

**EFFECTIVENESS OF COGNITIVE BEHAVIOURAL THERAPY AND  
INTEGRATIVE BEHAVIOURAL COUPLE THERAPY IN REDUCING  
MARITAL DISTRESS AMONG CHRISTIAN COUPLES IN CAPE COAST  
METROPOLIS, GHANA**

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**Abstract**

*The study investigated the efficacies of Cognitive Behavioural Therapy (CBT) and Integrative Behavioural Couple Therapy (IBCT) in reducing marital distress among Christian couples in the Cape Coast Metropolis of Ghana. The study was a quasi-experiment using the pre-test, post test, control group design. The researcher selected 60 participants who were severely distressed out of 215 married couples using a compendium of instruments on Conceptualising and Measuring “Healthy Marriages” for Empirical Research and Evaluation Studies (Task One Part II), developed by Carrano, Cleveland, Bronte-Tinkew and Moore (2003). Using systematic sampling procedure, the 60 participants were placed in three groups of 20 participants each, for the two treatment groups (CBT and IBCT) and the control group. The data were analysed using means, standard deviations and two-way mixed ANOVA. The results revealed that CBT and IBCT therapies were effective in reducing marital distress of the participants. However, IBCT was found to be more effective than CBT. The study recommended that marriage counsellors should resort to the use of the two therapies in assisting married couples out of marital distress.*

**Keywords:** Integrative Behavioural Couples Therapy (IBCT), Cognitive Behavioural Therapy (CBT), Marital Distress.

**Introduction**

Marriage is a union between a man and a woman who, having agreed to marry each other and gone through the necessary rites recognized by the society, are publicly pronounced as husband and wife. Marriage, according to Kyalo (2012), is the means by which a man and a woman come together to form a union for the purpose of procreation. For every marriage to be legal, certain requirements have to be fulfilled, and it should be preceded by certain customary observances. People marry for companionship, support, prestige, sexual satisfaction and procreation. Marriage is to give the couple joy, peace and also assist them to attain other objectives in life (Antiri, 2010).

According to Tolorunleke (2008), marriage should be an exciting and beautiful adventure and the relationship between husband and wife is intended to get better with every passing day or year. However, little issues can slip into the relationship and when these issues are not properly handled, they can cause friction and eventual separation

between the marriage partners that may widen over the years (Okafor, 2002). Information from electronic media, magazines, newspapers, court proceedings and observations reveals that marital instability abounds in the society today and this is due largely to marital distress that couples experience in the process of trying to perform their marital roles as demanded by society (Association for Advancement of Behaviour Therapy, 1998).

Marital distress can be defined as the state of tension or stress between married partners as the couple perform their roles. The fact that two people agree or plan to live together as husband and wife calls for different expectations and hopes, some of which might be fulfilled while others remain unfulfilled. Since couples are humans, it is natural to expect that there will be differences in opinions, values, needs, desires and habits of everyday living (Olayinka, 1990). Rates of marital distress in married couples are approximate 20% of couples at any time, with marital satisfaction decreasing considerably over the first decade of marriage (Bradbury, Fincham, & Beach, 2000). This constitutes a major threat to sustainability of peace and stability in societies.

Extreme anxiety, sorrow or pain is not healthy for any individual. It impedes growth and consequently affects one's ability to feel true happiness in marriage, leading to the occurrence of marital distress. According to Serial Analysis of Gene Expression (2019), marital distress is a common occurrence characterized by emotional distress, conflict and other difficulties within a union. It goes on to say that when an individual in the marriage begins to feel discontent or unsatisfied in any way, then marital distress is present in the union. With a desire to find out possible ways of reducing marital distress and rates of divorce among Christians, this study was carried out.

Christian couples sometimes find it difficult to come out with their marital issues because the most common advice they may receive is "pray about it". This notion has encouraged the rise of sorrowful, anxious and stressed out individuals in churches and subsequently in the society. It is as a result of this that two psychological therapies (Integrative Behavioural Couples Therapy and Cognitive Behavioural Therapy) were introduced to some distressed couples to find out whether these therapies were effective in reducing their marital distress and which of the therapies was more effective.

