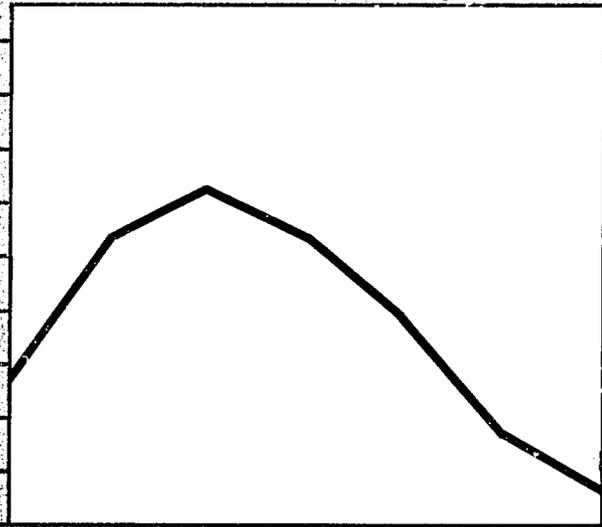




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Demographic and Health Survey 1993

SUMMARY REPORT

GHANA DEMOGRAPHIC AND HEALTH SURVEY 1993

SUMMARY REPORT

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

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Photography:

Ghana Statistical Service

This report summarises the findings of the 1993 Ghana Demographic and Health Survey (1993 GDHS) conducted by the Ghana Statistical Service. Funding was provided by the Ghana Government and the U.S. Agency for International Development. Technical assistance to the project was provided by Macro International Inc. The GDHS is part of the worldwide Demographic and Health Surveys (DHS) programme, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information on the GDHS may be obtained from the Government Statistician, Ghana Statistical Service, P. O. Box 1098, Accra, Ghana (Telephone 663578; Fax 667069). Additional information about the DHS programme may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705, USA (Telephone 301-572-0200; Fax 301-572-0999).



Background

A primary objective of the 1993 GDHS is to provide current and reliable information on demographic and health characteristics of the population that will assist policy makers, planners, programme managers and researchers in making sound and informed choices.

The fieldwork for the survey was carried out between September 1993 and February 1994. Information was collected on the reproductive histories of 4,562 women, age 15-49, and on the health of their children under the age of three years. In addition, 1,302 men, age 15-59, were interviewed. The survey further provides information on fertility, family planning, infant and child mortality, maternal care, vaccination status, breastfeeding, childhood nutrition, and awareness of AIDS and attitudes about AIDS victims.

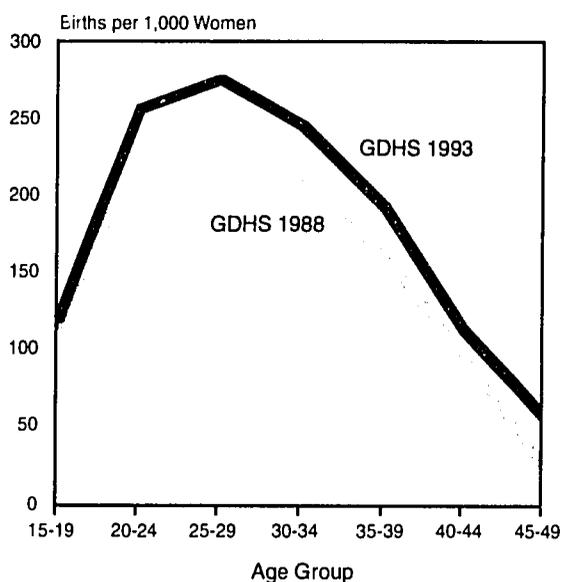
The Ghana Demographic and Health Survey was conducted by the Ghana Statistical Service with technical assistance to the project provided by Macro International Inc. through a contract with the U.S. Agency for International Development. The Ghana Statistical Service ran an earlier survey in 1988 that utilised a similar questionnaire and procedures.

