# FERTILITY

One of the main challenges facing Ghana in the 1950s was high fertility. Ghana introduced its first Population Policy in 1969 to address the problem of high fertility and escalating growth rates in the face of declining mortality. After 25 years of little progress, the Population Policy was revised in 1994 to include a systematic integration of population in development planning with renewed emphasis on fertility deceleration to keep pace with resource generation. Since then, Ghana has made significant progress in reducing its fertility. An important aspect of the demographic and health surveys conducted in the country has been the collection of birth history information to enhance data availability for monitoring the progress in fertility decline.

This chapter presents the 2003 GDHS results on fertility levels, trends, and differentials. The analysis is based on the birth histories collected from women age 15-49 interviewed during the survey. To obtain this information, women were first asked a series of questions to determine the total number of live births they had in their lifetime. For each live birth, information was then collected on the age, sex, and survival status of the child. For dead children, age at death was recorded. Information from the birth history is used to assess current and completed fertility and to look at other factors related to fertility, including age at first birth, birth intervals, and teenage childbearing.

The following measures of current fertility are derived from birth history data:

- Age-specific fertility rates (ASFR) are expressed as the number of births per thousand women in the age group and represent a valuable measure for assessing the current age pattern of childbearing. They are defined in terms of the number of live births during a specified period to women in the particular age group divided by the number of woman-years lived in that age group during the specified period.
- **Total fertility rate** (TFR) is defined as the total number of births a woman would have by the end of her childbearing period if she were to pass through those years bearing children at the currently observed rates of age-specific fertility. The TFR is obtained by summing the age-specific fertility rates and multiplying by five.
- **General fertility rate** (GFR) is the number of live births occurring during a specified period per 1,000 women age 15-44.
- Crude birth rate (CBR) is the number of births per 1,000 population during a specified period.

The various measures of current fertility are calculated for the three-year period preceding the survey, which roughly corresponds to the calendar period 2001-2003. A three-year period was chosen because it reflects the current situation, while also allowing the rates to be calculated on a sufficient number of cases so as not to compromise the statistical precision of estimates.

# 4.1 FERTILITY LEVELS AND TRENDS

## 4.1.1 Fertility Levels

Table 4.1 presents information on the current fertility levels for Ghana as a whole and for urban and rural areas. The table shows that the prime reproductive years among Ghanaian women are during

their twenties and early thirties. Urban-rural differences in childbearing rates are evident for all age groups, but are especially large in the 20s.

With a TFR of 4.4, Ghana's fertility rate is one of the lowest in sub-Saharan Africa, as the comparison in Figure 4.1 indicates. On average, a Ghanaian woman who is at the beginning of her childbearing years will give birth to 4.4 children by the end of her reproductive period if fertility levels remain constant at the levels observed in the three-year period before the 2003 GDHS. The TFR for rural areas (5.6 births) is more than two births higher than the rate for urban areas (3.1 births).

The general fertility rate is 146. This means that there were 146 births for every 1,000 women during the three-year period preceding the survey. The table also shows a crude birth rate of 33 per 1,000 population for the period under review.

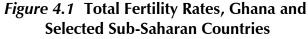
### Table 4.1 Current fertility

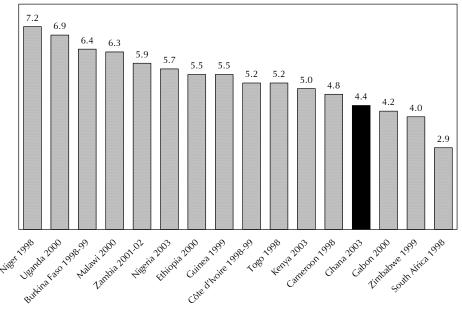
Age-specific and cumulative fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by urban-rural residence, Ghana 2003

Resid		
Urban	Rural	Total
42	113	74
128	225	176
157	256	210
145	213	182
95	179	141
39	95	70
18	49	36
3.1	5.6	4.4
102	188	146
26.6	36.7	32.6
	Urban 42 128 157 145 95 39 18 3.1 102	42 113   128 225   157 256   145 213   95 179   39 95   18 49   3.1 5.6   102 188

Note: Rates for age group 45-49 may be slightly biased due to truncation.

