

**DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF GHANA
LEGON**

**PSYCHOSOCIAL DETERMINANTS OF HELP-SEEKING FOR
INTIMATE PARTNER VIOLENCE: A STUDY AMONG MARRIED
PERSONS IN ACCRA.**



**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA,
LEGON IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
THE AWARD OF MPhil PSYCHOLOGY DEGREE**

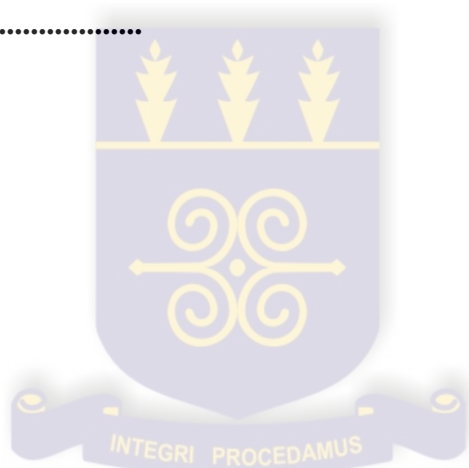
JUNE, 2014

DECLARATION

I hereby declare that this thesis is a study undertaken by me and submitted to the Department of Psychology for the award of the Master of Philosophy (M.Phil.) in Social Psychology. This work has never been submitted to any other institution or by anyone for any award. All references cited in this work have been duly acknowledged

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DEDICATION

I dedicate this work to Ivana and Manuela.



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ABSTRACT

Using the research survey method, the study sought to assess how psychosocial determinants like religion, cultural identity and gender role ideology affected the help seeking behaviour of married persons in the event of them experiencing intimate partner violence, as well as the relationship between age, gender, education and help seeking. Convenient sampling technique was used to collect data from two hundred and five participants comprising 100 males and 105 females. The Pearson Correlation Coefficient, Two-way ANOVA and the Independent T-test were used to analyse the data. The findings indicated that culture, gender role belief ideology, religion, education, age and gender did not affect the help-seeking behaviour of participants. However, the interaction effect of age and gender was found to be significant. Also, it was found that individuals with low education were rather more likely to seek help than those with high education. The findings of this study becomes important for helpers and clients or persons who suffer intimate partner violence because it provides some knowledge about the factors that relate to help seeking like age, gender and education. This knowledge will lay the foundation, especially in Ghana, for helpers to provide client-centered and gender-specific help to clients. This finding will also benefit all professionals who in diverse ways provide some kind of help to humanity including the police, health professionals, teachers, social workers, religious and traditional leaders and marriage counselors.

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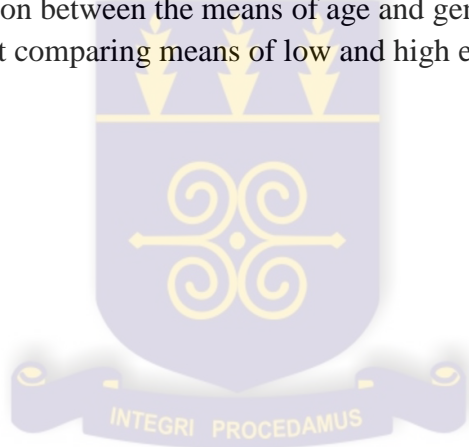
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CHAPTER ONE

INTRODUCTION

1.1 Background of Study

Intimate Partner Violence (IPV) can be very devastating to the victim and also imprint a long lasting effect on the victim, while to the perpetrator; it could bring disgrace and legal action. The Family Violence Prevention Fund (FVPPF, 1999) defines IPV as a form of assaultive and coercive behaviour that may include inflicting physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. IPV can occur in the form of pushing, strangling, punching, kicking and assaulting by the use of different kinds of weapons normally with the intention of meting out pain, injury and or emotional suffering (Crowell & Burgess, 1996). Several psychosocial factors may influence IPV in many different ways. Clarifying these risk factors, therefore, may help in the early detection and prevention of IPV (Kim & Capaldi, 2004). The World Health Organization (WHO, 2005) has emphasized the serious health implications of IPV on humans everywhere in the world.

Although empirical research has demonstrated that both men and women aggress against each other equally (Muñoz-Rivas, Graña Gómez, O'Leary, & Lozano (2007), it is evident that women suffer a lot more physical injuries (Stark & Flitcraft, 1998; Bacchus, Mezey & Bewley, 2003) and report many more psychopathologies (Calvete, Corral & Estévez, 2008) as a result of violence than male victims. This has led to the belief that female to male violence is more of a defensive strategy and less of an attempt at coercion than male initiated physical assault. In fact, the World Report on Violence and Health (2002) reports that, “women are particularly vulnerable to abuse by their partners in societies where there are marked inequalities between men and women, rigid gender roles, cultural norms that support a man’s right to have sex

regardless of a woman's feelings and weak sanctions against such behaviour". Violence against women has, therefore, come to be recognized as a legitimate human right issue, a significant threat to women's health and wellbeing (Ellsberg & Heise.2005).

Violence against women has also been identified as a major public health and human rights issue (Joachim, 2000). Koss and Russo (1994) have indicated that domestic violence is the most common type of violence against women and the most prevalent are those forms of violence perpetuated by intimate partners or ex-partners (Naved, Azim, Bhuiya & Persson, 2006). According to the WHO (2002) report, between 10 and 69% of women report lifetime experiences of some form of physical violence by their partners.

Researchers have found severe physical and psychological consequences of domestic violence. Stark, Flitcraft and Frazier (1979) have estimated that between one-third to one-fifth of women seen in emergency room settings have injuries sustained from battering experience, accounting for more physical injuries than rape, motor vehicle accidents and mugging combined. Common physical injuries are facial, neck, breast, head and abdominal injuries. Victims may also develop medical conditions such as sleeping and eating disorders, sexual dysfunction, arthritis and migraines. Fatality is also a potential outcome of domestic violence. Twenty six percent (26%) of female victims of homicide are killed by their intimate partners compared to 3% of male victims (United States Department of Justice, 1998).

For men, alcohol and substance abuse are common means of coping with the experience of a traumatic event and research has shown that victims of IPV have higher rates of alcohol and substance abuse than non-victims (Stewart, 1996).

A link between violence at home and the increased likelihood of adolescent crime has also been established (Gilbertson, 1998). Boys who witnessed their mothers being battered were more likely to commit acts of violence themselves and girls were more likely to tolerate abusive partners as adults, thus subjecting another generation to the same sad dynamics (Flood & Fergus, 2008; Gilbertson, 1998). This situation has brought attention to be focused on help-seeking behaviours in the management of both victims and perpetrators of IPV the world over.

Help-seeking is a process of finding and receiving support. Seeking help can make one feel less stressed and relieved through sharing of the problem, finding of solutions or ways of coping, gaining a new perspective of the problem, reducing the sense of loneliness and isolation, building strong relationships and preventing problems from getting worse. Help-seeking behaviour is one very important factor to be considered in the management of IPV. When an individual experiences violence in any form, he or she may seek for help, which could be either formal or informal (Macy, Nurius, Keric & Holt, 2005). The help sought has the ultimate goal of enhancing the ability to cope with the current situation. Positive reactions of family and friends have been identified as a way of encouraging a more formal or professional help seeking decision, including the utilization of law enforcement and counsellors (Moe, 2007).

A study of nationally representative sample in the United States reported that victims of IPV used multiple help-seeking strategies, which could involve friends and family, as well as help from police, social services, and psychiatrists to help them deal with their worries (Kaukinen, 2004). The ability of research to increase our understanding of the relationship between concomitant forms of partner abuse and women's help-seeking behaviour, for instance, presents crucial implications for the development of effective screening and intervention programs. This

is because different patterns of co-occurring violence may affect help seeking behaviour differently (Cattaneo, DeLoveh, & Zweig, 2008).

According to Waldrop and Resick (2004), people who get supportive response from the first contact or person they talk to are more likely to display confidence and also readily make themselves available for support and help in subsequent events of violence. It has also been reported that help-seeking seems to be related to violence severity, demographic variables, and whether the victim of the violence has left the partner or not (Haaland, Clausen, & Schei, 2005). According to Coker, Derrick, Lumpkin, et al. (2000) many more victims do not seek help and the few who seek help normally resort to the informal help-seeking (family and friends) but not formal services (counselors, psychologists, medical practitioners etc.).

The way we live our lives; our customs, values, belief systems, practices, norms and traditions influence our thinking processes, emotions and eventually our actions. Culture has a major impact on our day to day activities including social, educational, health and religious lives. Individuals with different cultural identity react and respond differently to help seeking in the event of IPV. For instance in some cultures in Korea, it is a common belief that men are more important than women, that wife battering is acceptable, and that family violence should remain in the privacy of the family (Byun, 2001). Therefore for such cultures, violence against others, especially women is not considered a crime and so is not reported in many cases. Culture, indeed has a way of touching our health-seeking behaviours (Hruschka & Hadley, 2008) thereby prompting us either to seek for help or not. The culture of a group of people can also influence the type of help they seek, whether formal or informal. In one cross-cultural study, Yoshioka,

Gilbert, El-Bassel, and Baig-Amin (2003) investigated how South Asian, African American, and Hispanic battered women in the United States responded to partner violence. It was revealed that most of the participants approached their informal networks for assistance, although South Asian women were the most likely to disclose abuse to their informal network. In that same study, there were differences in the use of formal services in relation to the racial and ethnic backgrounds of the participants. For instance 50% of the African American women and almost 50% of the Hispanic women sought help from the police, a counselor, or a lawyer whilst only 25% of South Asian women sought help from these formal sources.

Religion is the embodiment of the belief systems about and worship of a supernatural by an individual or group of individuals. According to Roof (1979), religiosity is an individual's beliefs and behaviours which are related to the supernatural and/or high-intensity values. Some researchers have also suggested that religion can provide a protective role against intimate partner violence (Ellison, Bartokowski & Anderson, 1999). Two dimensions of religiosity have been advocated-private and public. Private religiosity refers to the religious beliefs, feelings, and behaviours that are not seen by others and they include thoughts, feelings, and commitment toward God, personal prayer, and scripture study. On the other hand, public religiosity includes praying in public, attending worship services and participation in religious rituals (Bahr, Maughan, Marcos, & Li, 1998). Although some relationships between religion and IPV have been established (Higginbotham, Ketring, Hibbert & Guarino, 2007; Ellison et al., 1999), Koch and Ramirez (2010) have indicated in a study on religiosity and intimate partner violence among college students that religious beliefs and practices have no impact on intimate partner violence.

1.1.1 Prevalence of Intimate Partner Violence

The prevalence of IPV according to the World Health Organisation (WHO, 2005) fact sheet and as reported by females was 15% in Japan, Asia and 71% in Ethiopia, Africa. In a review of prevalence studies, Alhabib, Nur & Jones (2009) indicated that the most prominent level of physical violence (47%) and emotional violence (78%) happened among Japanese living in North America. The prevalence of emotional violence in South America, Europe and Asia was 37% and 50% respectively (Alhabib et al., 2009). Roman and Frantz (2013) have recently put the figures emanating from Africa including South Africa, Liberia, Egypt, Kenya, Malawi, Rwanda and Zambia in the range of approximately 26.5% to 48%. In Nigeria, one year prevalence of IPV was 29%, with significant proportions reporting psychological (23%), physical (9%) and (8%) for sexual abuse (Okenwa, Lawoko, & Jansson, 2009).

Reported lifetime prevalence of physical and sexual abuse was 38% and 16%, respectively, and prevalence of past year abuse was 21% and 12%, respectively. In another study, the lifetime prevalence of severe physical violence was put at 14% and the prevalence of past year severe physical violence was 6%. And for less severe physical violence, the prevalence rates were 24% and 15%, respectively (Xu, Zhu, O'Campo, Koenig, Mock & Campbell, 2005).

1.1.2 Education and Intimate Partner Violence and Help-seeking

Heise and García-Moreno (2002) in a cross-cultural study noted that women with very poor or good education were less likely to be abused, but those with higher and enough education to challenge the status quo were at the greatest risk of IPV. A recent study has also shown that between 20 to 50 % of educated individuals failed to recommend help-seeking among a group of 284 undergraduates (Coles, Heimberg & Weiss, 2011). The relationship between the level of an

individual's education and his or her assessing mental health services has been given some thought in recent times. In Canada, for instance, Steele, Dewa, Lin and Lee (2007) have reported that depressed or anxious individuals who do not have high school diplomas had lower rates of mental health services use than individuals who had finished high school.

