

Ghana

2008 Demographic and Health Survey

Key Findings



The 2008 Ghana Demographic and Health Survey (GDHS) was carried out by the Ghana Statistical Service and the Ghana Health Service. ICF Macro, an ICF International company, provided financial and technical assistance for the survey through the USAID-funded MEASURE DHS programme. Local costs for the survey were partially funded by: the Ministry of Health (MOH), the Ghana Statistical Service (GSS), the Ghana AIDS Commission (GAC), UNICEF, UNFPA, and Danida.

Additional information about the survey may be obtained from the Ghana Statistical Service (GSS), P.O. Box 1098, Accra, Ghana; Telephone: 233-21-671-732; Fax: 233-21-671-731.

Information about the DHS programme may be obtained from the MEASURE DHS Project, ICF Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA; Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macrointernational.com; Internet: <http://www.measuredhs.com>.

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Ghana Statistical Service



Danida

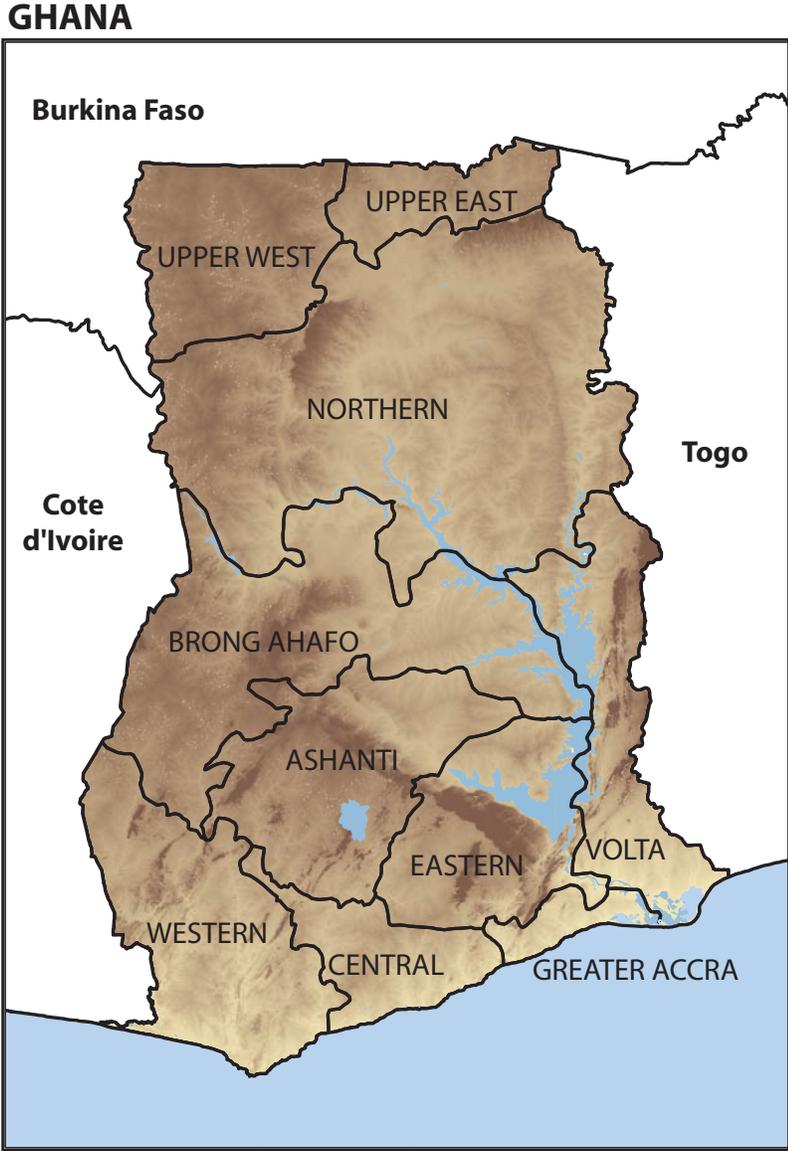


ABOUT THE 2008 GDHS

The 2008 Ghana Demographic and Health Survey (GDHS) was designed to provide data for monitoring the population and health situation in Ghana. The 2008 GDHS is the fifth Demographic and Health Survey conducted in Ghana. The objective of the survey was to provide up-to-date information on fertility, family planning, childhood mortality, nutrition, maternal and child health, domestic violence, and HIV/AIDS-related knowledge and behaviour. The survey also included testing of women and children for anaemia.

Who participated in the survey?

A nationally representative sample of 11,778 households were interviewed, and in half of the households, 4,916 women age 15–49 and 4,568 men age 15–59 were interviewed. This represents a response rate of 99% for households, 97% for women, and 96% for men. This sample provides estimates for Ghana as a whole, for urban and rural areas, and for the 10 regions.



HOUSEHOLD AND RESPONDENTS CHARACTERISTICS

Household composition

Households in Ghana consist of an average of 3.7 people. Forty-one percent of household members are children under age 15. Twenty-two percent of households have orphans or children under age 18 not living with a biological parent.

Housing conditions

Overall, 86% of households use an improved source of drinking water. There are large differences, however, by residence—94% of urban households use an improved source of drinking water compared with 78% of rural households. Nationwide, 11% of households have access to an improved toilet facility. Overall, 3 in 10 rural households have no toilet facility. Eighty-five percent of urban households have electricity compared with 38% of rural households.

Ownership of goods

Currently, three-quarters of households in Ghana own a radio and less than half own a television. One-quarter of households own a bicycle. However, there are large differences in ownership of some household goods by residence. Sixty-seven percent of urban households and 21% of rural households own a television. More than three-quarters of households in urban areas own a mobile phone compared with 37% of rural households. Rural households are much more likely to own agricultural land and farm animals.