TFR: Total fertility rate for ages 15-49, expressed per woman GFR: General fertility rate (births divided by the number of women age 15-44), expressed per 1,000 women CBR: Crude birth rate, expressed per 1,000 population





## 4.1.2 Differentials in Current and Completed Fertility

Table 4.2 presents differentials in the TFR and the percentage of women who are currently pregnant, by key background characteristics. The percentage currently pregnant provides a useful measure of current fertility. However, it may not capture all pregnant women since some women may be unaware of their pregnancy, or reluctant to disclose a pregnancy in its early stages. The table also shows differentials in the mean number of children ever born to women age 40-49, that is, to women who are at the end of their childbearing years, which is a measure of completed or past fertility. The mean number of children ever born can be compared with the current TFR in order to assess the extent of fertility change over the last two decades in Ghana.

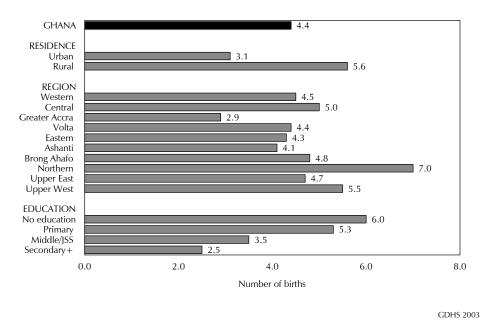
Table 4.2 and Figure 4.2 show that regional variations in fertility are marked, ranging from a high of 7.0 births in the Northern region to a low of 2.9 births in Greater Accra. The TFR is inversely related to the level of education. On average, women with no education (6.0) give birth to more than twice as many children as women with at least secondary education (2.5). Fertility also decreases with increasing wealth, from 6.4 births among women in the lowest wealth quintile to 2.8 births among women in the highest wealth quintile.

Seven percent of women are currently pregnant. Rural women are almost twice as likely to be pregnant at the time of the interview as urban women. Current pregnancy is highest in the Northern region and lowest in Greater Accra. The percentage of women currently pregnant declines as level of education rises and is highest among the poorest segment of women and lowest among the richest. Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Ghana 2003

		Percentage	Mean num- ber of chil- dren ever born to
Background	Total fertil-	currently	women age
characteristic	ity rate <sup>1</sup>	pregnant <sup>1</sup>	40-49
Residence			
Urban	3.1	5.1	4.8
Rural	5.6	9.5	6.1
Region			
Western	4.5	7.1	5.5
Central	5.0	8.3	6.5
Greater Accra	2.9	4.0	3.9
Volta	4.4	6.9	5.3
Eastern	4.3	7.3	5.8
Ashanti	4.1	7.6	5.7
Brong Ahafo	4.8	7.0	5.6
Northern	7.0	13.0	6.7
Upper East	4.7	7.9	5.7
Upper West	5.5	8.7	6.4
Education			
No education	6.0	10.1	6.3
Primary	5.3	8.3	6.0
Middle/JSS	3.5	6.1	5.0
Secondary+	2.5	3.6	3.1
Wealth quintile			
Lowest	6.4	10.5	6.3
Second	5.9	8.1	6.6
Middle	4.9	9.3	5.9
Fourth	3.3	6.8	5.3
Highest	2.8	3.9	3.8
Total	4.4	7.4	5.5
<sup>1</sup> Women age 15-49 years			

Women age 40-49 have given birth to an average of 5.5 children. A comparison of the TFR and cumulative fertility indicates that there has been a decrease in fertility over time among women in all groups except among women in the Northern region and women in the lowest wealth quintile.



# Figure 4.2 Total Fertility Rate by Background Characteristics

# 4.1.3 Trends in Fertility

Besides the comparison of current and completed fertility, fertility trends in Ghana can be assessed in several other ways. Fertility trends can be observed using retrospective data from the birth histories collected from respondents in a single survey. The TFR from the 2003 GDHS can also be compared with estimates obtained in earlier surveys or censuses.