1.1.3 Gender, Intimate Partner Violence and Help-seeking

Earlier studies on the help-seeking patterns for intimate partner violence had typically focused on female victims (Bui, 2003; Krishnan, Hilbert & VanLeeuwen, 2001). Available studies reflect the idea that both men and women equally perpetuated violent behaviour against their partners in intimate relationships. However men and women often show different ways of disclosure which has made most researchers agree that gender can affect an individual's reporting of violence, which in turn influence the research findings and conclusions (Caetano, Field, Ramisetty-Mikler, & Lipsky, 2009; Dobash & Dobash, 2004). Past findings on reporting styles of IPV tended to suggest that men under reported compared to women (Chan, 2011). Notwithstanding the significant difference in the perpetuation of IPV between males and females, findings from the study of Archer (2000) showed that men were more likely to beat up, choke or strangle their partners whiles women, were more likely to throw something at their partner, slap, kick, bite, punch, or hit with an object. The perception of gender on IPV can indeed affect its occurrence and reporting in different cultures. Unlike the more advanced or developed countries, most African societies are highly patriarchal and has consequently assigned asymmetrical power relations in marriage (Critelli, 2010). Patriarchy is a form of social organization in which the male is the family head and title is traced through the male line.

There is also evidence to suggest that women are more likely than men to seek help for both physical and psychological problems (Reevy & Maslach, 2001; Addis & Mahalik, 2003). However, among a sample of 2000 Latino females studied, about 36% did not engage in any help-seeking, either formal or informal (Cuevas & Sabina, 2010). Some theories attribute males' relative lack of help-seeking to conflicts resulting from gender-role socialization (Blazina & Marks, 2001; Mendoza & Cummings, 2001). Gender-role conflict may play an important role in a man's decision not to seek help (Mendoza & Cummings, 2001; Blazina & Marks, 2001).

1.1.4 Effects of Intimate Partner Violence

The international community has now come to be more concerned with the issues of IPV and its many negative consequences which could be physical (Campbell, 2002), psychological (Campbell, 2002; Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012), social (Burke, Thieman, Gielen & O'Campo, 2005) and even alcoholism and drug use (Fals-Stewart & Kennedy, 2005).

1.1.4.1 Physical effects of IPV

IPV victims often experience several physical consequences. Studies have documented many physical effects that have been inflicted upon partners who find themselves in intimate violent situations. These effects could range from chronic pains, arthritis, headaches or migraine, gastrointestinal disorders, disability, vaginal bleedings and sexually transmitted diseases (Coker, Smith, Bethea, King & McKeown, 2000; Campbell, 2002; Burke et al., 2005).

1.1.4.2 Psychological and Social effects of IPV

The effect of IPV on the mental health of victims cannot be overemphasized. Enough evidence exist to support the claim that many victims of IPV, whether male or female, suffer and some are still suffering from both emotional and psychological traumas (Beydoun et al., 2012; Campbell, 2002). Positive relationships have been found between IPV and an increase in the use of psychoactive substances, anxiety, depression, suicide and posttraumatic stress disorder (PTSD) symptoms (Leiner, Compton, Houry, & Kaslow, 2008). In fact, psychological abuse has become the most frequently reported feature of violent relationships, and it has been found to affect women's health greatly.

Socially, due to the abuse experienced by the victims of IPV, some isolate themselves from social activities (Burke et al., 2005). Women who are battered and manifest physical injuries in particular, are mostly found avoiding meeting with others especially friends, family members and co-workers. Victims of IPV find themselves marginalized, socially oppressed and offered restricted opportunity in intimate relationships (Beiser, 2003).

1.1.4.3 Alcohol and drug use effects of IPV

Abused women have been cited as more likely to use tranquilizers, antidepressants, and illicit recreational drugs than never abused women. They were also more likely to present psychological distress and to refer a worse self-perceived health compared with previous years of non-abuse (Ruiz-Pérez & Plazaola-Castaño, 2005). According to Gass, Stein, Williams and Seedat (2011), usually, IPV has a significantly direct effect on their victims. This effect may result in subsequent engagement in health-risk behaviours like smoking, alcohol consumption,

and use of non-medical sedatives, analgesics and cannabis. For men, alcohol and substance abuse are common means of coping with the experience of a traumatic event and research has shown that victims of IPV have higher rates of alcohol and substance abuse than non-victims (Stewart, 1996).

Despite the negative effects of intimate partner violence, most cases of intimate partner violence are not reported for a number of reasons- victims do not recognize the violence as abuse because in some ethnic and cultural groups, violence towards women is considered the norm (Coker-Appiah and Cusack, 1999), society's traditional respect for family privacy also inhibits reporting and victims may feel guilt or shame for being abused or may fear retaliation from their partners if they report the incident (Olson & DeFrain, 2000).

Research, however, illustrates the significance of intervention for IPV victims in enabling them end the violence, prevent fatal outcomes and recover from the physical and emotional impact of victimization. Research has indicated that informal help seeking is usually the first step in the help seeking process and the outcome could shape victims' subsequent help seeking decisions. People within the victim's social network including family, friends, neighbours and colleagues play a crucial role in the overall help seeking process of IPV victims (Sabina & Tindale, 2008). The role of supportive resources have been studied and found to have a buffering effect protecting the individuals from the pathogenic effects of stress (Cohen, Mermelstein, Kamarck, & Hoberman, 1985).

Positive reactions of family and friends have been found to encourage more formal or professional help seeking decisions, including the utilization of law enforcement and counsellors (Moe, 2007).

According to Zhao and Becker (2012), active disclosure and help-seeking by abused women is usually the first step toward solving the problem and is essential for effective secondary and tertiary prevention of violence against women

Liang, Goodman, Tummala-Narra & Wentraub (2005) have also reported that both informal and formal social support serve to protect victims against ongoing violence. The use of formal support has also been shown to influence the physical safety of victims

1.2 Statement of the Problem

Response to domestic violence has changed and increased over the last three decades with the main aim of ending domestic violence. Legal and legislative reforms have emphasized ending the violence by leaving the abuser.

While some researchers have found that help-seeking from formal sources have positive implications for mental health outcomes (Fugate, Landis, Riordan, Naureckas& Engel, 2005), others suggest that since success is evaluated based on the victim leaving the abuser, it limits the victim's options and thereby inhibits help-seeking opportunities (Grauwiler, 2007).

The problem is that IPV continues to persist despite the efforts that have been made by many countries and international organisations to stop its occurrence. It is therefore important to find out the attitudes that married persons hold about seeking help for intimate partner violence and

the relationship between some psychosocial and demographic factors and help seeking behaviour.

1.3 Objectives of the study

1.3.1 Main Objective:

The main objective of the study is to assess how psychosocial determinants like religion, cultural identity and gender role belief ideology affect the help seeking behavior of married persons in the event of them experiencing intimate partner violence, as well as age, gender and education.

1.3.2 Specific Objectives:

1. To find out whether married persons will seek help if they become victims of IPV.
2. To find out whether the age and gender of a married person will influence the seeking of help.
3. To determine whether the religion and educational level of married persons will influence help seeking.
4. To find out whether cultural identity and gender role belief ideology will affect the help-seeking behaviour of participants.
5. To find out if cultural identity will moderate the relationship that exists between religion and gender role ideology scores of participants.
6. To find out if cultural identity will moderate the relationship that exists between gender role belief and help-seeking scores of participants.

1.4. Significance of Study

The study is significant because it will help in understanding the help-seeking behaviour for intimate partner violence among married persons in Accra. Secondly, majority of the studies were done in Western countries whose culture is more individualistic and Ghana's culture is more collectivistic. This study will show whether the collectivistic culture of Ghana will make the findings significantly different from those of individualistic cultures. Third, most of the studies used a sample consisting of only one gender whiles this study is using both genders. Finally, it will add to the literature on help seeking among married persons. This will inform policy makers to put in place effective policies which will introduce victims of IPV to the appropriate help seeking sources as studying their attitude will give an idea of the type of support married persons will most likely use and the variables that will determine why a particular source will be used.

1.5. Organization of Work

The study has been presented in five chapters. The first chapter will present the introduction of the study and also present the research objectives and show the significance of the study. The second chapter will present a review of literature on Intimate Partner Violence. The third chapter will present the method. Chapter four will present the analysed data obtained from the survey of respondents. The concluding chapter, five, will contain the discussion of the findings, summary, recommendation and conclusion adduced from the research.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter discusses the theoretical framework, review of related literature, hypotheses, rationale of the study and the conceptual framework.

2.1 Theoretical Framework

Several theories have tried to explain intimate partner violence and help-seeking behaviour. However the cultural model and the social ecological framework of IPV and help seeking were looked at in this study.

2.1.1 Cultural Model of Intimate Partner Violence and Help Seeking

Different cultures and people act and react to similar situations differently. The culture of a group of people can influence the type of help they seek, whether formal or informal. Some cultures allow for openness to speak up while others frown upon that. In some cultures in Korea for instance, it is a common belief that men are more important than women and this has created an acceptable environment for wife battering and that family violence should remain in the privacy of the family (Byun, 2001). This situation in Korea discourages discussions about violence and so prevents individuals from accessing help. In a cross-cultural study among South Asian, African American, and Hispanic battered women in the US, it was revealed that South Asian women were the most likely to disclose abuse to their informal network (Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003). Ho (1980) had indicated that face was a construct that affected people significantly when they were involved in social interactions, especially when

one was considering the attainment of status in society. This face had the disposition to either promote or prevent IPV help-seeking. In a study to investigate the effect of face protection on the disclosure of IPV among Chinese, Chan (2009) found that male perpetrators tended to minimize violence and presented a positive, nonaggressive image of them so as to gain recognition and appreciation, as well as save face in front of the interviewers. This practice is more likely to reduce perpetuation of IPV in such cultures. According to Moreira, Galvão, Melo, and de Azevedo (2008), a cultural belief in Latin allowed their men to be forceful, commanding, and decisive. This belief tended to make these men believe that women had the obligation of serve and be available for them anytime. This led to their jealous control or protection of their spouses and even perpetrating both physical and sexual violence against them. IPV vulnerability in Sub-Saharan Africa may differ depending on differences in women's normative roles and men's expectations of them among the societies.

2.1.2 The Social Ecological Framework

The social ecological framework makes use of immediate and remote factors which are associated with intimate partner violence perpetration and vulnerability. These are distinguished at five levels namely individual, relational, organizational, community and policy levels (Little & Kaufman, 2002). At the first level known as individuality, person characteristics like age, sex, cultural identity, socio-economic status and substance use are considered. Age is a factor that marks a period of maturity, hence when one gets into the reproductive age and the individual also uses alcohol and drug, he becomes easily susceptible for committing and or becoming a victim of IPV. A number of studies have documented the fact that women are more susceptible to IPV than men (Allen, Swan, & Raghavan, 2009; Rice, Mohr, Del Boca, Mattson, Young,

Brady et al., 2001). Also, high socio-economic status has been identified with women as protecting them against abuse (Lawoko, 2006) although other researchers have found high socio-economic status to promote abuse of women (Chakwana, 2004; Fox, Benson, DeMaris & Van Wyk, 2002). Another personal factor that relates to the committing and being susceptible to IPV is cultural identity. Depending on the cultural practices and beliefs systems, the individual might see IPV as a normal function of his society and could learn and practice it. Finally, at the individual level, is the use of alcohol and drugs which have been found to influence both susceptibility and committal of IPV (Ruiz-Pérez et al., 2005).

At the relational stage of the social ecological framework, gender roles and family attachment appear to act as an important mechanism in IPV susceptibility and committal (Oetzel & Duran, 2004; Wallace & Constantine, 2005). Gender inequality has been found to give privileges for masculinity, thus allowing men violent access to women without serious sanctions (Dobash & Dobash, 1998). Studies have shown that when it comes to leaving an abusive relationship, women often get confused about their ability to cope and cater for their children as single parents (Little & Kaufman, 2002).

The third level of the model is the institutions whose mandate is not only to identify the IPV's but also provide solutions or preventive measures. Most healthcare facilities and healthcare professionals may consider violence as an exclusively spousal or private matter, or be afraid that the interference will offend victims (Fogarty, Burge & McCord, 2002). Health professionals might also be concerned for their own safety and so may decide not to handle the issue if they have nothing to offer (Waalén, Goodwin, Spitz, Petersen & Saltzman, 2000). However, if

healthcare facilities and providers make it their concern to assist in the identification and subsequent control of IPV, then the fight to prevent it would be half-won.