The rising rate of divorce among couples may be largely attributed to marital distress. Couples experiencing marital conflicts, communication difficulties among others may resort to splitting up to obtain peace of mind. According to Zimbi (2013),

In the Central Region of Ghana alone, the contracted marriages of 2007, 2006 and 2005 were 85, 113, 91 respectively, but the average number of divorce in the same region is 4 in every week. This means that, an average of 16 marriages break-up in every month and a total average of 192 registered marriages break-up in the Central Region of Ghana each year. This figure of 192 divorces as against 85, 113 and 91 contracted marriages in a particular year is truly alarming, and this calls for a stricter look at the institution of marriage (p. 1).

According to Makhmoor (2017), Integrated Behavioural Couples Therapy (IBCT) is an effective approach used to solve problems of distressed couples who face adjustment problems due to differences in their personalities. Makhmoor further asserted that IBCT provides effective outcome for marital distress because it offers acceptance-based techniques to manage troublesome personality differences between spouses. Further, when couples become dissatisfied with the relationship, they seek therapy where professional counsellors are expected to assist them to streamline issues in their relationships in order to bury their differences and forge ahead in the relationship. It is therefore hoped that couples who are taken through this therapy will accept and tolerate each other as a way of reducing or avoiding marital distress in their relationships.

According to Halford (2011), Cognitive Behaviour Therapy (CBT) opines that individual's unique patterns of thinking, feeling, and behaving are significant factors in his/her experiences, both good and bad. Since these patterns have such a significant impact on our experiences, it follows that altering these patterns can change our experiences. CBT therefore aims to change our thought patterns, the beliefs we may or may not know we hold, our attitudes, and ultimately our behaviour in order to help us face our difficulties and more effectively strive towards our goals. Few research have been carried out on the use and effectiveness of psychological therapies in addressing marital issues; many of them being foreign based. The locally (Ghanaian) conducted ones explored more on child marriage, marital satisfaction, socio-economic and psychosocial factors, and the effects of divorce (Andam, 2012; Sarfo, 2014; Dzadey, 2015; Froko, 2016; Osei, 2017).

Thus the purpose of this study was to determine the effectiveness of Integrated Behavioural Couples Therapy (IBCT) and Cognitive Behavioural Therapy (CBT) on marital distress among Christian couples in the Cape Coast Metropolis in the Central Region of Ghana.

### **Research Hypotheses**

- $H_01$ : There is no statistically significant difference in the effects of Cognitive Behavioural Therapy and Integrative Behavioural Couples Therapy on marital distress.
- $H_{A1}$ : There is a statistically significant difference in the effects of Cognitive Behavioural Therapy and Integrative Behavioural Couples Therapy on marital distress.
- $H_02$ : There is no significant difference in the effectiveness of IBCT in reducing marital distress among married couples as compared to CBT.
- $H_{A2}$ : There is a significant difference in the effectiveness of IBCT in reducing marital distress among married couples as compared to CBT.

### **Method**

The study was carried out using the pre-test, post test, control group design, a type of quasi-experimental research. Quasi-experimental designs typically allow the

researcher to control the assignment to the treatment condition, by using some criterion other than random assignment (Dinardo, 2008). The researcher selected 60 participants who were severely distressed out of 215 married couples using a compendium of instruments on Conceptualising and Measuring “Healthy Marriages” for Empirical Research and Evaluation Studies (Task One Part II), developed by Carrano, Cleveland, Bronte-Tinkew and Moore (2003). The 60 participants were placed in three groups of 20 participants each, (using systematic sampling procedure) two for the treatment groups (CBT and IBCT) and the third one for the control group. The criteria used for respondent selection included being legally married, aged between 21 to 60 years and having scores between 366-600 on the marital distress scale.

