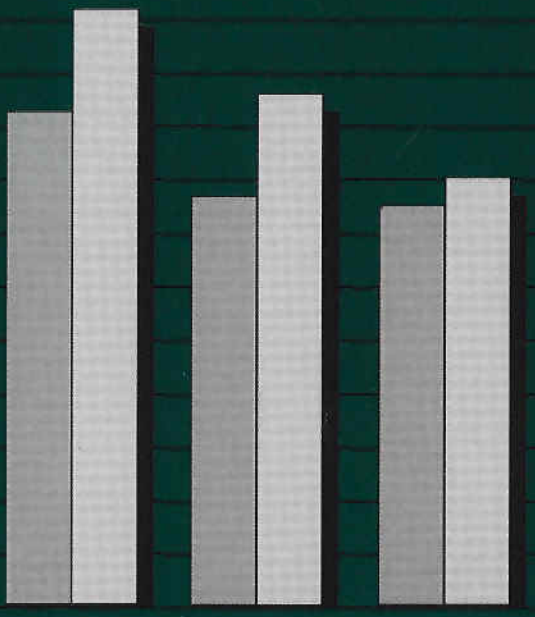
DHS

# Ghana



# Demographic and Health Survey 1998

SUMMARY REPORT

# GHANA DEMOGRAPHIC AND HEALTH SURVEY 1998

## SUMMARY REPORT

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Ghana Statistical Service
P.O. Box 1098
Accra, Ghana

October 1999

*Photographs:*
*Pavalavalli Govindasamy*

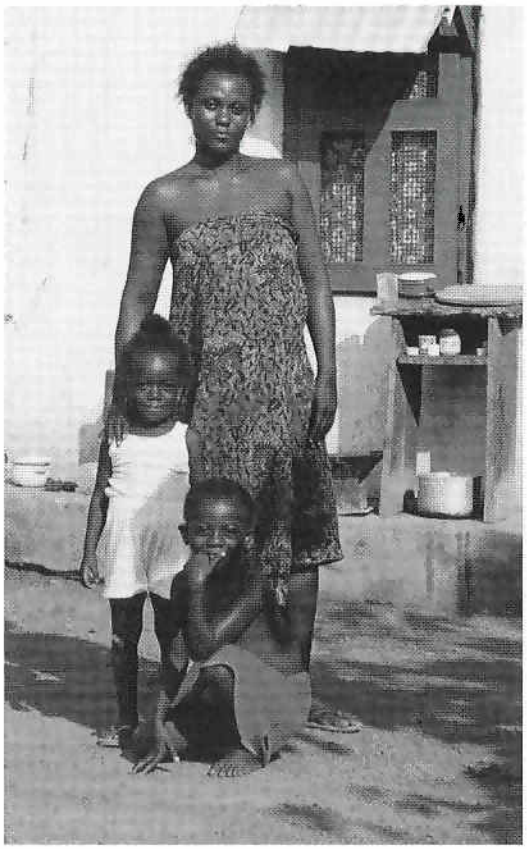
The 1998 Ghana Demographic and Health Survey (GDHS) is part of the worldwide MEASURE/*DHS*+ project. Additional information about the 1998 GDHS may be obtained from the Ghana Statistical Service, P.O. Box 1098, Accra, Ghana (Telephone: 663578 or 665441; Fax: 667069 or 664304). Additional information about the MEASURE *DHS*+ project may be obtained from Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macroint.com; Internet: http://www.macroint.com/dhs/).

## Background

This report highlights the findings from the 1998 Ghana Demographic and Health Survey (GDHS), a nationally representative survey of 6,003 households, 4,843 women age 15-49, and 1,546 men age 15-59.

The primary objective of the 1998 GDHS is to provide current and reliable data on fertility and family planning behaviour, child mortality, children's nutritional status, and the utilisation of maternal and child health services in Ghana. Additional data on knowledge of HIV/AIDS are also provided. This information is essential for informed policy decisions, planning, monitoring and evaluation of programmes at both national and local government levels.

Macro International Inc. provided technical assistance to the project, while financial assistance was provided by the U.S. Agency for International Development (USAID). The survey was implemented by the Ghana Statistical Service.



# Fertility

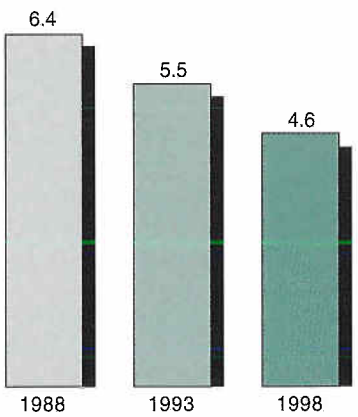
## Fertility Levels and Trends

The 1998 GDHS data indicate that fertility has declined markedly, with a nearly two-child drop in the total fertility rate (TFR) over the decade. At current levels, a woman will give birth to an average of 4.6 children during her reproductive years, a decline from the levels of 6.4 and 5.5 recorded in 1988 and 1993, respectively.