The fourth level of the model is the community level which proposes that IPV susceptibility may happen due to conditions underlying social relationships in the community and how such conditions may come in to fight with the very norms that govern intimacy. Ethnic (Hamby 2000) and religious groups incline to be more gender restrictive, conditioning women to agree or consent to wife beating.

Finally, the fifth and last model is where social policies that maintain economic or social inequalities among groups in society could in fact lead to IPV vulnerability and perpetration IPV. In many of the developing countries around the world, there are no laws to protect victims of IPV. Even the few which get enacted are frequently not enforced. The culture of a group of people actually has an interesting way of relegating the identity of the female to the background (Hruschka & Hadley, 2008). Due to the religious and cultural practices found in some areas, females are put in a subordinate position in many societies (Hamby 2000) where there are laws that literally promote punishment of women for deviating from expected religious/cultural gender norms.

2.2 Review of Related Literature

2.2.1 IPV and Help Seeking

Studies in Mexico have indicated that 10.72% of women have at some point experienced sexual partner violence, and 23.71% physical violence at the hands of their current or last partner. Frías (2013) used a survey and a series of semi-structured interviews and with the help of experts to examine whether women who experienced violence turned to law enforcement agencies for

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help. The study sought to determine the characteristics of these women. Another objective of the research was to examine what type of service and treatment they reported receiving from these agencies. Finally, the research examined reasons women did not request help from police and law enforcement agencies. The most relevant finding of this study was that the perceived use of law enforcement agencies by some women was meant to give their partners an official reprimand. The study also found that the higher the number of household members, the less the likelihood to seek for formal help.

Using a National Violence against Women Survey data, Flicker, Cerulli, Zhao, Tang, Watts, Xia and Talbot (2011) investigated the differential impact of concomitant forms of violence (sexual abuse, stalking, and psychological abuse) and ethnicity on help-seeking behaviors of women physically abused by an intimate partner. This study used a sample size of 1,756 and controlled for severity of the physical abuse. The study found that, women who experienced concomitant sexual abuse were less likely to seek help compared to those who experienced concomitant stalking. The study also found that, concomitant psychological abuse was not associated with help seeking. However, ethnic differences were found in help seeking from friends, mental health professionals, police, and orders of protection.

In another study, 123 battered Korean women who used domestic violence agencies were asked where they had turned to for assistance in response to intimate partner violence (Kim & Lee, 2011). This study examined factors related to the use of formal and informal sources of help. Formal sources included police, medical, legal, and shelter; informal were family or neighbors. The findings revealed that the women sought for help from a variety of sources. Kim and Lee

(2011) also reported that income, violence-related injuries and partner child abuse were related to whether they contacted the police. Injury and partner child abuse were also related to contacting a medical doctor/medical facility. Income, relationship status, and partner child abuse were related to approaching family or neighbours. Another important finding from this study was that partner child abuse increased the likelihood of battered Korean women seeking help from formal service resources and informal networks.

Fanslow and Robinson (2010) used data from the New Zealand Violence against Women Study, with a sample of 956 women aged 18 to 64. The authors reported on the help-seeking behaviours of the women who had ever in their lifetime experienced physical and/or sexual violence by an intimate partner. Analysis revealed that over 75% of respondents reported that they had told someone about the violence, although, over 40% of the women participants indicated that no one had helped them. The finding showed also that informal sources of support (family and friends) were most frequently used but not all provided helpful responses. Fewer women reported to formal sources of help such as police, health care providers, and not all provided helpful responses. Similar reasons were given by the women for seeking help and for leaving violent relationships. The reasons included, "could not endure more", "being badly injured", "fear or threat of death", and "concern for children".

Vatnar and Bjørkly (2009) undertook a qualitative study which sought to provide answers to the questions; do different sociodemographic groups of IPV survivors use different professional supports and treatments?, Do different professional support and treatment agencies come predominantly in contact with women who have been subjected to different characteristics of

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IPV?, Do different interactional IPV variables predict whether IPV victims contact the police, a family doctor, or a psychologist or psychiatrist? The researchers recruited a representative sample of 157 women from family counseling, the police, and shelters in Norway and interviewed them. The study found that three of the seven sociodemographic variables showed statistically significant differences among the recruitment groups. Also, there were significant differences between the main categories (physical, psychological, and sexual) of IPV and interactional IPV factors concerning help-seeking.

Ingram (2007) conducted an analysis based on a random-digit-dial survey of 12,039 households. The researcher compared Latinos and non-Latinos on sociodemographic factors for intimate partner violence (IPV) and help seeking by the use of a modified version of the Conflicts Tactics Scale to assess IPV. Ingram (2007) assessed help seeking by asking respondents whether or not they had ever personally contacted organizations in their community, sought a restraining order (formal support), or talked with someone to get help or information about IPV (informal support). The findings of the study indicated that, the lifetime prevalence of IPV was lower for Latinos than for non-Latinos, but past-year prevalence of IPV was greater for Latinos. Also, reported IPV victimization was found to be greater among non-Latinos than among Latinos at education levels below college and at family incomes less than \$35,000. Finally, the findings revealed that Informal help seeking was similar for both Latinos and non-Latinos although non-Latinos reported seeking access to shelters more frequently than Latinos, and Latino immigrants were less likely than nonimmigrants to seek help from formal agencies.

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In another study, Naved, Azim, Bhuiya and Persson (2006) investigated 2702 women in Bangladesh on women's help-seeking for IPV and they found that most of the women abused physically by their husbands never told anyone about their experiences. Seventy five percent (75%) of the moderately abused women in the urban areas and 86% in the rural areas never told anyone. Also, 75% of the urban women and 80% of the rural women physically abused once did not disclose the violence. Severely abused women were more likely to disclose the violence than moderately abused women. Women who had education beyond the tenth grade were three times more likely to disclose their experience of violence compared to those with no education. Also, women who perceived they could count on their natal family were also more likely to seek help.

Djikanovic, Wong, Henrica, Jansen, Koso, Simic', Otas'evic' and Lagro-Janssen (2012) conducted a cross-sectional, population-based household survey of a random sample of 1456 women aged 15–49 years in Belgrade (WHO Multi-country Study on Women's Health and Domestic Violence against Women) in which 1196 of them had ever had an intimate partner. The researchers used face-to-face interviews and administered a standard questionnaire using trained interviewers. The study showed that almost one in four ever-partnered woman reported experiencing either physical and/or sexual violence, at least once in their life. Among these abused women, 22% had ever sought help from formal institutions. Police and health services were most commonly approached (12% and 10% of abused women respectively). Satisfaction with services was highest for health services and legal advice and lowest for police and social services. Women sought help especially when violence had a severe impact on them or when they saw that their children also suffered. Women who did not seek help stated that they believed that the violence was bearable or had ended. The study also reported that other reasons

for not seeking help were fear of undesirable consequences of seeking help and lack of trust in institutions.

2.2.2 IPV, Religion and Help-seeking

In a study on religiosity, Higginbotham, Ketring, Hibbert, Wright and Guarino (2007), assessed the association between adult attachment styles, religiosity, and courtship violence as experienced by females. A sample of 299 with the age range of 18 to 24 years participants attending junior level Human Development and Family Studies courses at a Midwestern State University were used. Statistical analyses evaluated interactional effects and mean-level differences for both victimization and perpetration of courtship violence. The findings indicated significant relationships between adult attachment styles and religiosity on reports of victimization from intimate partners. In general, the results suggested that females with low religiosity and insecure attachment styles reported experiencing more courtship violence than females with high religiosity and secure attachment styles. The analysis also provided support for a multidimensional conceptualization of religiosity.

In another study, Koch and Ramirez (2010) explored the relationship between religious behavior, religious belief, and intimate partner violence. The investigators collected data from a sample of 626 undergraduates by the use of the Conflict Tactics Scales and Strauss's Personal and Relationships Profile, which measured violence approval, psychological aggression and intimate partner violence.

Also a religiosity scale containing questions from the General Social Survey, and a Christian fundamentalism scale were used to measure the independent variables. The findings revealed

that general religiosity, measured as belief in God, strength of religious faith, church attendance, and frequency of prayer, was not associated with violence approval, psychological aggression, or intimate partner violence. The findings, however, noted that Christian fundamentalism was positively associated with both violence approval and acts of intimate partner violence, but not psychological aggression.

In a sample of 235 college students, Crosby and Bossley (2012) focused on variables associated with preferences for seeking help from a religious advisor for psychological distress, instead of a psychological professional. The finding indicated that religiosity accounted for the most variance, about 20% in preferences for religious help-seeking whiles, the perceived benefits of self-disclosure, religious involvement, mental illness stigma, and attachment anxiety all accounted for much smaller amounts of unique variance.

Abe-Kim, Gong, and Takeuchi (2004) also used data from structured interviews with 2,285 respondents for the Filipino American Community Epidemiological Survey (FACES) to examine help-seeking for emotional distress among Filipino Americans. They assessed the influence of religious affiliation, religiosity, and spirituality on help-seeking from religious clergy and mental health professionals after they had controlled for need (e.g., negative life events, SCL-90R scores, and somatic symptoms), demographic (e.g., age, gender, marital status, education, county of residence, generational status, and insurance coverage), and cultural variables (e.g., loss of face and language abilities). The results showed that the rates of help-seeking from religious clergy and mental health professionals were similar 2.5% and 2.9% respectively. The study also revealed that high religiosity was associated with more help-seeking from religious clergy but less help-seeking from mental health professionals.

2.2.3 Gender, Age and Help-seeking

A study on the prevalence and sociodemographic correlates of help-seeking and helping sources used by adolescent victims and perpetrators of dating violence was undertaken by Ashley and Foshee (2005). They used data from the 225 victims and 140 perpetrators of dating violence identified from a longitudinal study of adolescent dating violence conducted in the public school system of a primarily rural North Carolina county. The results showed that 60% of victims and 79% of perpetrators did not seek help for dating violence. Male perpetrators were more likely to seek help than female perpetrators. However, the odds of seeking help increased with perpetrators' age. The finding also showed that most victims and perpetrators who sought help chose friends and family members rather than professionals and male victims and perpetrators who sought help were more likely than female victims and perpetrators to choose professional sources of help.

Even though a greater number of the studies on intimate partner violence were conducted with men considered as perpetrators and women as the victims, Carmo, Grams and Magalhães (2011), have explored the experiences of men as victims of IPV. Their study sought to help characterize this phenomenon to better understand it in a medico-legal and forensic perspective. The study used a retrospective analysis of 535 suspected cases of male victims observed in a Clinical Forensic Medicine Department in Portugal, between 2007 and 2009. The participants' age range was 18-89 years (average age = 41), 61.5% were married, all of the documented cases had completed primary instruction, most of them were employed and 16.2% reported being victims of childhood abuse. The alleged perpetrators were all females with age range of 19 to 81 years. 9.3% of them had a history of alcohol abuse, 12.1% had a psychiatric disorder and 11% claimed to have been abused in the childhood.

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The study also observed that victims were married to the perpetrators in 63.9% of the cases with 81.6% having previous history of intimate partner violence, although most of them did not report it to the authorities and only a minority sought medical care (8.1%) because of previous abuses. Carmo et al. (2011) further reported that the most common mechanisms of aggression during IPV were scratching (18.9%), punching (16.7%) and hitting with a blunt object (16.6%). The most common injury was an abrasion with the upper limbs being the most frequent injury location. 96.1% healed in less than 9 days; 4.9% had sequelae (scars); 36.9% had to seek medical care.

Other studies have also investigated gender roles and their relations with help-seeking. Ang, Lim, Tan, and Yau (2004) investigated the effects of gender and sex role orientation (masculinity and femininity) on attitudes toward seeking professional psychological help in a sample of 163 student trainee teachers (52 males and 111 females) in Singapore. The finding revealed statistically significant main effects for gender and femininity on attitudes toward help-seeking with females reporting a more positive attitude toward professional help-seeking and more willing to acknowledge a personal need for professional help compared to their male counterparts.

Recently, Kessels and Steinmayr (2013) sought to understand boys' lower academic success by analysing the relationship between sex, gender role self-concept, help seeking attitudes, and school performance in a sample of 182 German 11th grade students (83 girls, 99 boys), aged 16. The researchers assessed grades at two points in time, intelligence test data, help-seeking attitudes, gender role self-concept. The study reported girls to have more positive attitudes towards help seeking than boys. It was also found that positive femininity related positively to help seeking and negative masculinity related negatively to help seeking.