Fertility

Fertility Levels and Trends

Evidence from both the current GDHS (1993) and the previous GDHS (1988) suggest a declining trend in fertility. The current total fertility rate (TFR) of 5.5 represents a drop in fertility of almost 1 child per woman from the 1988 level of 6.4. There are striking differences in fertility by place of residence and education. Rural women have a TFR of 6.4 children compared to 4 children for urban women, a difference of more than 2 children. Also, women with no education have a TFR of 6.7 children compared to only 2.9 for women with at least secondary education, a difference of nearly 4 children. Northern Region has the highest TFR (7.4 children per woman) and Greater Accra has the lowest (3.6).

Declining Fertility



Fertility has declined significantly in the past five years

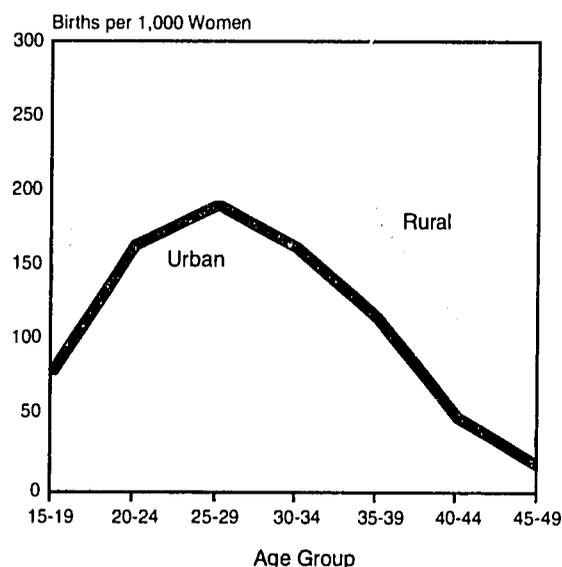
Marriage Patterns

The overall median age at first marriage has increased from 18.3 years in 1988 to 18.9 years in 1993. This shift represents a general tendency towards delaying the onset of exposure to the risk of pregnancy, and partially accounts for the noticeable drop in fertility. The median age at first birth has also increased, from 19.6 to 20.2 years.

Women tend to marry at a younger age than men. Nearly all the women (94%) of ages 25-29 have married, but for men of the same ages, less than two-thirds (63%) have married.

Overall, more than one-quarter (28%) of currently married women were in polygynous unions. The proportion is higher in the rural (31%) than in the urban (22%) setting. The percentage of currently married women in such unions has been decreasing from 35 percent in 1979-80 to 33 percent in 1988 to 28 percent in 1993.

Fertility and Residence



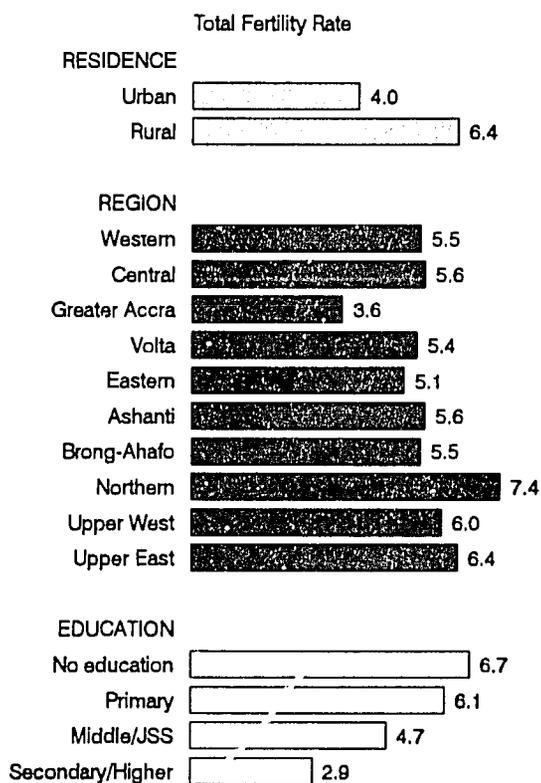
Rural women have much higher fertility than urban women

Fertility Preferences

There has been a noticeable decline in the reported average ideal family size. In 1988, the average ideal family size for currently married women was 5.5 children. In the current survey the estimate has dropped to 4.7. This trend undoubtedly marks the emergence of a smaller family size norm for Ghana.