Education of survey respondents

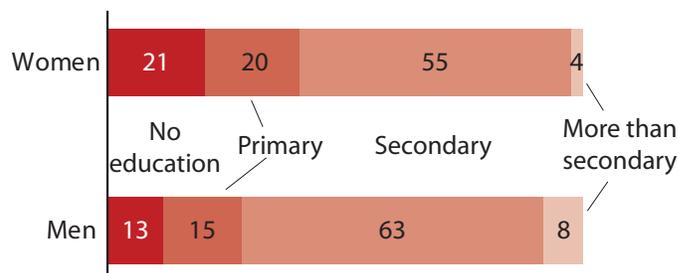
Many Ghanaians have no formal education—21% of women age 15–49 and 13% of men age 15–49. Only 4% of women and 8% of men have more than secondary education. Urban residents and those living in the Greater Accra region have the highest levels of education. Two-thirds of women in the Northern region have no formal education. Overall, 63% of women age 15–49 and 77% of men 15–59 are literate. This is an increase from the 2003 GDHS when only 55% of women and 73% of men in the same age groups were literate.



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Education

Percent of women and men age 15–49 by highest level of schooling attended or completed



FERTILITY AND DETERMINANTS

Total Fertility Rate (TFR)

Women in Ghana have an average of 4.0 children. The average number of children per woman ranges from 3.1 in urban areas to 4.9 in rural areas. Fertility has gradually decreased over the past 20 years from 6.4 children per woman in the 1988 GDHS.

Fertility varies dramatically by region. Women in the Greater Accra region have an average of 2.5 children compared with 6.8 children in the Northern region.

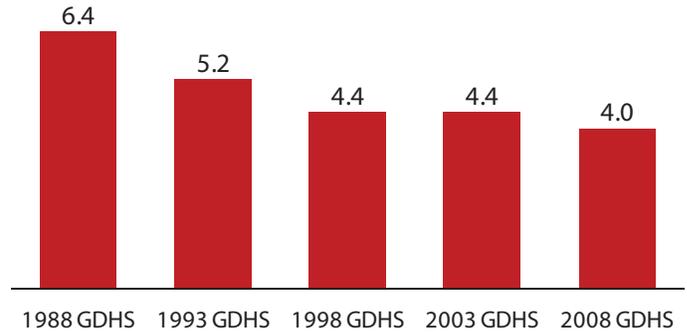
Fertility also varies with mother's education and economic status. Women who have more than secondary education have an average of 2.1 children, while women with no education have 6.0 children. Fertility increases as household wealth* decreases. The poorest women have almost three times as many children as women who live in the wealthiest households (6.5 versus 2.3 children per woman).

Teenage childbearing

Overall, 13% of women age 15–19 are already mothers or are pregnant with their first child. Teenage childbearing is highest in the Northern and Central regions (23%) and lowest in the Western and Greater Accra regions (7%). Women with no education are much more likely to have begun childbearing at an earlier age than women with secondary or higher education (31% compared with 1%).

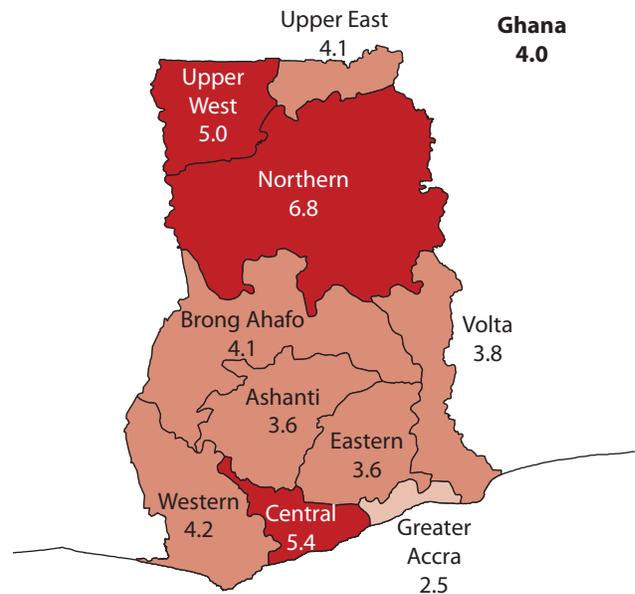
Trends in Fertility

Births per woman



Fertility by Region

Total fertility rate for the 3 years before the survey



* Household wealth is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on each household's relative standing on the wealth index.

Age at first birth

The median age at first birth for all women age 25–49 is 20.7. Women in urban areas have their first birth two years later than women in rural areas (22.1 years versus 20.0 years).

Age at first marriage

One-third of women in Ghana are married by age 18. The median age at first marriage is 19.8 for women age 25–49 compared with men age 30–59 who marry much later at a median age of 25.9. Women in urban areas marry almost three years later than women in rural areas (21.3 years versus 18.7 years). Women in the Greater Accra region marry five years later than women in the Upper East region (22.9 years versus 17.8 years).

Age at first sexual intercourse

Overall, 44% of women age 25–49 and 26% of men age 25–49 were sexually active by age 18. Men start sexual activity later than women (20.0 years for men and 18.4 years for women). Women living in rural areas begin sexual activity a year earlier than those living in urban areas. Women with secondary or higher education wait more than two years longer to initiate sexual activity than those with no education.

Desired family size

Ghanaian women want to have 4 children, on average. Ideal family size is higher among women in rural areas than urban areas (4.7 versus 3.9). Younger women, those with secondary or higher education, and those in the wealthiest households desire fewer children than their counterparts. Women in the Northern region want 6.6 children compared with women in the Greater Accra region who want 3.4.



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FAMILY PLANNING

Knowledge of family planning

Knowledge of family planning is universal among women and men in Ghana. The most commonly known methods are male and female condoms, the pill, and injectables.

Current use of family planning

Overall, 17% of married women currently use a modern method of family planning; an additional 7% are using a traditional method. Injectables (6%) and the pill (5%) are the most commonly used methods, followed by female sterilisation and the male condom (2% each). More than one-third of unmarried, sexually active women are using a modern method of family planning—most commonly the male condom (18%).

