

## Overview

# Agency, Consent, and Coercion: Young People's Experiences of First Sex in Ashanti and Northern Regions, Ghana (QRS24)

## An Analysis Brief from The DHS Program

### Why study first sex among young people in Ghana?

An important aspect of transitioning to adulthood is establishing romantic relationships and engaging in sexual activity for the first time. Despite increasing focus on adolescents and youth in family planning and reproductive health programming in Ghana, little is known about their first sexual experience, especially the context. Additionally, researchers and health programmers know little about how young people make decisions at the time of first sex, experience coercion, or how coercive environments are created between couples. Coercion is broadly defined as the lack of choice to pursue other options to avoid sex without severe social or physical consequences.



Map of study regions

### What methods were used to conduct this analysis?

This qualitative study was embedded within the 2022 Ghana DHS quantitative survey and studied two regions in Ghana: Ashanti and Northern regions. Researchers with the Ghana Statistical Service and The DHS Program used Ghana DHS interviews to identify eligible study participants and recontact them for in-depth qualitative interviews.

Eligible study participants were:

- Young women and men age 15–29,
- Who reported having first sex by age 18 (women) or age 20 (men), and
- Whose first sex had occurred at least one year prior to the Ghana DHS interview



Investigators interviewed 114 young women (48 in Ashanti and 66 in Northern regions) and 40 young men (21 in Ashanti and 19 in Northern regions). Investigators asked open-ended questions on:

- General context around the time of first sex
- Relationships and activities with peers and adults
- Partner attributes and relationship type
- Coercion
- Agency, autonomy, and control
- The decision making to have sex and how it began
- Sexual and reproductive health knowledge, access to resources, pregnancy ideation, and family planning use
- Current life



In addition to open-ended questions, the in-depth interviews included a timeline activity, in which the study participants put key milestones on an age timeline. Participants did this first to describe general norms for young people in their community and again to describe their own lives. The interview also had closed, quantitative questions, including items on coercion from the Reproductive Autonomy Scale developed by Upadhyay et al.



Timeline activity during in-depth interviews.

**What are the key results?**

**Detailed and correct knowledge about sexual and reproductive health before first sex is very low.** The young people in this study lacked knowledge about basic topics, such as the risk of pregnancy at first sex or the possibility of bleeding at first sex. Young women often deferred to their partner regarding family planning, mistakenly assuming that he had more knowledge. Women, particularly in the Northern Region, were especially likely to report having insufficient knowledge to prevent unplanned pregnancy.

**Youth do not understand consent and sexual rights.** Young people rarely discussed the concept of consent in their recollections of their first (or later) sexual experiences. There were very few cases where consent was directly mentioned, which may reflect the barriers to communicate about sex generally. Most respondents did not clearly understand their rights beyond a basic recognition that more extreme cases of forced sex or rape is wrong. Many believed that women are supposed to be sexually available to their partners when in a relationship, particularly marriage, regardless of her preferences or desires.

**Coercion at low or moderate levels is almost universal for women and forced sex is fairly commonplace.** Many young people reported that sex is a welcome event that they engaged in willingly. However, a large number of young women reported that their first sexual experience was through rape, physical force (e.g., being restrained), or threat of violence. Such events were traumatic, with long-term effects on their physical and psychological well-being, and rarely resulted in consequences for the perpetrator.

**Young women, and occasionally young men, felt at least some pressure to have sex.** Youth often felt they needed to have sex to demonstrate their commitment to their relationship. Some said that their partner intentionally manipulated the situation to lead to sex. Poor communication led to numerous instances of coercion in this study.

**Gender norms and expectations play an important role in shaping experiences of first sex, both directly and indirectly.** Young men were more likely to have had sex before marriage, much less likely to report experiencing direct coercion, and generally reported being more able to make decisions about if and when to start having sex than the young women in the study.

**How should these results be used?**

To better meet young people’s needs, health policy makers and program implementers should:

**Improve basic sexual and reproductive health (SRH) knowledge.** Strengthen existing programs that inform young people about SRH by including information about the risk of pregnancy at first sex and modern family planning options for youth who are both in and out of school. The aim should be to provide this knowledge before young people begin relationships, including marriage. Health policy makers, program implementers, and instructors should not assume that all young people are abstaining from sex.


**Increase awareness and respect for SRH rights at the individual and collective levels.** Regarding first sex, it is important to emphasize consent, the right to refuse to have sex, and clearly define sexual coercion, including within marriage. Youth must also be educated about current laws and policies on child marriage and the prevention of violence and sexual abuse.

**Make adolescent sexuality a more acceptable topic for discussion.** Move away from a fear-based approach towards an approach focused on the sexual health and well-being of young people. This will make it easier for young couples to discuss sex and family planning more openly before sexual activity. This is critical to reduce vulnerabilities that young people face at first sex. This should be done in partnership with communities and parents and be sensitive to cultural barriers to discussing sexual matters.

**Build young people’s communication skills so they can effectively express themselves with their partners.** The majority of first sex happens within established relationships, though many young people had their first sexual experience with someone with whom they were not in a relationship. Building communication skills will enable young people to better express their wishes and advocate for themselves. This should include skills related to communicating about sex in particular, with an emphasis on how to provide and receive consent.

**Improve services available to young people who are victims of gender-based and sexual violence.** These services should aim to treat victims of violence and prevent violence. While not all adolescent sexual activity is coercive, these findings make it clear that sexual coercion and violence are common.

**Continue to change harmful gender norms in ways that empower all youth.** Gender norms limit the ability of both young women and men to make decisions about sexual activity without pressure or coercion and impede young women’s ability to advocate for themselves. Addressing gendered norms in a culturally sensitive way and in partnership with communities and parents is critical to improving adolescent health and wellbeing.



**Qualitative Research Studies No. 24 (QRS24)** is a qualitative study embedded within the 2022 Ghana DHS. This study explores themes around young people’s first sexual experience in the Ashanti and Northern Regions of Ghana, their relationships with peers and adults, their partner’s attributes, relationship type, and coercion.

**This brief summarizes overall findings from QRS24.** It is the first in a series of five briefs analyzing the findings of QRS24. To learn about other key findings from this study, read:

- [Relationship Context of First Sex](#)
- [Motivation for First Sex](#)
- [Contraceptive Use at First Sex](#)
- [Experiences of Coercion at First Sex](#)

This brief summarizes The DHS Program’s Qualitative Research Studies Report 24, by Kerry LD MacQuarrie, Sara Riese, Jeffrey Edmeades, Peter Takyi Pepsrah, Priscilla Opoku, Nana Akosua Owusu-Ansah, Emmanuel Boateng, Afra Adomako Kwabiah, Martin Wiredu Agyekum, Frank Kyei-Arthur, and Jones Apawu with funding from The United States Agency for International Development through The DHS Program implemented by ICF. For the full report visit: <https://dhsprogram.com/publications/publication-qrs24-qualitative-research-studies.cfm>. For the 2022 Ghana Demographic and Health Survey, visit: <https://dhsprogram.com/publications/publication-fr387-dhs-final-reports.cfm>.