The research instrument contained sections on Relationship/Marital Conflict, Relationship/Marital Violence, Communication difficulties, Marriage and Financial Management, Intimacy/Love concerns and Marriage and stressful life events. The items were measured using a five-point, Likert type scale. The items on the instrument were 120 with 20 falling under each of the six sections. Scoring of the sections ranged from 20-100 with the breakdown being: 20-40 (low), 41-60 (moderate), 61-80 (severe) and 81-100 (very severe). The scores in the six areas were then cumulated to determine the level of severity of the marital distress. The reliability of the instrument after it was adapted from the original was .846, revealing the existence of internal consistency.

Means, standard deviations and two-way mixed ANOVA were used in analysing the data because they possessed suitable characteristics considering the nature of the research. The test involved both within- and between-subjects measures (Mordkoff, 2016).

## **Results**

### ***Testing of Assumptions***

A test of equivalence levels of marital distress among all three groups was carried out. The results are presented in Table 1.

**Table 1- Test of Equivalence among Treatment and Control Groups**

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
CBT	20	490.50	24.84	5.55	478.88	502.12	436.00	542.00
IBCT	20	492.30	20.00	4.47	482.94	501.66	448.00	522.00
CONTROL	20	490.15	14.66	3.28	483.29	497.01	462.00	517.00
Total	60	490.98	19.94	2.57	485.83	496.13	436.00	542.00

As shown in Table 1, the pre-test levels of distress of the participants in the experimental conditions were assessed to ensure that the levels of distress were equivalent among all the groups before the intervention. The mean of the three groups were largely equivalent: CBT (490.50), IBCT (492.30) and control (490.98).

In order to test for the assumption of homogeneity of variance of the dependent variable across the groups, Levene's test of equality of variance was conducted. The result is presented in Table 2.

**Table 2- Levene's Test of Equality of Error Variances**

	F	df1	df2	Sig.
Marital Distress before intervention	1.739	2	57	.185
Marital Distress after intervention	2.706	2	57	.075

From Table 2, the Levene's test of equality of error variance indicates that error variance of the dependent variable is equal across the groups as the p-values for both pre-intervention and post-intervention marital distress were greater than .05. Thus, it can be said that homogeneity of variance was assumed for the groups on marital distress before intervention [ $F(2, 57) = 1.739, p = .185$ ] and after intervention [ $F(2, 57) = 2.706, p = .075$ ].

Billson (2014) maintains that it is essential to conduct a test of equivalent in an experimental study. Bilson noted further that result of such a test should reveal that the control and experimental groups are equivalent. Therefore, a one-way between groups Analysis of Variance (ANOVA) was conducted to test the equivalence of the marital distress levels of the groups before the interventions. The results showed that the mean scores on the level of marital distress of the three groups were not significantly different ( $F(2, 57) = .065, p = .937$ ). Thus, the level of marital distress of the treatment groups and the control group was equivalent as shown in Table 3. This provided grounds for the intervention to be done to ascertain the efficacy of the two therapies in reducing marital distress.

**Table 3- ANOVA comparing the pre-intervention Marital Distress means for CBT, IBCT and Control groups**

	Sum of Squares	df	Mean Squares	F	Sig.
Between Groups	53.233	2	26.617	.065	.937
Within Groups	23405.750	57	410.627		
Total	23458.983	59			

Graham (2011) argues that for experimental research, three assumptions must be met. These are; the groups should be equivalent, homogeneity of variance among the group and fidelity of the researcher. From the results above, the assumption of equivalent levels among the groups and homogeneity of variance all were met. For fidelity, the researcher has considerable knowledge in experimental conditions and is a practicing counsellor. Satisfying the three assumptions required to be met according to Graham (2011), the data were then finally analysed.

### **Research Hypotheses**

The hypotheses tested on whether the CBT and IBCT therapies had been effective in reducing the level of marital distress among the participants, and if IBCT has been more effective than CBT. The mean scores on the level of marital distress among participants exposed to the two therapies were therefore compared with those in the control group who did not receive any intervention. In terms of descriptive statistics, Table 4 presents the means and standard deviations of the CBT, IBCT and control groups for the pre-test and post-test overall marital distress scores.

