



Ghana

2003 Demographic and Health Survey

Key Findings



This report highlights the findings of the 2003 Ghana Demographic and Health Survey (GDHS), a nationally representative survey of 5,691 women age 15-49 and 5,015 men age 15-59. The primary purpose of the GDHS is to generate recent and reliable information on fertility, family planning, infant and child mortality, maternal and child health, and nutrition. In addition, the survey collected information on malaria treatment and prevention, anaemia and HIV prevalence. This information is essential for making informed policy decisions, planning, monitoring, and evaluating programs on health in general and reproductive health in particular, at both the national and regional levels. This survey is the fourth in a series of national level population and health surveys conducted as part of the global Demographic and Health Surveys (DHS) program.

The 2003 GDHS was implemented by the Ghana Statistical Service (GSS) in collaboration with the Noguchi Memorial Institute for Medical Research (NMIMR) and the Ghana Health Service. Technical assistance was provided by ORC Macro through the MEASURE/DHS programme. Financial support for the survey was provided by the U.S. Agency for International Development (USAID) and the Government of Ghana.

Additional information on the GDHS may be obtained from the Ghana Statistical Service, P.O.Box 1098, Accra, Ghana (Telephone: (233-21) 671-732 and Fax: (233-21) 671-731). Additional information about the DHS project may be obtained from ORC Macro, 11785 Beltsville Drive, Calverton, MD (Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macroint.com; Internet: <http://www.measuredhs.com>).



2003 GHANA DEMOGRAPHIC AND HEALTH SURVEY

KEY FINDINGS

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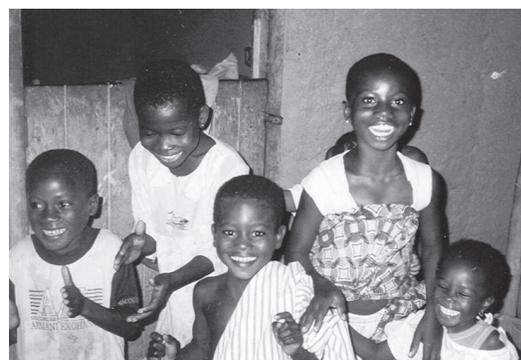
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POPULATION AND HOUSEHOLD LIVING CONDITIONS

Data collected on the age and sex distribution of the population and on a variety of socio-economic indicators provide the household-level context within which demographic and health choices are made and changes occur.

Age-sex distribution of the household population

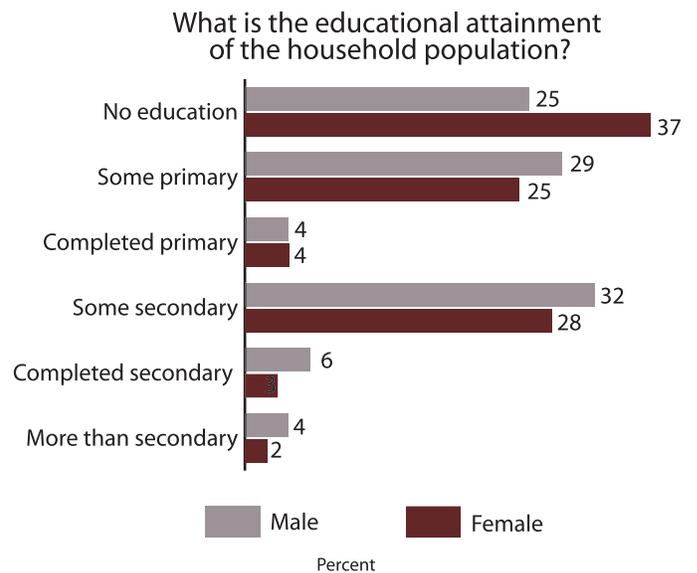
Ghana has a pyramidal age structure due to the large numbers of children below 15 years of age. Forty-four percent of the population is below age 15 while only 5 percent is above age 65. There are slightly more women (53 percent) than men (47 percent) in the overall population, with a slightly higher concentration of women in the rural than urban areas (55 percent versus 51 percent).

Household composition

Although households in Ghana are predominantly headed by men, one-third of households are female-headed. The average household is made up of 4 persons. One-fifth of all households are single person households.

Education of household population

About one-third (37 percent) of females and one-quarter (26 percent) of males have no education, with females less educated than males at almost all levels of education (see graph). Nearly three in five children who should be attending primary school are doing so at that level. However, only one-third of children who should be attending secondary school are in school at that level.