Fifty-six percent of currently married women want to have another child in the future. Of these, 71 percent would like to wait two years or longer before having the next child. On the other hand, 34 percent of currently married

Factors in Fertility



Fertility varies greatly across sub-groups of the population

women want no more children. This represents an 11 point gain over the percentage in 1988 that did not want any more children. The desire for more children declines with increasing educational attainment. For example, for women with three living children, 59 percent of those with secondary education want no more children, compared to only 16 percent of those with no education.

Teenage Pregnancy and Motherhood

Over one-fifth (22%) of all teenage girls age 15-19 had started childbearing at the time of the survey. Five percent of 19-year-olds have already given birth to two or more children. The proportion of teenagers who have already had their first child is much higher in the rural areas (26%) than in the urban areas (16%). Those with no education are five times more likely to have started childbearing as those with secondary/higher education.

Over one-fifth of teenage girls age 15-19 have started childbearing.

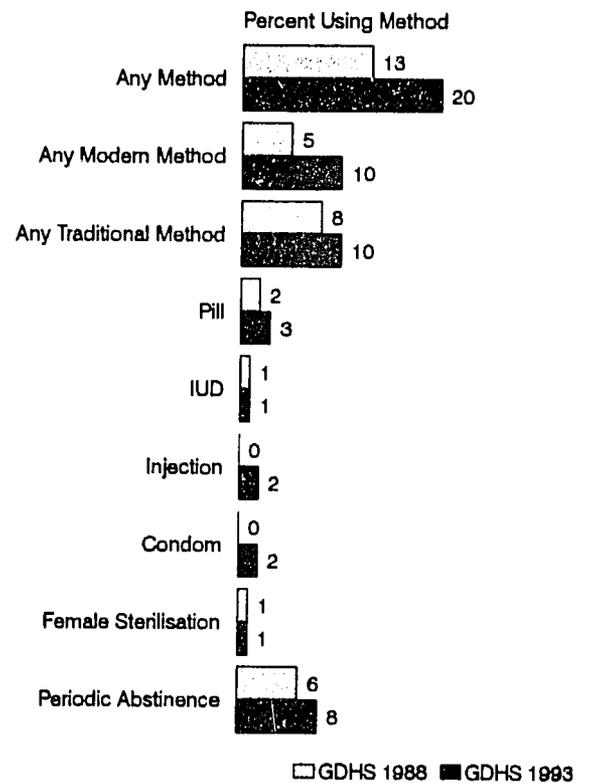


Family Planning

Knowledge of Contraception

Knowledge of contraception is high among all survey respondents regardless of gender. Ninety-one percent of both women and men know of at least a method and a similar percentage know of one modern method. Also, 80 percent of men and 74 percent of women know a source for modern methods.

