

Ghana

Demographic and Health Survey 1993



Ghana Statistical Service



Demographic and Health Surveys
Macro International Inc.

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Ghana Statistical Service
Accra, Ghana

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Macro International Inc.
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This report presents 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 survey is part of the worldwide Demographic and Health Surveys Programme, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information on the GDHS can 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 can be obtained by writing to DHS, Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705, USA (Telephone 301-572-0200; Fax: 301-572-0999).

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PREFACE

The 1993 Ghana Demographic and Health Survey (GDHS) is designed to furnish policymakers, planners and programme managers with factual, reliable and up-to-date information on fertility, family planning and the status of maternal and child health care in the country. The survey, which was carried out by the Ghana Statistical Service (GSS), marks Ghana's second participation in the worldwide Demographic and Health Surveys (DHS) programme.

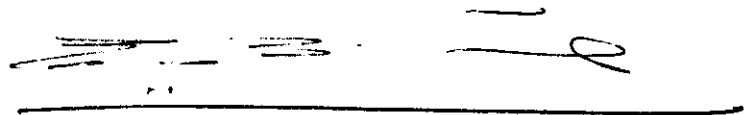
Results of the first survey in 1988 and of other national sample surveys formed a basis for evolving comprehensive policies and programmes aimed at the alleviation of poverty in the country. The current survey is expected to assist in the poverty alleviation efforts.

The wealth of demographic and health data that the present survey provides is also essential in monitoring and evaluating the performance of the Family Planning and Health programmes.

In recognition of the vital role that men play in decision-making on Family Planning, an innovation was introduced in the current survey to include the interviewing of a subsample of all men age 15-59 years, not only husbands of women respondents as was done in the previous survey. Another feature in this report is the introduction of an appendix that contains an evaluation of nonsampling errors that can vitiate the quality of the data generated by the survey. Finally, questions were asked on the deadly disease Acquired Immune Deficiency Syndrome (AIDS) and analysis of the results presented in an entire chapter of the report.

Due to the relentless effort and devotion to duty by the project personnel, the Preliminary Report of the survey was published in April 1994, less than eight weeks after the completion of fieldwork in February 1994.

Ghana Statistical Service is grateful to all collaborating agencies, institutions, organisations and individuals both local and international for their invaluable assistance towards the successful completion of the 1993 GDHS programme. In particular, the Service is thankful to Macro International Inc. in Calverton, Maryland, for providing technical support and to USAID for funding the survey.



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Ghana Statistical Service, Accra

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EXECUTIVE SUMMARY

The 1993 Ghana Demographic and Health Survey (GDHS) is a nationally representative survey of 4,562 women age 15-49 and 1,302 men age 15-59. The survey was conducted by the Ghana Statistical Service with technical assistance provided by Macro International Inc., through a contract with the United States Agency for International Development. The fieldwork for the survey was carried out between September 1993 and February 1994.

The primary objective of the survey is to provide policy makers and planners with reliable current information on many key indicators of social development: reproductive intentions of men and women, fertility levels and trends, knowledge and use of contraceptives, maternal and child health indicators, child morbidity and mortality, and AIDS knowledge and behaviour. Such information is also in great demand by academic researchers and population experts.

Fertility: The fertility level of a country is the principal determinant of its rate of population growth. The total fertility rate (TFR) is the best indicator of the level of fertility; it represents the number of children that a woman would give birth to in her lifetime if current age-specific fertility rates prevailed indefinitely. The current GDHS results indicate an overall total fertility rate of 5.5. The corresponding figure for the 1988 GDHS was 6.4. This implies a drop in fertility of almost 1 child per woman. There are considerable 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 a secondary education, a difference of nearly 4 children.

Marriage: In comparing the 1988 and 1993 GDHS surveys, we find no noticeable change in the proportion of women, 15-49 years, who never married, i.e., 20 percent in both 1988 and 1993. The proportions widowed, divorced and not living together have also not changed. However, the proportion legally married has dropped from 65 percent in 1988 to 59 percent in 1993, a difference of 6 percentage points. In contrast, the proportion living together in informal unions doubled between the two surveys, i.e., from 6 percent in 1988 to 12 percent in 1993. These overall trends are also observed within specific age groups of women. The median age at first marriage has increased from 18.3 years in 1988 to 18.9 years in 1993. These changes indicate a general tendency to delay the onset of exposure to the risk of pregnancy, and could partially account for the noticeable drop in fertility.