2.2.4 Other Studies

Okenwa et al. (2009) investigated the prevalence and predictors of IPV among a sample of 934 women visiting an obstetrics and gynecology clinic in Lagos, Nigeria using questionnaires. After multivariable analysis of the data, the researchers found that one year prevalence of IPV was 29%, with significant proportions reporting psychological (23%), physical (9%) and sexual (8%) abuse. The study also indicated that, in access to information, women's autonomy and contribution to household expenses independently predicted IPV.

2.3 Critique of the studies reviewed

Although almost all of the studies reviewed had fairly large sample sizes (Flicker, et al., 2011; Fanslow & Robinson, 2010; Ingram, 2007). They were all biased in favour of the female sub group with the exception of Carmo et al., (2011) who did studies on males as victims of IPV.

Also, some of the studies reviewed used qualitative methodologies which could present with some problems of the size of sample needed to attain external validity (Vatnar & Bjørkly, 2009; Kim & Lee, 2011). It is essential that as much as possible these researchers become as rigorous and quantitative as possible, in order to yield results that can be more easily generalized.

2.4 Rationale for the study

From the studies reviewed, it emerged that there is the paucity of data on seeking help for IPV from the developing world and more specifically from Africa, and even from the western world. It would therefore be necessary to undertake such a study here so as to contribute to the limited

literature emanating from Africa and also bring out the current position of Ghana on matters regarding seeking help for IPV.

It is also obvious that for most of the studies done on intimate partner violence and help seeking, almost all of them paid much attention to women leaving men out of the picture (Djikanovic et al., 2012; Kim & Lee, 2011; Xu, Zhu, O'Campo, Koenig, Mock & Campbell, 2005; Coker, Smith, Bethea, King &McKeown, 2000). Even when men were studied, they were the perpetrators but not the victims. This study will try to add to the literature on men seeking help for IPV.

Because, cultural belief systems and practices could influence behaviour, there is the need to conduct a study on IPV with samples from different cultural settings aside that of the West. In fact, culture has been cited as a potential factor which affects our help-seeking behaviour (Hruschka & Hadley, 2008; Hunt & Bhopal, 2004). It is therefore important to get a clear understanding of the factors that influence Ghanaians to seek for help so as to facilitate the development of culturally appropriate interventions and policies to deal with IPV.

Also, the reports, views and perceptions of victims of IPV are the most common found in the current literature which is followed by a few studies on the perpetrators of IPV. However, very limited data exist on the views and perceptions of married persons who are likely to be either victims or perpetrators of IPV. Specifically, this study is intended to close this gap in the literature by assessing the attitude of married persons on seeking help when there is IPV.

2.5 Research Hypothesis

H1: Individuals who hold strong traditional views on gender roles will be less likely to seek help compared to those who are egalitarian.

H2: Highly religious individuals will be less likely to seek help compared to those who are not religious.

H3: Females will seek for help more than their male counterparts.

H4: Older people will be more likely to seek for help compared to their younger people.

H5: There will be significant interaction effects of age and sex on help seeking.

H6: Highly educated individuals will be more likely to seek help than those with low education.

H7: Cultural identity will moderate the relationship between gender role ideology and help-seeking.

2.6 Conceptual Framework

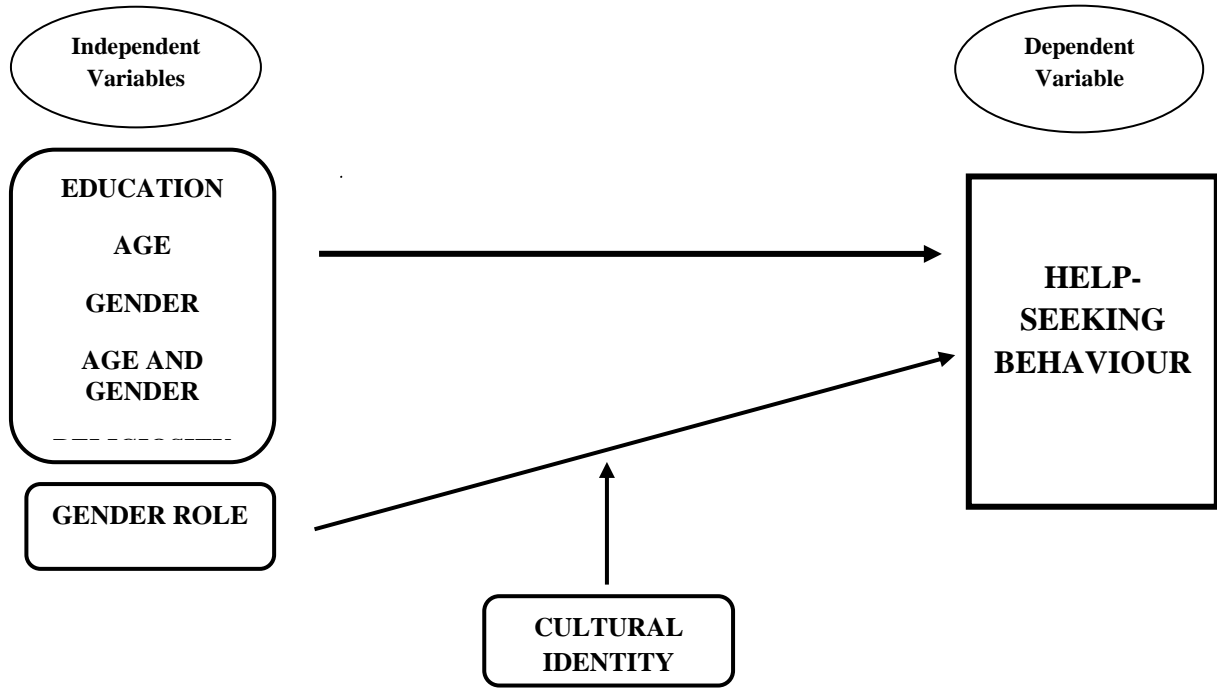


Figure 1: Proposed Relationships among the Variables

In relations to the studies reviewed, it was identified that significant differences exist in age (Yamawaki et al, 2011; Ashley & Foshee, 2005), gender (Kessels & Steinmayr, 2013; Ang et al., 2004), education (Heise & Garcia-Moreno, 2002), religiosity (Higginbotham et al., 2007) and gender role (Ang et al., 2004) among participants.

2.7 Operational Definition of Terms

Intimate Partner Violence (IPV): It is defined as a pattern of abusive behaviour by one partner against another in an intimate married relationship.

Married Persons: A married person in this study refers to a person who is legally or customarily married and lives with the partner.

Informal help seeking Source: This refers to the place a person who suffers from IPV will visit for help, for example, family relations, co-workers and friends.

Formal help seeking Source: This refers to the place a person who suffers from IPV will visit for help, for example, law enforcement agencies (police) or professional counseling services (psychologists, psychiatrists, counselors, medical staff, shelters, etc.).

Highly educated individuals: Individuals who have completed a tertiary education.

Lowly educated individuals: Individuals who have completed a either basic or second cycle education.

Highly religious individuals: Individuals who have a score of 31 to 50 on the religiosity scale.

Lowly religious individuals: Individuals who have a score of 10 to 30 on the religiosity scale.

Traditional gender role belief: This represents a score of 20 to 55 on the gender role belief scale.

Feminist or equalitarian gender role belief: This represents a score of 56 to 100 on the gender role belief scale.

Younger people: participants within the age range of 18 and 35.

Older people: participants who are 35 years and above.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter discusses the methodology used for the study. This includes the population, sample and the sampling technique used. The research design, materials and data collection tools and instruments used and the step by step procedure used in data collection have also been reported. Finally, this chapter reports the findings of the pilot study.

3.1 Population

The marital characteristics of the Ghanaian population above 15 years indicated that 42% have never married; 5% were in consensual union; 43% were married couples; 2% were separated, 5% were divorced, and 5% were widowed (Ghana Statistical Service, 2012). The population for this study was drawn from married persons living in Accra. According to the 2010 Census, Greater Accra has a population of 4,010,054 with 1,938,225 and 2, 071,829 representing males and females respectively. The pattern of marital status of the population of the Accra Metropolis who are aged 15 years and older stood at 43.3% (GSS, 2012).

3.2 Sample / Subject

A sample of 250 married persons was targeted for the study but 205 which consisted of 100 males and 105 females returned their questionnaires. The targeted sample size was consistent with Tabachnick and Fidell's (2001) who have suggested that for a survey research, the acceptable sample size should be determined by the relation: $N > 50 + 8M$; where M = the

number of independent variables to be used. The present study has five independent variables (hence $M = 5$). By Tabachnick and Fidell's (2001) prescription, the sample size for this present study should not be less than 90 (i.e. $50 + 8(5)$).

Sampling Technique

The convenient sampling technique was used to select the participants for this study. This method of sampling dictated that respondents were selected on the basis of their availability and willingness to participate in the study. It was the best method to use because the geographic locations of individual married persons in the city were not readily available for demarcation and location. Respondents, therefore, were those who showed willingness and readiness to participate. The criteria for selection and inclusion in the study were that, the individual must be currently married and staying with the partner and must be residing in Accra Metropolitan Area.

Sample profile

The study used 205 participants who were made up of 100 (48.8%) male and 105 (51.2%) female married persons living in Accra. The age of the participants was classified as younger (18-35) and older (36⁺). 123 (60.0%) were younger and 82 (40.0%) were older whilst the ages of the participants' spouses were also 123 (60.0%) and 82 (40.0%) respectively. From the table 1, 110 (53.7%) of the participants had been married for 1-5 years, 46 (22.4%) for 6-11 years, 24 (11.7%) for 12-17 years and with the remaining 22 (10.7%) married for over 18 years. Participants with tertiary education were 169 (64.5%), those with secondary cycle education were 28 (13.7%), those who had basic education were 5 (2.4%) and those without any formal education were 3 (1.5%).

Table 1: Demographic characteristics of Participants

Variables	Frequency	Percentage (%)
Age (years)		
Younger (18-35)	123	60.0
Older (36 ⁺)	82	40.0
Age of Spouse (years)		
Younger (18-35)	123	60.0
Older (36 ⁺)	44	40.0
Gender of Participants		
Males	100	48.8
Females	105	51.2
No. of years of marriage		
1-5	110	53.7
6-11	46	22.4
12-17	24	11.7
18 ⁺	22	10.7
Level of education		
No Formal Education	3	1.5
Basic	5	2.4
Secondary/Technical/Commercial	28	13.7
Tertiary	169	82.4

3.3 Design

A survey was used to collect data from the 100 males and 105 females who were still in marriage and residing in the Accra Metropolitan Area. This design helped the researcher to collect data from individuals of different characteristics within a short period. Survey is a procedure for collecting information by asking members of some population a set of questions and their responses recorded. According to Michener, DeLamater and Myers (2004), survey captures self-reports of individuals' own attitude, behaviours and experiences.

3.4 Measures/ Materials

3.4.1 Demographic Questionnaire: The demographic questionnaire gathered the necessary information about the participants' age, gender, age of spouse, number of years of marriage, religion, educational level, occupation, occupation of spouse, number of children in marriage and duration of courtship. Apart from the age, gender, religion and educational level which were needed for analytical purposes, the rest were asked to authenticate the marital statuses of respondents.

3.4.2 The Help-Seeking Scale: A modified version of the General Help Seeking Questionnaire by Wilson, Deane, Ciarrochi & Rickwood, (2005) was used to assess intentions to seek help from different sources. It was a 10-item scale. The questionnaire gave a problem scenario, listed ten sources of help and asked how one was likely to use these sources. It had a 7 point Likert scale with scores ranging from 1-extremely unlikely to 7-extremely likely. This study however used a likert scale range from 1-extremely unlikely, 2-unlikely, 3-not sure, 4-likely and 5-extremely likely for simplicity. The questionnaire had a general Cronbach's alpha of .85 and

test-retest reliability of .92 (Wilson, Deane, Ciarrochi & Rickwood, 2005). The measure had been used to confirm the need to distinguish between problem types items with Cronbach's alpha = .83, problem-type with test-retest reliability of .88 assessed over a three-week period and personal-emotional problems (Cronbach's alpha = .70, test-retest reliability assessed over a three-week period was .86 (Wilson, Deane, Ciarrochi & Rickwood, 2005). The scores for this study ranged from 10 to 50 with higher scores indicating higher intentions for help seeking. Scores ranging from 10 to 29 represented lower help seeking and 30 to 50 represented higher help seeking. The Cronbach Alphas for the pilot study and the main study were .78 and .69 respectively.