There are large differentials in fertility among subgroups. The TFR for rural areas (5.4) is about two and a half children more than for urban areas. Education is inversely related to fertility. Women with no education have twice as many children (5.8) as women with at least secondary education (2.8), a difference of 3 children. The Northern Region has the highest TFR (7.0 children per woman) and the Greater Accra Region has the lowest (2.7).

*Fertility has fallen in every age group, with fertility levels among women under age 35 declining by around 25 percent between 1988 and 1998.*

***Figure 1***
**Total Fertility Rate, 1988-1998**




*At current fertility levels a Ghanaian woman will have on average 4.6 children during her lifetime.*

## Marriage Patterns

One of the factors influencing fertility levels in Ghana is changes in marriage patterns. Over the last five years there has been an 8 percent decline in the proportion of women currently in union, from 70 percent in 1993 to 65 percent in 1998.

The median age at marriage has risen steadily over the last two decades, from 18.7 years for women age 40-49 to 19.3 years for women age 20-24. This trend toward later marriage is supported by the fact that the proportion of women married by age 15 has declined from 11 percent among women age 40-44 to 4 percent among those currently age 15-19 years. This shift represents a general tendency among women to delay the onset of exposure to the risk of pregnancy.

The median age at first birth increased from 19.8 years among women age 45-49 to 20.9 years among women age 25-29 years. The median age at first sexual intercourse for women has not changed much over the last 20 years, ranging from 17.5 years among women age 40 and older to 18 years for women age 25-29.

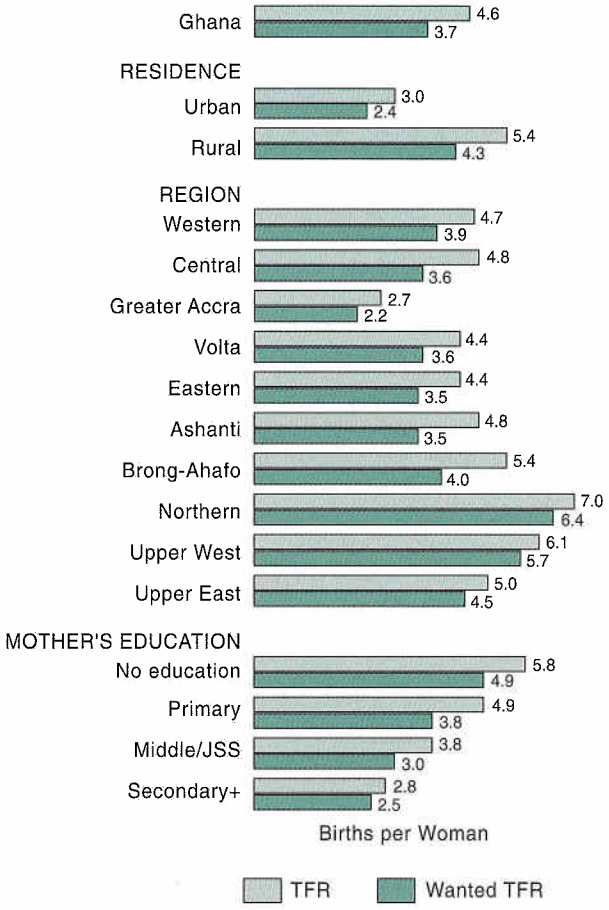
*Although marriage continues to be universal among Ghanaian women, there is a noticeable trend toward later marriage.*

## Fertility Preferences

The mean ideal number of children declined from 5.3 in 1988 to 4.4 in 1993 and 4.3 in 1998. Nevertheless, Ghanaian women continue to revise downward the number of children they would like to have. Whereas more than half of currently married women would like to have a child, only 18 percent want a child within two years. Thirty-five percent prefer to wait two years or more, and another 35 percent want no more children or have been sterilised. Thus, the majority of women in Ghana prefer either to space their next birth or to end childbearing altogether.

Despite the decline in fertility, Ghanaian women continue to have more children than they consider ideal. The total fertility rate is almost a child more than the wanted fertility rate. If all unwanted births were prevented, the total fertility rate would fall to 3.7 births per woman. The difference between the total fertility rate and the wanted fertility rate is higher in rural areas than urban areas. The Central, Ashanti, and Brong Ahafo Regions have the largest disparity between total and wanted fertility rates, while the Upper West and Upper East Regions have the lowest disparity. Women with little or no education are less likely to achieve their ideal family size than women with higher education.