Fertility Preferences: In the 1988 GDHS, 69 percent of currently married women said they intended to have another child in the future. The corresponding figure for the 1993 GDHS is 56 percent. In 1988 only 23 percent of currently married women did not want any more children. In the current survey this number has increased to 34 percent. The desire for more children declines with increasing education. For example, for women with three surviving children, 59 percent of those with secondary education want no more children compared to only 16 percent of those with no education. The average ideal family size for currently married women has dropped from 5.5 children in the 1988 GDHS to 4.7 children in the current survey. There are substantial differentials by various socioeconomic characteristics.

Family Planning: Three of every five currently married women need or use family planning services, either for spacing or for not having more children. Only 34 percent of the total demand for family planning is satisfied. Although 20 percent of currently married women are using contraception, nearly 39 percent have unmet need: 25 percent for spacing and 13 percent for limiting birth.

More than one-fifth (22 percent) of teenage girls age 15-19 had started childbearing by the time of the survey. Five percent of 19-year-olds have already given birth to two or more children. The percentage of teenagers who have already had their first child is higher in the rural areas (26 percent) than in the urban areas (16 percent). Those with no education are five times as likely to have started childbearing as those with secondary/higher education, 33 percent as compared to 6 percent.

More than 90 percent of currently married men and women know of at least one modern method of contraception. Also, 80 percent of the men and 74 percent of the women know a source for modern methods. Urban women are more likely to know of a modern method (98 percent) and a source (86 percent) than are rural women (88 percent and 68 percent, respectively). Nineteen percent of all women are currently using a contraceptive method: 9 percent use a modern method and 10 percent use a traditional method. Among married women, 20 percent use some method of contraception and 10 percent use a modern method. Among married men, the corresponding figures are 34 and 20 percent, respectively.

The pill, condom and injectables are the modern methods most commonly used by married women. However, the single most widely used method among married women is periodic abstinence (8 percent). Among married men the condom is the most popular method (10 percent). Current use of both modern and traditional methods varies 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.

Antenatal and Delivery Care Services: Eighty-seven percent of mothers of children born in the last three years received antenatal care, and 77 percent received at least one tetanus toxoid injection during pregnancy. Mothers in urban areas are more likely to be immunised than those in rural areas.

More than half (57 percent) of the children born in the three years preceding the survey were delivered at home, with only 42 percent being born in a health facility. Mothers in the Northern, Upper East and Upper West regions, those with no education and those who had made no antenatal visit were the most likely to deliver at home. The deliveries of less than 60 percent of the mothers were supervised by trained medical personnel or trained traditional birth attendants (TBAs). Mothers living in urban areas are twice as likely to have a supervised delivery as those in rural areas. Ninety percent of mothers with secondary education were delivered by trained persons compared to only 39 percent of those with no education.

Infant and Child Mortality: For the five-year period preceding the survey, 66 of every 1000 babies born died during their first year of life. This is a decline of 14 percent, which is a significant drop from the 1988 figure of 77 per 1000 live births. The under-five mortality rate was 119 per 1000 live births. This also represents a significant improvement over the corresponding figure of 155 per 1000 live births obtained in the 1988 GDHS.

Differentials in mortality were examined by looking at the mortality experience of children born during the ten years preceding the survey. There are considerable mortality differentials by residence, region and maternal education. Infant mortality is 50 percent higher in the rural areas (82 per 1000 live births) than in the urban areas (55 per 1000). Under-five mortality is also higher in the rural areas (149 per 1000) than in the urban areas (90 per 1000). Infant mortality varies from 49 infant deaths per 1000 live births in Brong-Ahafo to 114 per 1000 in Northern Region. Similarly, under-five mortality ranges from 93 deaths per 1000 live births in Eastern Region to 237 per 1000 in Northern Region. Children of uneducated mothers are twice as likely to die before their fifth birthday as those of mothers with middle/JSS education and are four times as likely to die as children born to mothers with at least secondary school education.

