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"I Am Not the First, and I Won't Be the Last": Exploring Women's Coping Strategies in Cohabitation Relationships in Ghana

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Despite its prevalence in modern Ghana, cohabitation is still laden with social and cultural consequences due to deeply entrenched societal expectations and the largely conservative Ghanaian culture. In cohabitation, women are scrutinised more than men because they are expected to uphold cultural values, be morally upright, and be socially conscious. These expectations can pose a challenge in handling the conflict between the reality of their situation and their desires for marriage, since they know culture demands marriage rites before moving in with a man. Using a qualitative design, this study investigated how women cope in such non-marital unions. Twelve women shared their experiences through semi-structured in-depth interviews. Data was analysed using reflexive thematic analysis revealing three themes (with subthemes in parentheses): Suicidal Ideation (Child maltreatment, Death is final), Hope (In God, Children's Success) and Solidarity. In examining issues of immense psychological distress, coping through social networks and hope, we delineate the importance of healthy support systems and highlight how suicidal ideation, while not trivial, become a turning point for survival and resilience. We recommend stakeholders collaborate with religious institutions to provide faith-based counselling services that address women's social, emotional, and mental health needs in cohabiting relationships.

Keywords: *Cohabitation, coping, relationships, suicidal ideation, Ghana*

Introduction

In Ghana, it is customary for men to seek women's hands in marriage, a tradition shared across the country's diverse ethnic groups and other African countries (Mafela, 2016; Tonah, 2024). Typically, a man, accompanied by his family or represented solely by them, approaches the woman's family to formally express intentions to marry her and make the necessary arrangements for marriage (Tonah, 2024). As part of this process, a woman's belongings are ceremoniously packed into a suitcase and sent to her husband's house, demonstrating her formal transition from her family home to his (Kanu & Igboechesi, 2023). However, sometimes, these marriage rites are bypassed, and a couple begins living together without performing the traditional or legal formalities of marriage. This practice, known as cohabitation, is widely frowned upon in most Ghanaian cultures though it was common in some regions. A

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historical perspective of cohabitation in Ghana shows that it was common among the Ashantis in the nineteenth century, during, and perhaps before, the time of Yaa Asantewaa, an Ashanti warrior Queen (Obeng-Hinneh, 2023). Known as *mpenawadiɛ*, a Twi term literally translating to girlfriend/ boyfriend marriage, it was the intimate union of two consenting adults who rendered spousal duties to each other, however, there was no bride price. A bride price, also known as bride wealth, is an essential aspect of a marriage. It is a cultural practice where the groom or his family gives money, goods, or other forms of wealth to the bride's family as part of the marriage arrangement (Forkuor et al., 2018; Wan, 2024). It confers on the groom exclusive sexual and reproductive rights to the woman, legitimises children born into the union, and the bride to food, shelter and clothing from her husband (Obeng-Hinneh, 2023). Hence, if the bride price was absent, a woman in an *mpenawadiɛ* relationship was not entitled to any of those. In this precolonial era, cohabitation was prevalent for the interesting reason that it was easier to split up the union simply because there was no bride price. Therefore, a woman could quickly return to her family in the event of a misunderstanding or a disinterest in continuing the relationship. With time, the reason changed from deliberately avoiding a bride price to not being able to afford it (Ademiluka, 2021; Besong, 2018; Lowes & Nunn, 2018; Okyere-Manu, 2015). Additionally, the fear of divorce and the desire to retain flexibility in the relationship played a role in choosing to cohabit (Harris, 2020; Jamison & Proulx, 2012). In recent years, however, cohabitation has been increasingly regarded as unconventional or deviant in many African contexts (Obeng-Hinneh, 2022; Posel & Rudwick, 2013).