Housing characteristics

One in two households in Ghana have access to electricity, with three times more urban than rural households being electrified. Nearly two-fifths of households (73 percent in urban areas and 11 percent in rural areas) have access to piped drinking water. Twenty-eight percent of Ghanaian households also get drinking water from protected wells. The majority of households (78 percent) have sanitation facilities in the form of a flush toilet, traditional toilet or ventilated pit latrine, with marked urban-rural differences in the type of facility. A sizeable percentage of households (64 percent) have cement flooring. Three-fifths of households (59 percent) use firewood for cooking, while one-third (30 percent) use charcoal.



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Asset ownership

In general, rural households in Ghana are much less likely to possess various consumer items than urban households. Seventy-one percent of households own a radio, 26 percent own a television, 23 percent own a bicycle, 19 percent own a refrigerator, and 11 percent own a video deck. The urban-rural difference in ownership of consumer items is especially pronounced for ownership of televisions and refrigerators.

EDUCATION, WOMEN'S EMPLOYMENT, AND WOMEN'S STATUS

In the GDHS, information on literacy, education, media exposure, employment status, and earnings was collected from both women age 15-49 and men age 15-59. Such information is useful in understanding the factors that affect women's reproductive and health-seeking behavior, and men's role in women's reproductive health, and is essential for achieving the country's goals for population and reproductive health.

Literacy

Almost three in four men are literate compared to one in two women (73 percent and 55 percent, respectively), with rural women and men much less literate than their urban counterparts. On average, men have two more years of schooling than women, however, the male-female gap in education has narrowed over the years. Women and men residing in the three northern regions (Northern, Upper East and Upper West) are markedly less educated than residents of the other regions. Not surprisingly, residents of Greater Accra, the most urbanized area of the country, are most educated.

Media exposure

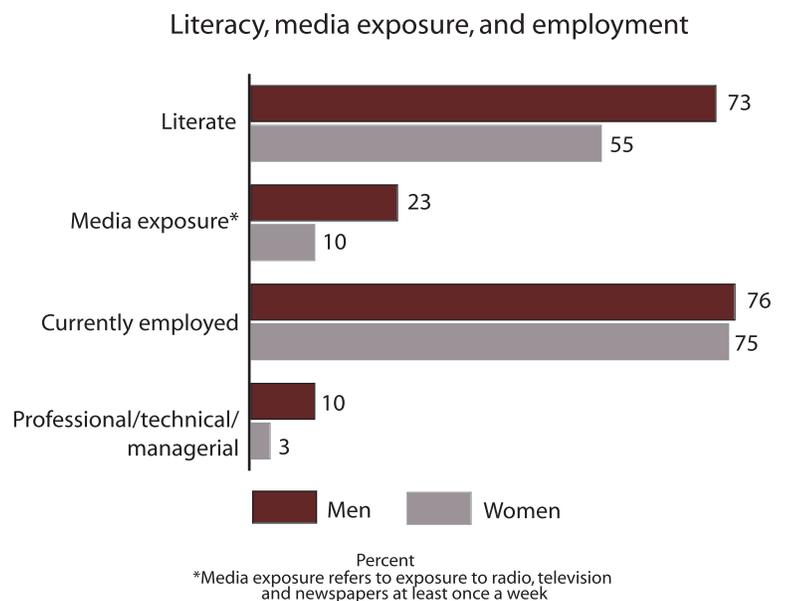
Overall, 74 percent of women listen to the radio at least once a week, 44 percent watch television at least once a week, and 12 percent read a newspaper at least once a week. However, only 10 percent of women are exposed to all three media sources, while 21 percent have no exposure to the media at all. Generally, men have a higher exposure to the media than women. Twenty-three percent of men are exposed to all three media and 8 percent have no exposure to any of the three media. Media exposure is markedly lower in the three northern regions of the country.

Employment

The majority (three quarters) of women and men were employed at the time of the survey. Occupational differences by gender are obvious. One in two men work in agriculture compared with one in three women, two-fifths of women work in sales and service compared with one-tenth of men, three times as many men as women work as professional, technical or managerial staff (10 percent and 3 percent, respectively), and 23 percent of men and 16 percent of women work as skilled manual labour.