Use of modern family planning varies by residence and region. Modern methods are used by 19% of married women in urban areas compared with 15% in rural areas. Modern contraceptive use ranges from 6% of married women in the Northern region to 22% in the Greater Accra and Brong Ahafo regions.

Modern contraceptive use increases with women's education. Nineteen percent of married women with more than secondary or higher education use modern methods compared with 11% of women with no education. Use of modern methods also increases with household wealth. Twelve percent of women in the poorest households use a modern method of family planning compared with 21% of women in the wealthiest households.

Source of family planning methods

Private sources, primarily chemical and drug stores, provide contraceptives to half of current family planning users, while the public sector provides methods to 39% of users. The pill and male condoms are most often received from a private source, and injectables and implants are most often received from a public source.

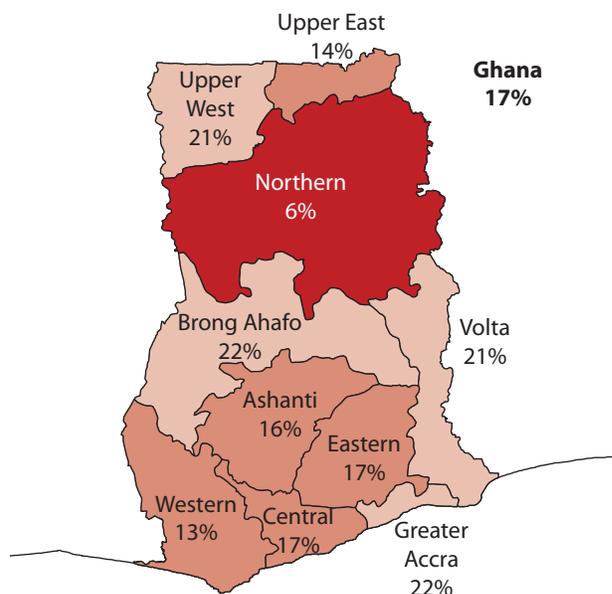
Family Planning

Percent of married women age 15–49 who use family planning



Family Planning Use by Region

Percent of married women age 15–49 who use a modern method of family planning



NEED FOR FAMILY PLANNING

Intention to use family planning

Almost half of currently married nonusers (48%) intend to use family planning in the future. Injectables are the preferred method for future users (39%).

Desire to delay or stop childbearing

More than one-third of married Ghanaian women (35%) want no more children. Another 36% want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet need for family planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2008 GDHS reveals that about 35% of married women have an unmet need for family planning—22% for spacing and 13% for limiting.

Exposure to family planning messages

Six in ten women age 15–49 and 7 in 10 men age 15–49 have heard family planning messages on the radio. Exposure to family planning messages is particularly low in rural areas and among the poorest and less educated individuals. Women and men in the Greater Accra region are most likely to be exposed to all three media sources (radio, TV, and newspaper). Exposure to all three media sources generally increases with increasing education.

Missed opportunities

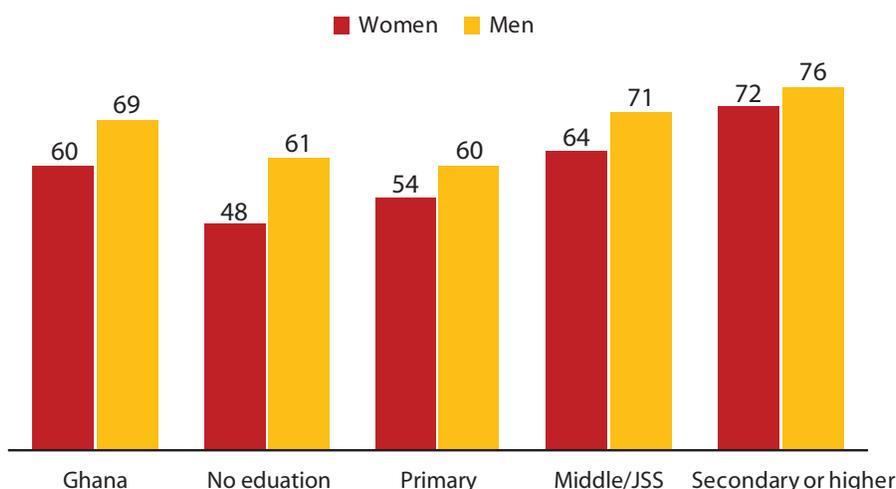
Among women who are not currently using family planning, only 10% were visited by a fieldworker who discussed family planning, and only 13% of women who visited a health facility in the past year discussed family planning. Overall, 4 in 5 nonusers did not discuss family planning with a fieldworker or at a health facility.

Informed choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other methods that could be used. More than half of women received this information the last time they began using a new modern contraceptive method.

Exposure to Family Planning Messages

Percent of women and men age 15–49 who heard a family planning message on the radio in the past few months



MORTALITY

Childhood mortality

Childhood mortality is decreasing in Ghana. Currently, 50 children per 1,000 live births die before their first birthday (30 per 1,000 before the age of one month and 21 per 1,000 between one and twelve months). Overall, 80 children per 1,000 live births, or about one child out of twelve, die before reaching age five. These are dramatic decreases over the 20 year period since the 1988 GDHS.