Childhood Immunisation, Nutrition and Health: Only 15 percent of children age 12-23 months have not been vaccinated at all, and nearly 55 percent have received full immunisation. Less than half of children age 12-23 months in Western, Central, Northern and Upper West regions are fully immunised. Children born to mothers with no education are least likely to be immunised. Less than half (43 percent) of the children received all the recommended vaccines by their first birthday.

Infant feeding in Ghana has both positive and negative aspects. On the one hand, prolonged breastfeeding is almost universal in Ghana. Ninety-seven percent of all children born in the three years before the survey were breastfed. By age 12-13 months, 96 percent of children are still breastfeeding. On the other hand, by age 36 months, 10 percent are still breastfeeding. The median duration of breastfeeding is 21 months.

Food supplementation starts very early. Only twelve percent of babies under 2 months of age are on exclusive breastfeeding. More than half (53 percent) are also given water and 35 percent receive other supplements. By age 2-3 months, only 5 percent receive breast milk exclusively, and 45 percent receive supplements other than water.

Twenty-six percent of children under three years are too short for their age, i.e., they are stunted. Eleven percent of children under three are wasted, i.e., they are below their expected weight relative to their height. All together, about 27 percent of children under three years are underweight, i.e., they are below their expected weight relative to their age. 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. Sixth-order or higher births are also twice as likely to be wasted as first-order births. Prevalence of both stunting and wasting are higher in the rural than in the urban setting. Children of uneducated mothers are more likely to be stunted or wasted than those of educated ones. Children in the northern half of the country are more likely to be affected than those in the southern half.

Only 10 percent of children under three years had symptoms of acute lower respiratory infection (cough accompanied by fast breathing) in the two weeks preceding the interview. Only 40 percent of those with respiratory symptoms were sent to a health facility for treatment, and more than 15 percent received no treatment at all. Of those who were treated, more than half (54 percent) were treated with cough syrup, 14 percent with antibiotics and 12 percent with a home remedy.

During the two weeks preceding the interview, 28 percent of children under three years had fever. About 45 percent were sent to a health facility. Most of the children were treated with antimalarial medicines (65 percent), antibiotics (23 percent) and injected medications (12 percent). Only 7 percent were given home remedies.

Nine percent of children under three years had diarrhoea in the 24 hours before the interview. In the two weeks before the interview, 20 percent had diarrhoea, of which 4 percent was bloody diarrhoea. Among those who had diarrhoea in the two weeks prior to the interview, only 29 percent were treated with pre-packaged rehydration solution, and 14 percent with the recommended home-made rehydration solution. In contrast, 15 percent of diarrhoeal children received no treatment whatsoever. Nearly 22 percent of mothers increased the amount of fluid they gave the child during a diarrhoea episode. However, more than 48 percent of the children received no special solutions or increased fluids. Moreover, sixteen percent of the children were breastfed less frequently, one percent were refused breast milk altogether, and nearly 21 percent of the children were given less fluids during their bout of diarrhoea.

AIDS Knowledge and Attitude: The overall level of AIDS awareness is high among both men and women, but higher among men than women. More than 90 percent of both men and women believe sexual intercourse is the main means of AIDS transmission. More than 80 percent also believe condom use is an effective way of preventing AIDS.

These impressive figures are, however, overshadowed by a corresponding high level of ignorance. More than half of the men and women interviewed believed kissing can result in HIV transmission. The corresponding figure among those with secondary school education is 46 percent for both men and women. More troubling, though, is the relatively large percentage (40 percent of the women and 36 percent of the men) who believe sharing utensils can result in HIV transmission. Among those with secondary education, the corresponding figures are 22 percent for men and 24 percent for women.

The above-cited figures have serious implications for the ability to avoid AIDS and the care of individuals with AIDS. There is little doubt that the Government alone cannot provide nursing homes for those afflicted with the disease. There is, therefore, a very important role for immediate family members. Their readiness to provide the needed care will depend greatly on their beliefs and perception of risk. This is further aggravated by the significant proportion of individuals advocating abandonment, isolation and elimination of people with AIDS.

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