*Figure 2*
**Wanted and Total Fertility Rates by Background Characteristics**

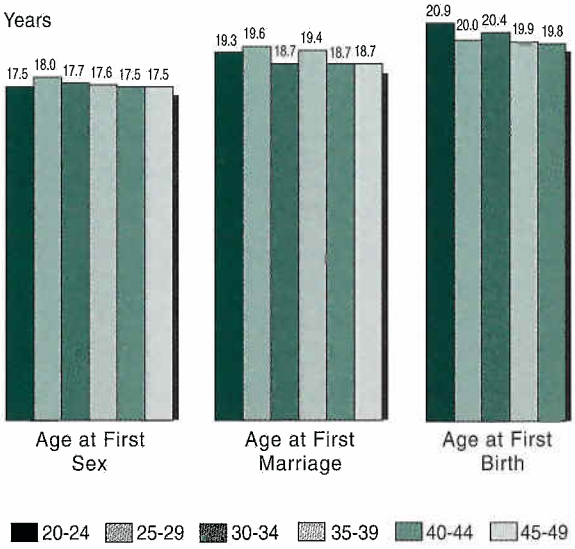



*The gap between desired and achieved family size has narrowed over the last decade. If all unwanted births were prevented, the total fertility rate would fall to 3.7 births per woman.*

## Adolescent Childbearing

About 14 percent of adolescents have started childbearing or were pregnant with their first child at the time of the survey. The percentage of adolescents who have begun childbearing increases with age from 2 percent among women age 15 to 32 percent among those age 19. Adolescent childbearing is twice as high in rural areas as in urban areas. It is especially prevalent in the Eastern Region (21 percent), with more than three times as many women age 15-19 having begun childbearing, than in the Greater Accra Region (6 percent). Women with little or no education are about seven times more likely to have begun childbearing early than women with some secondary education.

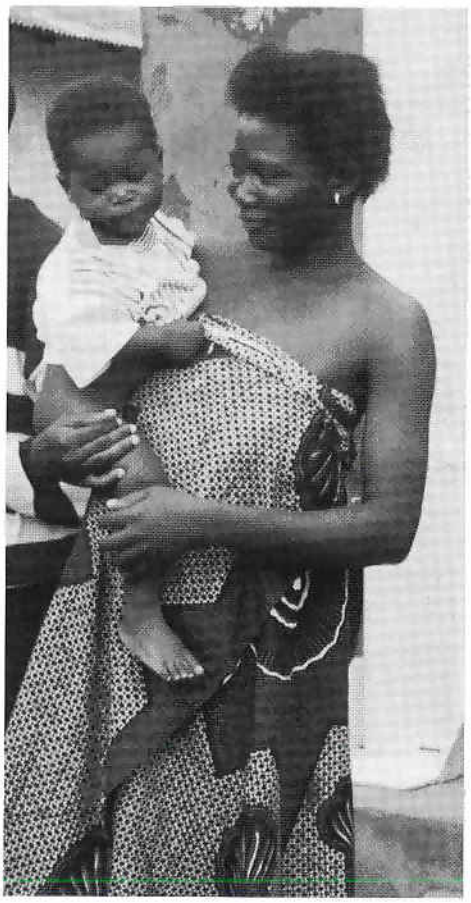
*Figure 3*
**Median Age at First Sexual Intercourse, First Marriage, and First Birth, by Current Age**




# Family Planning

## Knowledge of Contraception

Knowledge of contraceptive methods is very high in Ghana with 94 percent of currently married women and 96 percent of currently married men knowing at least one modern method of family planning. The condom is the most widely recognised method followed by injectables and the pill. Overall, about eight in ten currently married women know where to obtain a modern method of family planning.



*Although knowledge of contraceptive methods is very high in Ghana, use is very low.*

## Use of Contraception

Among currently married women, 22 percent use some method of contraception, and 13 percent use a modern method. The most widely used modern method is the pill (4 percent), followed closely by injectables and condoms (3 percent). The single most widely used method continues to be periodic abstinence (7 percent).

## Trends and Differentials in the Use of Family Planning

There was a very small increase in the contraceptive prevalence rate in Ghana in the last five years. Current use increased from 20 percent in 1993 to 22 percent in 1998.

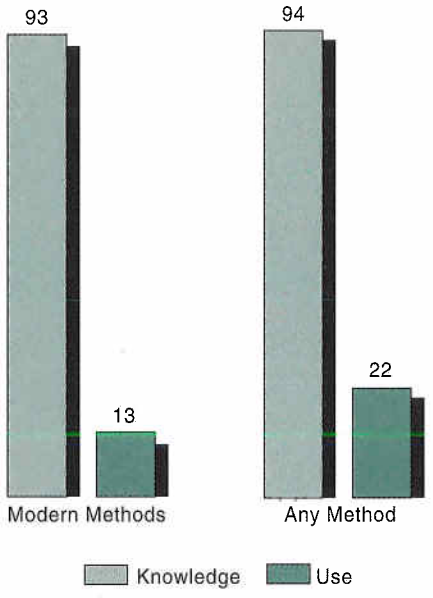
Current use of contraception rises with age from 19 percent among currently married women age 15-19, to 26 percent among women age 35-39 and then declines.

