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Ghana Statistical Service

Demographic and Health Surveys
Institute for Resource Development/Westinghouse



The Demographic and Health Surveys Program (DHS) is assisting government and private agencies with the implementation of 35 surveys in developing countries. Funded primarily by the Agency for International Development, DHS is a program within the Institute for Resource Development, Westinghouse (IRD), with assistance from The Population Council. Project objectives are: (1) to provide decisionmakers in the survey countries with a database and analyses useful for informed policy choices; (2) to expand the international population and health database; (3) to advance survey methodologies; (4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

Ghana Demographic and Health Survey, 1988

Ghana Statistical Service

Demographic and Health Surveys - IRD/Westinghouse

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I. BACKGROUND

A. Introduction

The Ghana Demographic and Health Survey (GDHS) was conducted by the Ghana Statistical Service. Funds for the project were provided through the Demographic and Health Surveys Program by the United States Agency for International Development (USAID). The program is administered and technical assistance provided by the Institute for Resource Development, Westinghouse, U.S.A. The United Nations Population Fund (UNPF) also provided funds for training and fieldwork. In addition, UNICEF provided 8 vehicles for the fieldwork.

This report is designed to provide preliminary results for some of the major variables covered in the GDHS. Final results may differ slightly from those presented here. Such differences are expected to be minimal; nevertheless, readers are urged to view the results in this report with caution. A fuller presentation of results will appear in the main survey report.

B. Objectives of the Survey

The immediate objectives of the survey are to collect data on fertility levels, reproductive intentions of currently married women, contraceptive knowledge and use, and health indicators. Ultimately, it is hoped that the data provided by the survey will be used by decision-makers to formulate relevant policies.

The long term objectives are to assist and improve the country's capacity for conducting periodic surveys which will monitor changes in fertility levels, health status, particularly of children, and contraceptive knowledge and use. Furthermore, the survey will be part of an international data base for researchers investigating topics relating to these issues.

C. Questionnaires

Three questionnaires were used for the GDHS. These were the household, the individual, and the husband's questionnaires. The household and individual questionnaires were adapted from the Model "B" Questionnaire for the DHS program.

The household questionnaire was used to list all usual members and visitors in the selected households. It was also used to collect data on age and sex of all listed persons as well as data on fostering for children aged 0-14. In addition, it was used to identify eligible women and eligible husbands.

The individual questionnaire was used to collect data for eligible women. Eligible women were defined as those aged 15-49 years who spent the night prior to the household interview in the selected household, irrespective of whether they were usual members of the household or not. The individual questionnaire was used to collect information on the following topics:

1. Respondent's Background
2. Reproductive Behaviour
3. Knowledge and Use of Contraception

4. Health and Breastfeeding

5. Marriage

6. Fertility Preferences

7. Husband's Background and Women's work

8. Weight and Length of Children Aged 3-36 Months.

The husband's questionnaire was used to collect data on eligible husbands in half of the selected clusters. Eligible husbands were defined as those husbands who were co-resident with their wives and whose wives had been successfully interviewed. The husband's questionnaire was used to collect data on respondent's background, and contraceptive knowledge and use as well as fertility preferences.

All three questionnaires used in the survey were translated into seven local languages. Only selected topics included in the individual and husband's questionnaire are covered in this report. Tabulations are shown separately for women and for husbands, and in the present report, husbands and wives have not been matched. Thus, comparisons between husbands and married women should be interpreted as comparisons between the two populations, not as differences between individual married partners.

D. Training and Field work

The three questionnaires were pretested from mid-October to early November, 1987). Five teams totalling 19 persons were trained for 11 days and were used for the pretest fieldwork.

For the main survey training, 16 supervisors and editors, all of whom had participated in the pretest, were trained for 8 days. Training for the interviewers lasted for three weeks. In all, there were 40 interviewers (26 males and 14 females), 8 supervisors (6 males and 2 females), 8 editors (7 males and 1 female) and 11 drivers who took part in the fieldwork. Forty-five out of the 56 field staff were recruited from the Ghana Statistical Service whilst 11 persons were recruited from the Department of Community Development and the Department of Social Welfare. The fieldwork started on 13th February 1988 and was completed on 5th June 1988.

E. Data Processing

Completed questionnaires were collected every week from the various regions by the field coordinators. Coding, data entry and machine editing went on concurrently at the Ghana Statistical Service in Accra as the field work progressed. Both coding and data entry, which were started in March 1988, were completed by the end of June 1988. Preliminary tabulations were produced by mid-July 1988.

F. Sample Design and Implementation

The GDHS sample is a stratified, self-weighting, nationally representative sample of women aged 15-49 selected from 150 clusters. The 150 clusters constitute a subsample of the 200 clusters for the Ghana Living Standards Survey (GLSS) sample. Census Enumeration Areas (EAs) were first stratified by ecological zones, namely Coastal Savanna, Forest and Northern Savanna. These were

further stratified by urban, semi-urban and rural EAs. The EAs (in some cases, segments of EAs) were selected with probability proportional to the number of census households. All households within selected EAs were listed.

The GDHS sample was designed to obtain 4,500 completed individual interviews. Almost 5000 households were selected to offset non-response and possible undercoverage in the listing operation. Before the selection of the GDHS households, all households already selected by the GLSS were excluded from the household listings. Half of the 150 EAs were designated for the husband's interview. In all, 4966 eligible women were found out of which 4488 were successfully interviewed. Of 997 eligible husbands, 943 were successfully interviewed.