Table 4.3 presents the trend in age-specific fertility rates for successive five-year periods before the survey, generated from the birth history data collected in the 2003 GDHS. The numerators of the births are classified by five-year segments of time preceding the survey and the mother's age at the time of birth. Because women 50 years and over were not interviewed in the survey, the rates for older age groups become progressively more truncated for periods more distant from the survey date. For example, rates cannot be calculated for women age 45-49 for the period 5-9 years and more prior to the sur-

		Number of years						
		precedi	ng survey	,				
Mother's age								
at birth	0-4	5-9	10-14	15-19				
15-19	74	84	117	116				
20-24	183	200	228	242				
25-29	214	227	253	244				
30-34	183	208	233	(239)				
35-39	146	162	(201)					
40-44	77	(101)						
45-49	(40)							

Table 4.3 Trends in age-specific fertility rates

vey, because women in that age group would have been 50 years or older at the time of the survey. Partially truncated rates are enclosed in brackets in the table.

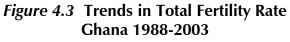
Table 4.3 confirms the substantial decline in fertility over the last two decades. This decline is most obvious in the last three five-year periods preceding the survey, with the largest decline observed between the 10-14 year and 5-9 year periods before the survey. Fertility decline was steepest among the youngest cohort.

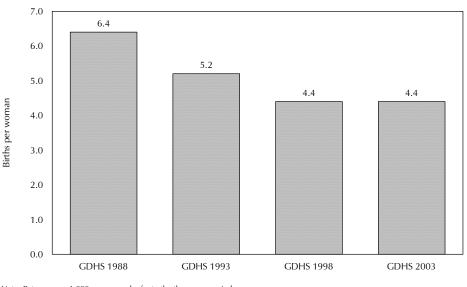
Table 4.4 Trends in fertility

A comparison of the TFRs obtained from the three earlier GDHS surveys conducted in 1988, 1993, and 1998, with the TFR obtained from the 2003 GDHS is shown in Table 4.4 and Figure 4.3. Direct estimates of fertility for the three years preceding the survey have been used in this comparison, because a three-year rate is more robust than rates based on a shorter period of time. Hence, these rates may be slightly different from published rates for 1988, 1993, and 1998, which are based on the five years preceding the survey. Fertility trends have to be interpreted within the context of data quality and sample size. A discussion

Age-specific fertilit 1988-2003	ry rates and tota	al fertility ra	tes for GDF	HS surveys,
	GDHS	GDHS	GDHS	GDHS
Age group	1988	1993	1998	2003
15-19	125	116	88	74
20-24	260	221	197	176
25-29	280	233	203	210
30-34	249	209	177	182
35-39	189	143	136	141
40-44	117	87	74	70
45-49	61	22	11	36
15-49	6.4	5.2	4.4	4.4
Note: Rates are per the survey	1,000 women and	refer to the th	ree-year perio	od preceding

of these issues in relation to earlier surveys is beyond the scope of this report. As such, the fertility trend shown in Figure 4.3 and Table 4.4 should be interpreted with caution. The TFR has declined dramatically from 6.4 children per woman in 1988 to 5.2 children per woman in 1993, and to 4.4 children in 1998, a nearly 2-child drop in fertility over the decade. However, the demographic transition experienced in Ghana in the 1980s and 1990s seems to have slowed in the last three years even though contraceptive use has continued to rise. Further investigation, outside the scope of this report, is necessary to examine the underlying causes for this unexpected trend. Table 4.4 shows that since 1988, fertility has fallen in every age group, with fertility levels among women under age 35 declining by around 25 percent during the decade between the 1988 and 1998 surveys.





Note: Rates are per 1,000 women and refer to the three-year period preceding the survey.

GDHS 1988-2003

#### 4.2 CHILDREN EVER BORN AND CHILDREN SURVIVING

Table 4.5 presents the distribution of all women and currently married women by the mean number of children ever born and the mean number of children surviving, by five-year age groups. Lifetime fertility reflects the accumulation of births over the past 30 years and, therefore, its relevance to the current situation is limited; nevertheless, information on the mean number of children ever born is useful in examining the variation among different age groups.