When a couple cohabits, the focus dwells on their potential or guaranteed sexual relations which have not been sanctioned through marriage (Critell, 2022; Ojo & Akazue, 2020). In Ghana, marriage remains the only socially and culturally accepted context for sexual intimacy and childbearing (Ahonsi et al., 2019). Ghana is highly religious, being majority Christian and Islam. These two religions strongly oppose premarital sex, and, particularly for women, virginity is held in high esteem (Dwamena, 2023; Osafo et al., 2014). Therefore, women often bear the burden of societal judgment for deviations from sexual norms (Nasongo et al., 2025). Cohabitation is one such deviation that attracts significant social disapproval. Cohabiting women are often criticised and pressured to conform through subtle or overt messages (Obeng-Hinneh, 2022). In many societies, girls are raised with the knowledge that marriage is the right context for sexual intimacy and childbearing (Allendorf et al., 2020; Mafela, 2016). This shapes their values and perceptions of relationships. Consequently, women who enter cohabitation may do so with an end-justifying-the-means mindset, hoping it will transition to marriage, easing their guilt about engaging in premarital sex. However, when this transition is delayed or does not materialise, it results in frustration and disappointment. Moreover, failing to conform according to society's standards of a relationship often leads to further marginalisation. As Obeng-Hinneh and Kpoor (2021) found, when women in such unions experience hardships in their relationships, they are frequently perceived as having brought these outcomes upon themselves and are, therefore, deemed unworthy of sympathy or support. This perception justifies, in the eyes of some families and communities, the withdrawal of emotional and material assistance. Instead of receiving help during vulnerable periods, these women are often left to handle their hardships alone.

Literature Review

Research shows that in some contexts, women invest emotionally, socially, and financially in anticipation of transitioning from cohabitation to a formal union (Grundström et al., 2021; Sassler et al., 2018). In contrast, men often perceive cohabitation as an alternative to marriage or approach it with less commitment (Huang et al., 2011; Parker, 2020). The reason for this was addressed in an insightful study, where Obeng-Hinneh (2022) discovered that many men in cohabiting unions in Ghana secretly had no intention of marrying their partners, citing reasons such as financial costs and/or their partners' alleged misbehaviour. Other studies reveal that women in cohabiting relationships face pressure from family, friends, and religious communities to conform to societal expectations of marriage, causing them to resort to strategies such as deliberately excelling or failing in "wifely duties" to encourage commitment from their partner, or exhibiting nonchalance to rouse their partner's interest and thereby transition to marriage (Obeng-Hinneh, 2018, 2022; Obeng-Hinneh & Kpoor, 2021; Okyere-Manu, 2015). However, as the results go on to show, these efforts frequently fail to yield the desired outcome, rather resulting in intimate partner violence, emotional distress, and a strain between the couple. Similar findings across Sub-Saharan Africa point to adverse effects of cohabitation such as unplanned pregnancies, risky abortions, intimate partner violence, and depression, particularly among cohabiting female university students in Nigeria (Kalu et al., 2021; Obarisiagbon, 2023; Onoyase, 2020). Psychological and social consequences extend beyond Sub-Saharan Africa, as seen in a study from Iran (Kakavand & Khodabakhshi-koolaee, 2021), where cohabiting women reported feelings of insecurity, societal disapproval, and concerns about their futures. Although cohabitation can fulfil needs for emotional support or freedom, its disadvantages—such as lack of legal protection and societal stigma—often outweigh its benefits. While some women see cohabitation as a means of independence or a precursor to marriage, cultural disapproval and unmet marital expectations exacerbate their vulnerability (Acquaah, 2023).

In relationships, various challenges naturally arise, some more stressful than others, and women have been reported to bear this stress in relationships more than men (Tipre & Carson, 2022). In cohabitation, additional stressors could occur in the form of obscurity on whether they are a wife, girlfriend, or something in between, and uncertainty about the direction of the relationship. Dealing with stressors necessitate coping mechanisms, which are psychological and behavioural efforts that individuals use to manage stressors and challenges in their daily lives (Lazarus & Folkman, 1984; Steuber et al., 2014). These strategies can be categorized into problem-focused coping, emotion-focused coping, and avoidance coping (Carver, 2011). Problem-focused coping involves taking active steps to mitigate relationship stressors, such as open communication, conflict resolution strategies, and financial planning (Falconier et al., 2015). This approach is particularly effective when stressors are perceived as controllable (Neff & Karney, 2009). Emotion-focused coping, on the other hand, centres on managing emotional distress rather than altering the stressor itself. Women in cohabiting relationships may use social support, self-care, and cognitive reappraisal to handle relational difficulties (Randall & Bodenmann, 2017). Lastly, avoidance coping, which includes behaviours such as denial, withdrawal, or