Women's empowerment and status

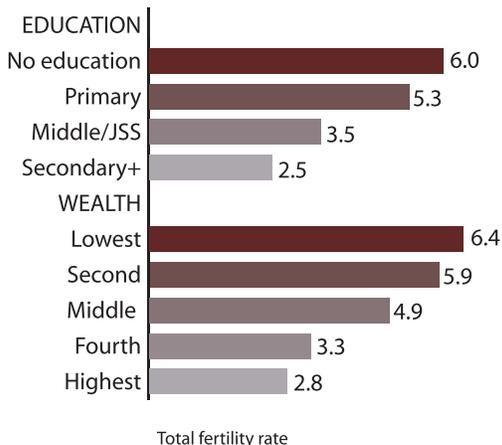
Nearly three-fourths of women are solely responsible for decisions on the use of their earnings, under a fifth report that they and their husband or someone else jointly decide on how their earnings should be spent, and one in ten women have no say in how their earnings are spent. One in two women also state that about half or more of their earnings goes towards household expenditures. The majority of Ghanaian women, irrespective of their marital status, do not have sole authority over their own health, large household purchases, daily household purchases, visits to family or relatives, and what to cook each day. Thirty-one percent of women have no say in any of the five decisions and 35 percent have a final say in all five decisions. Nearly one in two women say that a husband is justified in beating his wife for any of five reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Sexual autonomy is relatively high in Ghana, with nearly two-thirds of women agreeing that women are justified in refusing sex with a husband if he has a sexually transmitted disease or has sex with other women, if she recently gave birth, or if she is not in the mood.



Fertility Levels and Trends

A closer examination of fertility trends across the four surveys by woman's age shows that fertility has continued to decline for women age 15-19 and 20-24, who experienced a 41 percent and 32 percent decline in fertility, respectively, over the last 15 years. However among women age 25-39, the decline in fertility experienced in the mid-eighties and nineties has in fact stalled in the last three years. This could be attributed to a postponement of births for women who are marrying later or deferring the birth of their first child after marriage.

How does the total fertility rate vary by education and wealth quintile?



FERTILITY

The fertility indicators presented in the 2003 GDHS are based on reports provided by women age 15-49 years regarding their reproductive histories. As in the previous GDHS, each woman was asked to provide information on the total number of sons and daughters to whom she had given birth and who were living with her, the number living elsewhere, and the number who had died.

Fertility levels and trends

Comparison of the data from the 2003 GDHS with the three earlier DHS surveys indicates that the dramatic decline in fertility experienced in the eighties and nineties appears to have slowed down. The TFR 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 seems to have stalled in the last three years even though contraceptive use has continued to rise. Nevertheless, with a current TFR of 4.4, Ghana's fertility rate is one of the lowest in sub-Saharan Africa.

Fertility differentials

Differentials by background characteristics are marked. Rural women have nearly twice as many children (5.6 children per woman) as urban women (3.1 children per woman). The total fertility rate is highest in the Northern Region (7.0 children per woman) and lowest in Greater Accra (2.9 children per woman). As expected, women's education is strongly associated with lower fertility, decreasing from 6.0 children per woman among those with no education to 2.5 children per woman among those with at least secondary education. Similar differentials are observed by wealth quintile, with TFR decreasing from 6.4 children per woman among women in the lowest wealth quintile to 2.8 children per woman among those in the highest wealth quintile.



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Unplanned fertility

Despite a steady rise in the level of contraceptive use over the last fifteen years, the 2003 GDHS data indicate that unplanned pregnancies are common in Ghana. Overall, 16 percent of births in Ghana are unwanted, while 24 percent are mistimed (wanted later). The proportion of unplanned births declined slightly from 42 percent in 1993 to 36 percent in 1998 but increased to 40 percent in 2003. What is more troubling, however, is the fact that the proportion of births that are unwanted has increased rather dramatically from the 1993 level of 9 percent to 16 percent in 2003.

There is considerable desire among currently married Ghanaians to control the timing and number of births.