II. RESULTS

A. Characteristics of the Respondents

The distribution of all women, currently married women and husbands in the GDHS sample by various background characteristics is shown in Table 1. Fifty eight percent of all women and 48 percent of married women are under the age of 30. The sample of husbands is much older, with only 17 percent less than age 30. Approximately one-third of the female respondents and one-fourth of the husbands live in urban areas. The distributions of women and husbands by region are also somewhat different. For example, 14 percent of married women and 18 percent of husbands live in Upper West, Upper East and Northern regions. It should be noted, however, that since the male sample is composed of co-resident husbands, regional and urban-rural differences between the two samples may be partly attributed to differential co-residence patterns.

B. Fertility and Reproductive Intentions

All female respondents in the GDHS were asked to report the total number of sons and daughters they had given birth to during their lives. They were also asked to provide a complete birth history giving the date of birth, sex, survival status and age at death of each child. Fertility intentions were investigated by asking questions on the respondent's desire to have another child and, if so, how soon.

Table 2 shows that fertility in Ghana is high. Among women less than 20 years old, the average number of children ever born is 0.2. This increases rapidly to 2.7 children among women in their late twenties and to 5.5 children among women in their late thirties. By the end of their childbearing years (aged 45-49), women have had, on average, more than seven children.

Of the average of 3.2 children ever born to women aged 15-49, 2.6 were still alive at the time of the interview. Thus, approximately 17 percent of children born to these women had died at the time of interview.

Age-specific fertility rates for the five years prior to the survey are also shown in Table 2. The rate increases from 129 births per 1000 women in the youngest age group to a maximum of 283 for 25-29 year olds and then decreases steadily to 60 for women aged 45-49. The rate of childbearing is highest among women aged 20-29. The total fertility rate is 6.4. This represents the number of children a woman would have during her lifetime if she reproduced, at each age, at the same rate as women are currently reproducing.

TABLE 1. PERCENT DISTRIBUTION OF ALL WOMEN AGED 15-49, CURRENTLY MARRIED WOMEN AND HUSBANDS BY AGE, NUMBER OF LIVING CHILDREN, TYPE OF PLACE OF RESIDENCE, REGION, AND LEVEL OF EDUCATION, GHANA, 1988.

	ALL WOMEN		CURRENTLY MARRIED WOMEN		HUSBANDS		
	Percent	Number	Percent	Number	Percent	Number	
AGE							
15-19	18.9	849	5.5	174	<30	17.3	163
20-24	19.3	867	18.8	593	30-39	32.4	306
25-29	19.3	867	23.8	752	40-49	27.9	263
30-34	14.3	644	18.0	569	50+	22.4	211
35-39	11.8	531	15.0	473			
40-44	8.1	364	9.8	310			
45-49	8.2	366	9.0	285			
NUMBER OF LIVING CHILDREN							
0-2 Children	55.4	2486	43.7	1379	0-2 Children	28.2	266
3-4 Children	22.4	1006	28.4	895	3-4 Children	26.2	247
5+ Children	22.2	996	27.9	882	5+ Children	45.6	430
TYPE OF PLACE OF RESIDENCE							
Urban	33.9	1523	30.4	961	Urban	24.0	226
Rural	66.1	2965	69.6	2195	Rural	76.0	717
REGION							
Western	8.7	392	8.8	273	Western	9.4	89
Central	10.3	464	10.4	329	Central	11.7	110
Greater Accra	13.3	598	11.4	360	Greater Accra	11.5	108
Eastern	15.7	703	14.2	448	Eastern	12.6	119
Volta	11.1	500	11.3	356	Volta	9.7	91
Ashanti	18.3	823	17.5	552	Ashanti	13.9	131
Bronx Ahafo	11.1	500	12.7	401	Bronx Ahafo	13.0	123
Upper West, East and Northern	11.3	508	13.7	431	Upper West, East and Northern	18.2	172
LEVEL OF EDUCATION							
No education	39.7	1783	46.5	1467	No education	38.4	362
Primary	16.3	731	16.2	512	Primary	10.0	94
Middle	36.5	1638	31.7	999	Middle	35.8	338
Higher	7.5	336	5.6	178	Higher	15.8	149
TOTAL	100.0	4488	100.0	3156		100.0	943

TABLE 2. MEAN NUMBER OF CHILDREN EVER BORN, PROPORTION DEAD AND SURVIVING, AND AGE-SPECIFIC FERTILITY RATES*, FOR ALL WOMEN AGED 15-49, BY MATERNAL AGE, GHANA 1988.

Age	Children Ever Born	Children Surviving	Proportion Dead	Number of Births	Years of Exposure	Fertility Rates	Number of Women
15-19	0.22	0.20	.066	565	4386.25	.129	849
20-24	1.25	1.08	.139	1156	4446.33	.260	867
25-29	2.65	2.26	.147	1085	3837.50	.283	867
30-34	4.19	3.51	.163	690	2855.92	.242	644
35-39	5.47	4.57	.164	424	2184.00	.194	531
40-44	6.58	5.39	.181	200	1682.92	.119	364
45-49	7.25	5.65	.221	44	738.00	.060	366
Total 15-49	3.17	2.63	.171	4164	20130.92	6.43	4488
TFR 15-44	-	-	-	-	-	6.13	-

* Based on births in the five years preceding the survey

TABLE 3. PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 BY AGE AND REPRODUCTIVE INTENTIONS, GHANA 1988.