The distribution of children ever born by age shows that early childbearing is not common in Ghana; nearly 90 percent of women age 15-19 have never given birth. However, this proportion declines to 18 percent for women age 25-29, and to 7 percent or less among women age 30 and older. Ghanaian women attain a parity of 5.9 children by the end of their reproductive age, which is 1.5 children more than the total fertility rate, a difference brought about by the dramatic decline in fertility in the 1980s and 1990s. Although the pattern is similar for currently married women, less than half (44 percent) of women age 15-19 have not borne a child, and this proportion declines rapidly to less than 4 percent by age 30-34. This discrepancy between all women and currently-married women is attributable to the sizeable proportion of young and unmarried women in the former category who exhibit lower fertility. Currently married women reported higher fertility at all ages, and especially at younger ages, and have had an average of 3.5 children compared with 2.5 children among all women. Nevertheless, this one-child difference between currently married women and all women indicates that childbearing outside of marriage is not uncommon in Ghana. Consonant with expectations, the mean number of children ever born and mean number of living children rise monotonically with increasing age of women, thus presupposing minimal or no recall lapse, which heightens confidence in the birth history reports.

#### Table 4.5 Children ever born and living

and mean number of living children, according to age group, Ghana 2003 Mean Mean Number number of number Number of children ever born children of living of 0 1 2 3 4 5 6 8 9 10 +women ever born children Age 7 Total ALL WOMEN 15-19 89.7 9.7 0.6 0.0 0.0 0.0 0.0 0.0 0.0 100.0 0.0 0.0 1,148 0.11 0.10 20-24 47.2 30.5 18.2 3.6 0.4 0.1 0.0 0.0 0.0 0.0 0.0 100.0 1,012 0.80 0.72 25-29 25.8 20.5 0.0 2.01 18.1 21.1 8.7 4.0 1.4 0.3 0.2 0.0 100.0 951 1.81 30-34 7.0 16.5 23.7 12.9 7.7 1.7 0.2 0.1 100.0 802 3.26 2.90 10.4 18.1 1.8 8.4 18.6 9.2 722 35-39 5.1 6.1 14.4 16.2 14.5 4.4 2.6 0.6 100.0 4.38 3.84 40-44 2.8 2.9 6.3 13.3 14.7 16.4 14.4 12.8 8.2 4.6 3.6 100.0 579 5.18 4.41 45-49 12.9 5.88 1.6 4.3 6.6 8.2 10.6 11.0 14.7 13.5 9.9 6.8 100.0 477 5.00 12.2 2.8 1.7 1.0 100.0 5,691 2.53 Total 31.6 13.8 11.3 8.8 7.1 5.8 3.8 2.22 CURRENTLY MARRIED WOMEN 15-19 44.0 53.2 2.8 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 100.0 137 0.59 0.54 20-24 18.0 43.7 31.0 6.8 0.5 0.1 0.0 0.0 0.0 0.0 0.0 100.0 530 1.28 1.17 25-29 7.0 20.8 30.1 24.7 10.9 4.3 1.6 0.4 0.2 0.0 0.0 100.0 739 2.34 2.11 30-34 3.4 8.4 15.9 25.4 19.2 14.6 9.0 2.1 1.7 0.2 0.1 100.0 671 3.52 3.13 35-39 2.6 5.4 7.7 15.0 19.0 16.9 15.3 9.8 4.7 2.9 0.7 100.0 621 4.58 4.03 40-44 1.8 2.7 5.3 12.6 13.2 16.7 15.5 14.0 9.0 5.4 3.9 100.0 473 5.41 4.65 45-49 0.9 3.1 5.5 7.7 9.6 11.0 16.2 13.5 15.8 8.5 8.3 100.0 377 6.14 5.24 Total 7.3 16.1 16.6 16.1 12.1 10.0 8.5 5.5 4.1 2.2 1.5 100.0 3,549 3.54 3.11

Percent distribution of all women and currently married women by number of children ever born, and mean number of children ever born

Voluntary childlessness is uncommon and currently married women with no live births are likely to be those who are unable to bear children. The level of childlessness among married women at the end of their reproductive lives can be used as an indicator of the level of primary sterility. In Ghana, primary sterility among older currently married women is less than 2 percent.

# 4.3 **BIRTH INTERVALS**

Information on birth intervals provides valuable insight into birth spacing patterns. Short birth intervals, that is, births that occur less than 24 months apart, are detrimental to the health of both the mother and her child.