Married women in urban areas are nearly twice as likely to use a contraceptive method as their rural counterparts. While overall use of contraception is highest in the Greater Accra Region (32 percent), use of modern methods is highest in the Eastern Region (20 percent). In general, contraceptive use is lowest in the three northern regions (Northern, Upper West and Upper East Regions).

*There is a marked discrepancy between ever use (51 percent) and current use (22 percent) of contraceptive methods.*

Current use of both modern and traditional methods varies greatly by level of education. Currently married women with secondary education are three times more likely to use a contraceptive method than those with no education. Highly educated women are six times more likely to use a condom than their counterparts with no education, and five times more likely to use periodic abstinence.

*Figure 4*
**The Gap between Knowledge and Use of Contraception**




Thirty-two percent of men are currently using a method of contraception: 20 percent use a modern method, and 12 percent a traditional method. Men are almost three times as likely as women to report current use of the condom (8 percent versus 3 percent).

### Termination of Pregnancies

Overall, 12 percent of all pregnancies that occurred in the ten years before the survey did not end in a live birth. Nearly one in four of these pregnancies occurred among women age 15-19. Lost pregnancies are especially high among urban women age 15-19, with about two in five women having experienced an early pregnancy loss.

### Reasons for Nonuse of Contraception

One in four women under age 30 does not intend to use contraception in the future because of fear of side effects. Another 21 percent stated that they, or their partners, or someone else is opposed to the use of contraception. This indicates that there is substantial scope for the family planning programme in Ghana to increase contraceptive use by providing information, educating women, and communicating with them, to dispel misconceptions about contraceptive methods. One in five women age 15-49 also stated that she wanted more children. Twenty-seven percent of women age 30 and older mentioned that they do not intend to used contraception in the future because they are menopausal, or have had a hysterectomy or believe themselves to be subfecund or infecund.

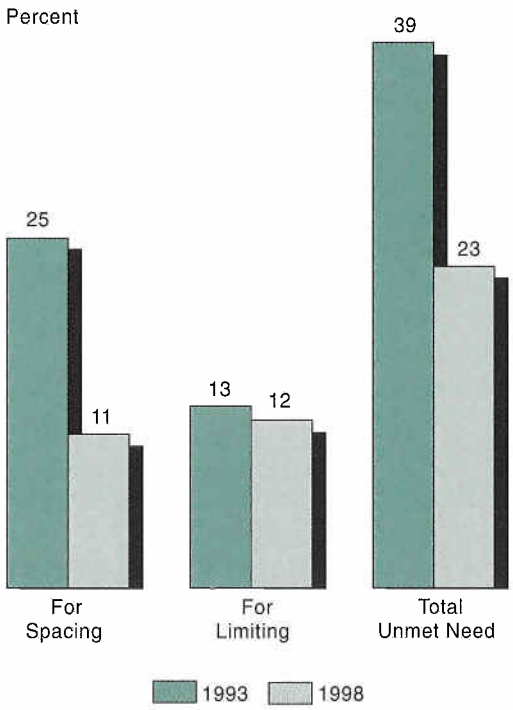
## Unmet Need for Family Planning

Twenty-three percent of currently married women in Ghana have an unmet need for family planning. Eleven percent have an unmet need for spacing and 12 percent have an unmet need for limiting. Combined with the 22 percent of married women who are currently using a contraceptive method, the total demand for family planning among married women is 45 percent. Only about half of the demand for family planning in Ghana is currently being met.

Unmet need for spacing declines with increasing age, while unmet need for limiting increases with age. Unmet need is high among women in the 15-19 and 40-44 age groups. Unmet need is highest in the Volta Region and lowest in the Upper West Region. The need for family planning is inversely related to women's education, ranging from 17 percent among women with at least secondary education to 24 percent among women who have no education.

*Even though contraceptive use has not increased much in the last five years, there has been a substantial (40 percent) decline in unmet need.*

***Figure 5***
**Unmet Need for Family Planning**



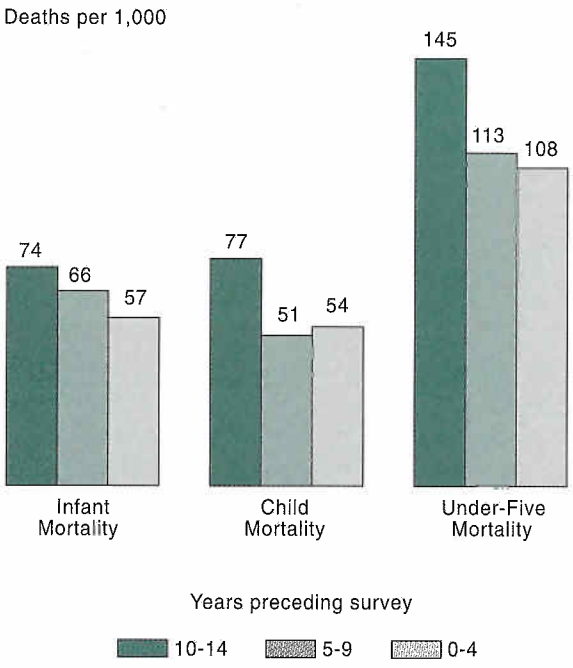
# Maternal and Child Health

## Infant and Child Mortality

At current mortality levels, one in nine children born in Ghana will die before the fifth birthday, and about half of these deaths will occur during the first year of life.