Age	Want No More Children	Want More Later*	Want More Soon**	Want, Undecided or Missing When	Do Not Know or Missing	Can Not Get Pregnant	Total	Number of Women
15-19	0.6	67.2	16.1	8.0	5.7	2.3	100.0	174
20-24	3.9	69.0	19.4	4.0	2.4	1.3	100.0	593
25-29	11.2	57.8	23.7	2.1	3.5	1.7	100.0	752
30-34	23.7	45.9	20.2	4.0	4.4	1.8	100.0	569
35-39	35.3	27.9	20.1	4.9	8.9	3.0	100.0	473
40-44	49.4	14.8	16.1	5.2	10.0	4.5	100.0	310
45-49	55.4	6.0	12.3	4.6	5.3	16.5	100.0	285
TOTAL	22.8	44.9	19.5	4.1	5.2	3.5	100.0	3156

* Want another child 2 or more years from now

** Want another child within 2 years from now

TABLE 4. PERCENT DISTRIBUTION OF HUSBANDS BY AGE AND REPRODUCTIVE INTENTIONS, GHANA 1988.

Age	Want No More Children	Want More Later*	Want More Soon**	Want, Undecided or Missing When	Do Not Know or Missing	Total	Number of Husbands
<30	1.2	62.6	22.1	11.0	3.1	100.0	163
30-39	14.1	50.3	22.5	8.2	4.9	100.0	306
40-49	25.5	29.3	24.3	13.7	7.2	100.0	263
50+	32.7	24.6	20.9	10.9	10.9	100.0	211
TOTAL	19.2	40.8	22.6	10.8	6.6	100.0	943

* Want another child 2 years or more from now

** Want another child within 2 years from now

Table 3 shows the percent distribution of currently married women according to their desire for children in the future. Twenty three percent of women report that they want no more children and 45 percent say that they want another child, but only after two or more years. Thus, 68 percent, or two out of three Ghanaian women can be considered potential users of contraception for the purpose of either limiting or spacing their births. Of the remaining women, 20 percent say they would like to have another child soon, 4 percent want another child but are undecided as to when, 5 percent are unsure whether they would like another child, and 4 percent say that they can't get pregnant.

The proportion of women who want no more children is highest among older women. For example, only 4 percent of 20-24 year olds want no more children whilst 55 percent of 45-49 year olds would like to stop having children. In contrast, the proportion of women wanting to space their births (have another child, but after 2 or more years) is greatest among younger women.

A comparison of the results shown in Table 4 with those in Table 3 suggests that married women want to stop having children at younger ages than married men. For example, while only 14 percent of husbands aged 30-39 do not want to have another child, 29 percent of women in the same age group would like to stop having children. Similarly, the proportion of husbands aged 40-49 who want no more children is 26; the corresponding proportion for married women is 52.

C. Family Planning Knowledge and Use

Most women and husbands in Ghana have some knowledge of contraceptive methods (Table 5). Seventy six percent of all women, 79 percent of currently married women, and 79 percent of husbands have heard of at least one method of contraception. More than 3 out of 4 married women and husbands have heard of a modern method. Women are most likely to have heard of the pill, followed by female sterilization, condom and injections. Among husbands, the most widely known method is also the pill, followed by condom, female sterilization and periodic abstinence. The proportion knowing each of the methods is similar for married women and husbands except for the three "male" methods (condom, withdrawal, male sterilization), which husbands are more likely to know.

Overall, most women and husbands who have heard of any method also know a source for obtaining the method. The extent to which respondents know a source varies, however, by method. For example, while 64 percent of married women have heard of the pill, only 53 percent know where to obtain it. For periodic abstinence, 41 percent of married women have heard of the method and 37 percent know where to obtain information or instruction about it. A greater proportion of husbands than married women know a source for condoms and male sterilization.

Thirty seven percent of married women report ever having used a contraceptive method but only 23 percent report ever using a modern method. Among those who have used a modern method, most have used the pill. Forty one percent of husbands have ever used a contraceptive method with their wives or partners and 26 percent have ever used a modern method.

Slightly less than 13 percent of married women are currently using a contraceptive method. About half of these are using periodic abstinence (6.2 percent). Of the rest, most are using the pill, female sterilization and foaming tablets. A higher percentage of husbands than married women report that they are currently using a contraceptive method with their partners (20 percent). Nine percent are using periodic abstinence. The pill, withdrawal and condom account for most of the rest of current use among husbands.

TABLE 5. PERCENTAGE OF ALL WOMEN AGED 15-49, CURRENTLY MARRIED WOMEN, AND HUSBANDS WHO KNOW FAMILY PLANNING METHODS, WHO KNOW A SOURCE FOR METHODS, WHO HAVE EVER USED AND WHO ARE CURRENTLY USING, BY METHOD, GHANA 1988.

Method	Percent Who Know Method			Percent Who Know Source*			Percent Who Ever Used			Percent Currently Using		
	All	CM	HU	All	CM	HU	All	CM	HU	All	CM	HU
Any Method	76.2	79.4	79.0	69.8	73.4	73.4	33.9	37.0	41.0	12.3	12.8	19.6
Any Modern Method	73.8	76.5	76.4	66.4	69.6	70.1	20.5	22.5	26.4	4.7	5.1	9.3
Pill	59.7	63.9	63.0	49.1	53.3	55.0	12.8	14.9	13.1	1.6	1.8	4.2
IUD	36.7	39.6	38.5	29.5	32.3	32.7	1.2	1.3	1.6	0.5	0.5	0.6
Injection	42.6	46.5	39.8	36.2	39.9	35.5	0.9	1.0	0.5	0.2	0.3	0.1
Diaphragm/Jelly Foaming Tablets	**[36.6	38.0	40.7	31.9	33.1	37.2	7.9	8.3	13.0]	0.3	0.3	0.3
Condom	48.5	49.5	59.5	38.3	39.3	52.9	4.5	4.5	11.9	0.9	1.0	1.3
Female Sterilisation	54.1	57.3	58.1	48.8	52.0	53.3	0.9	1.0	1.3	0.3	0.3	2.1
Male Sterilisation	10.7	10.7	17.6	9.0	9.2	16.3	0.0	0.0	0.0	0.0	0.0	0.0
Any Traditional Method	49.2	51.9	55.5	-	-	-	23.1	25.1	30.0	7.6	7.7	11.6
Periodic Abstinence	39.0	41.0	44.9	35.1	37.1	41.5	18.3	19.7	23.9	6.1	6.2	9.2
Withdrawal	31.0	32.6	40.7	-	-	-	7.8	8.3	14.1	0.3	0.9	3.1
Other methods	8.6	9.4	4.5	-	-	-	2.7	3.0	1.6	0.6	0.6	0.4