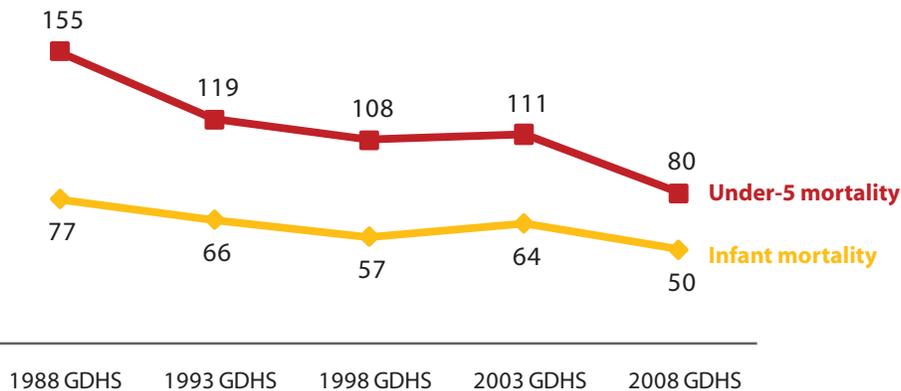
Mortality rates differ by residence. The under-five mortality rate for the 10-year period before the survey in urban areas is 75 per 1,000 live births compared to 90 in rural areas.

Birth intervals

Spacing children at least 24 months apart reduces risk of infant death. In Ghana, the median birth interval is 40 months. However, about 1 in 7 (14%) infants in Ghana is born less than two years after a previous birth. Infants born less than two years after a previous birth have particularly high infant mortality rates (131 deaths per 1,000 live births compared with 58 for infants born four years after the previous birth).

Trends in Infant and Under-5 Mortality Rates

Deaths per 1,000 live births
for the 5 years before the survey



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MATERNAL HEALTH

Antenatal care

Almost all Ghanaian women (95%) receive some antenatal care (ANC) from a skilled provider, most commonly from a nurse or midwife (63%) and a doctor (24%). More than three-quarters of women had the recommended four or more ANC visits, and 55% of women had an antenatal care visit by their fourth month of pregnancy, as recommended. Eighty-seven percent of women took iron tablets or syrup during their last pregnancy; 35% took intestinal parasite drugs. More than two-thirds of women (68%) who received ANC were informed of the signs of pregnancy complications. Seventy-two percent of women's most recent births were protected against neonatal tetanus.



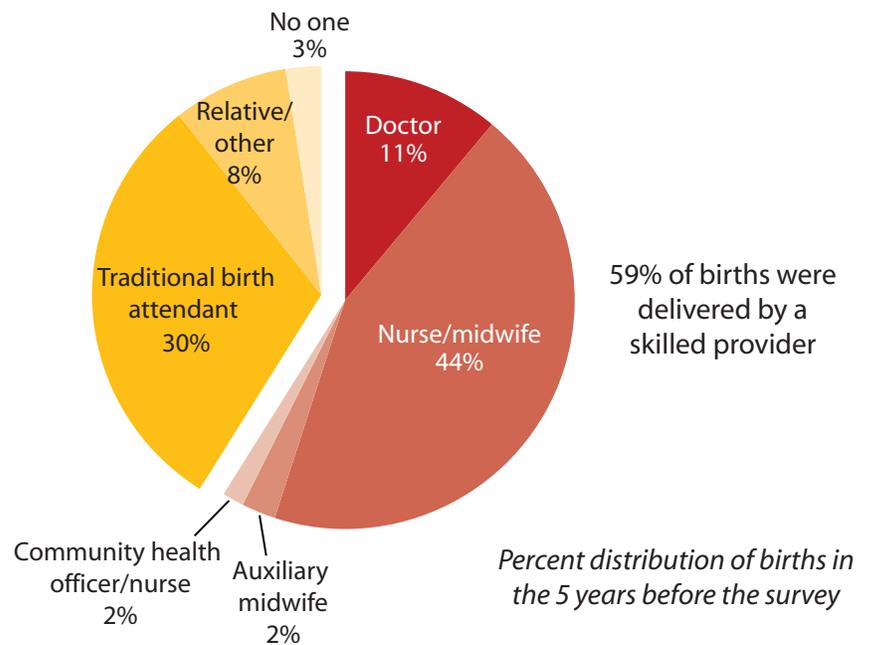
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Delivery and postnatal care

Almost 6 in 10 births in Ghana (57%) occur in health facilities—48% in the public sector and 9% in private sector facilities. Forty-two percent of births occur at home. Home births are much more common in rural areas (58%) than urban areas (17%). Overall, 59% of births are delivered by a skilled provider (doctor, nurse, midwife, auxiliary midwife, and community health officer/nurse). Another 30% are assisted by a traditional birth attendant and 8% by relatives or friends.

Postnatal care helps prevent complications after childbirth. More than two-thirds of women received a postnatal checkup within two days of delivery. However, 23% of women did not receive any postnatal care within 41 days of delivery.

Assistance During Delivery



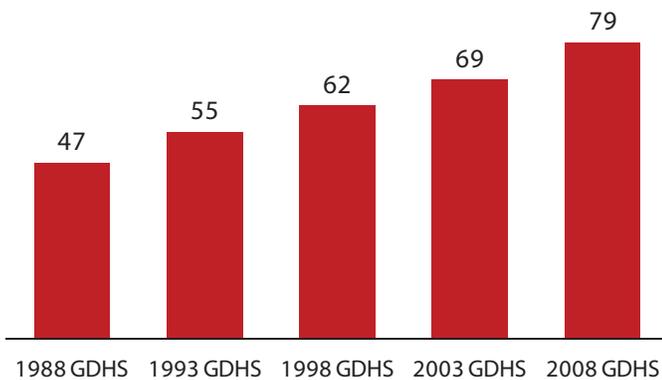
CHILD HEALTH

Vaccination coverage

According to the 2008 GDHS, 79% of Ghanaian children 12–23 months received all recommended vaccines at any time prior to the survey—one dose of BCG and measles and three doses each of DPT and polio. Over the past two decades, vaccination coverage has increased from 47% in 1988 to 79% in 2008.

Trends in Vaccination Coverage

Percent of children 12–23 months fully vaccinated*



*Have received BCG, measles, and three doses of DPT and polio vaccines (excluding polio 0)

Childhood illnesses

In the two weeks before the survey, 6% of children under five had symptoms of an acute respiratory infection (ARI), and 20% had a fever. Half of these children were taken to a health facility or sought treatment from a provider.