Childhood mortality varies greatly by mother's residence and level of education. Mortality is consistently lower in urban areas than in rural areas. Children of mothers with no education are more than twice as likely to die as children whose mothers have secondary education or higher. The infant mortality rate is lowest in the Greater Accra Region and highest in the Upper East Region.

*Figure 6*
**Trends in Childhood Mortality**




Mortality is higher for first births and higher order births. There is a negative association between length of the preceding birth interval and child survival: children born after a short birth interval are more likely to die than those born after a long birth interval. Maternity care has a direct impact on infant and child survival, with children of mothers who received neither antenatal nor delivery care experiencing the highest levels of mortality.

### High-Risk Fertility Behaviour

One in two Ghanaian children born in the five years before the survey is in a high-risk category, that is, born to mothers who are less than 18 or more than 34 years of age, or born after a birth interval of less than 24 months, or born to mothers who have three or more children. Nearly a third of children fall into a single-risk category, while one in five births is in a multiple-risk category. The most common high-risk factor is high birth order. The survey data show that 72 percent of currently married women have the potential to give birth to a child at an elevated risk of dying.

### Maternity Care

Mothers received antenatal care from a doctor, nurse, or midwife for 87 percent of births. The median number of visits among women who received antenatal care was 4.6, and three in five women who received antenatal care had four or more visits. The quality of antenatal care is generally good in Ghana. For about half of births, mothers received two or more doses of tetanus toxoid vaccine.

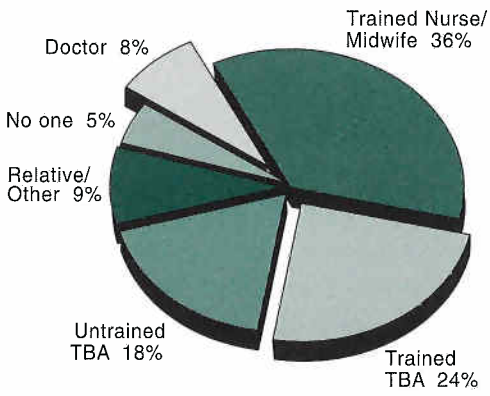
Institutional deliveries are not common, and only two in five births were delivered in a medical facility. Forty-four percent of births were attended by a doctor, nurse or midwife. Trained traditional birth attendants assisted one in four births, while untrained traditional birth attendants assisted one in five births.

*There has been a 43 percent decline in infant and under-five mortality in the last two decades.*

Only 4 percent of births that occurred outside a health facility received postnatal care during the first two days after delivery (crucial for monitoring and treating complications). One in two non-institutional deliveries did not receive any postnatal care. The most important providers of postnatal care for non-institutional deliveries were nurses or midwives.

*Antenatal care utilisation is high in Ghana. However, institutional deliveries are not common, and postnatal care is received for only one in two non-institutional births.*

***Figure 7***
**Assistance at Delivery**




TBA = Traditional birth attendant

## Child Care

Immunization coverage remains relatively high in Ghana. About nine in ten children received BCG vaccine and the first dose of DPT and polio vaccines before age one. However, only two in three children are covered by the third dose of DPT and polio. Sixty-one percent of children received measles vaccine before age one and 39 percent have been vaccinated against yellow fever. Nine percent of children did not receive any vaccinations.

Fourteen percent of children under five years had symptoms of acute respiratory infection (ARI) in the two weeks before the survey. Use of a health facility for the treatment of ARI is low, with only one in four children taken to a health facility.

Fever was reported for 27 percent of children. Since fever is a major manifestation of malaria, three in five children with fever were prescribed antimalarial treatment, mostly from a government facility.