substance use, is often maladaptive. When used, it may lead to increased relational dissatisfaction and mental health issues (Allen, 2021; Parcesepe et al., 2023). Research suggests that avoidance coping is more prevalent in relationships where partners experience high levels of unresolved conflict (Donato et al., 2015). Women tend to use more emotion-focused coping compared to men, particularly in romantic relationships (Graves et al., 2021). Hence, they would be more likely to seek social support, and engage in cognitive reframing, which is changing their perspective on cohabitation by being more optimistic and positive about it, whereas men are more inclined toward problem-focused coping, focusing on finding solutions rather than processing emotions (Janney, 2017). These gender differences are influenced by socialization processes that encourage women to be emotionally expressive and men to adopt a problem-solving approach (Rose & Rudolph, 2016).

Despite the growing prevalence of cohabitation, there is limited empirical scholarly attention on the specific coping mechanisms women in cohabiting relationships use to navigate emotional and psychological challenges, particularly in socio-cultural contexts where marriage remains the normative ideal. The focus on cohabitation, especially in Ghana, has been on consequences of cohabitation, mostly proving that women are disadvantaged on personal, social, and economic levels. The question remains as to how women specifically handle these challenges. This study therefore aimed to explore how women cope with internal and external pressure to get married by answering the following research questions:

1. How do women deal with the personal challenges that come with the internal pressure to get married?
2. How do women cope with the social challenges that come with the external pressure to progress from cohabitation to marriage?

Methodology

Research Approach and Design

This study was part of a larger study on the psychosocial experiences of women in cohabitation, and used an Interpretative Phenomenological Analysis as the specific design. The primary aim of IPA is to explore how individuals experience phenomena and how they make sense of it (Howitt, 2014). Given that the study sought to understand the subjective, emotionally layered, and socially embedded coping strategies of women in cohabitation, IPA provided an approach that allowed for both descriptive depth and interpretative insight. IPA also acknowledges the researcher's role in co-constructing meaning, and interpreting the participants' perception of their lives. IPA's focus on lived experience and its interpretative depth made it a suitable methodological approach for accessing the context-specific ways in which participants understood and articulated their coping strategies.

Participants

The participants for this study were recruited from two peri-urban areas in Accra, Nungua and Okponglo. Nungua is one of the significant towns in Accra, predominantly consisting of Ga people. However, there is also the presence of other ethnic groups, such as the Akans and Ewes (Oduro et al., 2015). Okponglo, a peri-urban settlement also in Accra, though much smaller, has a concentration of people from different ethnic backgrounds and socio-economic levels. The choice of these two locations was primarily based on convenience, as each of the first two participants were identified in each of these areas, and it was found that there was a significant presence of cohabiting women who could be potential participants. Therefore, purposive and convenience sampling techniques were used to ensure a relevant participation pool. Purposive sampling involved choosing participants based on cohabitation as the specific criterion. The inclusion criterion was for the participants to have lived with a man to whom they are not legally married, with or without children, for more than two years.

Women whose partners initiated the marriage process by "knocking" were excluded from participating in this study. In Ghanaian custom, knocking is when a man comes with his family to the woman's family to formally ask for their daughter's hand in marriage (Yin, 2014). It is also a message to the woman's family that the man is responsible for their daughter's whereabouts. They, therefore, have the right to enquire from the man where she was and perform the necessary background checks on him and his family before the final marriage rites (Nuworsu et al., 2019). This was an exclusion criterion because initiation of marriage rites could be enough for some people to consider themselves married, and therefore subject to different experiences then women whose marriage rites have not been initiated at all. To protect their identities, the participants' names were replaced with pseudonyms.

Data Collection

Data was collected using a semi-structured interview guide. To assess its clarity, appropriateness, and effectiveness, a pilot study was first conducted with three participants. This was also to identify any potential challenges or ambiguities in the data collection process. Before each interview, the researcher gained verbal consent, informing and explaining what to expect from the interview, including the likelihood of sharing some very sensitive and private information. Participants were also informed of the freedom to stop, without consequence, if they were uncomfortable. After participants gave consent for the interviews to be recorded, the interviews began with closed-ended questions about the participants' demographic information. During the pilot phase, it was observed that these questions, such as "How long have you been in a relationship for?" and "How many children do you have?" did not allow a smooth transition into the ensuing questions about their relationship experiences. The questions also limited the richness and depth of responses, possibly resulting from the feeling of being interrogated instead of feeling at ease and having the freedom of expression.