Table 4.6 shows the distribution of non-first births in the five years preceding the survey by the number of months since the previous birth, according to selected demographic and socio-economic variables. First births are omitted from the table because there is no prior birth with which to measure an interval.

Fourteen percent of all non-first births occur less than 24 months after an earlier birth. The median birth interval is 38 months, that is, half of non-first births to women in Ghana occur more than three years after a previous birth. There has been little change in birth spacing patterns over the last five years.

The median birth interval increases with age from 35 months for births to women age 20-29 to 46 months for births to women age 40-49. The longer birth interval among older women may be attributed to the decline in fecundity as women grow older. There are no significant differences in the median birth interval by birth order and sex of the child. However, the median birth interval is markedly shorter if the previous child has died. Among births following a child who has died, 34 percent occur at intervals of less than 24 months. This may be due to the desire of parents to replace dead children, as well as the impact of the loss of the fertility-delaying effects of breastfeeding.

The median interval between births to urban women is seven months longer (44 months) than for rural women (37 months). The median birth interval ranges from a low of 34 months in the Western region to 42 months in Greater Accra and Upper East regions. Education and wealth status are not strongly related to median birth interval, except for births to the most educated and the wealthiest group of women. The median birth interval is longer among non-first births to women with at least secondary education than among women with lower levels of education, and among women in the highest wealth quintile than women in the other wealth quintiles.

# Table 4.6 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Ghana 2003

Background		Months	since preced	ing birth			non-first	Median numbe of months since
characteristic	7-17	18-23	24-35	36-47	48+	Total	births	preceding birth
Age								
20-29	6.9	8.7	37.0	24.7	22.7	100.0	983	35.1
30-39	4.1	9.1	28.3	23.3	35.2	100.0	1,375	39.8
40-49	3.0	7.1	23.2	21.0	45.5	100.0	445	45.5
Birth order								
2-3	5.1	8.5	29.3	22.9	34.3	100.0	1,259	38.8
4-6	5.0	8.2	29.8	24.9	32.2	100.0	1,100	38.7
7+	4.3	11.0	35.5	21.5	27.8	100.0	449	35.7
Sex of preceding birth								
Male	4.1	8.8	29.3	24.2	33.6	100.0	1,453	39.0
Female	5.8	8.7	31.7	22.6	31.1	100.0	1,354	37.9
Survival of preceding								
birth								
Living	3.2	8.1	30.8	24.0	33.9	100.0	2,517	39.1
Dead	19.9	14.2	27.5	18.5	19.8	100.0	290	31.5
Residence								
Urban	5.2	7.0	25.2	20.5	42.1	100.0	856	43.6
Rural	4.8	9.5	32.8	24.8	28.1	100.0	1,951	37.2
Region								
Western	4.5	13.3	37.3	16.9	27.9	100.0	280	33.9
Central	2.9	12.0	35.6	24.4	25.2	100.0	239	35.8
Greater Accra	4.3	7.5	24.4	21.3	42.4	100.0	278	41.8
Volta	3.4	4.6	29.5	25.0	37.6	100.0	217	40.7
Eastern	4.0	9.7	36.4	12.2	37.7	100.0	281	36.0
Ashanti	7.5	9.7	27.3	23.8	31.8	100.0	536	38.6
Brong Ahafo	6.1	8.8	29.1	22.8	33.1	100.0	284	37.7
Northern	5.1	7.6	29.9	29.1	28.3	100.0	420	39.1
Upper East	1.6	2.9	27.8	34.9	32.8	100.0	120	41.9
Upper West	6.4	7.9	29.8	30.2	25.7	100.0	95	37.6
Education								
No education	4.5	8.0	31.8	26.4	29.3	100.0	1,258	38.2
Primary	6.6	10.4	31.3	22.2	29.5	100.0	641	36.6
Middle/JSS	4.0	8.7	28.3	22.2	37.9	100.0	802	39.8
Secondary+	4.0 6.0	8.4	26.3	14.3	45.0	100.0	106	43.6
Wealth quintile								
Lowest	4.0	6.2	33.4	28.7	27.7	100.0	778	38.3
Second	4.7	14.6	31.8	22.5	26.5	100.0	665	35.7
Middle	6.7	6.7	30.9	22.5	33.2	100.0	536	38.1
Fourth	4.7	7.5	28.3	24.3	35.3	100.0	443	39.6
Highest	5.0	8.1	24.4	14.7	47.8	100.0	385	46.0
0								
Total	4.9	8.7	30.5	23.4	32.4	100.0	2,807	38.4