Contraceptive Trends



Contraceptive use is up substantially in comparison with 1988

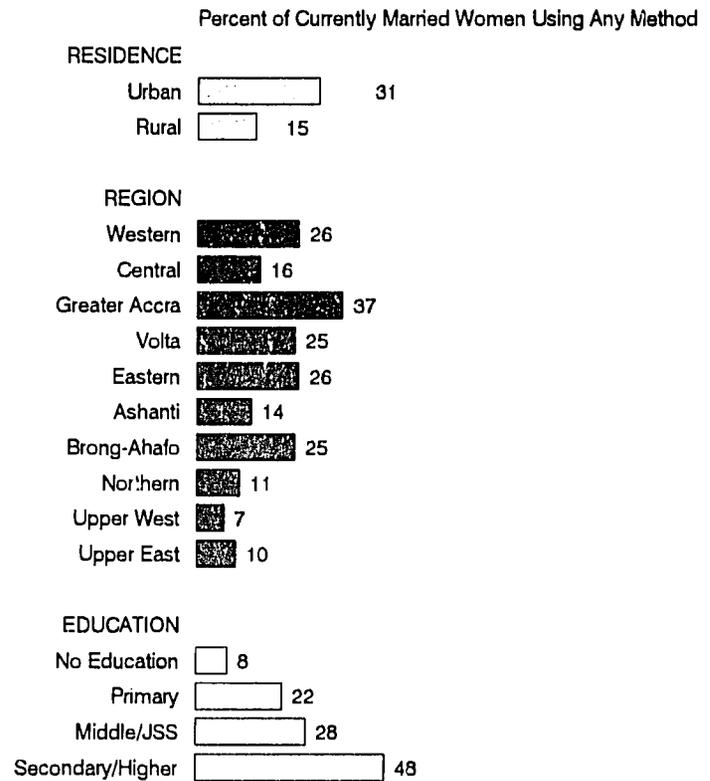
Use of Contraception

Among married women, 20 percent use some method of contraception, and 10 percent use a modern method. These figures are significantly better than in 1988 when only 13 percent of married women used some method and 5 percent used a modern method. The pill, condom and injectables are the modern methods most commonly used by married women. However, the single most widely used method is periodic abstinence (8%).

Current use of both modern and traditional methods varies greatly by level of education. Currently married women with secondary education are 7 times more likely to use modern methods and 5 times more likely to use traditional methods than those with no education.

Among married men, 34 percent use some method of contraception; 20 percent use a modern method and 14 percent use a traditional method. Among married men the condom is the most popular method (10%).

Contraceptive Patterns



Contraceptive prevalence shows wide variations by region and education

Unmet Need for Family Planning Services

Only 34 percent of the total demand for family planning is currently being met. While 20 percent of currently married women are using contraception, over 38 percent have unmet need: 25 percent for spacing and 13 percent for limiting.

Only 34 percent of the demand for family planning is being met.



Attitude Towards Family Planning

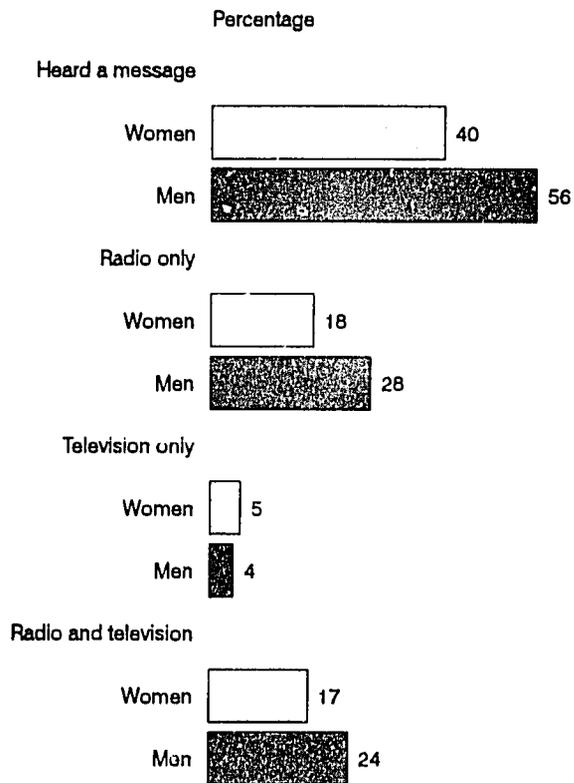
A large majority (88%) of female respondents believed family planning messages broadcast over TV and radio are acceptable. Only 6 percent did not have any opinion.

