these kind of ways rather than through talking?

[IF told their partner:] **Did you feel at the time that [main partner name]/most recent partner took your preferences about having or not having sex into account?**

**Who do you feel made the final decision about having sex at that time?**

PROBE: Was it one person more than the other? Who

PROBE: Was it something that you felt you decided together?

**Do you wish that you have more influence on the decision about whether or not to have sex at that time, or were you satisfied with how much influence you had?**

*[Be sure to ask the respondent the full set of these related questions. Please note that all these questions are about the decision around whether or not to use contraception, not actual use of contraception (i.e. a person can decide to not use contraception.)]*

**Now I would like to ask you about how you decide about using contraception. Please think back to the most recent time when you made a decision about whether or not to use contraception. At that point, did you want to use contraception?**

PROBE: Did you want to, did you not really care, or did you not want to?

**Did you tell [main partner name] /most recent partner whether you wanted to use contraception or not?**

[IF told their partner:] **Did you feel at the time that [main partner name] /most recent partner took your preferences about using or not using contraception into account?**

**Who do you feel made the final decision about using contraception at that time?**

PROBE: Was it one person more than the other? Who

PROBE: Was it something that you felt you decided together?

**Do you wish that you have more influence on the decision about whether or not to have sex at that time, or were you satisfied with how much influence you had?**

**Now I would like to ask you about how you and [main partner name]/most recent partner deal with situations where you are in disagreement with each other about something. Do you feel that [main partner name]/most recent partner takes your preferences into account when you don't agree about something?**

PROBE: For example, when one of you wants to spend money on something for the household and other does not?

**In these situations, does [main partner name]/most recent partner ever become aggressive or threatening towards you?**

**PROBE: In what ways?**

Question Number	Question	Response	Skip
Q21	Has your [current/most recent partner] ever done any of the following to you, either when you disagree about something or in other times?  a) Say or do something to humiliate you in front of others b) Threaten to hurt or harm you or someone you care about c) Insult you or make you feel bad about yourself	Yes.....1 No.....2 Yes.....1 No.....2 Yes.....1 No.....2	
Q22	Has your [current/most recent partner] ever hurt you physically by doing things like striking you, pulling your hair, or attack you with a weapon?	Yes.....1 No.....2	
Q23	Has your [current/most recent partner] ever forced you, either physically or by threatening you, to have sex or do something sexual that you didn't want to?	Has your [current/most recent partner] ever	
For these questions, I will read you a statement. After I read it to you, can you please tell me how much you agree that this is true for you in your current/most recent relationship. The options for answering are: Strongly agree, Agree, Disagree, Strongly disagree. Please select the response that is closest to how you feel about how the statement reflects the situation in your current relationship.			
Q24	You, not [partner name], has the most say about whether to use a method to prevent pregnancy.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q25	You, not [partner name], has the most say about which method to use to prevent pregnancy.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q26	You, not [partner name], has the most say when in your life to have a child.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q27	If [you/partner name] became pregnant and it was unplanned, you, not [partner name] would have the most say about what happened with the pregnancy?  Probe: For example, whether [you/they] would raise the child, seek adoptive parents, or have an abortion?	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q28	[Partner name] would support you if you wanted to use a method to prevent pregnancy.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q29	It is easy to talk about sex with [partner name].	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q30	If you didn't want to have sex, you could tell [partner name].	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q31	If you were worried that you/[partner name] might be pregnant unexpectedly, you could talk to [partner name] about it.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	

Q32	If you were worried that you/[partner name] weren't becoming pregnant, you could talk to [partner name] about it.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q33	If you really did not want to become pregnant/[partner name] to become pregnant, you could get [partner name] to agree with you.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q34	There has been a time when [partner name] stopped me from using a method to prevent pregnancy when you wanted to use one.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q35	[Partner name] has messed with or made it difficult to use a method to prevent pregnancy when you wanted to use one.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q36	[Partner name] has made you use a method to prevent pregnancy when you did not want to use one.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q37	If you wanted to use a method to prevent pregnancy, [partner name] would stop me.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
Q38	[Partner name] has pressured me to [become/get them] pregnant.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4	
<b>Source:</b>	<b>Adapted from Upadhyay et al.'s 2014 Reproductive Autonomy Scale</b>		

*[Before concluding the interview, review the previous sections. Have you asked about all of the major relevant themes?*

*Have you taken a photograph of the general community timeline and the personal timeline, after all adjustments?]*

**That is all of the questions that I have for you. Thank you for taking the time to talk with me today. I really appreciate your willingness to participate in this study. What you have told me has been very helpful. Thank you again.**

**Do you have any questions for me?**



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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## APPENDIX D DISCUSSION GUIDE

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### Saturation Focus Group Discussion Guide

#### [INTRODUCTIONS]

In qualitative research, saturation is the point in coding when you find that no new codes occur in the data. There are more and more instances of the same codes, but no new ones. We can also think about it as the point when additional data do not lead to any new emergent themes.

We wanted to take a pause today and talk with you about what you are finding in the interviews, to determine if we have reached this point of saturation.

Thinking about all the interviews you have done so far, what kinds of information or responses on these themes have surprised you? What has reinforced what you expected you might hear?

The big picture question is are we hearing new things in the most recent interviews?

As talked about in the training, this study has five main themes. In this study, those broad study themes are linked to the five parts of the main interview guide. The themes are:

- Context for first sex, peers, adults
- Relationship with first sexual partner
- Agency, autonomy, and control
- Contraception
- Links with current life

Think back to your last two or three interviews. I would like you to consider for the [*insert study theme*] set of questions,

- Did you hear the same kinds of comments or responses about [*insert study theme*] from your earlier interviews?
- What were the “new” parts of the responses about [*insert study theme*] you got from those two or three people?
- Can you tell me about how these new parts of the responses emerged?
  - Did they come naturally when they first responded to the questions, or did you need to ask additional follow-up questions to get more full, detailed narratives in their responses?

Are there other themes or topics beyond these ones that emerged? Tell me a little about them. Did these themes come up in both earlier interviews and your most recent ones?

#### [WRAP UP]