Considering this, the interview process was adapted to Jackson and Russell's (2010) life history interviewing approach. This approach facilitates the expression of narrative accounts of a person's life, thus encouraging participants to share detailed stories about notable events, transitions, and experiences. Due to the open-ended nature of this approach, the first question to participants was "Tell me about yourself" to allow them to express themselves freely. The interviews were conducted in two local Ghanaian languages, Ga and Twi, later translated and transcribed into English. Each interview lasted between 45 minutes and an hour.

Translation and Transcription

The interviews conducted in Ga and Twi were transcribed and translated meticulously by native speakers and language experts in the Linguistics Department of the University of Ghana to ensure their accuracy and authenticity. Initially, the interviews were transcribed verbatim from the local languages to English. Once the transcriptions were completed, they were translated back into the original languages to verify the credibility of the initial English translations. This back-translation process helped to identify any discrepancies or misunderstandings that might have occurred during the initial translation. To further enhance the reliability of this process, native speakers of Ga and Twi who were also proficient in English were consulted. These bilingual experts reviewed the transcriptions and translations to provide additional validation. This collaborative approach confirmed the translations' accuracy and helped preserve the cultural and contextual integrity of the participants' responses. This rigorous transcription and translation methodology ensured that the study's findings were grounded in the authentic voices of the participants, thereby enhancing the credibility and validity of the research outcomes.

Ethical Considerations

Ethical clearance was acquired from the Departmental Research and Ethics Committee (DREC) of the Department of Psychology at the University of Ghana for data collection and analysis (Protocol number: DREC/017/22-23). We observed the ethical considerations of honesty and integrity by truthfully explaining that the research was intended for educational purposes only and by not manipulating participants to participate in the data collection process through fake promises of turning their lives around for the better. We also provided a safe place for the participants to be interviewed at their own time and convenience. Also, confidentiality was considered and adhered to by not using participants' real names in the interviews and to identify the transcripts.

Data Presentation and Analysis

Data was analysed using Reflexive Thematic Analysis (RTA; Braun & Clarke, 2019), which includes the researcher's interpretation as part of the analysis process. The RTA method follows the six-phase analytical process proposed by Braun and Clarke (2006). The first phase involved familiarising with the data by listening to,

reading, and re-reading the transcripts to identify relevant information. Manual transcription enabled deep engagement with the data. In phase two, initial codes were generated by identifying recurring meaningful concepts. These codes were linked to broader themes such as cohabitation experiences, coping strategies, and help-seeking behaviours. In phase three, related codes were merged to form sub-themes and themes, with attention paid to the meaning of the data rather than a strict code count. Phase four involved reviewing and refining themes to ensure they accurately reflected the data. Finally, in phase five, the themes were defined, and in phase six, the final report was written, supported by excerpts from participant narratives.

Findings and Discussion

Using RTA, three key themes (with subthemes in parentheses) were identified which included suicidal ideation (child maltreatment, death is final), hope (children, God) and solidarity. All the participants had cohabited for at least two years. Five participants were Ga, five were Ewe, and two were Akan, all tribes from the southern belt of Ghana. Their ages ranged from 27 to 52 years. The participants had little to no education, the highest educational level being Junior High School. Two participants were unemployed. The remaining participants had modest jobs like shopkeeping and selling sachet water, fruit, ice, charcoal, and popcorn. All the participants had borne children with their partners. The themes and subthemes that emerged from data analysis are discussed below along with the direct quotes from participants.