A substantial number of currently married women (53%) did not discuss family planning with their husbands in the past year. Of those who did, 20 percent did so infrequently and 26 percent did so frequently (more than twice). Younger women and older women are least likely to engage in contraceptive discussions with their spouses.

Exposure to Family Planning Messages

Men are more likely than women to have been exposed to a message about family planning. Of all women, 60 percent did not hear any family planning message over radio or television in the month prior to interview, 18 percent heard some radio messages, 17 percent heard both radio and TV messages, and 5 percent heard only TV messages. Of all men, 44 percent did not hear any family planning message over radio or television, 28 percent heard some radio messages, 24 percent heard both radio and TV messages, and 4 percent heard only TV messages. Urban residents are more likely to have heard some message than rural residents. Exposure to messages also increases with educational level.

Family Planning and the Media



Men are more exposed than women to family planning messages on radio and television



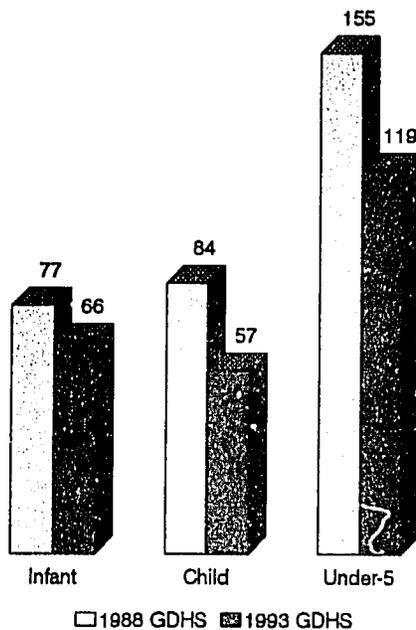
Maternal and Child Health

Infant and Child Mortality

In Ghana, mortality is relatively lower during childhood (age 1 to 4) than infancy, although the current levels of both are unacceptably high. Of every 1000 babies born in the five years before the current survey, 66 died during their first year of life. This is a drop of about 14 percent below the corresponding estimate for the 1988 GDHS (77 per 1000 live births). The level of under-five mortality also improved. The rate for the five years before the survey is 119 per 1000 live births, a reduction of 23 percent over the 1988 GDHS estimate of 155 per 1000 live births.

Childhood Mortality

Rate per thousand



Infant and child mortality have experienced recent declines

Under-five mortality is higher in rural (149 per 1000) than in urban areas (90 per 1000). The highest value (237 per 1000) is recorded in the Northern Region. Children of uneducated mothers are twice as likely to die before their fifth birthday as those of mothers with middle or junior secondary education, and are four times as likely to die as children born to mothers with at least secondary school education. The overall evidence suggests a declining trend in both infant and under-five mortality.

Antenatal Care and Assistance at Delivery

Thirteen percent of mothers who delivered in the last three years received no antenatal care. Nearly one-quarter of those with no education received no antenatal care compared to only one percent of the highly educated

Infant and child mortality have decreased recently, but there are areas of the country where rates remain extremely high.



mothers. More than three-quarters (77%) of mothers received at least one tetanus toxoid injection during pregnancy. Mothers in urban locations are more likely to be immunised than rural mothers.

Over half (57%) of the children born in the three years before the survey were delivered at home. Less than 60 percent of the mothers were assisted at delivery by either trained medical personnel or trained traditional birth attendants (TBAs). Mothers living in urban areas are twice as likely to receive supervised delivery as those in the rural areas.

Infant Feeding

Data on infant feeding in Ghana show both positive and negative aspects. On the one hand, prolonged breastfeeding is almost universal. Ninety-seven percent of all children born in the three years before the survey were breastfed and the median duration of breastfeeding is 21 months.

On the other hand, nearly a third (32%) of babies age 0-1 month use a bottle with a nipple in addition to being breastfed. Food supplementation starts earlier than is generally recommended. Only 12 percent of babies under 2 months of age are exclusively breastfed. More than half (53%) are also given water, while 35 percent receive other supplements. At age 2-3 months, only 5 percent are exclusively on breast milk, while 45 percent receive supplements other than water.