During the two weeks before the survey, 1 in 5 Ghanaian children under five had diarrhoea. The rate was highest (33%) among children 12–23 months. Roughly 2 in 5 children with diarrhoea were taken to a health facility or sought treatment from a provider. Children with diarrhoea should drink more fluids, particularly oral rehydration salts (ORS). The majority of mothers (90%) know about ORS packets. In the two weeks before the survey, half of children with diarrhoea were treated with ORS or recommended home fluids, but 26% received less fluids or no fluids at all. Thirty-eight percent of children with diarrhoea were offered increased fluids during the episode of diarrhoea. Overall, 12% of children with diarrhoea received no treatment (from a medical professional or at home).



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FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Breastfeeding and complementary foods

Breastfeeding is nearly universal in Ghana, with 98% of children ever breastfed. On average, children breastfeed until the age of 20 months. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Almost two-thirds of children under six months (63%) are exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet 17% of Ghanaian infants under six months receive complementary foods.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Ghana, three-quarters of children 6–9 months are eating complementary foods in addition to breastfeeding.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children 6–23 months be fed from three or more food groups at least twice a day for children 6–8 months and at least three times a day for children 9–23 months. For nonbreastfed children, it is recommended that they receive milk or milk products and foods from four or more food groups at least four times a day. Overall, 41% of breastfed children age 6–23 months are fed with all three IYCF practices compared with only 11% of nonbreastfed children.

Children's nutritional status

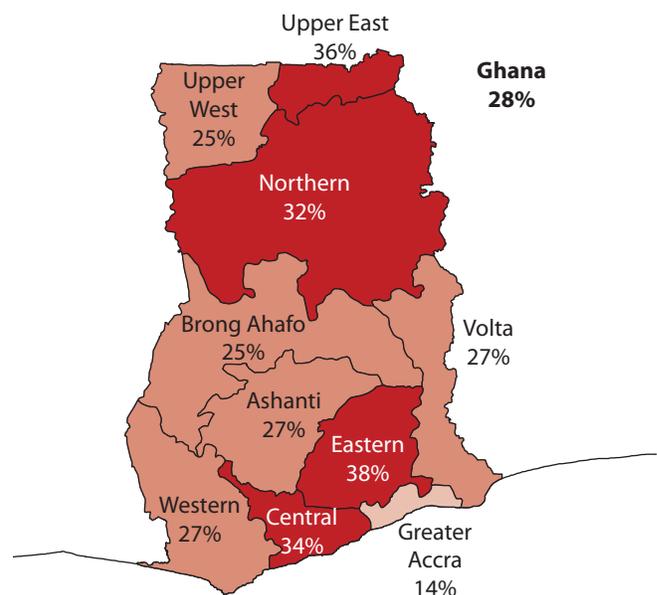
The GDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2008 GDHS, 28% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in rural areas (32%) than urban areas (21%). Stunting ranges from 14% in the Greater Accra region to 38% in the Eastern region. Wasting (too thin for height), which is a sign of acute malnutrition, is less common (9%). Fourteen percent of Ghanaian children are underweight, or too thin for their age. Five percent are obese or overweight.



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Stunting by Region

Percent of children under 5 who are stunted



Women's nutritional status

The 2008 GDHS also took weight and height measurements of women age 15–49. One in ten Ghanaian women is too thin, but 3 in 10 women are overweight or obese. Overweight is two times higher in urban areas than rural areas (40% compared with 20%) and increases with age, education, and wealth. Almost half of women (45%) in the Greater Accra region are overweight or obese.

Vitamin A and iron supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A helps prevent blindness and infection and is particularly important for children and new mothers. Iron is also important for pregnant women and children who are the most at risk for iron deficiency. A lack of iron (also known as anaemia) causes fatigue and decreased resistance to infection.

In the 24 hours before the survey, 81% of children 6–35 months ate fruits and vegetables rich in vitamin A, and 75% ate foods rich in iron. More than half of children 6–59 months (56%) received a vitamin A supplement in the six months prior to the survey, and 28% were given iron supplements in the last seven days.

Six in ten women received a vitamin A supplement postpartum. Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Overall, 42% of women took iron tablets or syrup for 90 days or more during their last pregnancy. Adequate iron supplementation during pregnancy was lowest in the Northern region, where only 12% of pregnant women took iron tablets for 90+ days.

Prevalence of anaemia

The 2008 GDHS also included haemoglobin testing for women age 15–49 and children 6–59 months. More than three-quarters of children (78%) have some form of anaemia. Anaemia among children is higher in rural areas than in urban areas (84% versus 68%) and decreases as mother's education and wealth increase. Almost 9 in 10 children in the Upper East and Upper West regions are anaemic.

Almost 6 in 10 women age 15–49 are anaemic. Anaemia among women ranges from 48% in the Upper East region to 71% in the Western region.



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MALARIA

Household ownership of mosquito nets

In 2008, one-third of households have at least one insecticide-treated mosquito net (ITN) compared with only 3% of households in 2003. ITN ownership ranges from 20% in the Greater Accra region to 47% in the Upper East region. Additionally, 11% of households have more than one ITN. Ownership is highest among the poorest households.