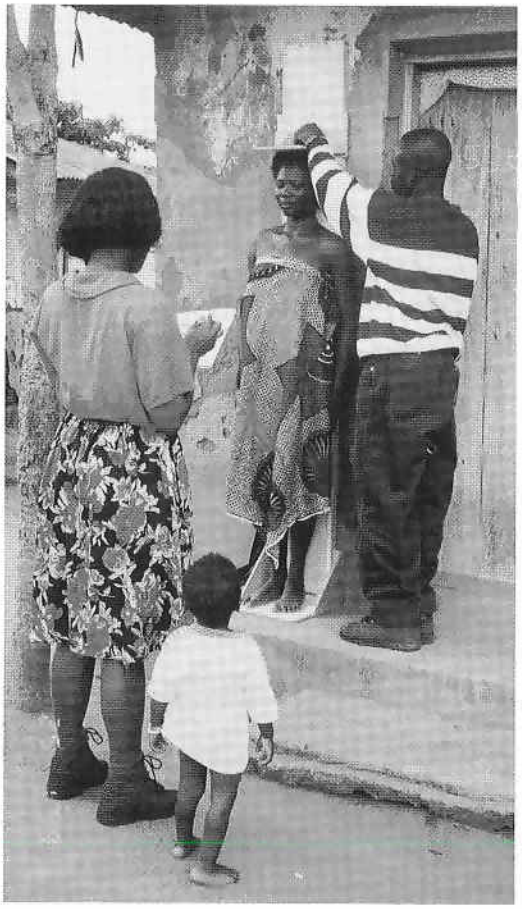
One in five children experienced diarrhoea in the two weeks before the survey, including 4 percent with bloody diarrhoea, a symptom of dysentery. Twenty-six percent of children with diarrhoea were taken to a health facility for treatment, and 69 percent were given oral rehydration therapy—solution prepared from oral rehydration salts (ORS), recommended home fluids (RHF), or increased fluids.

*The proportion of children fully immunized by age one has increased in the last five years from 43 percent in 1993 to 51 percent in 1998.*

## Breastfeeding

Breastfeeding is nearly universal in Ghana, with a median duration of breastfeeding of 22 months. One in four babies was breastfed within one hour of birth and one in two was breastfed within 24 hours of birth.

Children are exclusively breastfed for a relatively short time and three in five children less than two months of age are given water, water-based liquids, and complementary foods. Bottle-feeding is common, with 15 percent of children under 36 months using a bottle with a nipple.



## Nutrition

There is considerable chronic malnutrition among Ghanaian children, with 26 percent of children under age five stunted and 9 percent severely stunted. Ten percent of children under five are wasted and 1 percent are severely wasted, while one in four children is underweight and 5 percent are severely underweight.

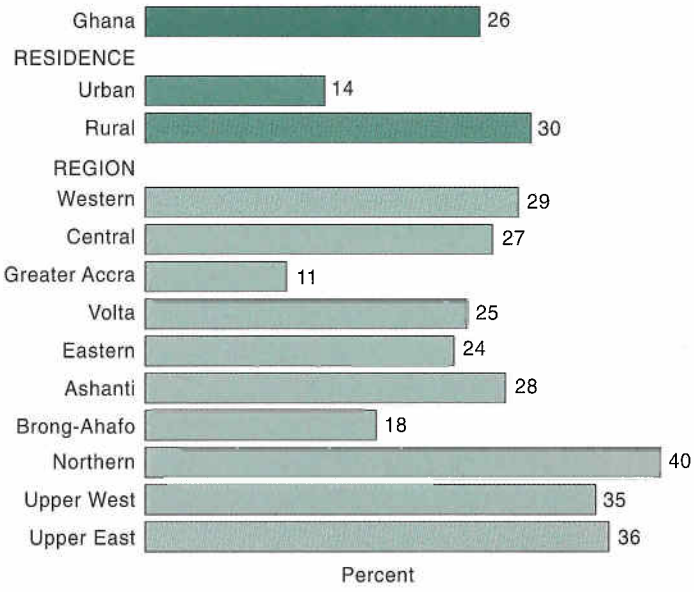
In general, rural children, children residing in the three northern regions of Ghana (Northern, Upper West and Upper East Regions), and children of uneducated mothers are more likely to be stunted, wasted, or underweight than other children. Malnutrition is more common among children of high birth order or who were born after a short birth interval.

Eleven percent of women fall below the cutoff point of 18.5 (kg/m$^2$) for the body mass index (BMI), which utilises both height and weight to measure thinness. However, only 3 percent of women had a mid-upper-arm circumference of less than 23 cm, the recommended cutoff point for this index of nutritional status.

*Chronic energy deficiency is relatively high among Ghanaian women of reproductive age.*

*Malnutrition is high in Ghana, with one in four children under five years of age stunted, 10 percent wasted, and 25 percent underweight.*