All - All women (Number = 4488)

CM - Currently Married Women (Number = 3156)

HU - Husbands (Number = 943)

* For periodic abstinence, this refers to a source of information or instruction.

** For knowledge, source, and ever use, diaphragm/jelly and foaming tablets are combined.

Table 6 shows the percentage of married women currently using contraception by several background characteristics. Women older than age 30 are more likely than younger women to be using contraception. The difference lies mainly in the greater use of modern methods among older women. Contraceptive use increases with the number of living children. Whilst 10 percent of women with less than three children use contraception, 16 percent of those with 5 or more children do so.

The level of use in urban areas is almost twice as high as the level in rural areas. Regional differentials in current use of family planning are also substantial. The percentage of married women currently using any method is highest in Greater Accra at 27 percent. Slightly more than half that percentage are using family planning in Volta region (15 percent). In each of the remaining regions, current use of contraception among married women is less than 12 percent.

Differentials in contraceptive use by education are also significant. The proportion of married women with middle school education who are currently using is twice that of women with no education. The proportion currently using contraception among those with higher than middle school education is three times that of women without education.

Future fertility intentions are also related to the level of use of family planning. Among married women who want no more children, 20 percent are using a contraceptive method. The corresponding percentage for women who want another child but not for at least two years is 13, and for those who would like to have another child soon, it is 8.

The percentage of husbands currently using contraception by background characteristics is shown in Table 7. The proportion of husbands under the age of 40 who are using contraception is greater than that of husbands older than age 40. In contrast, older married women are more likely to use contraception than younger married women.

Contraceptive use among married men generally increases with the number of living children and with the level of education, reaching close to 40 percent among those with more than middle school education. The contraceptive prevalence rate is also higher among urban husbands than among rural husbands.

Similarly to married women, contraceptive use differentials among husbands according to reproductive intentions are large. Only 5.6 percent of husbands who would like to have another child soon are current users of family planning. Among those who would like to have another child but not for at least two years, 25 percent are currently using, and almost one-third of husbands who say that they do not want any more children are current users.

All female respondents in the GDHS who were currently using contraception were asked where they obtained the method the last time. The responses to this question by type of method are shown in Table 8. For supply methods, the source most often mentioned is the pharmacy or chemical seller, followed by PPAG clinic and friends or relatives. For clinical methods, the source reported by more than three-quarters of current users is government hospitals. Users of periodic abstinence most often report that they last obtained instructions or advice regarding this method from friends, relatives or in school.

TABLE 6. PERCENTAGE OF CURRENTLY MARRIED WOMEN WHO ARE CURRENTLY USING ANY METHOD AND ANY MODERN METHOD OF FAMILY PLANNING BY AGE, NUMBER OF LIVING CHILDREN, TYPE OF PLACE OF RESIDENCE, REGION, LEVEL OF EDUCATION AND REPRODUCTIVE INTENTIONS, GHANA 1988.

	Any Method	Any Modern Method*	Number
AGE			
<30	11.4	3.7	1519
30+	14.2	6.5	1637
NUMBER OF LIVING CHILDREN			
0-2 Children	9.6	3.0	1379
3-4 Children	14.5	5.3	895
5+ Children	16.2	8.4	882
TYPE OF PLACE OF RESIDENCE			
Urban	19.5	8.0	961
Rural	9.9	3.9	2195
REGION			
Western	8.2	3.2	279
Central	9.7	4.9	329
Greater Accra	27.2	10.6	360
Eastern	11.4	5.8	448
Volta	14.6	3.9	356
Ashanti	10.1	6.5	552
Brong Ahafo	11.7	5.0	401
Upper West, East and Northern	10.7	0.7	431
LEVEL OF EDUCATION			
No education	8.5	3.2	1467
Primary	12.1	6.1	512
Middle	16.7	6.6	999
Higher	28.7	10.1	178
REPRODUCTIVE INTENTIONS			
Want No More	20.2	9.4	721
Want More Later	12.6	4.5	1417
Want More Soon	8.1	2.8	616
Want, Undecided/Missing When	3.9	0.8	129
Do Not Know/Missing	11.0	3.7	163
Can not get pregnant	6.4	5.5	110
TOTAL	12.8	5.1	3156

* MODERN METHODS include pill, IUD, injection, diaphragm/jelly, condom, foaming tablets, sterilisation

TABLE 7. PERCENTAGE OF HUSBANDS WHO ARE CURRENTLY USING ANY METHOD AND ANY MODERN METHOD OF FAMILY PLANNING, BY AGE, NUMBER OF LIVING CHILDREN, TYPE OF PLACE OF RESIDENCE, REGION, LEVEL OF EDUCATION AND REPRODUCTIVE INTENTIONS, GHANA 1988