3.4.3 The Religiosity Scale: Santa Clara Strength of Religious Faith Questionnaire (Plante & Boccaccini, 1997) was used to measure religiosity. This was a 10-item questionnaire which measured an individual's level of religious faith. Examples of items in the scale were, 'I pray daily', 'I look to my faith as source strength). Cronbach's Alpha ranged from .94 to .97 (Plante & Boccaccini, 1997). It had a score range of 10 to 50 where high scores indicated a highly religious person with score range of 10 to 30 representing low religiosity and 31 to 50 representing high religiosity. The purpose of this scale was to measure the religiousness of the individual. The pilot study and main study had a Cronbach Alphas of .87 and .88 respectively.

3.4.4 The Gender Role Belief Scale (Kerr & Holden, 1996).

It was a 20-item scale that measured the attitudes and beliefs that individuals held about men and women and the roles they played in the society. All the items were answered on a 5-point scale ranging from strongly agree to strongly disagree. Total scores ranged from 20 to 100 with

higher scores of the range 56 to 100 indicating more feminist or equalitarian gender role beliefs and lower scores of 20 to 55 indicating more traditional gender role beliefs. It has an internal consistency of .89. The Cronbach Alphas for the pilot study and main study were .75 and .71 respectively.

3.4.5 The Afrocentrism Scale: The Afrocentrism Scale was used to measure the cultural identity of the participants. The scale which was developed by Grills and Longshore (1996) had 15 items with a 4-point Likert-type scale: *Strongly disagree*, *disagree*, *agree*, and *strongly agree*. It was a derived measure of Africentric attitudes, values and behaviors. The scale's items were worded both negatively and positively, and higher scores were calculated to indicate greater levels of Afrocentrism. Items 2, 4, 5, 7, 9 and 10 were reversed scored. The total score for the items ranged from 15 to 60, with a higher score reflecting greater adherence with Afrocentric values. These were some of the items used in the scale; 'The unity of the African race is very important to me', 'I have very little faith in Africans', 'The problems of other Africans are their problems, not mine and 'I have more confidence in White professionals, like doctors and teachers, than in African professionals'.

Grills and Longshore reported reliability ranging from .62 to .82 (Grills & Longshore, 1996). The scale had also seen several studies validating its psychometric properties. In Ghana, the scale had been used to assess cultural identity with the Cronbach alphas of .79 (Nanewortor, 2011) and .72 (Howusu-Kumi, 2012). The pilot study and main study had Cronbach Alphas of .71 and .60 respectively.

3.5 Procedure

Permission was sought from the individual participants before the questionnaires were given to them. Together with the research assistants, the set of questionnaires were distributed to participants on a one-on-one basis. The questionnaires were accompanied with information sheet which outlined the purpose of the study, instructions for completing and returning the questionnaire. In order to promote orderliness, the different measuring instruments were separated into sections. Section 'A' sought demographic information about respondents in relation to marriage. Section 'B' measured the help-seeking behaviour of respondents, Section 'C' the religiosity of respondents, Section 'D' the gender role belief of respondents and Section 'E' the cultural identity of respondents.

Confidentiality of their information provided was assured by not requiring their names or initials. Between 15 and 20 questionnaires was administered daily. Completed questionnaires were returned to the research assistant. On the average, completing the questionnaire took about 20 minutes. However, respondents were allowed one week in anticipation that some of them were employees and so may be busy. Data collection lasted for about two and a half months. Out of the 250 questionnaires distributed, 205 (89.1 % response rate) usable questionnaires were returned. Given the nature of the survey, randomization could not be achieved as respondents were conveniently sampled. The collected data was subjected to statistical analysis, the details of which are contained in the next chapter.

3.6 Ethical Considerations

Ethical regulations outlining the purpose of the study was approved by the Institutional Review Board of the Noguchi Memorial Institute for Medical Research, University of Ghana through the Department of Psychology.

First and foremost, informed consent was obtained from the participants through the signing of an informed consent form. Secondly, the questionnaires handed over to the participants were accompanied by introductory letters that explained the purpose of the research, and expected duration for participation. This was meant to ensure that respondents fully understood the research and what information was required from them. Participants were made aware that information gathered would be used only for the purpose for which it was collected, that is, to advance knowledge in help-seeking among married persons.

After that, assurance was given to them that they can quit as participants at any given time of their choice. Issues of confidentiality and anonymity were further discussed with participants. They were instructed not to write their names or anything that will make it easy to identify them. Aside these, all aspects of the research were conducted to conform to the regulations regarding the conduct of research with human participants in the American Psychological Association's (APA) code of conduct (2002).

3.7 Pilot Study

Twenty married men and women were conveniently sampled and used to pilot-test the scales of the questionnaire. The pilot study was done to determine the meaningfulness of the items on the scale to the study population as well as to determine the Cronbach alpha of each scale. The Cronbach Alpha for the Help-Seeking scale, Religiosity scale, Afrocentrism scale and Gender

Role Belief scale were .78, .87, .75 and .71 respectively. It was found that, all the scales had acceptable reliability for statistical analysis (Nunnally, 1978). Since the outcome of the pilot study presented acceptable reliability, the wording and other characteristics of the items were maintained in this study.

CHAPTER FOUR

RESULTS

4.0 Introduction

The main objective of the study was to assess how psychosocial determinants like cultural identity, gender role belief ideology and religion affected the help-seeking behaviour for Intimate Partner Violence among married persons. It also examined the relationship among factors like age, gender, education and help-seeking.

4.1 Data Analysis

Based on the hypotheses in this study, data was analyzed using the Statistical Package for Social Sciences (SPSS) version 16.0. Means, standard deviation, skewness, kurtosis, reliabilities, Independent-t tests, Two-way Anova and Pearson Product correlation coefficients were calculated among the predictor variables and the outcome variable. Hierarchical Multiple Regression analysis was employed to test for the significance of the increment in criterion variance explained by the interaction term beyond the variance accounted for by the main effect variable. That is the moderator variable (MV) interacts with the IV to create change which is dependent on the level of moderator (Frazier, Tix & Barron, 2004).

4.2 Preliminary Analysis

It is important to note that a multivariate design involving regression test requires the assumption of multivariate normality and that each variable and all linear combinations of the variables are normally distributed. For the researcher to test for this assumption regarding regression analysis, preliminary statistical and graphical analyses were conducted to assess the fit between variable distributions and their acceptability. Skewness and kurtosis are the two

forms of normality assessed. The normality of the data obtained for the study was verified. This was done as a result of the fact that, a basic requirement for the use of parametric statistical tests is the normal distribution of the variables involved. Regarding issues of normality, all the variables were normally distributed (see table 2). Normality was accepted when Skewness and Kurtosis were between -1 and +1 (Tabachnick & Fidell, 2001).

Table 2: Summary of descriptive statistics and normality test results of study variables (N=205)

Variables	Mean	SD	Skewness	Kurtosis	Minimum	Maximum
Help Seeking	28.10	6.73	-.064	-.107	10	46
Religiosity	44.14	5.23	-.55	.43	16	50
Gender Role Belief	57.45	8.24	.156	.35	43	99
Cultural Identity	45.81	5.98	-.125	-.44	32	60

The statistical test of normality in this study showed that all the variables were normally distributed.

Table 3: Pearson correlation of age, age of spouse, number of years of education and study variables.

Variables	1	2	3	4	5	6	7
1 Age	-						
2 AgeoS	.78**	-					
3 NoyrsoE	.05 ^{ns}	-.05 ^{ns}	-				
4 HSS	-.16*	-.19**	-.09 ^{ns}	-			
5 RS	.12 ^{ns}	.17*	.08 ^{ns}	-.13 ^{ns}	-		
6 GRBS	-.04 ^{ns}	.07 ^{ns}	-.01 ^{ns}	.04 ^{ns}	.04 ^{ns}	-	
7 CIS	-.03 ^{ns}	-.14 ^{ns}	-.91 ^{ns}	.03 ^{ns}	.01 ^{ns}	-.16*	-

Note: **HSS**= Help Seeking scale, **CI**= Cultural Identity, **RS**=Religiosity scale, **GRBS**=Gender Role Belief scale, **AgeoS**=Age of spouse, **NoyrsoE** =Number of years of Education

N=205, = p<.05, * = p<.01 **, ^{ns}= not significant.

Table 3 represents the Pearson correlation of age of participants, age of their spouses, number of years of education of participants and study variables. The table indicated a significant positive relationship between the age of participants and the age of their spouses [$r_{(205)}=0.78$, $p=0.00$]. This means that the older the age of participants, the older the age of their spouses and vice-versa. The age of participants also showed a significant negative relationship with the Help-Seeking behaviour of the participants [$r_{(205)}=-0.16$, $p=0.02$]. This also means that the older the participants, the less likely they will seek for help and vice-versa.

Table 3 also indicated that Help-Seeking behaviour of the participants showed a significant negative correlation with the age of the participants' spouses [$r_{(205)} = -0.19$, $p = 0.004$]. This means that higher help-seeking behaviour was related to younger participants' spouses and lower help-seeking behaviour was related to older participants' spouse. In other words, younger spouses of the participants were more likely to seek help and vice-versa.

The table also showed that the religiosity of participants was positively related to age of participants' spouses [$r_{(205)} = 0.17$, $p = 0.02$]. This result means that higher religiosity was associated with older spouses of the participants and lower religiosity to younger participants' spouses. That is, the older the spouse of a participant, the more religious they will be and the younger the spouse of a participant, the less religious they will be.

Finally, the study found a significant negative relationship between cultural identity and gender role beliefs of participants [$r_{(205)} = -0.16$, $p = 0.027$]. This final finding meant that a higher cultural identity scores was related to a lower gender role belief scores and vice-versa. In other words, the more a participant is culturally identified, the more traditional gender role beliefs he or she will have.

4.3 Hypothesis Testing

Hypothesis 1 and 2

Whilst hypothesis one stated that individuals who hold strong traditional views on gender roles will be less likely to seek help compared to those who are egalitarian, hypothesis two stated that highly religious individuals will be less likely to seek help compared to those who are not religious. These hypotheses were analyzed using 2-way ANOVA because two independent

variables (gender role and religiosity) with each on two levels were involved. This is presented in table 4 below.

Table 4: Means and Standard Deviation of Scores on help-seeking in within and across-religiosity and gender role of participants.

Religiosity	Gender Role	<i>N</i>	Mean	SD
Low Religiosity	Traditional	5	30.60	6.58
	Egalitarian	8	27.88	5.69
	Total	13	28.92	5.94
High Religiosity	Traditional	83	27.81	6.54
	Egalitarian	109	28.23	7.02
	Total	192	28.05	6.80
Total	Traditional	88	27.97	6.54
	Egalitarian	117	28.21	6.90
	Total	205	28.10	6.73

Although there were mean differences in help seeking between low religiosity and high religiosity, traditional gender role belief and egalitarian gender role belief, low religiosity and traditional gender role beliefs, low religiosity and egalitarian gender role beliefs, among others, none of them was statistically significant.

Table 5: Religiosity and Gender role belief difference in Help-Seeking

Source	Type III Sum of Squares	Df	Mean Square	F	P
Religiosity	17.17	1	17.17	.375	.541
Gender Role	15.32	1	15.32	.335	.564
Reli * Gender Role	28.60	1	28.60	.625	.430
Error	9200.26	201	45.77		
Corrected Total	9240.85	204			

From table 5 above, religiosity had no significant effect on help-seeking [$F_{(1, 204)} = .38, p < .54$]. Gender role also did not have any significant effect on help-seeking [$F_{(1, 204)} = .34, p < .56$]. In addition, there was no significant interaction effect of religiosity and gender role belief on help-seeking [$F_{(1, 204)} = .63, p < .43$]. Therefore, the first hypothesis that individuals who hold strong traditional views on gender roles will be less likely to seek help compared to those who are egalitarian was not supported. The finding is an indication that, there is no significant difference in help-seeking behaviour between persons who hold traditional views on gender roles and those who are egalitarian.

Also the second hypothesis that highly religious individuals will be less likely to seek help compared to those who are low on religiosity was not supported. The finding shows that there is no significant difference in the way individuals with low religiosity and those with high religiosity seek for help and that the two group of participants are equal on help seeking behaviour.

Hypothesis 3, 4 and 5

Hypothesis three stated that females will be more likely to seek for help than their male counterparts; hypothesis four stated that older people will be more likely to seek for help

compared to the their younger counterparts and hypothesis five stated that there will be significant interaction effects of age and gender on help seeking. These hypotheses were analysed using the 2-way ANOVA because two independent variables (age and gender) with each on two levels were involved. This is represented in table 6 and 7 below.