Fertility preferences

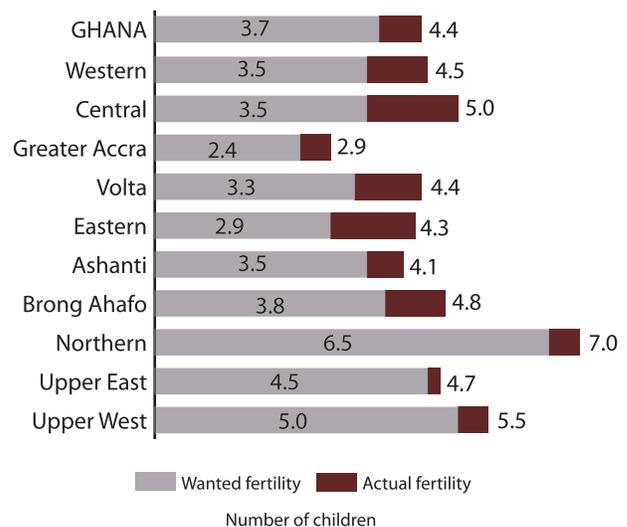
There is considerable desire among currently married Ghanaians to control the timing and number of births. Thirty-eight percent of currently married women would like to wait for two years or more for the next birth, and 36 percent do not want to have another child. About a fifth (18 percent) would like to have a child soon (within two years). A comparison of the data over the four DHS surveys show that the desire to space births among currently married women has declined in the last 15 years, from 45 percent in 1988 to 38 percent in 2003. On the other hand, the desire to limit has increased from 23 percent in 1988 to 34 percent in 2003. However, this change has been minimal in the last ten years.

There has been a decline in ideal family size among currently married women over time, from a mean of 5.5 children in 1988 to 4.8 children in 2003. There has been little change in the ideal number of children over the last 10 years.

Unmet need for family planning

Thirty-four percent of married women have an unmet need for family planning. Unmet need for spacing is higher than unmet need for limiting children (22 percent and 12 percent, respectively), unchanged since 1998. Only 43 percent of the demand for family planning is currently being met, implying that the needs of more than one in two Ghanaian women are currently not being met.

Wanted and actual fertility, by region



FAMILY PLANNING

Information on contraceptive use is of considerable importance to family planning programme planners as it allows an assessment of the need for contraception, for both birth spacing and limiting. Data on fertility regulation are also useful as an indicator of the future direction fertility may take.

Knowledge of contraception

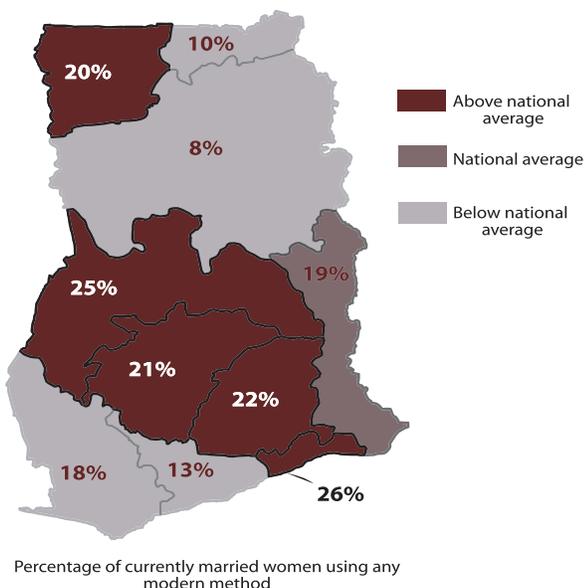
Knowledge of family planning is nearly universal, with 98 percent of all women age 15 to 49 and 99 percent of all men age 15 to 59 knowing at least one modern method of family planning. Among all women, the most widely known methods of family planning are the male condom (95 percent), injectables (89 percent), the pill (88 percent) and female condom (83 percent). Seventy percent of all women have heard of female sterilisation, while about two-thirds have heard of the IUD, implants, and periodic abstinence.



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There has been an increase in levels of awareness of contraceptive methods over time. Among all women, the proportion who know any method has risen since 1988 for all methods (from 76 percent in 1988, 91 percent in 1993, 93 percent in 1998 and 98 percent in 2003). The proportion who know of implants has risen steeply since 1993 (from 4 percent in 1993, 21 percent in 1998 to 62 percent in 2003). A similar trend is seen among men with remarkable increases in knowledge of IUD, male sterilisation and LAM.

How does modern contraceptive use vary by region?