Suicidal Ideation

In exploring the coping mechanisms of women in cohabiting relationships in Ghana, it became evident that many of them faced emotional distress, with suicidal ideation emerging as a response. Under this theme, two subthemes emerged; *Child Maltreatment* and *Death is Final*. Suicidal ideation refers to thoughts about self-inflicted death, that can range from fleeting considerations to detailed planning (Knipe et al., 2022). This assertion rings true in the responses of these participants:

> *"Many things go through my mind. There are times when I ask myself that this world that I came to, how did I come? As I am sitting here what use am I? If I die, that will be better."* (Elorm, mother of four)

> *"I said to myself, what am I doing in this world? Because the suffering is too much. If I die, it will be better.* (Dela, mother of three)
> *"I feel like I should end it all so my suffering will stop."* (Enam, mother of two)

> *"I think that because things are not going well, the only way to end it is to die. Everywhere I turn, things are not right. No one is helping you; no one is minding you. So, what am I sitting here doing?"* (Shika, mother of four)

The accounts of the participants in this study—most of whom were economically disadvantaged and emotionally unsupported in their cohabiting unions—reflect

what Osafo (2021) identifies as "existential suffering" among women in patriarchal contexts. Existential suffering refers to an inner distress that life has lost its meaning (Osafo, 2021; Pesut et al., 2021). The women thinking to take their lives because of problems with their relationships aligns with research showing that women experiencing psychological distress may find themselves struggling with suicidal ideation to escape or alleviate their suffering (Quarshie & Odame, 2021). Because women experience higher levels of emotions than men (Chaplin, 2015), it makes them more vulnerable to suicidal thoughts when facing relationship difficulties on personal and social levels. However, despite having these thoughts, the women did not attempt to take their lives because of reasons which manifested in two subthemes: *Child Maltreatment,* and *Death is Final.*

Child Maltreatment

This subtheme spoke to the women's fear of leaving their children behind to the mercy of those who would not love or care for them the same way. They also felt that if they died from suicide, the children would experience lifelong stigma, and their social identity would be tarnished. The following responses exemplify this:

> *"Later, I told myself, no, don't leave your children like that. If you die and leave them, who will take care of them like the way you do?"* (Dela, mother of three)

> *"Ooh it was just a thought, but I will not do it. Sometimes when you think too much evil things enter your mind. Why won't that happen when the suffering is too much? But...because of the children. If I'm not there they will suffer. They will really suffer."* (Esi, mother of two)

> *"I will worry them for nothing if I do it. Because it will follow them for the rest of their lives, that their mother killed herself. They are still young and they need me to be there for them."* (Kai, mother of six)

In Ghanaian society, suicide is often considered a taboo subject, and to attempt to take one's life is a crime (Akotia et al., 2018; Osafo et al., 2014). Considered forbidden in some countries, it is not openly discussed (Dutiro & Chegevenga, 2025). In some traditions, suicide is seen as a defilement that requires ritual cleansing, and in extreme cases, those who die by suicide are buried outside the town or denied full funeral rites (Osafo, 2021). Families of individuals who attempt or die by suicide often face social ostracism and community stigma (Vivekanandhan et al., 2024). Such practices and treatment can deepen the emotional trauma and shame for the bereaved, especially among children. Being aware of this, the women who had thoughts of suicide in this study desisted from attempting it to save their children from harsh treatment from society.

Death is Final

The second subtheme, Death is Final, shows how much the participants believed that death is permanent, spiritually uncertain, and morally consequential. It also shows how religious teachings prevented suicidal action. While some openly admitted to entertaining thoughts of death as a response to overwhelming emotional and relational

distress, the act of suicide itself was often halted by a profound fear of its irreversibility, especially in the spiritual sense of facing unknown or feared consequences in the afterlife. Grace articulates this hesitation clearly when she said, *"No one has come back from the dead to tell us that it is a good place or not, so I said, why should I kill myself?"* (Grace, mother of two). For another participant, Dede, her uncertainty obviously originates from religious doctrine. She said, *"Even though I have thought of it, I'll be a fool to do it. Why, because it is in the Bible that when you kill yourself you will go to hell."* (Dede, mother of three).