# 4.4 AGE AT FIRST BIRTH

One of the factors that determines the level of fertility in a population is the age at first birth. Women who marry early are typically exposed to the risk of pregnancy for a longer period, especially when there is little or no contraceptive use. Thus, early childbearing generally leads to a larger family size than later onset of childbearing. A rise in the median age at first birth is typically a sign of transition from high to low fertility. Table 4.7 shows the percentage of women who have given birth by specific ages and the median age at first birth, according to current age.

Table 4.7 Age at first birth Percentage of women who gave birth by specific exact ages, and median age at first birth, by current age, Ghana 2003								
Current		centage w	ho gave b	irth by exa	ct age	Percentage who have never given	Number	Median age at
age	15	18	20	22	25	_ hever given	of women	first birth
15-19	0.6	na	na	na	na	89.7	1,148	а
20-24	1.4	14.9	34.6	na	na	47.2	1,012	а
25-29	3.3	22.0	40.8	56.4	76.2	18.1	951	21.1
30-34	4.7	28.6	47.6	65.5	80.5	7.0	802	20.2
35-39	4.1	24.2	44.4	64.4	82.1	5.1	722	20.5
40-44	4.4	28.2	48.5	70.8	84.1	2.8	579	20.1
45-49	3.4	24.7	44.9	67.7	85.8	1.6	477	20.4
	na = Not applicable   a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group							

The median age at first birth for the youngest cohort of women age 25-29, for whom a median could be calculated, is 21. For all other age groups, the median age at first birth is around 20 years, suggesting that age at first birth has increased in the most recent period. Further evidence of this trend is observed by the fact that the percentage of first births occurring at age 18 or less has fallen from 25 percent among the oldest cohort of women (age 45-49) to 15 percent among the youngest cohort for whom complete information is available (age 20-24). This reduction in the percentage of women giving birth early implies that more young women are postponing childbearing. A comparison of data from the 1993, 1998, and 2003 GDHS for the same age groups reinforces the conclusion that there has been a trend towards a rising age at first birth.

# 4.5 MEDIAN AGE AT FIRST BIRTH BY BACKGROUND CHARACTERISTICS

Age at first birth tends to vary by demographic and socio-economic characteristics of women. Table 4.8 shows the median age at first birth among women by selected background characteristics. The median age at first birth for women age 25-49 in Ghana is 20.5 years. Urban women have their first birth a year later than their rural counterparts. Across regions, the median age at first birth ranges from a low of 19.9 years in the Upper East to a high of 21.8 years in Greater Accra.

Age at first birth by education does not appear to vary substantially between education categories, although the median age at first birth for the highest level of education (Middle/JSS) for which a median could be estimated is somewhat higher than that at lower levels. The data also show that women who belong to the wealthiest quintile have their first child about two years later than women in all the other wealth quintiles.

#### Table 4.8 Median age at first birth by background characteristics

Median age at first birth among women age 25-49 years, by current age and background characteristics, Ghana 2003

		(	Current ag	е		Womer
Background characteristic	25-29	30-34	35-39	40-44	45-49	age 25-49
Residence						
Urban	22.9	21.1	21.2	20.0	20.3	21.1
Rural	20.1	19.8	20.0	20.3	20.5	20.1
Region						
Western	21.6	19.4	21.2	(18.7)	(19.1)	20.0
Central	19.8	(19.4)	(20.3)	(19.9)	(20.6)	20.1
Greater Accra	23.6	22.6	21.5	20.9	20.9	21.8
Volta	22.4	20.3	20.3	19.6	(21.2)	20.7
Eastern	20.7	19.6	20.2	21.0	(20.4)	20.3
Ashanti	20.8	19.7	20.6	20.3	19.5	20.2
Brong Ahafo	20.8	21.3	19.2	19.1	21.1	20.2
Northern	20.9	20.7	21.4	(21.3)	(22.0)	21.1
Upper East	18.7	19.5	(19.9)	(20.2)	(21.4)	19.9
Upper West	21.0	21.0	19.9	(21.2)	20.3	20.5
Education						
No education	19.8	19.7	20.2	20.1	20.4	20.1
Primary	19.4	19.8	19.7	19.0	19.7	19.5
Middle/JSS	22.0	20.3	20.6	20.2	20.3	20.6
Secondary+	а	25.8	(25.2)	(23.3)	(21.7)	а
Wealth quintile						
Lowest	20.0	20.0	20.0	20.2	21.2	20.2
Second	19.5	19.3	20.0	20.0	20.3	19.7
Middle	20.7	19.5	20.0	20.2	19.7	19.9
Fourth	21.5	20.0	20.1	19.3	19.7	20.2
Highest	23.9	23.5	22.4	21.0	21.1	22.6
Total	21.1	20.2	20.5	20.1	20.4	20.5