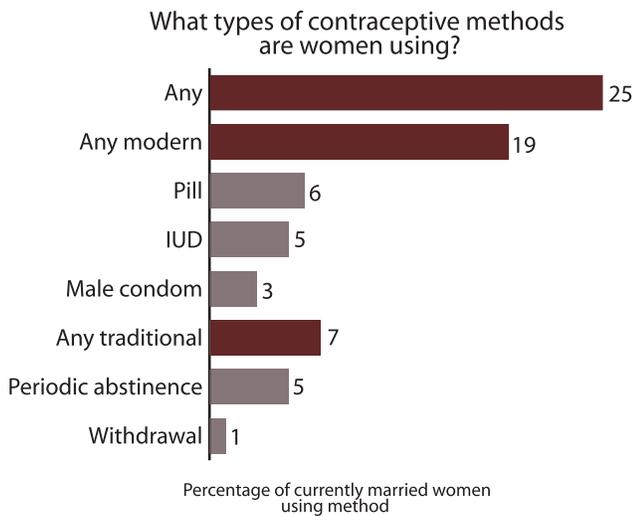


Use of contraception

The contraceptive prevalence rate among married women is 25 percent. The most commonly used modern method among married women is the pill (6 percent), followed closely by injectables (5 percent). Male condoms and female sterilisation are used by 3 percent and 2 percent of married women, respectively, while implants and IUD are used by 1 percent each. The most commonly used traditional method is periodic abstinence, used by five percent of married women.

Trends in contraceptive use

Current use of contraception by married women has increased from 13 percent in 1988, 20 percent in 1993, and 22 percent in 1998 to 25 percent in 2003. There has been a steady increase in the use of modern methods from 5 percent in 1988, 10 percent in 1993 and 13 percent in 1998 to 19 percent in 2003. However, while there was an increase in the use of traditional methods from 7 percent in 1988 to 10 percent in 1993, use of these



methods has since decreased to 9 percent in 1998 and to 8 percent in 2003. Use of male condoms, pills, injectables and implants has increased markedly.

Differentials in contraceptive use

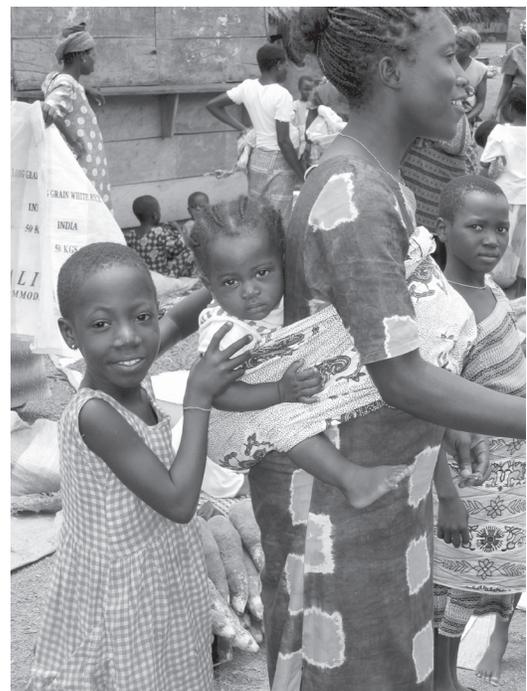
Women in urban areas are more likely to use contraceptive methods (31 percent) than their rural counterparts (21 percent). Male condoms, IUD, and female sterilisation use in urban areas is two to three times higher than in rural Ghana. The more urbanised regions such as Greater Accra, Brong-Ahafo and Ashanti have contraceptive prevalence rates of about 30 percent. Two of the three northern regions (Upper East and Northern) and the Central Region report lowest levels of contraceptive use (12 percent each in the

Northern and Upper East regions, and 15 percent in the Central Region). Women with at least some secondary education are more than twice as likely to use contraception as women with no education. The proportion currently using contraception generally increases with increasing number of children. Fourteen percent of women without children are currently using contraceptive methods, compared with 26 percent of women with five or more children. Wealth and current use of contraception is positively related, increasing from 14 percent among currently married women in the lowest quintile to 35 percent in the highest quintile.

Source of modern methods

In Ghana, both the public and private sectors are important sources of supply for users of modern methods (41 percent and 54 percent, respectively). The most common public sector sources are government hospitals and polyclinics, which provide most of the services (26 percent), while government health centres and family planning clinics provide 11 percent and 4 percent, respectively.

In the last fifteen years, there has been a shift in the source of modern contraceptive methods from the public to the private sector. The proportion of current users relying on private medical sources has increased from 43 percent in 1988 to 54 percent in 2003, while the reliance on public sources for all modern methods increased from 35 percent in 1988 to 41 percent in 2003.