Use of mosquito nets by children

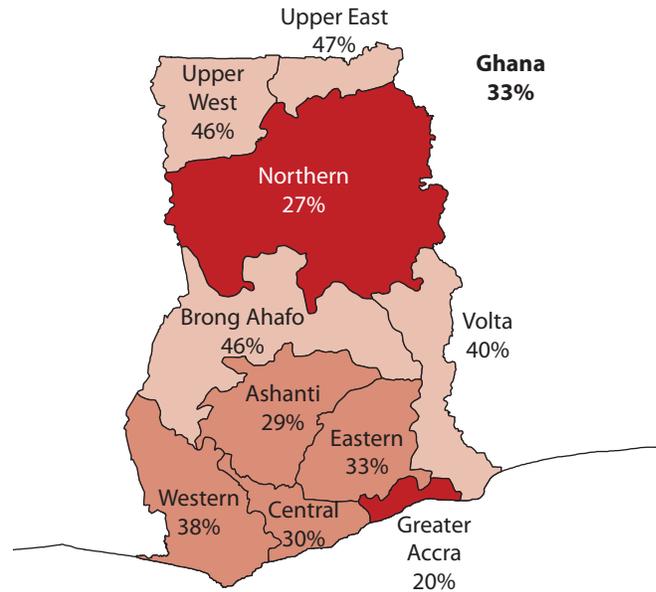
Overall, 28% of children under five slept under an ITN the night before the survey. Half of children in the Brong Ahafo region slept under an ITN compared with 11% of children in the Northern region. Children in rural households are more likely to have slept under an ITN than children in urban households (31% versus 24%). Use of ITNs by children under five has increased remarkably since the 2003 GDHS when only 4% of children slept under an ITN the night before the survey.

Use of mosquito nets by women and pregnant women

Seventeen percent of women age 15–49 and 20% of pregnant women age 15–49 slept under an ITN the night before the survey. Use of ITNs by pregnant women is higher in rural areas than urban areas (25% versus 13%). ITN use has dramatically increased since the 2003 GDHS when only 2% of women and 3% of pregnant women slept under an ITN.

Ownership of ITNs by Region

Percent of households that own at least 1 ITN



Antimalarial drug use

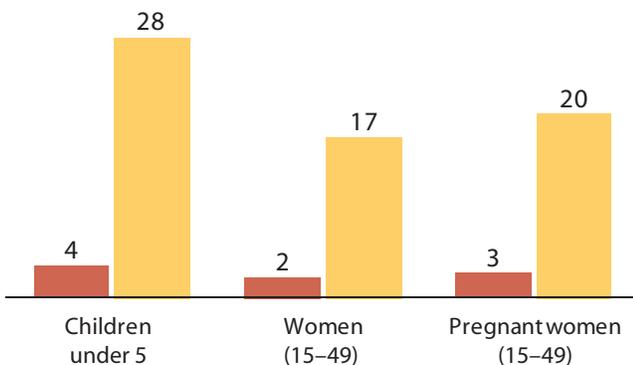
Malaria during pregnancy contributes to low birth weight and other unfavourable outcomes and to infant mortality. It is recommended that pregnant women receive at least two doses of the antimalarial drug SP/Fansidar as intermittent preventive treatment (IPT). Overall, 56% of pregnant women received SP/Fansidar during an ANC visit, and 44% received two doses of the antimalarial drug.

Among children under five years who had fever in the two weeks before the survey, 43% were given antimalarial drugs, and 24% were given antimalarial drugs the same day or the day following the onset of the fever. More than 1 in 5 children received ACT as their antimalarial drug.

Trends in Use of ITNs

Percent who slept under an ITN the night before the survey

■ 2003 GDHS ■ 2008 GDHS



GENDER-BASED VIOLENCE

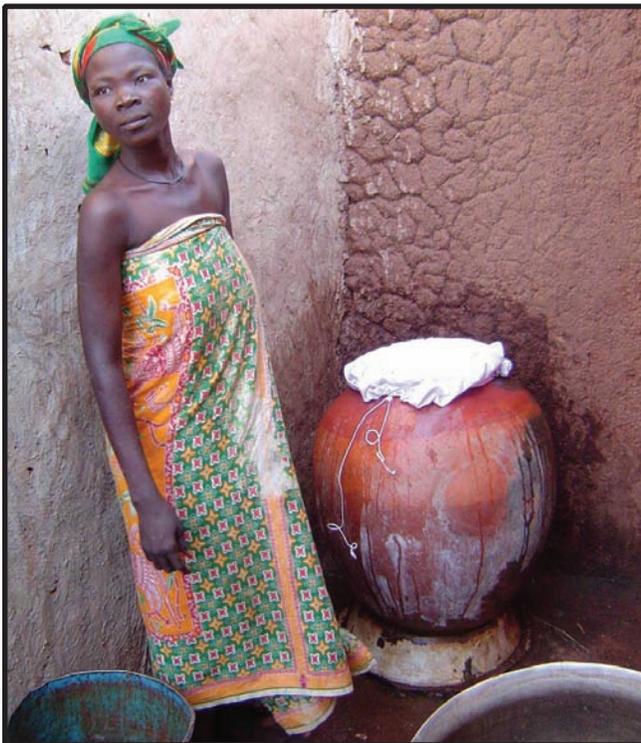
Experience with violence

In Ghana, 37% of women age 15–49 have experienced physical violence since age 15; 17% experienced violence in the past 12 months. These women report that their husband or partner is the person most often committing the violence. Among men age 15–49, 41% have experienced physical violence since age 15. The person committing the violence is most often a male friend.

Almost 1 in 5 women age 15–49 (19%) have ever experienced sexual violence. Fifteen percent of women had their first experience of sexual intercourse forced against their will.

Spousal violence

Almost one-quarter of married women in Ghana have experienced physical or sexual violence by a husband or partner; 20% of women experienced spousal physical or sexual violence in the past 12 months. Eleven percent of men report having ever experienced physical violence committed by their wife or partner.



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WOMEN'S EMPOWERMENT

Employment

According to the 2008 GDHS, 9 in 10 married women age 15–49 (91%) are employed compared with almost all married men (99%). Sixty-six percent of employed women and 64% of employed men receive cash, while 11% of employed women and men are not paid at all. Women who earn cash generally earn less than their husbands.

Participation in decisionmaking

In general, Ghanaian women have power to make household decisions on their own or jointly with their husbands. Almost 7 in 10 women reported that they make decisions about their own health care on their own or jointly with their husband, and 8 in 10 women make decisions about daily household purchases and visits to family and friends.