There are both positive and negative aspects to infant feeding in Ghana.

Immunisation

Only 15 percent of children age 12-23 months have not been vaccinated at all. Nearly 55 percent have been fully immunised, an increase from 47 percent in 1988, but only 43 percent received all the recommended vaccines by their first birthday. Children born to mothers with no education are least likely to be immunised. Children living in Central, Northern, and Upper West regions are less likely to have received the full complement of vaccines than children living elsewhere.

Treatment of Childhood Diseases

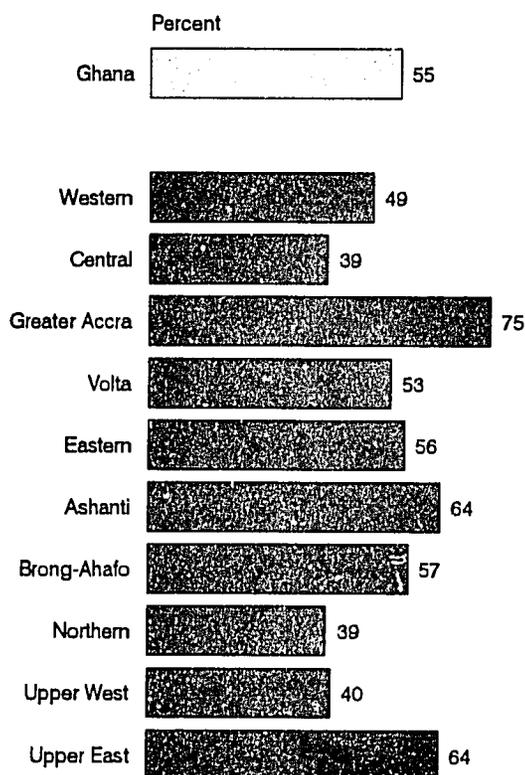
Only 10 percent of children under three years had symptoms of acute lower respiratory infection (cough accompanied by fast breath-

ing) in the two weeks preceding the interview. Forty percent of these children were sent to a health facility for treatment. More than 15 percent received no treatment at all. Of those who were treated, more than half (54%) were treated with cough syrup, 14 percent with antibiotics and 12 percent with a home remedy.

Twenty percent of children had diarrhoea in the two weeks before the interview, including four percent with bloody diarrhoea. The prevalence was highest in the Northern Region (38 percent). Of those with diarrhoea, only 29 percent were treated with pre-packaged rehydration solution, and 14 percent with the recommended home-made rehydration solution. Fifteen percent received no treatment whatsoever.

To help prevent dehydration, fluid intake should be increased during a diarrhoeal episode. Among breastfeeding children who had a bout with diarrhoea, 16 percent were fed less frequently and 1 percent was refused the breast altogether. Nearly 21 percent of all children with diarrhoea were given less fluids.

Immunisation



Vaccination coverage varies widely across regions



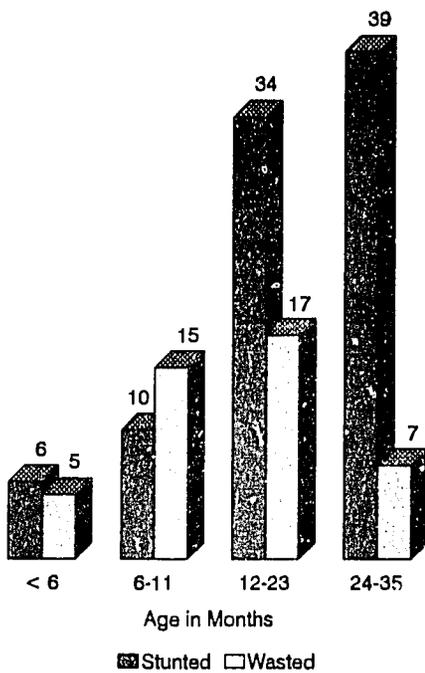
Nutritional Status of Children

Twenty-six percent of children under three years are too short for their age (i.e., stunted), relative to an international reference population. Stunting indicates chronic undernutrition. Eleven percent of children under three are wasted, i.e., their weight is too low in relation to their height. In contrast to stunting, wasting is a manifestation of acute undernutrition, and is more likely to be the result of a recent illness.