	Any Method	Any Modern Method*	Number
AGE			
<40	22.6	12.2	469
40+	16.7	6.5	474
NUMBER OF LIVING CHILDREN			
0-2 Children	15.8	8.3	266
3-4 Children	23.1	10.9	247
5+ Children	20.0	9.1	430
TYPE OF PLACE OF RESIDENCE			
Urban	28.8	14.2	226
Rural	16.7	7.8	717
REGION			
Western	12.4	3.4	89
Central	17.3	12.7	110
Greater Accra	38.0	17.6	108
Eastern	20.2	10.1	119
Volta	28.6	11.0	91
Ashanti	12.2	9.9	131
Brong Ahafo	22.0	12.2	123
Upper West, East and Northern	12.2	1.2	172
LEVEL OF EDUCATION			
No education	7.5	1.1	362
Primary	16.0	9.6	94
Middle	24.9	13.3	338
Higher	39.6	20.1	149
REPRODUCTIVE INTENTIONS			
Want No More	29.3	14.9	181
Want More Later	25.2	12.5	385
Want More Soon	5.6	2.8	213
Want, Undecided/Missing When Do Not Know/Missing	7.8	2.0	102
	24.2	8.1	62
TOTAL	19.6	9.3	943

* MODERN METHODS include pill, IUD, injection, diaphragm/jelly, condom, foaming tablets, sterilisation

TABLE 8. PERCENT DISTRIBUTION OF ALL WOMEN AGED 15-49 CURRENTLY USING A METHOD OF FAMILY PLANNING, BY SOURCE FOR METHOD, ACCORDING TO TYPE OF METHOD, GHANA 1988.

	Supply Methods*	Clinical Methods**	Periodic Abstinence#	Total
Government Hospital	11.9	75.9	4.4	15.3
Government Health Center	6.6	1.7	1.8	3.3
PPAG Clinic ##	19.9	12.1	5.1	10.6
Field Worker	1.3	0.0	0.4	0.6
Private Doctor	1.3	3.4	2.6	2.3
Government Maternity Home	0.0	0.0	1.5	0.8
Pharmacy/Chemical Seller	32.5	0.0	0.0	10.1
Christian Council	0.7	0.0	1.5	1.0
Friends/Relatives/School	19.9	0.0	62.8	41.8
Other	3.3	3.4	6.2	5.0
Nowhere	0.0	0.0	13.9	7.9
Inconsistent	1.3	3.4	0.0	0.8
Missing	1.3	0.0	0.0	0.7
TOTAL	100.0	100.0	100.0	100.0
Number	151	58	274	483

* Supply methods include pill, injection, diaphragm/jelly, foaming tablets and condoms.

** Clinical methods include IUD and sterilisation.

For periodic abstinence, this refers to a source of information or instruction.

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TABLE 9. PERCENTAGE OF CURRENTLY MARRIED WOMEN NOT USING CONTRACEPTION BY DESIRE TO LIMIT OR SPACE BIRTHS, ACCORDING TO AGE, NUMBER OF LIVING CHILDREN, TYPE OF PLACE OF RESIDENCE, REGION, AND LEVEL OF EDUCATION, GHANA 1988.

	Want No More	Want More Later	Want, Undecided or Missing When	Do Not Know or Missing	Number
AGE					
<30	6.8	62.6	3.9	3.3	1346
30+	34.4	28.1	5.1	7.1	1405
NUMBER OF LIVING CHILDREN					
0-2 Children	3.8	54.9	7.1	2.8	1247
3-4 Children	19.5	51.1	2.2	6.4	765
5+ Children	51.2	21.9	2.4	8.3	739
TYPE OF PLACE OF RESIDENCE					
Urban	24.9	40.2	5.0	5.7	774
Rural	19.3	46.9	4.3	5.1	1977
REGION					
Western	14.5	44.5	9.8	3.5	256
Central	20.2	43.8	6.7	8.1	297
Greater Accra	31.3	33.6	1.9	5.0	262
Eastern	27.5	45.3	1.0	3.5	397
Volta	27.6	42.4	3.0	8.9	304
Ashanti	23.8	41.1	8.1	6.7	496
Brong Ahafo	16.9	50.0	3.4	5.6	354
Upper West, East and Northern	6.5	56.1	2.3	1.3	385
LEVEL OF EDUCATION					
No education	21.1	41.9	4.6	5.6	1342
Primary	23.3	42.0	4.4	5.3	450
Middle	19.5	51.9	4.3	4.8	832
Higher	19.7	43.3	4.7	4.7	127
TOTAL	20.9	45.0	4.5	5.3	2751

D. Desire For Additional Children and Non-use of Contraception

In Table 9, currently married females who are not using any contraceptive method are classified by desire for additional children. The data from the table are intended to show the potential need for family planning among Ghanaian women.

Among all married non-users, 21 percent want to stop childbearing whilst another 45 percent want to wait at least two years to have another child. Among non-users under 30 years, only 7 percent would like to stop childbearing whilst 63 percent want to have another child but not for at least two years. In contrast, 34 percent of older women want to stop childbearing altogether and only 28 percent want another child later.

More than half of all married women who are not using any contraception and who have 5 or more children want to stop childbearing whilst only 22 percent want to wait for two years before having the next child. However among married non-users with fewer than 5 children, more than 50 percent would like to have another child later whilst a much smaller proportion, (4 percent for those with less than 3 children and 20 percent for those with 3-4 children), would like to stop childbearing.