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MATERNAL HEALTH

Receiving adequate antenatal care, having a delivery in hygienic conditions and with the assistance of a trained health practioner, and appropriate and timely postpartum care are essential for reducing risks of pregnancy and birth related complication and deaths for both mother and child.

Antenatal care

A relatively high percentage of women received antenatal care from a trained health professional (21 percent from a doctor and 71 percent from a nurse/midwife). A comparison of the 2003 GDHS data with data from the three earlier DHS surveys show that there has been an improvement in the utilization of antenatal services in the last fifteen years from 82 percent of mothers receiving care for their most recent birth in the three-year period preceding the survey in 1988, to 92 percent in 2003.

There has been an improvement in the utilization of antenatal services in the last fifteen years.

Among women who had a live birth in the five years preceding the survey, half received at least two doses of tetanus toxoid, a third received only one tetanus toxoid injection and 14 percent received none. The data show that there has been an improvement in tetanus toxoid coverage for the most recent birth in the three years preceding the survey, over the last fifteen years, from 70 percent in 1988 to 83 percent in 2003.

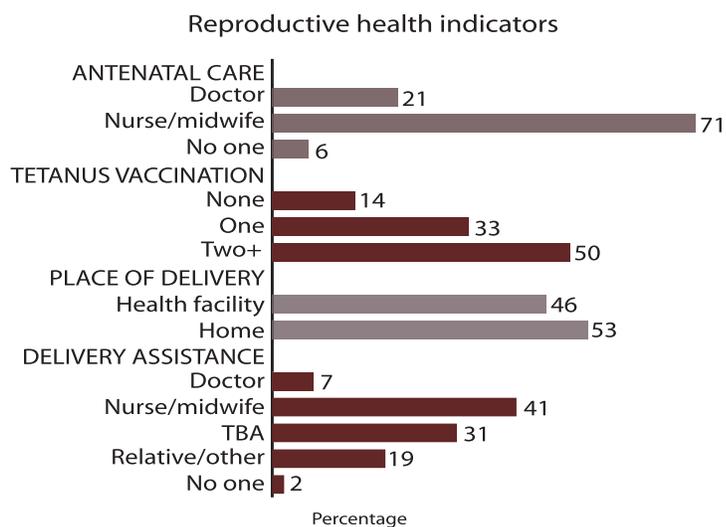
With regard to anti-malarial indicators, the data show that 10 percent of pregnant women slept under a mosquito net, 4 percent slept under an ever-treated net, and 3 percent slept under an insecticide treated net the night before the interview with no difference in the use of nets between pregnant and nonpregnant women. The data show that 58 percent of mothers reported that they took some antimalarial drug for the prevention of malaria during their pregnancy. The data also show that chloroquine is more frequently (12 percent) used than SP (1 percent). The 1 percent of women who used SP received the drug during an antenatal visit.

Delivery care

Nationally, 46 percent of births are delivered in health facilities, with 36 percent in public health facilities and 9 percent in private health facilities. The data also show that medically trained providers assisted with 47 percent of deliveries. Medically assisted deliveries continue to be low in Ghana, with less than fifty percent of births benefiting from professional delivery assistance over the last fifteen years.

Postnatal care

Among women who had a noninstitutional live birth in the five years preceding the survey, one in four received postnatal care within two days of delivery, one in ten women received postnatal care 3-6 days after delivery and one in eight received postnatal care 7-41 days after delivery. More than half of women who had a noninstitutional birth in the five years preceding the survey did not receive postnatal care at all.



CHILD HEALTH

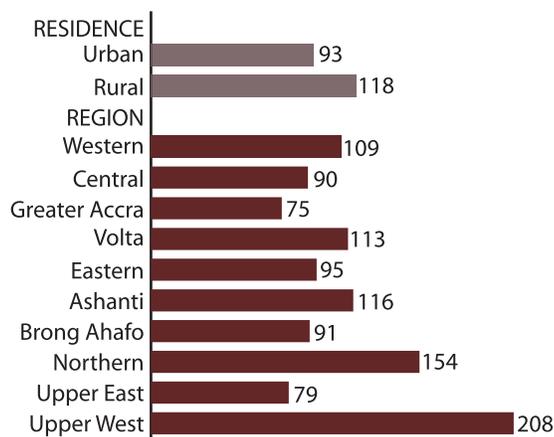
Vaccination against six serious but preventable diseases, along with early diagnosis and treatment of childhood illnesses, can prevent a large proportion of child deaths. The 2003 GDHS provides data on the success of the national immunisation programme in Ghana, as well as on the prevalence and treatment of childhood illnesses.