According to Christian doctrine, suicide is a sin against God and the body (Akotia et al., 2024). This belief, therefore, is a moral and spiritual deterrent for women who profess Christianity, and creates a barrier that they are afraid to cross out of fear and reverence. Elorm, on the other hand, interprets the finality of death not out of fear but out of the hope that being alive provides. She said, "*If I die, there is nothing I can do. But once I'm still alive, I can do something for myself. I can keep trying to make things better for myself."* (Elorm, mother of four). Her perspective shows a shift from despair to resilience. While she acknowledges the presence of suicidal thoughts, she emphasises that death forecloses all future possibility. As long as she is alive, however hard life may be, there remains the chance to change her situation. This sense of future possibility becomes a psychological and spiritual anchor, reinforcing the value of endurance over escape. These insights are consistent with existing literature, which affirms that religious beliefs often serve as a protective factor against suicide attempts, even when they do not eliminate suicidal ideation (Adamiak & Dohnalik, 2023; Lawrence et al., 2016). Though these ideations never led to an actual attempt, it is still unsettling that they had thoughts of taking their lives, as that alone is a risk and the first step before suicide (Acheampong & Aziato, 2018; Quarshie & Odame, 2021). The suicidal ideation might have been a form of coping to deal with the stress of their relationships. For some participants, however, having suicidal thoughts appeared to serve not only as a marker of acute psychological distress, but also as a pivotal moment of reflection and reorientation.

While suicidal thoughts are typically associated with despair and perceived hopelessness, in this study, they occasionally functioned as a catalyst for renewed purpose. Confronting the possibility of death prompted several women to re-evaluate their desire to live and to consider what aspects of their lives were still worth preserving or fighting for. Rather than progressing toward action, these thoughts often halted at the threshold of decision and, paradoxically, gave rise to clarity and resolve. The contemplation of death led to a recognition of the value embedded in life, particularly in their roles as mothers and as believers in the spiritual. This sense of maternal duty and protective instinct is similar to findings by Acheampong and Aziato (2018), where single mothers living with disabilities contemplated, but later dispelled thoughts of suicide because of their responsibility to their children.

Hope

A second major theme that emerged was hope. This hope manifested in two primary ways: *Hope in Children*, where participants found purpose and strength in

the possibility of their children's better futures, and *Hope in God*, where spiritual belief sustained them amidst uncertainty and suffering.

Hope in Children's Success

Lawlor (2021) opines that individuals need hope for their brains to function more effectively and to feel better when faced with adversity and uncertainty. This manifested in how women looked up to their children to cheer them up and felt better when they thought about how successful they would become one day. It helped them to put up with the challenges in their relationships, therefore, they channelled their efforts to ensuring their children were enrolled in school by working hard to pay fees and provide necessities for a more comfortable life. This is how some of them put it:

> *"The only thing I will think about is my children and their future, you see, and me too, my glory. That is all I would think about."* (Dede, mother of three).

> *"What is necessary for me is to allow myself to focus on my children. For their school, I must attend to them. In the future, I will benefit."* (Emefa, mother of four).

> *"I did not get the chance to go to school properly and go to a higher level, so I want my children to get there."* (Grace, mother of two).

Maternal education has been proven to have long-lasting positive effects on children's cognitive, physical and social development, positioning them for better future prospects (Le & Nguyen, 2020; Ohonba et al., 2018). Conversely, children of uneducated mothers are more likely to remain in the poverty cycle because of parental illiteracy (Amiri & Ashoori, 2024; Nwobodo, 2021). However, as the above quotes illustrate, this might not always be the case. As evidenced by the quotes, even though they are uneducated women, they aspire to break the poverty cycle by ensuring their children receive formal education to the highest level. Since they lacked education themselves, they understood the difference it would make if their children were educated. School provides structure, discipline, and helps shapes values. It also broadens one's social network, aspirations, and perspective, exposing children to new possibilities and inspiring them to pursue greater opportunities. In this way, these mothers believe that their children's education could ultimately lead to economic and social upliftment for them.

Hope in God

The participants also put their hope in God. They were women of faith and trusted that God would turn things around for them. According to Koenig et al. (1998), this kind of coping can be classified as religious coping, which they define as "the use of religious beliefs or behaviours to facilitate problem-solving to prevent or alleviate the negative emotional consequences of stressful life circumstances" (Koenig et al., 1998, p. 513). This was seen in their diligence to prayer, as exemplified in the following quotes:

> *"Only God. I believe that when you call on him, he will answer, so it is my hope and faith that things will work out."* (Maafio, mother of three).

> *"Sometimes, when something worries you too much, you will cry. You cry a lot. Later, you will tell yourself to take heart and remember that there is a God. Or, you put all your trust in God. With God, all things will turn out well."* (Dela, mother of three).