Among the regions, Greater Accra has about equal proportions of married non-users who want to stop childbearing and who would like to have the next child at least two years from now. Northern, Upper East and Upper West regions have only 7 percent of married non-users who want to stop childbearing and more than 50 percent who want children later.

Table 10 shows the distribution of sexually active, non-pregnant women who are not using contraception and who would be unhappy if they became pregnant by the reason they are not using contraception. The most important reason reported for not using is a lack of knowledge of family planning methods. Almost one-fourth of women gave this as their main reason for not using contraception. Ten percent reported that they weren't using contraception because they have sex infrequently and slightly less than ten percent named health concerns as their main reason for not using family planning. Opposition of the husband, cost, and access/availability of contraceptives were not important reasons for non-use.

E. Diarrhoea in Children

Data on the incidence of certain diseases among children aged 0-4 years were also collected in the questionnaire. As shown in Table 11, mothers reported that about 13 percent of their children had diarrhoea during the 24 hours preceding the interview and that about double that proportion had diarrhoea in the 2 weeks preceding the survey. There is little variation in the proportion of children with diarrhoea by age of the mother or urban-rural residence. Similarly, data for the regions show little variation, although mothers from Western region reported much lower incidence of diarrhoea for their children both during the 24 hours (10 percent) and for the 2 weeks (19 percent) preceding the interview than for other regions.

The proportion of children with diarrhoea does not vary much according to the mother's education, except among children of mothers with higher education. Whereas only 9 percent and 18 percent of children of mothers with higher education had diarrhoea during the 24 hours and 2 weeks prior to the interview, about 14 percent and 25-29 percent of the children of the other mothers had diarrhoea.

TABLE 10. DISTRIBUTION OF SEXUALLY ACTIVE, NON-PREGNANT WOMEN WHO ARE NOT USING CONTRACEPTION AND WHO WOULD BE UNHAPPY IF THEY BECAME PREGNANT, BY REASON FOR NON-USE OF CONTRACEPTION, GHANA 1988.

Reason for Non-Use	Percent	Number of Women
Lack of Knowledge	23.7	252
Opposed to Family Planning	3.6	38
Husband Disapproves	3.8	40
Others Disapproves	0.7	7
Health Concerns	9.5	101
Access/Availability	1.9	20
Costs Too Much	2.1	22
Inconvenient to Use	1.6	17
Infrequent Sex	10.0	106
Fatalistic	0.5	5
Religion	3.3	35
Postpartum/Breastfeeding	7.1	76
Menopausal/Subfecund	9.0	96
Other	13.1	139
Don't know	9.9	105
Missing	0.6	6
TOTAL	100.0	1065

TABLE 11. THE PERCENTAGE OF CHILDREN UNDER 5 YEARS OF AGE HAVING AN EPISODE OF DIARRHOEA WITHIN 24 HOURS AND WITHIN 2 WEEKS PRECEDING THE SURVEY AND AMONG CHILDREN WHO HAD DIARRHOEA, THE PERCENTAGE RECEIVING ORAL REHYDRATION THERAPY (ORT), BY AGE, TYPE OF PLACE OF RESIDENCE, REGION, AND LEVEL OF EDUCATION, GHANA 1988.

	Percent with Diarrhea		Percent Receiving ORT**	Number of Children
	In Past 24 Hours	In Past 2 Weeks*		
AGE				
<30	14.9	28.3	36.1	1974
30+	11.7	23.9	35.7	1671
TYPE OF PLACE OF RESIDENCE				
Urban	12.8	27.0	47.6	1005
Rural	13.7	26.1	31.4	2640
REGION				
Western	9.8	18.8	45.9	325
Central	13.8	31.1	27.7	383
Greater Accra	15.2	28.8	40.6	368
Eastern	12.1	26.7	32.4	544
Volta	13.6	24.0	41.7	450
Ashanti	14.6	29.1	45.9	628
Brong Ahafo	12.2	24.7	35.8	485
Upper West, East and Northern	15.4	25.3	18.8	462
LEVEL OF EDUCATION				
No education	13.7	24.8	28.2	1614
Primary	13.7	27.7	36.0	591
Middle	13.7	28.7	43.5	1258
Higher	8.8	18.1	48.5	182
TOTAL	13.4	26.3	36.0	3645

Note: As reported by mothers of children aged 1-59 months

* Includes children with an episode of diarrhoea in the past 24 hours

** Includes children given a home prepared salt-sugar solution as well as those given a solution prepared with an ORS packet

Among the children who had diarrhoea, 36 percent received some kind of oral rehydration therapy (ORT), whether homemade or from a ready made packet. Though there is no difference in the proportion of children of younger or older mothers who received ORT, there is ample evidence that children of urban women, of women who live in Western and Ashanti regions and of women with higher than primary education are more likely to receive ORT when they have diarrhoea.

F. Immunisation of Children

In the GDHS, women who had children in the five years prior to the survey were asked whether they had health cards for those children and, if so, were asked to show them to the interviewer. For those who could produce health cards, interviewers recorded the dates on which the following vaccinations were given: BCG, Polio 1, 2, 3, DPT 1, 2, 3, and Measles.

Data presented here are only for children aged 1-4 since by the time children are one year old, they are expected to have received all the vaccinations. Data from Table 12 show that only one in three children had a health card. In addition, younger children (those aged 12-23 months) are more likely to have health cards than older children (49-59 months). Whereas about equal proportions of children of younger and older mothers had health cards, the children of urban women, Greater Accra respondents and women with higher education are more likely to have health cards than the children of other women.