Children born within two years of a preceding birth are nearly twice as likely to be stunted as those born four years or more after a previous birth. Sixth- or higher-order births are twice as likely to be wasted as first-order births. Prevalence of both stunting and wasting is higher in the rural than in the urban setting. It is more common among children of uneducated mothers than among those of more educated ones.

Nutritional Status

Percent



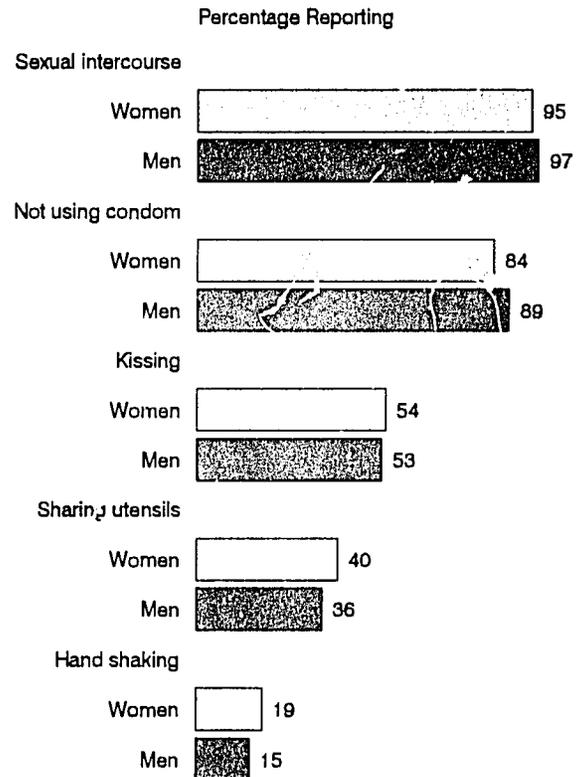
Stunting and wasting show contrasting patterns by age

AIDS Awareness

The level of AIDS awareness is very high. At least 90 percent of both women and men identified sexual intercourse as the main mode of AIDS transmission. A very large majority (over 80%) of women and men stated that failure to use a condom can result in the transmission of AIDS.

These impressive figures are, however, overshadowed by a corresponding high level of misconceptions regarding other modes of transmission. More than half of the men and women interviewed believed kissing can result in HIV transmission. More troubling, though, is the relatively large percentage (40 percent of the women, 36 percent of the men) who believe sharing utensils can result in HIV transmission. This situation is further aggravated by the significant proportion of individuals advocating abandonment, isolation and elimination of people with AIDS.

AIDS Awareness



Both men and women are highly aware of AIDS, but many misconceptions prevail regarding modes of transmission



Conclusions

Fertility is still relatively high despite the recent decline in the total fertility rate. The decline observed, from 6.4 in 1988 to 5.5 in 1993, may be accelerated if the average ideal family size reported in the 1993 GDHS is realized through widespread use of effective contraception. The mean ideal family size for women declined from 5.3 in 1988 to 4.4 in 1993. Wanted fertility is considerably lower than actual fertility, especially among women age 35 years and over. A good potential exists, therefore, for a further decline in fertility if a larger proportion of the total demand for family planning services can be satisfied.

There are signs that small family norms are taking hold. The fact that the proportion of currently married women using a contraceptive method has increased in the last five years is an indication that conscious efforts are being made by couples to regulate their fertility. During the period, contraceptive prevalence has risen from 13 percent to 20 percent, and the proportion of married women who want

no more children has increased from 23 percent in 1988 to 34 percent in 1993. There is also an indication that the median age at first marriage is increasing, in other words, women are marrying later than they used to.