Table 6: Means and Standard Deviation of Scores on help-seeking in within age and gender of participants.

Age	Gender	<i>N</i>	Mean	SD
Younger persons	Male	48	27.60	6.39
	Female	75	29.97	6.75
	Total	123	28.44	6.62
Older persons	Male	52	28.67	5.49
	Female	30	25.73	8.64
	Total	82	27.60	6.91
Total	Male	100	28.16	5.93
	Female	105	28.05	7.44
	Total	205	28.10	6.73

From the descriptive statistics in table 6 above, there was a significant mean score of help-seeking among younger males (48), 27.60 (6.39) and younger females (75), 29.97 (6.75). The implication is that younger females will be more likely to seek for than younger males. There was also some difference in mean scores between younger persons (123), 28.44 (SD=6.62) and older persons (82), 27.60 (SD=6.91), although it was not significant statistically.

Table 7: The Age and Gender Effect on Help-Seeking

Source	Type III Sum of Squares	Df	Mean Square	F	P
Age	54.35	1	54.35	1.22	.27
Gender	28.44	1	28.44	.64	.43
Age * Gender	214.07	1	214.07	4.79	.03
Error	8986.74	201	44.71		
Corrected Total	9240.85	204			

From table 7 above, the third hypothesis that female participants will be more likely to seek for help than their male counterparts was not supported because the effect of gender on help-seeking was not significant [$F_{(1, 204)} = .64, p < .43$].

Also, the fourth hypothesis that older people will be more likely to seek for help compared to their younger counterparts was not supported since age had no significant effect on help-seeking [$F_{(1, 204)} = 1.22, p < .27$].

Finally, the fifth hypothesis that there will be significant interaction effects of age and gender on help seeking was supported as there was a significant interaction effect of age and gender on help-seeking [$F_{(1, 204)} = 4.79, p < .03$]. Therefore the hypothesis that age and gender will significantly influence help seeking was supported.

Table 8: multiple comparison between the means of age and gender

	Younger male	Older male	Younger female	Older female
Younger male	-	-1.20	-1.37	1.87
Older male		-	-.30	2.94
Younger female			-	3.24*
Older female				-

Table 8 shows that the mean difference between younger female (29.97) and older female (25.73) is significant and indicates that younger females seek help more than older females.

Hypothesis 6

Hypothesis six stated that highly educated individuals will be more likely to seek help than those with low education. This hypothesis was analyzed using the independent t-test because two independent groups (low education and high education) were being compared on help-seeking behaviour. The result is presented in the table below.

Table 9: Independent t-test comparing means of low and high education on help-seeking.

Education	N	Mean	S D	df	t	p
Low Education	46	29.50	7.74	203	1.61	0.05
High Education	159	27.70	6.38			

From the independent t-test table above, low education (46) had a mean of 29.50 (7.74) and high education (159) had a mean of 27.70 (6.38). At the 0.05 level of significance, there was a significant difference in help-seeking scores between participants with low education and those with high education ($t_{(203)} = 1.61, p = 0.05$). The results showed that individuals who had low education (29.50) sought help more than those with high education (27.70). However, the hypothesis was not supported.

Hypothesis 7

Hypothesis seven was meant to investigate the moderating role of cultural identity on the relationship between gender role belief and help-seeking among participants. The hypothesis stated that cultural identity will moderate the relationship between gender role belief and help-seeking among participants. Hierarchical multiple regression was supposed to be used for this analysis but the preliminary correlational analysis (refer to table 3) did not find any relationship among the variables (independent, moderating and dependent). Hence the seventh hypothesis was not carried out since there was no need to.

4.4 Summary of main findings

1. Contrary to the prediction, the findings showed that individuals who held strong traditional views on gender roles did not score less on help-seeking compared to those who were egalitarian.
2. Contrary to the prediction, the findings indicated that highly religious individuals did not score less on help-seeking compared to those who were not religious.
3. The current finding showed gender had no significant main effect on help seeking

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4. The finding showed that age did not have any significant main effect on help-seeking.
5. In line with the stated hypothesis, the current finding showed that age and gender had a significant interaction effect on help seeking.
6. Contrary to the prediction, the results showed that individuals with low education rather sought for help than those with high education.
7. There was no significant relationship between gender role beliefs and help-seeking hence no moderation effect was tested.

CHAPTER FIVE

DISCUSSION

5.0 Introduction

The present study examined the differences in gender role belief, religiosity, age, gender and education on help-seeking among married persons in Accra. The study also investigated the moderating effect of cultural identity on gender role belief and help-seeking. One out of the seven hypotheses tested was supported by the present study.

5.1 Summary of main findings

The findings of the present study are that individuals who hold strong traditional views on gender roles did not score less on help-seeking compared to those who were egalitarian. Highly religious individuals did not score less on help-seeking compared to those who were not religious. Age and gender did not have significant main effect on help seeking, but age and gender did have an interaction effect on help-seeking. Highly educated individuals did not seek for help more than those with low education, rather, individuals with low formal education sought for help. Finally, cultural identity did not moderate the relationship between gender role ideology and help-seeking.

5.2 Gender role beliefs and Help-seeking

The hypothesis that individuals who hold strong traditional views on gender roles will be less likely to seek help compared to those who are egalitarian was not supported by this study. There was no significant difference in help-seeking behaviour between individuals who held strong traditional views on gender roles and feminists or those who were egalitarian. Contrary to the

present finding, Wisch and Mahalik (1995) had indicated that poor psychological health was as a result of the effect of adherence to traditional roles. Of course, if you consider the way Ghanaians view the roles played by males and females in the society, it is possible to agree that higher degrees of gender role conflict is a basis of negative attitude towards seeking psychological help (Wisch & Mahalik, 1995). It is important to note that not much has been done in the study of gender role and help-seeking behaviour, however, it is interesting to note that in a study on the effects of gender and sex role orientation (masculinity and femininity) on attitudes toward seeking professional psychological help, feminist individuals were more positive towards seeking professional assistance and were more willing to acknowledge a personal need for professional help than individuals with traditional masculine views (Ang et al., 2004).

In a report which is contrary to the finding of this study, a positive association was reported between femininity and help seeking whilst masculinity was negatively related to help seeking in a recent study of adolescents (Kessels & Steinmayr, 2013). The work of Kessels and Steinmayr (2013) implied that the more feminine an individual is, the more help the individual will seek and those persons who thought roles should be equal but not tied to gender were also more likely to seek for help in the event of psychological or intimate partner violence. In the same vein, individuals who thought certain roles should be the preserve of the male gender had a lower chance of seeking for help. Although the present study did not find significant difference in gender role and help seeking possibly because of the nature of coping behaviours and level of education among the participants studied. Some studies (Wisch & Mahalik, 1995; Kessels & Steinmayr, 2013) did support differences in gender role in relation to help seeking behaviours.

The present finding could be probably due to the implicit or the hidden nature of coping behaviour of Ghanaians, a situation not common with professional help-seeking (Taylor, Welch, Kim, & Sherman, 2007; Kim, Sherman, Ko, & Taylor, 2006). Taylor et al. (2007) provided a distinction between implicit and explicit social support and their relations to western and non-western cultures. Implicit social support is seen as the emotional comfort one gets from social networks without disclosing the details of one's problems like the specific stressful events that is tormenting a person. Explicit social support, on the other hand, involved the specific use of social networks in response to specific stressful events, which also involved the reliance on advice, instrumental aid, or emotional comfort from the network. Taylor et al. (2007) found that implicit social support benefited Asians and Asian Americans than explicit social support seeking whilst European Americans also benefited more from the use of explicit social support than from implicit social support. This research suggested that among Asians and Asian Americans, effective social support had a lot more to do with spending time being around others without talking about the stressor and less related to talking directly about the problem (Kim et al., 2006). If implicit support was more culturally relevant to Asian Americans than to European Americans, and explicit support more culturally relevant to European Americans than to Asian Americans, then explicit support seeking, including seeking professional help, may be seen as more acceptable in the American cultural contexts. However, in an Asian cultural context, implicit support from family and friends may be seen more positively than seeking explicit support of any type. It is therefore important to consider the possibility that professional help seeking, at least in the traditional form, may not be consistent with the dominant cultural model of social relationships and interactions in the Ghanaian cultural contexts because the Asian culture is seen as more collectivistic, just like the Ghanaian culture.

Another possible reason for the inconsistent findings between the present study and the work of Kessels and Steinmayr (2013) could be the nature of the populations and the age of participants studied. While this study used married persons, the study of Kessels and Steinmayr (2013) used students at the 11th grade. Naturally, students could be more exposed to formal knowledge and information about help-seeking compared to married persons who could either be highly educated or not. This argument however becomes very difficult to advance especially when the present study revealed that participants with lower education sought more help than those with higher education. This is indeed interesting considering the fact that higher education had been positively related to help seeking (Naved et al., 2006).

5.3 Religiosity and Help-seeking

Hypothesis two stated that, highly religious individuals would be less likely to seek help compared to those who were not religious. This hypothesis was proposed on the basis of the common belief that religion provided some kind of solace for individuals who believed in and worship some kind of god or deity and also because most religions believed in the sanctity of marriage and the fact that it is forever and so were prepared to preserve it. The findings of this study did not support this hypothesis. The present finding means that persons who have low religiosity do not seek for help more than those with high religiosity and that there is no significant difference between highly religious individuals and those with low religiosity on help-seeking.

The sociocultural orientation of the population studied could have accounted for the present finding considering the fact that the Ghanaian sociocultural structure is socially collectivist,

therefore the presence of parents, siblings, aunties, uncles and grandparents could help respondents share their worries and pain more easily than seeking for professional help.

Although the present finding did not find a direct support in the literature, some studies had associated high religiosity to the preference of religious help-seeking instead of professional mental health (Abe-Kim et al., 2004). For instance, Abe-Kim et al. (2004) did find significant difference in the rates of help-seeking from religious clergy and mental health professionals. Their study however found high religiosity to be related to more help-seeking from religious clergy than from mental health professionals. This could also be ascribed to the finding of this study because common knowledge about women and even men in Ghana and their attendance to prayers and religious counselling session can be observed. This phenomenon among Ghanaians can be directly linked to the need to seek help.

The present finding is also inconsistent with Higginbotham et al. (2007) who have suggested that females with low religiosity reported experiencing more courtship violence than females reporting high religiosity. From the look of things, it seems that high religiosity has been instrumental in the promotion of emotional health help-seeking in particular and health development in general. A possible reason for this inconsistency could be due to the younger nature of the population (18 – 24 years) used by Higginbotham et al. (2007) as against the age range (22-59 years) of the population of this study. This age difference means that the present study had an older sample size that are more likely to have experienced a lot of situations that might need seeking for help. Aside the age factor, Higginbotham and colleagues' populations were students offering courses in Human Development and Family Studies at the Midwestern

State University. This exposure might have indirectly informed the students' attitudes and perceptions about help – seeking.

It could also be said that religious institutions and clergies often function as checks for individual help-seeking behaviors and health care utilization, particularly among poor and disenfranchised populations (Taylor, Ellison, Chatters, Levin & Lincoln, 2000). It is therefore likely that the present finding had been occasioned by the common belief that the Ghanaian culture represented very high spirituality across board. Every member of the population studied belonged to one religious body or another and so share in similar attitudes towards help-seeking, hence both persons with high religiosity and low religiosity had similar help-seeking behaviours.

5.4 Gender and Help-seeking

The third hypothesis stated that females will seek for help more than their male counterparts. The current finding showed that gender had no significant main effect on help seeking among the participants. This means that an individual's gender does not influence his or her help-seeking behavior, at least in this population.

The present finding is not consistent with findings in previous studies (Kessels & Steinmayr, 2013; Grinstein-Weiss et al., 2005; Ang et al., 2004; Tishby et al., 2001). In a study of 52 male and 111 female student trainee teachers, Ang et al. (2004) found that females reported more positive attitudes toward professional help-seeking and were more willing to acknowledge a personal need for professional help compared to their male counterparts. Grinstein-Weiss et al.

(2005) found that gender was a highly significant factor affecting willingness to seek help. Female adolescents have been identified as expressing more open attitudes toward seeking and receiving professional help than male adolescents (Tishby et al., 2001).