The level of vaccination for BCG and the first doses of DPT and Polio is much higher than for the other vaccines. The level of vaccination is much lower for the third dose of both DPT and Polio. Although the level of vaccination for third doses of DPT and Polio is generally low, the data further show that younger children, 12-23 months and 24-35 months, are more likely than older children to have been given the full cycle of both DPT and Polio. However, they are less likely to be vaccinated against measles.

Whilst the level of first doses of DPT and Polio are about the same for children of urban and rural women, children of rural women are much less likely to receive subsequent doses. Furthermore, children of respondents from Western and Eastern regions are much less likely to receive the second and third doses of DPT and Polio and to be vaccinated against measles. The level of BCG vaccinations for children of mothers living in Western region is relatively low (65 percent) compared to that of the other regions. Moreover, it should be noted that even though fewer mothers in Northern, Upper East and Upper West regions had their children's health cards, a larger proportion of their children had been vaccinated against all the diseases. In fact, children of mothers who live in Northern, Upper East and Upper West regions have the highest level of measles vaccination.

Higher education, as expected, is associated with high levels of vaccination. For all vaccinations, children of mothers with higher education are more likely to be immunised than children of mothers with no education or with only primary education.

TABLE 12. PERCENTAGE OF CHILDREN 1-4 YEARS OF AGE HAVING HEALTH CARDS AND, OF THOSE WITH HEALTH CARDS, THE PERCENT WHO RECEIVED IMMUNISATIONS, BY AGE OF CHILD, AGE OF MOTHER, TYPE OF PLACE OF RESIDENCE, REGION, AND LEVEL OF EDUCATION, GHANA 1988.

	Percent With Health Cards	Among Children With Health Cards, Percent With:								Number of Children
		BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	
AGE OF CHILD										
12-23 months	40.3	89.5	92.1	73.0	62.2	95.2	73.3	60.0	69.2	782
24-35 months	39.7	87.1	92.7	80.1	66.6	93.0	78.1	61.6	69.9	761
36-47 months	30.2	79.9	89.7	74.0	56.9	85.8	73.0	55.4	80.4	676
48-59 months	20.1	82.7	87.8	68.3	59.7	86.3	64.7	46.8	76.3	690
AGE OF MOTHER										
<30	34.1	86.9	91.7	73.9	60.8	92.3	72.8	57.1	73.9	1521
30+	31.8	84.4	90.5	75.8	63.6	90.0	74.4	58.1	71.5	1388
TYPE OF PLACE OF RESIDENCE										
Urban	44.7	88.4	91.7	79.3	69.1	93.1	79.6	63.4	73.3	812
Rural	28.5	84.1	90.8	72.0	57.8	90.1	69.8	54.1	72.5	2097
REGION										
Western	24.2	64.5	80.6	62.9	54.8	83.9	64.5	48.4	59.7	256
Central	24.8	89.9	89.9	81.0	67.1	93.7	81.0	63.3	75.9	318
Greater Accra	58.4	91.7	93.9	78.5	66.3	93.9	80.1	62.4	76.8	310
Eastern	33.6	83.6	89.0	65.1	49.3	91.8	62.3	45.2	58.2	434
Volta	38.6	95.6	94.9	75.7	59.6	94.9	75.0	58.1	73.5	352
Ashanti	31.7	80.0	91.6	74.2	63.2	86.5	69.0	54.2	78.1	489
Brong Ahafo	31.6	83.9	90.7	81.4	69.5	92.4	80.5	65.3	76.3	373
Upper West, East and Northern	22.0	85.5	91.6	77.1	67.5	89.2	74.7	65.1	80.7	377
LEVEL OF EDUCATION										
No education	27.1	80.3	87.7	68.7	54.4	89.7	66.1	50.1	70.4	1294
Primary	32.9	84.4	91.6	66.9	52.6	87.0	64.9	46.1	67.5	468
Middle	38.0	89.8	92.9	80.6	69.1	92.9	80.4	65.2	73.6	1005
Higher	51.4	93.2	97.3	90.4	82.2	98.6	91.8	78.1	91.8	142
TOTAL	33.0	85.7	91.1	74.8	62.1	91.2	73.5	57.6	72.8	2909
Number	960	823	875	718	596	876	706	553	699	2909

TABLE 13. FOR ALL BIRTHS IN THE 5 YEARS PRECEDING THE SURVEY, THE PERCENTAGE OF CHILDREN WHOSE MOTHERS RECEIVED A TETANUS TOXOID INJECTION, PRENATAL CARE, AND ASSISTANCE AT DELIVERY, BY AGE, TYPE OF PLACE OF RESIDENCE, REGION, AND LEVEL OF EDUCATION, GHANA 1988.