Note: Figures in parentheses are based on 25-49 unweighted cases.

a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

# 4.6 TEENAGE FERTILITY

Adolescent childbearing has potentially negative demographic and social consequences. Births that occur to teenage mothers (less than 20 years) have been found to have the highest infant and child mortality in Ghana (GSS and MI, 1994 and 1999). This may be due to the fact that teenage mothers are more likely to suffer from pregnancy and delivery complications than older mothers, resulting in higher morbidity and mortality for both themselves and their children. In addition, early childbearing may foreclose a teenager's ability to pursue educational or job opportunities. Table 4.9 shows the percentage of adolescent women (age 15-19) who are mothers or pregnant with their first child, by background characteristics. One in ten teenagers has already had a child (10 percent) and another 4 percent are pregnant with their first child.

### Table 4.9 Teenage pregnancy and motherhood

Percentage of women age 15-19 who are mothers or pregnant with their first child, by background characteristics, Ghana 2003

	Percentag	e who are:		
	0	Pregnant	Percentage who	
Background		with	have begun	Number of
characteristic	Mothers	first child	childbearing	women
Age				
15	0.6	2.7	3.3	238
16	3.9	2.5	6.4	243
17	9.8	2.0	11.8	229
18	16.5	8.0	24.5	250
19	23.0	1.8	24.8	188
Residence				
Urban	5.7	1.5	7.2	629
Rural	15.8	6.0	21.8	519
Region				
Western	10.2	4.0	14.2	122
Central	13.7	10.5	24.1	93
Greater Accra	8.4	1.1	9.5	203
Volta	14.3	2.7	17.1	88
Eastern	9.5	3.7	13.2	108
Ashanti	8.1	2.2	10.3	255
Brong Ahafo	10.7	2.9	13.6	112
Northern	15.7	7.9	23.6	76
Upper East	9.1	3.5	12.6	62
Upper West	8.5	1.3	9.8	29
Education				
No education	19.1	6.8	26.0	141
Primary	15.5	5.3	20.8	269
Middle/JSS	7.6	2.8	10.4	588
Secondary+	3.0	0.0	3.0	150
Wealth quintile				
Lowest	18.5	7.6	26.1	166
Second	16.6	6.3	23.0	170
Middle	15.0	5.1	20.1	221
Fourth	7.4	2.3	9.7	261
Highest	1.9	0.0	1.9	331
Total	10.3	3.5	13.8	1,148

Urban teenagers differ substantially from their rural counterparts with respect to childbearing. Seven percent of adolescents in urban areas have begun childbearing, compared with 22 percent of their counterparts residing in rural areas. By region, the percentage of women age 15-19 who have begun childbearing ranges from a low of 10 percent in the Greater Accra, Upper West, and Ashanti regions to a high of 24 percent in the Central and Northern regions. It is also clear that childbearing among adolescents decreases with higher education (26 percent among adolescents with no education and 3 percent among those with at least secondary education). Childbearing decreases from 26 percent among adolescents in the lowest wealth quintile to just 2 percent among those in the highest wealth quintile. Poverty is quite plausibly an important consideration in understanding adolescent childbearing in Ghana (Nabila and Fayorsey, 1996). There has been no change in the overall percentage of teenage women who have begun childbearing over the last five years (GSS and MI, 1999).