Attitudes towards wife beating and refusing sex

More than one-third of women (37%) and one-fifth of men (22%) agree that a husband is justified in beating his wife for certain reasons. Almost two-thirds of women and men agree that a wife is justified in refusing to have sex with her husband for all three reasons (husband has an STI, husband has sex with other women, and she is tired or not in the mood).

HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge

According to the 2008 GDHS, almost all of women and men have heard of AIDS. However, knowledge of HIV prevention methods is somewhat lower. Sixty-nine percent of women age 15–49 and 77% of men age 15–49 know that HIV can be prevented by using condoms and by limiting sex to one faithful partner. Only 25% of women and 33% of men age 15–49 have comprehensive knowledge* about HIV. Knowledge of prevention increases with increasing education and wealth.

Eighty-five percent of women and 78% of men age 15–49 know that HIV can be transmitted by breastfeeding. Half of women and 44% of men know that the risk of mother-to-child transmission can be reduced by taking special drugs during pregnancy, a remarkable increase in a few years from 16% for both women and men in the 2003 GDHS.

Some Ghanaians still have misconceptions about HIV and AIDS. About two-thirds of women and men know that HIV cannot be transmitted by mosquito bites.

Attitudes

About three-quarters of women and men say they are willing to take care of a family member with HIV, and about half say they would not want to keep secret that a family member was HIV-positive. However, only 32% of women and 43% of men say that they would buy fresh vegetables from an HIV-positive shopkeeper. Accepting attitudes towards people living with HIV increase with education and wealth.

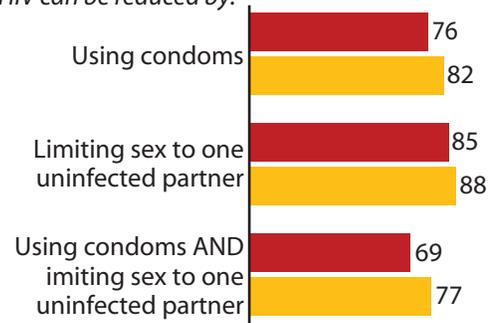
HIV testing

Despite the fact that more than 7 in 10 women and men know where to get an HIV test, the majority of Ghanaians have never been tested for HIV. Women are slightly more likely to have been tested for HIV than men; 17% of women have ever been tested and received results compared with 12% of men. In the 12 months before the survey, 7% of women and 4% of men took an HIV test and received the results. Almost

* An individual with comprehensive knowledge knows that consistently using condoms during sexual intercourse and having just one uninfected partner reduces the risk of getting HIV, knows that a healthy-looking person can have HIV, and rejects the two most common local misconceptions about HIV transmission or prevention.

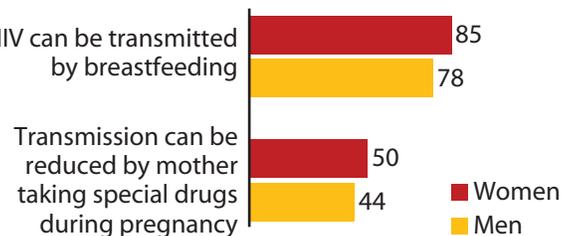
Knowledge of HIV Prevention

Percent of women and men age 15–49 who know that the risk of getting HIV can be reduced by:



Maternal to Child Transmission

Percent of women and men age 15–49 who know that:



one-quarter of women with a live birth in the past 2 years were tested for HIV during an ANC visit and received the results.

Multiple sexual partners and condom use

On average, women age 15–49 have two sexual partners in their lifetime compared with men age 15–49 who have an average of 5 lifetime partners. In the 2008 GDHS, 2% of women and 17% of men who had sex in the past 12 months had two or more partners during that time. Of those who had multiple partners, 26% of men used a condom during their last sexual intercourse.

KEY INDICATORS

| | Total | Urban | Rural |
|--|-------|-------|-------|
| Fertility | | | |
| Total fertility rate (number of children per woman) | 4.0 | 3.1 | 4.9 |
| Women age 15–19 who are mothers or currently pregnant (%) | 13 | 11 | 16 |
| Median age at first marriage for women age 25–49 (years) | 19.8 | 21.3 | 18.7 |
| Median age at first sexual intercourse for women age 25–49 (years) | 18.4 | 18.8 | 17.9 |
| Median age at first birth for women age 25–49 (years) | 20.7 | 22.1 | 20.0 |
| Married women (age 15–49) wanting no more children (%) | 37 | 37 | 36 |
| Family Planning (currently married women, age 15–49) | | | |
| Women currently using any family planning method (%) | 24 | 27 | 21 |
| Women currently using any modern family planning method (%) | 17 | 19 | 15 |
| Women with an unmet need for family planning ¹ (%) | 35 | 32 | 38 |
| Maternal and Child Health | | | |
| Maternity care | | | |
| Pregnant women who received antenatal care from a skilled provider ² (%) | 95 | 98 | 94 |
| Births assisted by a skilled provider ² (%) | 59 | 84 | 43 |
| Births delivered in a health facility (%) | 57 | 82 | 42 |
| Mothers who received first postnatal checkup within 2 days after delivery (%) | 68 | 82 | 59 |
| Child immunisation Children 12–23 months fully vaccinated ³ (%) | 79 | 78 | 79 |
| Nutrition | | | |
| Children under 5 who are stunted (%) | 28 | 21 | 32 |
| Children under 5 who are wasted (%) | 9 | 8 | 9 |
| Children under 5 who are underweight (%) | 14 | 11 | 16 |
| Children under 5 who are overweight (%) | 5 | 7 | 4 |
| Children under 5 with any anaemia ⁴ (%) | 78 | 68 | 84 |
| Women age 15–49 with any anaemia ⁴ (%) | 59 | 55 | 62 |
| Malaria | | | |
| Households with at least 1 insecticide-treated net (ITN) (%) | 33 | 27 | 38 |
| Children under 5 who slept under an ITN the night before the survey (%) | 28 | 24 | 31 |
| Pregnant women who slept under an ITN the night before the survey (%) | 20 | 13 | 25 |
| Childhood Mortality | | | |
| Infant mortality (between birth and first birthday) ⁵ | 50 | 49 | 56 |
| Under-five mortality (between birth and fifth birthday) ⁵ | 80 | 75 | 90 |
| HIV/AIDS-related Knowledge | | | |
| Knows ways to prevent HIV and AIDS: | | | |
| Having one sexual partner (women age 15–49/men age 15–49) (%) | 85/88 | 88/90 | 82/87 |
| Using condoms (women age 15–49/men age 15–49) (%) | 76/82 | 79/83 | 73/82 |
| Has comprehensive knowledge about HIV ⁶ (women age 15–49/men age 15–49) (%) | 25/33 | 32/41 | 19/26 |
| Knows HIV can be transmitted by breastfeeding (women age 15–49/men age 15–49) (%) | 85/78 | 88/76 | 83/79 |
| Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (women age 15–49/ men age 15–49) (%) | 50/44 | 55/49 | 45/39 |