	Received Tetanus Toxoid	Received Prenatal Care from:			Assistance at Delivery from:			Number of Births
		Doctor	Nurse/ Mid-wife	Trad. Birth Attendant	Doctor	Nurse/ Mid-wife	Trad. Birth Attendant	
AGE								
<30	70.4	26.0	59.0	3.4	5.9	35.8	29.0	2205
30+	68.7	29.9	49.4	3.3	7.7	30.5	25.7	1891
TYPE OF PLACE OF RESIDENCE								
Urban	81.2	36.2	57.5	1.7	12.0	58.3	13.1	1114
Rural	65.3	24.7	53.5	4.0	4.8	24.1	32.8	2982
REGION								
Western	82.2	33.3	56.1	4.2	5.8	34.2	48.6	360
Central	72.3	33.7	44.4	5.4	6.9	23.6	38.0	466
Greater Accra	77.5	44.2	47.0	1.5	15.7	56.0	12.0	400
Eastern	71.6	34.0	54.1	6.9	5.1	34.2	35.9	591
Volta	63.5	22.5	58.0	2.6	4.0	28.5	14.7	498
Ashanti	72.1	30.9	60.7	2.0	9.9	41.3	14.9	705
Brong Ahafo	77.6	23.5	63.7	1.5	6.6	39.7	22.0	532
Upper West, East and Northern	46.0	5.3	48.2	2.9	0.9	11.8	40.1	544
LEVEL OF EDUCATION								
No education	59.8	21.5	51.0	4.3	3.7	22.1	31.1	1832
Primary	71.8	30.2	54.9	3.9	4.8	32.6	32.1	663
Middle	79.4	31.9	60.0	2.3	10.1	44.4	22.8	1401
Higher	84.0	49.0	48.0	1.0	17.0	62.0	11.5	200
TOTAL	69.7	27.8	54.6	3.4	6.7	33.4	27.5	4096
Number	2853	1139	2235	138	276	1367	1125	4096

Note: Includes births occurring 1-59 months before the survey

G. Prenatal Care and Delivery Assistance

Respondents who had births in the five years preceding the survey were asked whether they had received a tetanus toxoid injection during pregnancy. About 70 percent of all respondents had received this injection (Table 13). Whilst there is little difference in the proportions receiving the injection between younger and older mothers, the difference between urban and rural mothers is substantial. Eighty one percent of urban and 65 percent of rural mothers had received this injection. Mothers from the Northern, Upper East and Upper West regions are least likely to have received the injection. Only 46 percent had so done as compared to a range of 64 percent in Volta region to 82 percent in Western region.

Furthermore, whilst only sixty percent of mothers with no education had received the injection, 72 percent of those with primary, 79 percent of those with middle and 84 percent of mothers with higher education had received the injection.

Data on prenatal care and assistance with delivery were also collected in the GDHS. Twice as many mothers had prenatal care from trained midwives and nurses than from doctors. Fifty-five percent of mothers had prenatal care from trained midwives and nurses and only 28 percent from doctors. Only a very small proportion of mothers received prenatal care from traditional birth attendants. Whilst mothers residing in urban localities, Greater Accra and higher educated mothers are more likely than others to receive prenatal care from doctors, those residing in Northern, Upper East, Upper West regions are least likely to do so. Although the level of prenatal care from traditional birth attendants is generally low, rural mothers and Central and Eastern region mothers are more likely than others to receive care from them during pregnancy.

The pattern of assistance at delivery is slightly different from that of prenatal care. About one in every three mothers is assisted at delivery by a trained midwife or nurse. In addition, 28 percent of mothers are assisted by traditional birth attendants and only 7 percent of mothers are assisted by doctors. Mothers residing in urban localities, Greater Accra and higher educated mothers are more likely to be assisted at delivery by doctors, trained midwives and nurses than other mothers. In contrast, mothers in rural localities, and those in Western and Northern, Upper East and Upper West regions are more likely to be assisted by traditional birth attendants. Furthermore, mothers with no education and those with primary education are assisted more by traditional birth attendants than those with middle and higher education.

H. Sanitation

In the GDHS, questions were asked on the source of water for drinking as well as toilet facilities for the respondent's household. Data on source of water are used to assess the general cleanliness of water used for the household which is related to the incidence of certain diseases. Data on toilet facilities reflect the level of sanitation in the country.

Table 14 shows that 47 percent of respondents use water from streams, lakes, and rivers. The data also show that a disproportionately large number of rural respondents (66 percent) compared to urban respondents (11 percent) use this source.

It is further shown that about one-third of all respondents use piped water even though about 20 percent have it outside the house and only 14 percent have it in the house. As expected, many more urban respondents (73 percent) than rural respondents, (12 percent) use piped water. Of the rural respondents, only a small minority (2 percent) have piped water in the house, compared to 36

percent of urban respondents who have it in the house. The proportions using a borehole or a well do not differ much; however, whilst borehole users are mostly rural residents, well users are mostly urban residents.

Data on toilet facilities show that slightly more than half of the respondents use pit latrines whilst about one-fourth have no toilet facilities. Furthermore, 14 percent use a pan and only 7 percent have a water closet. Whilst most rural respondents use pit latrines (60 percent), a sizable proportion of urban respondents (36 percent) also use a pit latrine. Many more urban than rural respondents also use a pan or a water closet. Rural respondents with no toilet facilities constitute 30 percent but a significant proportion of urban residents (13 percent) also have no facility.

TABLE 14. DISTRIBUTION OF ALL WOMEN BY SOURCE OF DRINKING WATER AND TYPE OF TOILET FACILITIES, BY TYPE OF PLACE OF RESIDENCE, GHANA 1988.

	Urban	Rural	Total	Number
TYPE OF DRINKING WATER				
Stand pipe in house	36.2	2.0	13.6	610
Stand pipe not in house	37.2	10.4	19.5	873
Rainwater	2.1	0.1	0.8	35
Well	11.6	6.5	8.2	369
Borehole	2.0	13.6	9.6	432
Stream, lake, river	10.9	65.9	47.3	2121
Other	0.0	1.6	1.1	48
TYPE OF TOILET FACILITIES				
Water closet	17.2	1.3	6.7	302
Pan	28.6	7.2	14.4	648
Pit	35.5	59.6	51.4	2307
KVIP	5.8	1.4	2.9	130
Other	0.3	0.4	0.4	16
No facilities	12.7	30.1	24.2	1085
TOTAL	100.0	100.0	100.0	-
Number	1523	2965	-	4488

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