There was no gender difference in the current study probably due to factors like socio – cultural difference in the population, age and the nature of the population studied compared to the previous studies which had supported gender difference (Kessels & Steinmayr, 2013). Most of the studies which supported gender differences in help seeking used students while participants from this study were workers who might have had some form of life experiences probably due to their age and maturity which could have changed their perceptions about help-seeking and relying on others for help to manage their affairs.

It is important to note that, the present study's population was also married persons with nearly 80% having gone through some form of premarital counselling. In most of these counselling sessions, couples are told to be extremely mindful of the kind of people they shared their marriage life, especially secret. This population would, therefore, be more likely to withhold information and keep to themselves than the population of students who are very dependent on both parents and teachers for help, assurance and direction. Normally, marriage in the African culture and for that matter, Ghana, is protective of its structures and so marital secrets are regarded as family secrets and therefore protected from non-family members. In the quest to uphold and protect these secrets, both genders go the extra mile to forbid help from external sources completely. In such a situation, both genders would protect the image of the family from the outsider and also prevent disgrace and humiliation. They are therefore mandated traditionally to be its protector.

Despite this, women are more likely to desire and go for formal help in dealing with their psychiatric conditions for instance than men. Females are also better placed in showing the willingness to consult or seek for informal help from people like their friends and family about mental health issues (Yamawaki, 2011). Females also tend to perceive their problems as more severe than males hence the more positive attitudes toward seeking help and going for formal help itself although one of the most common reasons for not seeking help could be stigma (Vogel & Wade, 2009). Djikanovic et al. (2012), however, reported that some women do not seek help for fear of the undesirable consequences of seeking help and lack of trust in institutions meant to provide this formal assistance.

Aside all these factors, the bulk of literature suggest and provide enough evidence that women have consistently shown more favorable attitudes toward help-seeking than men (Vogel & Wester, 2003; Ang et al., 2004).

Although this study did not identify or show any significant gender difference in help-seeking between men and women, the literature available is suggestive of the idea that women are more likely to seek for help, whether formal or informal, while men's unwillingness to seek help readily have been attributed to conflict arising from their socialization process.

5.5 Age and Help-seeking

The fourth hypothesis that older participants will be more likely to seek help compared to their younger participants was not supported. The finding showed that age did not have any significant main effect on help-seeking. This is a finding which indicates that age does not affect the help-seeking of individuals among married persons. At least the age of individuals in this

study, whether older or younger did not influence their help-seeking behaviour in the event of intimate partner violence.

Consistent with the present finding, Segal, Coolidge, Mincic, and O'Riley (2005) have also indicated that age does not influence the help-seeking behaviours in a study of adolescents.

Contrary to the present finding which did not find any statistically significant difference between older and younger participants, some studies have (Yamawaki et al., 2011; Lundervold & Young, 1992). For instance, Yamawaki et al. (2011) reported that older individuals showed more negative attitudes towards psychiatric services than their younger counterparts. This means that the younger an individual, the more positive his or her attitude toward seeking for counselling from mental health professionals like psychiatrists and counselors. Also contrary to the present finding, a number of works (Ashley & Foshee, 2005; Berger, Levant, McMillan, Kelleher & Sellers, 2005) have indicated that the older an individual's age, the more likely the individual is in seeking for formal help. However, Barnes, Ikeda, and Kresnow (2001) reported in a study of younger individuals who had tried to take their own lives that, they in most cases contacted one mental health professional or another before the attempt and that both adolescents and young adults who had attempted suicide had in one way or the other sought help, and were also likely to have discussed suicide with these professional mental health workers. In fact, the literature on age and help-seeking is inconsistent and so more research is needed to update and create a directional trend.

The present study was expected to find older participants seeking help more than younger participants, however, this was not the case. A possible explanation for the current finding might

be that there is difference in the sociocultural background of the population studied which could affect the outcome of a research. Sociocultural characteristics have been implicated in the day to day management of people's activities (Byun, 2001; Batnitzky, 2008). For instance, the studies of Yamawaki et al and Ashely and Foshee were conducted in Japan and the US respectively, a sociocultural background different from Ghana where the present study was carried out. It is common knowledge that culture affects the way we do several things and this includes the way we seek formal help. Yamawaki et al (2011) used quite a large sample size (2,023) compared to the sample size in this study (205) and this difference could have affected the current finding. Also, a look at the work of Ashely and Foshee (2005) brings to bear the fact that these researchers used a student population and a longitudinal research method (study) to collect data on participants. This research method is different from the method used in this study, a reason that could also be responsible for the difference in findings.

According to a study by Rickwood, Deane, Wilson and Ciarrochi (2005), the trend of age and development on help-seeking for adolescent differ with the gender of the individual. These researchers noted that over the high school years, females progressively sought for assistance from friends rather than from parents and family but slightly increase their use of formal help sources as they aged. Rickwood et al. (2005) also reported that, for adolescent males, seeking for help from both formal and informal sources was reduced across the teenage years. In contrast to their female counterparts, the reduction in seeking help from family was not replaced by increased use of friends or professional help.

Some studies have also shown that adolescents preferred to experience and use the help provided by the informal help source like friends and family than from a formal source like psychologists, school counselors, teachers and doctors (Ashley & Foshee, 2005; Sheffield et al., 2004). It has been shown that the help sought from informal avenues come with lower psychological cost, a situation which is also considered as less endangering to one's self compared to the help from formal sources and so encouraging younger persons to seek for informal help (Wills, 1992). Hamilton and Coates (1993) have indicated that service providers are often not helpful to adult victims of partner violence, a factor which also frustrates older persons from seeking formal help readily.

5.6 Age, Gender and Help-seeking

The fifth hypothesis that age and gender will have a significant interaction effect on help seeking was confirmed in this study. This finding implies that age and gender when put together affected the help-seeking behaviour of the participants. It also means that the study found interaction effect of age and gender on help-seeking in this sample of married persons although the main effects of age and gender were not significant. Consistent with the present finding, Ashley and Foshee (2005) had reported an interaction effect of age and gender on help-seeking among a sample of victims and perpetrators of dating violence in a public school system in the USA. They indicated that older male perpetrators of intimate partner violence had been identified to be more likely to seek help than female younger perpetrators (Ashley & Foshee, 2005). The present finding indicated a significant difference in help-seeking between younger females and older females after a multiple comparison. The finding showed that younger females sought for help more than their older female counterparts.

The implication of this finding is that younger females are more likely than older female participants to seek help in the event of intimate partner violence. Despite the lack of support given to the effects of age and gender, separately, the present study revealed a combined effect of age and gender on help –seeking. This finding could probably be due to the view that only social limitations factors and access to free healthcare predicted female attendance to the GP for help (Doherty & O'Doherty, 2010). Females generally seek for help whenever they have problems compared to their male counterparts (Ashley & Foshee, 2005; Doherty & O'Doherty, 2010). In addition to this observation, younger females in the present study indicated their readiness and willingness to seek for help probably due to the numerous interventions put in place by both the government and non – governmental organizations with the hope of preventing domestic violence and promoting formal help–seeking. The International Federation of Women Lawyers - FIDA-Ghana, (2013) for instance had noted with great concerns the efforts initiated by public and civil society towards the fight against domestic violence, a state of affair which according to them was laudable and encouraged younger female victims to seek for help by reporting and seeking redress for their troubles probably because younger females might be young in the marriage with only a child or no child at all to worry about in case their help seeking led to a divorce. Older women might not seek help because of their children and/or the fact that they might have invested a lot of years in the marriage. Most young people might also be gainfully employed and would not see the need to depend on a man who abused them. The question as to whether or not participants had ever been given premarital counseling together with their spouse saw younger females responding in the affirmative. A cross tabulation of age and gender of this showed that (63) younger females and 20 older females answered to having gone through premarital counseling where they are also advised to seek help when there is the

need. This is an indication that younger females at least in this study were more likely to take advantage of any available source of help.

Furthermore, women in Ghana in 2005 launched a campaign against domestic violence in support of the Bill addressing domestic violence when it was introduced in Parliament. In furtherance of this agenda, the Foundation of Female Photo journalists (FFP) developed a documentary addressing domestic and gender based violence in order to motivate viewers to support initiatives that would assist victims of gender violence to report the issue and the quest to build a society of equal rights to all (Ghana News Agency 2005). All these developments and the increased reportage on domestic violence in the Ghanaian media might have promoted a high level of awareness and willingness on the part of people to speak out and report domestic violence cases, an environment that could easily promote help-seeking among younger females who are married especially when most of them had been introduced to some form of counseling before getting married.

It also needs mentioning that because of the common knowledge that women are mostly the victims in IPV, they are more likely to benefit from opportunities such awareness create like, frequent reportage of issues relating to domestic violence on radio, TV and the internet. The younger females therefore have a greater opportunity as married persons to seek for help since they might be young in marriage and might not even have children to worry about in case their help-seeking behaviour resulted in divorce. In the past, as it is now in some societies, people either felt ashamed or embarrassed to mention or discuss or report cases of domestic violence. The changed situation now can be considered a significant progress made in the attempt to

eliminate intimate partner violence in the country. In summary, younger females would be more likely to seek help compared to older females because younger females might be young in the marriage with probably no child to worry about in case the marriage ended, they might be gainfully employed and see no need to depend on a man who abused them, they might be more educated and exposed to a lot of information both from the print and electronic media concerning what to do in situations like these and also the fact that there are a lot of successful young women who are single.

Some studies, however, found only gender differences in help-seeking (Yamawaki et al., 2011; Doherty & O'Doherty, 2010). The present finding is contrary to the work of Yamawaki et al. (2011) who reported significant main effect of age and gender but no interaction effect in a study involving 920 and 1,103 Japanese males and females respectively. In the findings of Yamawaki et al (2011), it was noted that females reported greater desire to receive psychiatric treatment compared to their male counterparts and the females were also more often willing to consult with friends and family about mental health issues. In short, the work of Yamawaki et al. (2011) created the impression that women sought for help more than men for various mental health illnesses of which intimate partner violence and its attendance consequences could be implied.

Again, according to Yamawaki et al. (2011), older individuals showed more negative attitudes to seeking help from both formal (psychiatrist) and informal (friends and family) sources than those of younger persons.

Barnes et al. (2001) noted in a study of individuals who had attempted suicide that they often contacted a mental health professional before the attempt and that adolescents and young adults

who had attempted suicide had in one way or another sought help, and were likely to have discussed suicide with professional mental health consultants. Barnes et al. (2001) also reported no gender difference although participants were found to be more likely to contact family and friends than mental health professionals in the event of health and emotional problems.

By considering the third level of the Social Ecological Framework (Little & Kaufman, 2002), the institutions whose mandate are to provide help and put mechanisms in place to prevent IPV seem to sleep in the face of the many reported cases of IPV. In fact most healthcare facilities and healthcare professionals do have eminent challenges and may consider violence as an entirely spousal matter and at some instances be afraid of the offence that the interference might cause their clients (Fogarty, Burge & McCord, 2002). Health professionals might also be concerned for their own safety and hesitate to address the issue if they have nothing to offer (Waalén et al., 2000). But it will help a lot if healthcare facilities and professionals would make it as a matter of urgency to assist in the identification and subsequent control of IPV, then the fight to prevent it would be half-won. The finding of the present study together with that of the literature show that the elements of age and gender should be considered together but not in part when professional helpers attempt to help persons especially those experiencing intimate partner violence.

5.7 Educational level and Help-seeking

Hypothesis six predicted that highly educated individuals will be more likely to seek help than those with low education. This hypothesis was proposed with the common belief that highly educated individuals were more exposed to the different help available for individuals who experienced IPV. The hypothesis was not confirmed by the results of the study rather, the result

showed that participants with lower education were more likely to seek for help if they happen to be victims of intimate partner violence.

In a household of 12,039, Ingram (2007) reported intimate partner violence victimization to be greater among non-Latinos than among Latinos at education levels below college, a finding that contradicted the finding of the present study. Coles, Heimberg and Weiss (2011) reported in their study that up to 50% of highly educated persons have refused to recommend help-seeking to their friends in the event these friends needed to get assistance. Despite this, data from self-reported community surveys have depicted that higher rates of specialty mental health services use are commonly found among individuals with higher education (Valiadis et al. 2005). Steele et al. (2007) have also reported that at each level of higher education, individuals were 15% more likely to see a psychiatrist, 12% more likely to see a family doctor, 16% more likely to see a psychologist and 16% more likely to see a social worker when they evaluated the tendency for education to affect seeking for formal help. This could be an indication that higher education created the opportunity for persons in distress (physical, mental or emotional) to seek for professional help because they might be better informed, better read and exposed to these opportunities.