> *"The only thing I say is that once I have life, God too will not put me to shame."* (Kai, mother of six).

Women are more likely than men to engage in religious practices, seek spiritual support, and find comfort in their faith during times of distress (Li et al., 2020; Moon et al., 2022; Trzebiatowska & Bruce, 2012). This spiritual coping becomes especially salient in the lives of women in cohabiting unions, who are frequently stigmatised as morally deficient by both broader society and, at times, by themselves. Despite these judgments, many continued to draw strength from a belief in a higher power. For several of these women, faith-based institutions, particularly churches, was their sole source of consistent emotional and communal support. In cases where family members were physically distant or had severed ties due to disapproval or other relational breakdowns, the church community was a lifeline. It functioned not only as a place of worship but also as a surrogate family offering acceptance, solace, and a sense of belonging. In this way, faith and religious institutions played a crucial role in their coping strategies, offering both spiritual sustenance and a practical support network in the absence of familial care.

Solidarity

This entailed the women forming close relationships with other women in similar situations, which was possible because the women lived in communities where cohabitation was prevalent.

> *"I have stayed here for a long time, so I will, by all means, have a friend who, if something is worrying me, I can talk to. Sometimes when we meet, we share our problems. If you always stay in the room and the problems overwhelm you, when you meet someone with whom you can discuss life, you can share your problems with them*." (Abena, cohabiting for fifteen years).

> *"I am not the only one in my area living with a man who has not married us. Some are older than me, so I am not the first and I won't be the last. Sometimes, we talk, and I see that what I am going through is far better than that of others, even though I would not say I like it. They even laugh when I say I want to leave the man and tell me I am not the only one."* (Grace, cohabiting for three years)

Even though Grace admitted her situation was not ideal, she still acknowledged that she was better off than others. This reflects a form of downward social comparison, as conceptualized in Festinger's (1957) social comparison theory, which posits that individuals evaluate their own situations by measuring them against the experiences of others. By recognizing that others have endured greater hardships,

Grace was able to frame her own difficulties as more manageable, even if she was dissatisfied with her circumstances. In pointing out that there were older women cohabitors, she reinforced the normalcy of cohabitation. Even when she wanted to leave, her peers' light-hearted responses showed it had become so normal that leaving the relationship sounded ludicrous and perhaps futile. The peers' reaction speaks to societal expectations about women having to endure in relationships, making it harder for them to pursue change (Swasti et al., 2023). It is in this light that the older cohabiting women gave motherly advice to the young ones so they could learn from their experiences. Maafio, the oldest participant who had cohabited for over thirty years advised thus:

> *"I tell the young women that this life is not easy. You cannot carry your problems alone. It will break you. I have lived with this man for many years, and I know the pain. But I always say, find someone who understands you and talk to them. Even when I sit with my friends, we laugh about it. We laugh, we cry, and we talk. It is what keeps us going."*

Another factor that strengthened their solidarity with each other was the feeling of being misunderstood when talking to others who were not in cohabitation relationships. As Elorm, who has cohabited for twenty-two years put it:

> *"You cannot talk to some people about your problems. They will not understand, and instead, they will judge you or even laugh at you. I can only talk to someone who knows what I am going through. If you don't know the pain, how can you advise me? But when I talk to my friend who is also in the same situation, she will listen, and we can share ideas."*

As previously discussed, the feeling of being misunderstood and judged is a recurring theme in the experiences of women in cohabiting relationships. Obeng-Hinneh and Kpoor (2021) identify the withdrawal of family support as one of the key social consequences of cohabitation. Family members sometimes withhold both emotional and material support, believing that these women are responsible for their own circumstances. Thus, the perception among participants that they were 'on their own' was neither paranoid nor delusional. It reflected a social reality in which familial support was often conditional or entirely absent. In response to this isolation, women found family with others in similar situations with whom they could speak freely and without fear of judgment. Talking freely about their problems appeared to have therapeutic benefits, as evident in these quotes:

> "*When I sit with my neighbours and talk, it is like my heart becomes light."* (Emefa, cohabiting for twenty-one years)

> *"When you talk about your problems with someone, they also have the same problems. There is the one with her man who also has not performed her marriage rites, and nothing has come of it. When we meet, we use it to console ourselves and make fun of it somehow."* (Abena, cohabiting for fifteen years)