*Figure 8*
**Stunting by Urban-Rural Residence and Region**



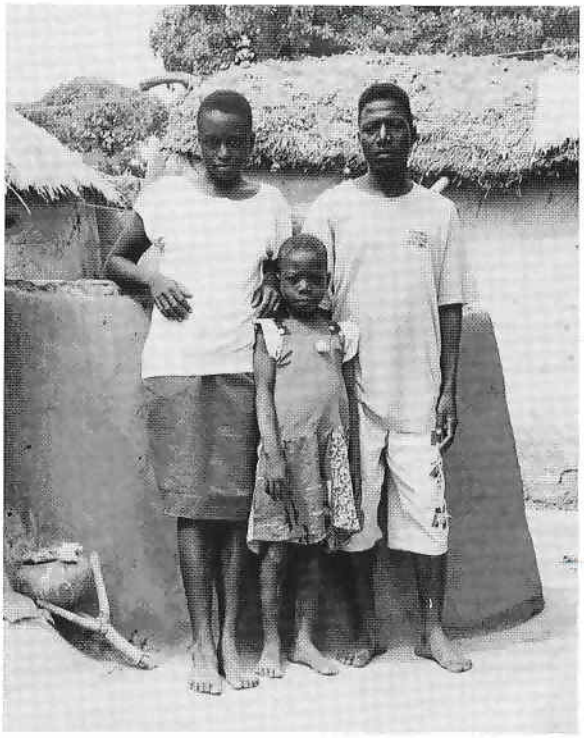
## AIDS Awareness

Most women (97 percent) and men (99 percent) have heard of AIDS. Information on AIDS is mostly obtained from the radio, the workplace, and television.

Fourteen percent of women and 9 percent of men stated that they do not know if AIDS is avoidable, and one in five women and one in ten men do not know of any way to avoid contracting AIDS. Three-quarters of women and four-fifths of men believe that a healthy person can have the AIDS virus. More than 80 percent of women and men correctly believe that AIDS can be transmitted from mother to child in utero and through breastfeeding.

The majority of women (54 percent) and men (58 percent) believe that they have no chance of contracting HIV/AIDS. Respondents who believe that they have no risk or only a small risk of contracting HIV/AIDS are less likely to change their behaviour than those who believe that they have a moderate or great risk of contracting HIV/AIDS. Men are twice as likely as women to use condoms for HIV/AIDS prevention rather than for contraception.

*Awareness of AIDS is nearly universal in Ghana.*



## Women's Status

Overall, 23 percent of currently married women in Ghana are in a polygynous union. The percentage of currently married women in such unions has decreased from 33 percent in 1988 and 28 percent in 1993. Older women, women residing in rural areas, women in the three northern regions (Northern, Upper West and Upper East Regions), and less educated women are more likely to be in a polygynous union than other women.

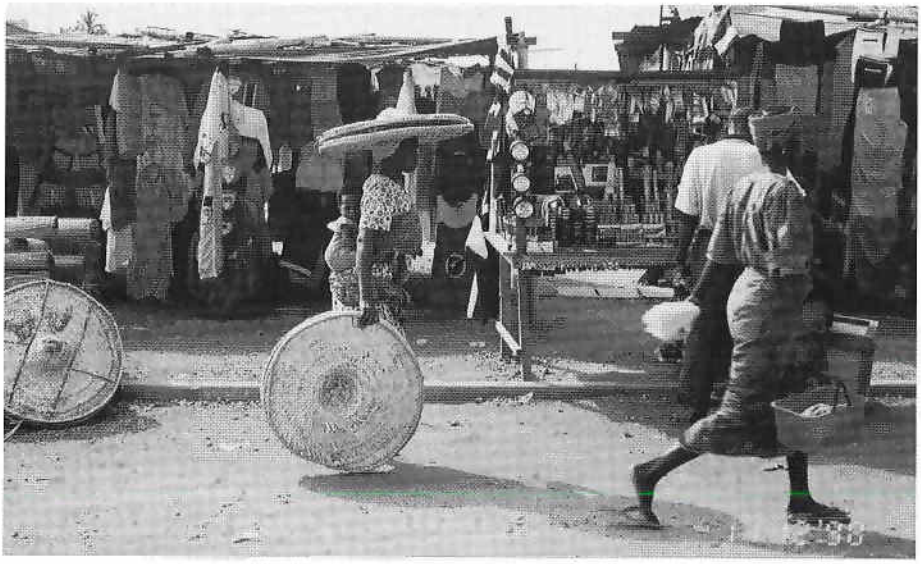
Women in Ghana are generally less educated than men, with a median number of years of schooling of 2.3 years compared with 4.9 years for males. Much of the female-male difference in educational attainment is at the secondary school level or higher. However, the net attendance ratio, which indicates participation in primary school among those 6-11 years, and secondary school among those age 12-18 years, is nearly identical for females and males.

*The gender gap in education has narrowed over the years.*

Female employment is high in Ghana, with three in four women employed at the time of the survey. However, only two in three women work full time. Nine out of ten currently employed women earn cash for their work.

Just over half of working mothers have a child under six years. Forty-eight percent of these mothers look after their own children while at work. Less than 3 percent of women have husbands or partners who look after the children while the mothers are working.