**Table 4-Descriptive Statistics**

Measure	Group	Mean	Std. Deviation
Marital Distress before intervention	CBT	490.50	24.84
	IBCT	492.30	20.00
	CONTROL	490.15	14.66
	Total	490.98	19.94
Marital Distress after intervention	CBT	350.55	13.32
	IBCT	238.60	11.98
	CONTROL	475.80	24.65
	Total	354.98	99.22

Source: Field work (2017)

The results in Table 4 showed that the pre-intervention scores were higher than the post-intervention marital distress scores for all the groups. The pre-intervention score were basically around the same figure, but there were noticeable variations among the post intervention score among the groups. The post-intervention mean for CBT ( $M = 350.55$ ,  $SD = 13.32$ ) was higher than that of IBCT ( $M = 238.60$ ,  $SD = 11.98$ ), with the level of distress for the control group still high, but slightly lower than the pre-intervention score. High scores on the measurement means marital distress level is high while low score means lower level of marital distress.

In order to determine whether the interventions had been effective in reducing marital distress, and which of the two interventions (CBT or IBCT) was more effective, two-way mixed ANOVA was used to analyze the data generated. Given that the within-group variable (pre-test, post-test) has only two levels and there was only one dependent variable, the box test of equality of variance, Mauchly's test of sphericity and the

multivariate tests were not examined. Results from the ANOVA test are presented in Tables 5 and 6 respectively.

**Table 5- Tests of Between-Subjects Effects of Marital Distress**

Source	Type III Sum of Squares	df	Mean Squares	F	Sig.	Eta Squared
Intercept	21469788.03	1	21469788.03	40329.02	.000	.999
Group	276605.117	2	138302.55	259.79	.000	.901
Error	30344.850	57	532.366			

As shown in Table 5, the result of the test of between-subjects effects showed that there was overall main effect of the therapy (Group) on the reduction of marital distress [ $F_{(2, 57)} = 259.79, p < .001, \text{partial eta square} = .901$ ]. This suggests that at least, two of the groups were significantly different. Given that the groups were equivalent at the start of the study, any significant difference between the any of the groups could logically and empirically be attributed to the intervention. This suggests that both CBT and IBCT have been effective in the reduction of marital distress among the couples. Recording means and standard deviations for Group 1, 2 & 3 (see Table 4) as (M= 490, SD= 24.84); (M=492.30, SD=20.00); (M=490.15, SD= 15.94) before the interventions and (M=350.55, SD=13.32); (M=238.60, SD=11.98); (M=475.80, SD=24.65) respectively after the interventions reveal that the three Mean values for all groups were higher before the interventions but lower after the intervention for the treatment groups with that of the control group still high but slightly lower.

**Table 6 -Pairwise Comparisons of the mean scores of CBT, IBCT and Control groups**

(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig. <sup>b</sup>	95% Confidence Interval for Difference <sup>b</sup>	
					Lower Bound	Upper Bound
CBT	IBCT	55.075*	5.159	.000	42.349	67.801
	CTL	-62.450*	5.159	.000	-75.176	-49.724
IBCT	CBT	-55.075*	5.159	.000	-67.801	-42.349
	CTL	-117.525*	5.159	.000	-130.251	-104.799
CTL	CBT	62.450*	5.159	.000	49.724	75.176
	IBCT	117.525*	5.159	.000	104.799	130.251

Based on estimated marginal means

\*. The mean difference is significant at the .05 alpha level.

b. Adjustment for multiple comparisons: Bonferroni.

The pairwise comparison for simple effects (Table 4) indicate that the mean distress level of the CBT group was significantly higher than that of the IBCT group (mean difference = 55.08,  $p < .001$ ), but lower than the control group (mean difference = 62.45,  $p < .001$ ). The IBCT group mean was also significantly lower than the control group (mean difference = 117.53,  $p < .001$ ). This suggests that both CBT and IBCT have been effective in the reduction of marital distress, but IBCT had been more effective than CBT.