In addition to coping through emotional support, the solidarity among cohabiting women also boosted their self-perception and self-esteem. In many cases, society

'respects' or highly regards women who are married, because the marriage validates their status in a relationship, and the wedding ring is a symbol of that validation. However, among this group of women, not having a ring made them equal. One participant explained:

> *"I don't see myself as better than the others, and I don't think they do. How can you, when the men have not married us? We are all the same. The same struggle, the same pain. So, we just support each other. There is no point in looking down on anyone because what one is going through today, another might go through tomorrow."* (Esi, cohabiting for four years)

The theme of solidarity reflects an emotion-focused coping strategy (Graves et al., 2017; Lazarus & Folkman, 1984; Randall & Bodenmann, 2017). To reduce their psychological distress (which has an emotional component), they sought social support through which they could express their emotions and reappraised their situation positively in the sense that, when compared to others, they were not worse off. Due to the tendency for others to look down on them, and their own internalisation of this judgment, emotion-focused coping, particularly through seeking social support, helped to reduce self-stigma. It shifted the perspective from an individual "it's just me" way of thinking, to a broader social issue that many other women face. By not looking down on each other because of the lack of a wedding ring, the women show foresight and empathy, because they know that hardships are unpredictable and no respecter of persons. This awareness fostered compassionate coping (Allen & Leary, 2010), where women support rather than compete with one another.

Limitations of the Study

A key limitation of this study is the sensitivity surrounding the topic of cohabitation in Ghana. Cultural perceptions often portray women in such unions as "loose" or morally questionable, and cohabitation is frequently associated with economic hardship, particularly the inability to afford a formal wedding. As a result, the study primarily focused on women who, with their partners, seemed to be facing financial constraints that prevented them from marrying, thereby excluding those who may have the means to marry but have consciously chosen to cohabit for other reasons. Another limitation relates to the fact that the participants were recruited from suburbs in Accra which is generally an urban population. Perhaps if the study had included women from rural parts of Ghana, they would have shared experiences that may be qualitatively different from those living in the urban parts of Ghana. These limitations point to the fact that our current study had a narrow focus. This narrow focus may have influenced the findings, particularly in relation to coping strategies, as participants with limited financial resources may also lack access to supportive services such as professional therapy or counselling. Including a broader socioeconomic spectrum and a wider geographic coverage in future studies could offer a more comprehensive understanding of the dynamics and psychological impacts of cohabitation.

Conclusion and Recommendation

This study aimed to explore the coping strategies that some Ghanaian women in cohabitation use to handle personal and social challenges. The findings show that women mainly used emotion-focused coping, which led them to seek social support and express their emotions with a close-knit community of other cohabiting women, and religious coping through reliance on their faith. They supported, rather than competed with each other based on mutual experiences. Although women experienced severe psychological distress and as a result, had thoughts of suicide, these thoughts did not result in action but, armed with their faith, became a turning point from feelings of despair to a resolve to survive. The stories of these women show an adaptive resilience in managing emotional and social difficulties.

Based on the findings, we recommend that advocates of women's wellbeing and empowerment collaborate with religious organisations to create emotional support groups for cohabiting women, provide accessible counselling services, and organise training sessions that will equip women with skills for economic independence, such as vocation training, financial literacy, and appropriate technology. It is also recommended that future research explore the development and evaluation of targeted support interventions for cohabiting women, especially those facing economic and social challenges. A promising direction would be the establishment of a time-limited support group aimed at addressing the emotional and psychological needs of these women. Researchers could implement pre-and post-intervention assessments to measure outcomes such as depression, loneliness, and suicidal ideation. This approach would not only provide empirical data on the efficacy of such interventions, but contribute to the development of culturally sensitive mental health support structures for cohabiting women in Ghana. This study also highlights the role that men play in influencing the wellbeing of women, particularly in relationships. It therefore calls for efforts to sensitise men on the need to do right by their partners, support them financially, and treat them respectfully and fairly. Additionally, it is recommended that women are sensitised to actively raise their sons with values that promote gender equity, empathy, and respect for women, to help break harmful generational patterns and foster healthier future relationships.

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