*Almost half of full-time working mothers look after their young children while at work.*



# Fact Sheet

## 1999 Population Data[1]

| | |
|---|---|
| Total population (millions) | 19.7 |
| Urban population (percent) | 37 |
| Annual natural increase (percent) | 2.9 |
| Population doubling time (years) | 24 |
| Crude birth rate (per 1,000 population) | 39 |
| Crude death rate (per 1,000 population) | 10 |
| Life expectancy at birth, female (years) | 61 |
| Life expectancy at birth, male (years) | 57 |

## Ghana 1998 Demographic and Health Survey

**Sample Population**

| | |
|---|---|
| Women age 15-49 | 4,843 |
| Men age 15-59 | 1,546 |

**Background Characteristics of Women Interviewed**

| | |
|---|---|
| Percent urban | 35.9 |
| Percent with no education | 29.1 |
| Percent attended secondary school or higher | 10.4 |

**Marriage and Other Fertility Determinants**

| | |
|---|---|
| Percent of women 15-49 currently married[2] | 64.6 |
| Percent of women 15-49 ever married[2] | 76.3 |
| Median age at first marriage among women age 20-49 | 19.1 |
| Median duration of breastfeeding (months)[3] | 21.5 |
| Median duration of postpartum amenorrhoea (in months)[3] | 10.9 |
| Median duration of postpartum abstinence (in months)[3] | 8.5 |

**Fertility**

| | |
|---|---|
| Total fertility rate[4] | 4.6 |
| Mean number of children ever born to women age 40-49 | 5.7 |

**Desire for Children**

| | |
|---|---|
| Percent of currently married women who: | |
| Want no more children | 33.7 |
| Want to delay their next birth at least 2 years | 34.6 |
| Mean ideal number of children among women age 15-49[5] | 4.3 |
| Percent of births in the last 5 years that were: | |
| Unwanted | 8.9 |
| Mistimed | 27.5 |

**Knowledge and Use of Family Planning**

| | |
|---|---|
| Percent of currently married women who: | |
| Know any method | 93.6 |
| Know a modern method | 93.1 |
| Have ever used any method | 50.8 |
| Are currently using any method | 22.0 |
| Are currently using a modern method | 13.3 |
| Percent of currently married men who: | |
| Are currently using any method | 31.5 |
| Are currently using a modern method | 20.0 |
| Percent of currently married women currently using: | |
| Pill | 3.9 |
| Injectables | 3.1 |
| Condom | 2.7 |
| Female sterilisation | 1.3 |
| Vaginal methods | 0.9 |
| IUD | 0.7 |
| LAM[6] | 0.5 |
| Periodic abstinence | 6.6 |
| Withdrawal | 1.5 |
| Other methods | 0.6 |

**Mortality and Health**

| | |
|---|---|
| Infant mortality rate[7] | 56.7 |
| Under-five mortality rate[7] | 107.6 |
| Percent of births[8] to mothers who: | |
| Received antenatal care from medical provider | 87.5 |
| Received two or more tetanus toxoid injections | 51.6 |
| Percent of births[8] to mothers who were assisted at delivery by: | |
| Doctor | 8.0 |
| Nurse/midwife | 36.3 |
| Trained traditional birth attendant | 24.2 |
| Untrained traditional birth attendant | 17.9 |
| Relative/other | 8.5 |
| No one | 4.7 |
| Percent of children 0-3 months who are breastfeeding | 98.7 |
| Percent of children 10-11 months who are breastfeeding | 96.2 |
| Percent of children 0-3 months who are exclusively breastfeeding | 35.6 |
| Percent of children 12-23 months who received:[9] | |
| BCG | 87.8 |
| DPT (three doses) | 72.2 |
| Polio (three doses) | 71.6 |
| Measles | 72.6 |
| Yellow fever | 59.6 |
| All vaccinations[10] | 62.0 |
| Percent of children under 5 years: | |
| With diarrhoea who received oral rehydration therapy[11] | 34.8 |
| With symptoms of acute respiratory infection who were taken to a health facility for treatment | 26.2 |
| With fever treated with antimalarials | 60.7 |
| Who are chronically malnourished (stunted)[12] | 25.9 |
| Who are acutely malnourished (wasted)[12] | 9.5 |

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1 1999 World Population Data Sheet. Population Reference Bureau.

2 Based on all women.

3 Current status estimate based on births during the 36 months preceding the survey.

4 Based on births to women 15-49 years during the period 0-4 years preceding the survey.

5 Based on all women. Excludes women who gave a non-numeric response to ideal family size.

6 Lactational Amenorrhoea Method.

7 Rates are for the period 0-4 years preceding the survey.

8 Includes births in the period 0-59 months preceding the survey.

9 Based on information from vaccination records and mothers' reports.

10 Children who are fully vaccinated are those who received BCG, measles, and three doses of DPT and polio (excluding polio 0).

11 Includes use of a solution from commercially produced packets of oral rehydration salts (ORS) or a homemade solution usually prepared from sugar, salt and water.

12 Stunting assessed by height-for-age, wasting assessed by weight-for-height; the percent malnourished are those below -2 SD from the median of the international reference population, as defined by the U.S. National Center for Health Statistics, and recommended by the World Health Organisation and the United States Centers for Disease Control.