

Ghana

Demographic and Health Survey 1988



Ghana Statistical Service



Demographic and Health Surveys
Institute for Resource Development/Macro Systems, Inc.

Ghana Demographic and Health Survey 1988

**Ghana Statistical Service
Accra, Ghana**

**Institute for Resource Development/Macro Systems, Inc.
Columbia, Maryland USA**

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This report presents the findings of the Ghana Demographic and Health Survey (GDHS). The survey was a collaborative effort between the Ghana Statistical Service and the Institute for Resource Development/Macro Systems, Inc. (IRD). The survey is part of the worldwide Demographic and Health Surveys Program, which is designed to collect data on fertility, family planning, and maternal and child health. Funding for the survey was provided by the U.S. Agency for International Development (Contract No. DPE-3023-C-00-4083-00), the Government of Ghana and the United Nations Population Fund. The United Nations Children's Fund loaned vehicles for use during the survey fieldwork. Additional information on the GDHS can be obtained from the Ghana Statistical Service, P.O. Box 1098, Accra, Ghana. Additional information about the DHS Program can be obtained by writing to: DHS Program, IRD/Macro Systems, Inc., 8850 Stanford Blvd., Suite 4000, Columbia, MD 21045, USA (Telephone: 301-290-2800; Telex: 87775; Fax: 301-290-2999).

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PREFACE

The Ghana Demographic and Health Survey (GDHS) is a national sample survey designed to provide information on fertility, family planning and health in Ghana. The survey, which was conducted by the Statistical Service of Ghana, is part of a worldwide programme coordinated by the Institute for Resource Development/Macro Systems, Inc., in more than 40 countries in Africa, Asia and Latin America.

The survey was conducted at a time when the government had launched an Economic Recovery Programme with a strong demographic and health component. The statistical information generated by the survey is expected to strengthen the planning, implementation and evaluation of programmes aimed at controlling fertility, promoting family planning, and improving the health status of the people. The results of the survey have also facilitated a further assessment of the demographic situation in the country.

An innovative approach in the survey was interviewing a subsample of husbands of the women respondents. This was in recognition of the influence of husbands on the use or nonuse of family planning methods. The data from the survey on the attitudes of husbands about family planning and fertility preferences have provided insight into the factors influencing family planning practices in Ghana.

The organisation of the survey benefited from the invaluable collaboration and support of several institutions and organisations both international and local. In particular, our profound gratitude goes to the Institute for Resource Development/Macro Systems, Inc. for technical assistance, U.S.A.I.D. for funding the survey, UNFPA for additional funding for the training and fieldwork, and UNICEF for the use of vehicles for the fieldwork. We also wish to thank the Ministry of Health, the Department of Community Development, the Department of Social Welfare, the Department of Food and Nutrition, as well as all others who contributed to the success of the survey.

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SUMMARY

The Ghana Demographic and Health Survey (GHDS) is a nationally representative self-weighting sample survey of 4,488 female respondents aged 15-49 and a subsample of 943 co-resident husbands of the interviewed women. The survey was carried out by the Ghana Statistical Service between February and June 1988. The basic objective of the survey is to make available to planners and policymakers current information on fertility levels and trends, reproductive intentions of men and women, knowledge and use of contraception, and the current state of maternal and child health.

Survey results indicate that fertility continues to be high in Ghana. At current rates, a woman will have an average of six children by the time she reaches her forty-fifth birthday. Urban women have 1.5 fewer births than their rural counterparts. There is a gap of about 3 children between uneducated women and women with more than middle school education.

Early and nearly universal marriage among Ghanaian women appears to be one of the reasons for the high level of fertility. Survey data indicate that fewer than 1 percent of Ghanaian women aged 30 and over have never been married. The median age at first marriage has increased slightly over the past ten years, from less than 18.0 years to 18.5 years.

In addition to its health benefits for children, breastfeeding is known to offer protection against pregnancy through its influence on the length of postpartum amenorrhoea. Mothers in Ghana breastfeed for an average of 20 months and are amenorrhoeic for an average of 14 months. Mothers abstain from sex for approximately 14 months after a birth. The duration of breastfeeding and postpartum abstinence among urban and more educated mothers is substantially shorter than among rural and less educated women.

The low level of contraceptive use is another major factor contributing to high fertility. Even though three-quarters of married Ghanaian women know of some method of contraception, only 37 percent have ever used a method and only 13 percent are currently using a method. Twenty-one percent of married women have used a modern method sometime, with just 5 percent currently using a modern method. Periodic abstinence is the most commonly used method, followed by the pill. In spite of the overall high level of contraceptive knowledge, women who are not using any method attribute their nonuse to a lack of knowledge.

Almost 80 percent of husbands interviewed know of some method of contraception. About 40 percent say that they have used a method sometime, while 20 percent are currently using a method. Almost half of the husbands who are currently using a method say they are using periodic abstinence; about 20 percent are using the pill.

Despite the low level of contraceptive use, the data indicate that there is potential need for family planning. Twenty-three percent of married women want no more children, while 45 percent want to wait at least two years before having the next child. In other words, more than two-thirds of all married women are potentially in need of family planning either to limit or to space births.

Both married women and their husbands continue to desire large families although husbands in the sample have considerable higher family size preferences than married women. The mean desired family size among married women is 5.5, whilst that among husbands is 7.6.

The GDHS data indicate that out of every 1,000 live births, 77 die before reaching their first birthday and 155 die before attaining age five. While these rates indicate high levels of mortality, the rates for earlier time periods are even higher, suggesting a decline in both infant and childhood mortality during the past fifteen years. Both infant and child mortality are higher in rural areas than in urban areas. Substantial regional differences exist in mortality, with Greater Accra having the lowest infant mortality rate (58) and the Central region the highest rate (138).

Perhaps the most striking mortality differentials are those associated with the length of the preceding birth interval. Children born within two years of a preceding birth are more than twice as likely to die during the first year of life as those born four or more years after a preceding birth.

The health of both mother and child is likely to be affected by the type of health care received during pregnancy. The GDHS data show that there is a high level of prenatal care by trained health personnel. For 82 percent of births in the five years before the survey, mothers received prenatal care from a trained doctor, nurse or trained midwife. One-third of the births were delivered by a trained nurse or midwife and 28 percent by a traditional birth attendant. Only 6 percent of births were delivered without assistance.

Nearly three-quarters of children under 5 years of age have had at least one immunisation, but only 47 percent of children age 12-23 months with health cards are fully immunised. The GDHS data indicate fairly high levels of prevalence of certain childhood diseases. Among children under five, 26 percent had diarrhoea in the two weeks before the survey, and 35 percent had fever in the four weeks before the survey.

Anthropometric measurements taken in the Ghana DHS permit an assessment of the nutritional status of children aged 3-36 months. Approximately one-third of children in this age group are classified as chronically malnourished; 8 percent are classified as acutely malnourished.

Ghana