The level of childhood mortality is still high, although significant improvements have been achieved over the past five years. Infant mortality has dropped by about 14 percent, and under-five mortality has also dropped from 155 to 119 per 1000 live births. Although the level of initial vaccination coverage is high, only slightly over one-half of one-year-old children have received the full schedule of immunisations.

There are considerable socioeconomic differentials in fertility, mortality, and access to family planning services. Urban residents have a great advantage. Certain regions of the country have favourable indices compared to others. Those without education are at a great disadvantage. Narrowing these differentials requires targeting of both information and resources.



Fact Sheet

1993 Population Data¹

Total population (millions)	16.9
Urban population (percent)	34
Annual natural increase (percent)	3.0
Population doubling time (years)	23
Crude birth rate (per 1,000 population)	42
Crude death rate (per 1,000 population)	12
Life expectancy at birth male (years)	54
Life expectancy at birth female (years)	58

Ghana 1993 National Demographic Survey

Sample Population

Women age 15-49	4,562
Men age 15-59	1,302

Background Characteristics of Women Interviewed

Percent urban	37.7
Percent with no education	35.0
Percent attended secondary or higher	10.3

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married ²	70.3
Percent of women 15-49 ever married ²	80.5
Median age at first marriage among women age 20-49	18.9
Median duration of breastfeeding (in months) ¹	21.4
Median duration of postpartum amenorrhoea (in months) ³	13.0
Median duration of postpartum abstinence (in months) ¹	9.0

Fertility

Total fertility rate ¹	5.5
Mean number of children ever born to women age 40-49	6.2

Desire for Children

Percent of currently married women who:	
Want no more children	33.9
Want to delay their next birth at least 2 years	39.3
Mean ideal number of children among women 15-49 ⁵	4.4
Percent of women giving a non-numeric response to ideal family size	
.....	7.3
Percent of births in the last 3 years which were:	
Unwanted	9.0
Mistimed	33.4

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	91.3
Knowing a modern method	90.7
Knowing a modern method and knowing a source	73.5
Had ever used any method	45.8
Currently using any method	20.3

Percent of currently married men:

 Currently using any method

33.5

Percent of currently married women currently using:

 Pill

3.2

 IUD

0.9

 Injection

1.6

 Vaginal methods

1.2

 Condom

2.2

 Female sterilisation

0.9

 Male sterilisation

0.0

 Periodic abstinence

7.5

 Withdrawal

2.1

 Other traditional

0.5

Mortality and Health

 Infant mortality rate⁶

66

 Under-five mortality rate⁶

119

Percent of births⁷ whose mothers:

 Received antenatal care

87.2

 Received 2 or more tetanus toxoid injections

51.3

Percent of births⁷ whose mothers were assisted at delivery by:

 Doctor

6.5

 Trained nurse/Midwife

37.3

 Traditional birth attendant

30.6

Percent of children 0-1 month who

are breastfeeding

100

Percent of children 4-5 months who are breastfeeding

98.7

Percent of children 10-11 months who are breastfeeding

97.0

Percent of children 12-23 months who received:⁸

 BCG

83.1

 DPT (three doses)

62.4

 Polio (three doses)

62.4

 Measles

64.4

 All vaccinations

54.8

Percent of children under 3 years⁹ who:

 Had diarrhoea in the 2 weeks preceding the survey

20.3

 Had a cough accompanied by rapid breathing

in the 2 weeks preceding the survey

10.1

¹ 1994 World Population Data Sheet, Population Reference Bureau, Inc.

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

⁷ Figure includes births in the 3-year-period preceding the survey.

⁸ Based on information from vaccination records and mothers' reports.

⁹ Figures are for children 1-35 months of age.