Numbers in parentheses are based on 25–49 unweighted cases (or 250–490 unweighted cases for mortality). Figures with asterisks are based on too few cases. ¹Currently married women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of family planning. ²Skilled provider includes doctor, nurse, midwife, auxiliary midwife, or community health officer/nurse. ³Fully vaccinated includes BCG, measles, and three doses of DPT and polio (excluding polio vaccine given at birth) ⁴Haemoglobin less than 12.0 g/dl for women age 15–49; haemoglobin less than 11.0 g/dl for children under five and pregnant women age 15–49. ⁵Number of deaths per 1,000 live births; totals are for the five-year period before

| Regions | | | | | | | | | |
|---------|---------|---------------|-------|---------|---------|-------------|----------|------------|------------|
| Western | Central | Greater Accra | Volta | Eastern | Ashanti | Brong Ahafo | Northern | Upper East | Upper West |
| 4.2 | 5.4 | 2.5 | 3.8 | 3.6 | 3.6 | 4.1 | 6.8 | 4.1 | 5.0 |
| 7 | 23 | 7 | 16 | 8 | 11 | 22 | 23 | 11 | 13 |
| 20.3 | 19.7 | 22.9 | 19.2 | 19.9 | 19.5 | 18.4 | 19.3 | 17.8 | 18.1 |
| 18.6 | 17.8 | 19.0 | 18.0 | 17.9 | 18.2 | 18.4 | 19.4 | 17.9 | 17.2 |
| 21.0 | 20.2 | 23.2 | 20.4 | 20.2 | 20.8 | 20.2 | 20.7 | 19.5 | 19.5 |
| 45 | 41 | 46 | 39 | 47 | 35 | 26 | 20 | 34 | 24 |
| 19 | 23 | 33 | 29 | 24 | 27 | 29 | 6 | 15 | 22 |
| 13 | 17 | 22 | 21 | 17 | 16 | 22 | 6 | 14 | 21 |
| 39 | 50 | 27 | 34 | 40 | 37 | 35 | 32 | 32 | 28 |
| 96 | 92 | 96 | 91 | 96 | 97 | 96 | 96 | 96 | 98 |
| 62 | 54 | 84 | 54 | 61 | 73 | 66 | 27 | 47 | 46 |
| 58 | 52 | 84 | 54 | 59 | 70 | 65 | 26 | 46 | 45 |
| 62 | 67 | 89 | 49 | 76 | 80 | 72 | 45 | 65 | 75 |
| 82 | (73) | (80) | (79) | 76 | 85 | (94) | 59 | (88) | 89 |
| 27 | 34 | 14 | 27 | 38 | 27 | 25 | 32 | 36 | 25 |
| 6 | 12 | 6 | 5 | 6 | 9 | 5 | 13 | 11 | 14 |
| 10 | 17 | 7 | 14 | 9 | 12 | 14 | 22 | 27 | 13 |
| 6 | 10 | 5 | 8 | 12 | 4 | 3 | 2 | 1 | 3 |
| 80 | 85 | 62 | 79 | 73 | 78 | 78 | 81 | 89 | 88 |
| 71 | 64 | 51 | 58 | 58 | 60 | 58 | 59 | 48 | 67 |
| 38 | 30 | 20 | 40 | 33 | 29 | 46 | 27 | 47 | 46 |
| 36 | 19 | 17 | 40 | 36 | 25 | 50 | 11 | 37 | 34 |
| (25) | (7) | (13) | (34) | * | 17 | * | 7 | (43) | (25) |
| 51 | (73) | (36) | (37) | (53) | 54 | (37) | 70 | (46) | 97 |
| (65) | (108) | (50) | (50) | (81) | 80 | (76) | 137 | (78) | (142) |
| 75/92 | 91/95 | 88/89 | 93/95 | 83/77 | 84/91 | 86/94 | 79/73 | 93/91 | 77/92 |
| 84/80 | 84/92 | 76/85 | 80/92 | 79/74 | 77/84 | 78/86 | 58/62 | 68/90 | 60/89 |
| 26/21 | 22/29 | 36/47 | 31/43 | 24/26 | 20/32 | 24/23 | 17/23 | 31/37 | 17/35 |
| 86/71 | 86/72 | 88/78 | 93/77 | 88/85 | 86/81 | 86/78 | 71/78 | 90/71 | 72/79 |
| 46/48 | 48/63 | 54/49 | 35/24 | 57/41 | 55/46 | 63/56 | 28/29 | 61/40 | 47/36 |

the survey; all other figures are for the ten-year period before the survey.⁶ An individual with comprehensive knowledge knows that consistently using condoms during sexual intercourse and having just one uninfected partner reduces the risk of getting HIV, knows that a healthy-looking person can have HIV, and rejects the two most common local misconceptions about HIV transmission or prevention.