## **Discussion**

The findings of the study revealed that the Cognitive Behavioural Therapy and Integrative Behavioural Therapy were effective in the reduction of marital distress among Christian Couples. This shows that distressed couples (participants) who were exposed to the two therapies (CBT and IBCT) had a reduction in their marital distresses. This could be explained by the fact that change and acceptance were worked on using the IBCT while mental traits of the couples were also dealt with using the CBT. In view of this finding, the null hypothesis ( $H_0$ ) of Hypothesis 1 which states that there will be no significant difference in the effects of the two therapies (CBT and IBCT) was rejected in favour of the alternate hypothesis ( $H_1$ ). This implies that distressed Christian couples who were exposed to the two therapies experienced a reduction in their marital distress which went a long way to promote marital satisfaction in their marital endeavours.

Some studies that had similar findings as the current research work include Boostanipoor, Sanayi-Zaker and Kiamanesh (2007); Cho et al, (2008); Hafezi-Kan and Ghadami (2011); Jacobson et al, (2000); Christensen et al, (2004); Christensen et al. (2010). The findings of the aforementioned authors indicated an improved marital satisfaction (reduction in marital distress) in couples that received IBCT, confirming IBCT as a promising therapy.

Again, the finding of the study was not surprising as the pre-intervention process with the couples revealed that most of them needed acceptance and change which IBCT offered. Also, the researcher found among the participants that there were some misconceptions and irrational thoughts they held on to. For instance, some had the mindset that no one could ever be happy in marriage while others thought you could get in and out of marriage as it pleases you. These erroneous thoughts needed reconstruction which CBT did effectively.

Furthermore, the findings of the present study revealed that Cognitive Behavioural Therapy (CBT) was an effective therapy in reducing marital distress among couples. This finding also corroborated with Salarifar (2014 as cited in Ammari, Amini, & Rahman, 2016), who found that Cognitive Behavioural Therapy (CBT) had significant effects on increasing marital satisfaction of marital couples; hence decreasing marital distress among the couples. Salarifar's study dealt with designing cognitive-behavioural couple therapy and comparing its effectiveness with increasing couple marital satisfaction.



The findings of this study also revealed that IBCT has been more efficacious than CBT in reducing marital distress. Thus it could be said that acceptance and change was more effective in reducing the marital distress of the participants than reconstruction of erroneous thoughts was. This is in line with the finding of Chilemba (2012) who found in Tanzania that IBCT was more potent in dealing with marital dissatisfaction than CBT. Aluoch (2010) also found in Mombasa, Kenya that IBCT was more efficacious than CBT in improving the marital success of married people. Aluoch revealed further that although IBCT was more efficacious than CBT, the difference between them was not significant in improving marital success.

### **Conclusion**

This study focused on the effectiveness of two therapies (CBT and IBCT) in reducing marital distress in 60 participants (30 couples). The findings indicated that the therapies used in the study were effective in reducing marital distress of the couples. However, it came to light that the use of IBCT was more effective than CBT. Thus it is recommended that marriage counsellors need to be careful when selecting therapeutic strategies that could be used in assisting couples or clients going through distress in their marriages. One thing counsellors may need to consider is how efficacious the various therapies are in reducing marital distress.

Thus, it is recommended that counsellors and other bodies involved should take a more critical look at the use of these therapies and increase the use of Integrative Behavioural Couples Therapy and Cognitive Behavioural Therapy in situations of marital distress. Furthermore, personnel in other professions such as medicine, psychology, social work, nursing, teaching, etc. Should embrace the wisdom in making referral of cases of marital distresses they encounter to counsellors who possess adequate expertise in the use of IBCT and CBT.

Looking at the present scope of the study, it is suggested that the same research work be carried out in other regions of Ghana using the same design, instrument and the intervention theories. This might lead to the development of concepts in terms of the right theories to use in reducing marital distress in Ghana. The researcher also suggests that the same work could be done using other therapies to see how efficacious they might be in managing marital distress.

Finally, further researches could be carried out using more participants than the current study. Other designs, instruments and statistical tools could be employed in conducting similar studies as a way of comparing the outcomes.

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