Indeed very few studies have examined the effects of education on help-seeking. Naved et al. (2006) did note that women who had education beyond the tenth grade were three times more likely to disclose their experience of violence compared to those with no education at all. But if this assumption is anything to go by, then why did this study find persons with lower education rather seeking for help? A probable explanation could be that higher education exposed one to the ability to discern one's problems or distress and makes the individual victim capable to act in order to bring relief to him or herself for formal help. It may also be that in this study,

individuals with lower education felt inadequate with the skills, pieces of information and the capacity to manage their problems and therefore needed to seek for help from someone with a higher education or expertise, hence seeking for help. According to Yen et al. (2005), in mental health literacy, education has been distinguished as a major element associated with insight into symptoms of psychological distress and attitudes towards treatment. This could be another reason why individuals with lower levels of education would be more likely to discuss mental health issues and problems related to intimate partner violence with others compared to their highly educated counterparts. Respondents with lower levels of formal education in this study could have felt the need to understand their worries and difficulties by virtue of the fact that they could not fully understand what was happening and so contacted someone with a higher form of expertise for guidance and direction.

Although most of the literature reviewed in this study supported the notion that higher education is related to higher help-seeking (Naved et al., 2006; Valiadis et al. 2005), the present finding indicated the opposite. Interestingly, the present study found that at least among Ghanaian married persons who reside in Accra, lower education was rather related to higher help-seeking and that if married persons are faced with IPV, those with lower level of education were more likely to seek for help compared to those with higher education.

The result of this hypothesis means that education is an important factor to be considered when dealing with people going through intimate partner violence.

5.8 The moderation effect of Cultural Identity on Gender role beliefs and Help-seeking

Hypothesis seven stated that cultural identity will moderate the relationship between gender role ideology and help-seeking. This hypothesis was not tested because the preliminary findings for the relationship between cultural identity and gender role belief on one side and cultural identity and help-seeking on the other side were not significant.

Figure 2: Observed relationships among the variables

After the study, the initially proposed relationships among the variables have changed. Below are the observed relationships among the variables.

Title: A diagrammatic model depicting the relationship among variables as found in the present study.



The difference between the dependent variable (Help-seeking) and the independent variables (age, sex, education, religion and gender role) were not reported in figure 2 (above). A significant interaction effect of age and sex on help-seeking was observed in this study.

5.9 Limitations

The results of this research cannot be definitive, which means that it has some limitations. Many steps were taken to prevent some obvious factors that could have compromised the findings, nevertheless, some situations were encountered that need to be pointed out to guide future studies. These limitations however do not undermine the validity of the findings of the study.

One of the limitations was that, because the method used for data collection was a survey and was meant to examine differences among sub-groups of the sample, the findings cannot make statements of causal relationship among the variables. Also, convenient sampling was used instead of random sampling. By this, not all married persons in Accra had an equal chance of participating in the study. This convenient sampling became necessary because there was no updated and current sample frame from which respondents could be randomly selected.

Another limitation was that some respondents might have grown tired in the cause of the study. Though they were permitted to drop out at any point in the study, they continued to respond to the end. In this regard, they may have given responses which could probably not be the true picture of the actual situation. However, to verify whether the responses given reflected the real situation, the researcher asked some of the questions verbally and where there were inconsistencies, respondents had the opportunity to make corrections if they wanted to do so.

The married couples used were sampled from Accra, the capital and the most cosmopolitan city in Ghana. The experiences of these couples living in the capital city might be extremely different from those living in the other capitals. Aside this, the cultural background of married persons in the other regions or cities might be slightly different from those in Accra especially

when Ghana is seen as one of the countries with diverse cultural orientation. It is therefore possible that these participants carried their religious, political or cultural biases, judgments and perceptions into the study.

It is obvious that many factors other than the three variables (gender role belief, religiosity and cultural identity) studied may relate to help-seeking. More efficacious means of controlling for these variables could be introduced. For example, the type of help (formal or informal), socio-economic background, etc. could be related to help-seeking.

Finally, the research over-sampled participants with higher education (table 1) a situation which does not give a true reflection of the educational level status of the population of Ghana in terms of demographics.

5.10 Directions for further research

Further research should increase the size of the sample across other social groups and married persons who live outside Accra and the other regions of the country. Also other relationships associated with help-seeking such as, the ethnic background of respondents, cultural background of the helpers, type of help and specific cultural elements should be explored by future researchers.

On the level of education, future studies should look at a sampling strategy that will be demographically representative of the population of Ghana. This is because the present study over-sampled participants with higher education (tertiary 82.4%) as against no formal education (1.5%), basic education (2.4%) and second cycle education (13.7%).

Additionally, a qualitative study will be needed to help identify some Ghanaian cultural factors responsible for the preference of informal or otherwise help in the event of intimate partner violence in this era of human rights promotion and the protection of vulnerable groups.

Finally, it is essential for a study to be done on help-seeking as a whole, as in both the person seeking for help and the one providing this help so as to identify and improve upon the nature of help available. This should also involve the peri-urban and rural settings since individuals there would also need or seek for help.

5.11 Recommendations

Findings from this study and the literature on help-seeking suggest that a ‘gender sensitive approach’ should be applied when dealing with issues relating to intimate partner violence. It is important for us to acknowledge and be aware of the factors that influence help seeking so as enhance the design of gender specific promotion, prevention and treatment programmes especially at general medical facilities.

Professionals who provide help to victims of intimate partner violence should factor into their strategies for help, the age and gender of their clients. This is especially significant for younger female persons, because the present study found younger females to seek help more than older females. Also, professionals must find a way of making older females and men see the need to seek help when they are in trouble.

It is also suggested that the educational levels of clients should be considered in the provision of help. This is necessary in the face of the findings of this study (which found respondents with lower levels of education seeking for help more than those with higher education) so as to promote a client –based approach to help-giving.

5.12 Conclusion

The purpose of this study was to determine the difference in help-seeking with regards to culture, gender role ideology, religion, education, age and gender. Also the moderating effect of cultural identity was expected to have an impact on gender role ideology and help-seeking. One out of the seven hypotheses was supported possibly due to some of the limitations of the study. This included the use of a purely high socio-cultural sample from Accra the capital city of Ghana. The present study showed one significant difference in help-seeking which was the interaction effect of age and gender. Specifically, the study found out that, younger females sought for help more than their older female counterparts. Although, a significant difference in educational level was meant to favour persons with higher education, it was found that participants with lower education rather sought for formal help compared to their highly educated counterparts. The moderating role of cultural identity was not tested because there was no significant relationship between gender role and help-seeking in the initial analysis.

The findings of this study become important for helpers and clients or persons who suffer intimate partner violence because it provides some knowledge of about the factors that relate to help-seeking like education, age, gender, education, religion and gender role beliefs. This knowledge would lay the foundation especially in Ghana for the helpers who deal with victims of intimate partner violence to provide client-centered and gender-specific help to their clients.

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It means that all help seekers should not be treated the same way but the age and gender should be considered and factored into the care that would be given.

The findings will benefit all professionals who in diverse ways provide some kind of help to humanity including the police, health professionals, teachers, social workers, religious and traditional leaders and marriage counselors.

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APPENDIX

APPENDIX A: Questionnaire for the study

DEMOGRAPHIC DATA

Please tick/fill the appropriate option applicable to you.

1. Sex: Male [] Female []
2. Age: _____
3. Age of spouse:

4. Religion a. Christian [] b. Islam [] c.
Traditionalist [] d. Any other,
specify.....
5. Number of years
married:_____
6. Duration of courtship period if
any_____
7. Level of education: No formal education []
Basic [] Secondary [] Tertiary []
8. No. of years of education_____
9. Have you and your spouse ever been given
premarital counseling? Yes [] No []
10. If yes what was the duration? _____
11. Number of children in the marriage _____
12. Occupation:_____
13. Occupation of
spouse:_____

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HELP-SEEKING SCALE

If you experience intimate partner violence/domestic violence in your relationship, how likely is it that you would seek help from the following sources?

1. Extremely unlikely 2. Unlikely 3. Not sure 4. Likely 5. Extremely likely

1. Spouse	1	2	3	4	5
2. Friend	1	2	3	4	5
3. Parent	1	2	3	4	5
4. Other relative/family member	1	2	3	4	5
5. Mental health professional (e.g. psychologist/counselor)	1	2	3	4	5
6. Health worker (e.g. doctor, nurse)	1	2	3	4	5
7. Police	1	2	3	4	5
8. Non-governmental organization (NGO)	1	2	3	4	5
9. I would not seek help from anyone	1	2	3	4	5

RELIGIOSITY SCALE

Please answer the following questions by selecting the one that best applies to your religious life. **1. Strongly disagree 2. Disagree 3. Not really 4. Agree 5. Strongly Agree**

1. My religious faith is extremely important to me.	1	2	3	4	5
2. I pray daily.	1	2	3	4	5
3. I look to my faith as a source of inspiration.	1	2	3	4	5

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4. I look to my faith as providing meaning and purpose in my life.	1	2	3	4	5
5. I consider myself active in my faith or church	1	2	3	4	5
6. My faith is important is an important part of who I am as a person.	1	2	3	4	5
7. My relationship with God is extremely important to me.	1	2	3	4	5
8. I enjoy being around others who share my faith.	1	2	3	4	5
9. I look to my faith as a source of comfort.	1	2	3	4	5
10. My faith impacts many of my decisions.	1	1	3	4	5

GENDER ROLE BELIEF SCALE

1. Strongly agree 2. Disagree 3. Undecided 4. Disagree 5. Strongly disagree

1. It is disrespectful for a man to swear in the presence of a lady.	1	2	3	4	5
2. Women should not expect men to offer them seats on buses.	1	2	3	4	5
3. Homosexual relationships should be as socially accepted as heterosexual relationships.	1	2	3	4	5
4. The initiative in courtship should usually come from the man.	1	2	3	4	5
5. It bothers me more to see a woman who is pushy than the man who is pushy.	1	2	3	4	5
6. When sitting down at table, proper respect demands that the gentleman hold the lady's chair.	1	2	3	4	5
7. Women should have as much sexual freedom as men.	1	2	3	4	5
8. Women should appreciate the protection and support that men traditionally give them.	1	2	3	4	5

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9. Women with children should not work outside the home if they don't have to financially.	1	2	3	4	5
10. I see nothing wrong with a woman who doesn't like to wear skirts or dress.	1	2	3	4	5
11. The husband should be regarded as the legal representative of the family group in all matters of law.	1	2	3	4	5
12. I like women who are outspoken.	1	2	3	4	5
13. Except perhaps in very special circumstances, a gentleman should never allow a lady to pay the taxi, buy the tickets or pay the check.	1	2	3	4	5
14. Some equality in marriage is good but by and large, the husband ought to have the main say-so in family matters.	1	2	3	4	5
15. Men should continue to show courtesies to women such as holding open the door to helping them on with their coats.	1	2	3	4	5
16. It is ridiculous for a woman to run a locomotive and for a man to darn socks.	1	2	3	4	5
17. A woman should be as free as a man to propose marriage.	1	2	3	4	5
18. Women should be concerned with their duties of childbearing and house tending rather than with desires for professional and business careers.	1	2	3	4	5
19. Swearing and obscenity is more repulsive I the speech of a woman than a man.	1	2	3	4	5
20. There are some professions and types of businesses that are more suitable for men than women.	1	2	3	4	5

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AFRICENTRISM SCALE

Instructions: Please respond to the following statements as honestly as you can, using the following scale: **Strongly Disagree=1 Disagree =2 Agree =3 Strongly Agree =4**

Remember, there is no right or wrong answer. I am only interested in how you truly feel about these statements.

Statements	1	2	3	4
1. Africans should make their community better than it was when they found it.				
2. The problems of other Africans are their problems, not mine.				
3. The unity of the African race is very important to me.				
4. I am more concerned with reaching my own goals than with working for the African community.				
5. I have very little faith in Africans				
6. I owe something to Africans who suffered before me.				
7. Africans need to stop worrying so much about “the community” and take care of their own needs.				
8. I am doing a lot to improve my neighborhood.				
9. The success I have had is mainly because of me, not anyone else.				
10. I have more confidence in White professionals, like doctors and teachers,				

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than in African professionals.				
11. Africans should build and maintain their own countries.				
12. I must do all I can to restore Africans to their position of respect in the world.				
13. I make it a point to shop at African businesses and use African owned goods and services.				
14. It hurts me when I see another African person discriminated against.				
15. It is important that Africans decide for themselves what to be called and what their needs are.				