Childhood mortality

Data from the 2003 GDHS show that there has been a slowing down in the mortality decline over the last five years. Data for the most recent five-year period suggests that one in every nine Ghanaian children dies before reaching age five. Nearly three in five of these deaths occur in the first year of life—infant mortality is 64 deaths per 1,000 live births and child mortality is 50 deaths per 1,000 live births. Neonatal mortality is 43 deaths per 1,000 live births in the most recent five-year period, while postneonatal mortality is 21 deaths per 1,000 live births. Neonatal deaths account for two-thirds of the deaths in infancy.

Mortality levels in the rural areas are considerably and consistently higher than in the urban areas. For instance, under-five mortality in the rural areas is 118 per 1,000 live births as compared with 93 for the urban areas. Marked regional differentials in under-five mortality are also observed. For example, under-five mortality ranges from a low of 75 per 1,000 live births in Greater Accra to a high of 208 per 1,000 live births in the Upper West.

How does under-five mortality vary by residence and region?

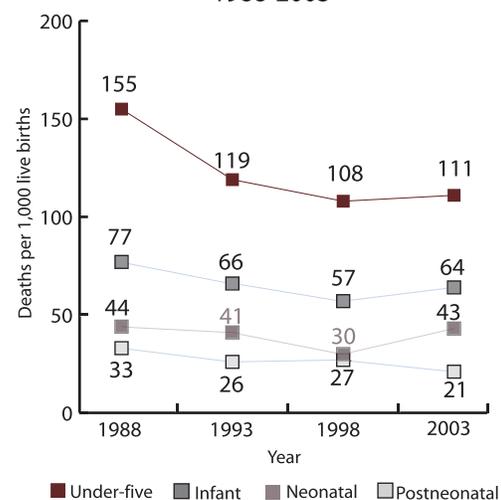


Under-five mortality rate

Trends in childhood mortality

When data from the four DHS surveys (conducted in 1988, 1993, 1998, and 2003) are compared for the most recent five-year period preceding each survey, the marked decline in both infant and under-five mortality observed in the three earlier surveys appears to have halted during the five year period preceding the 2003 GDHS. This is caused principally by an increase in the neonatal mortality rate from 30 per 1,000 for the 0-4 years preceding the 1998 GDHS to 43 per 1,000 during the same period prior to the 2003 GDHS.

Trends in childhood mortality, 1988-2003

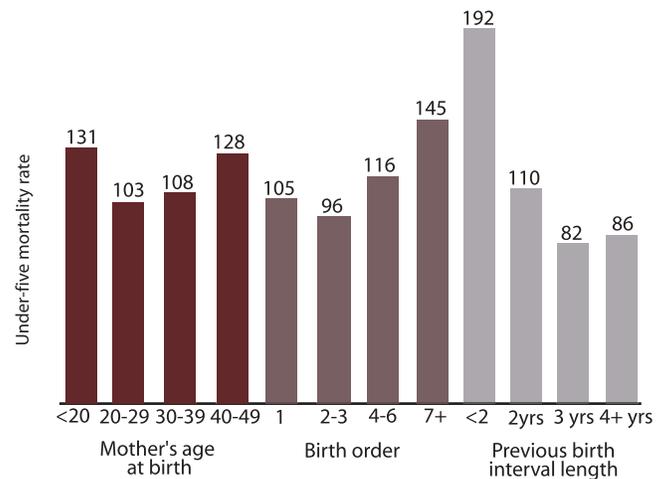


Data from the 2003 GDHS confirm the expected curvilinear relationship between mother's age at birth and mortality. First births and higher order births generally face an elevated risk of mortality. Mortality among children is negatively associated with the length of the previous birth interval, especially when the birth interval is less than two years.

Childhood vaccination coverage

The majority (69 percent) of Ghanaian children age 12-23 months are fully immunised, while 5 percent received no vaccinations at all. Nine in ten children have received the BCG and first dose of DPT and polio vaccines. While the coverage for the first dose of DPT and polio is high, coverage declines for subsequent doses of DPT and polio, with only about 80 percent of children receiving the recommended three doses of these vaccines. Eighty-three percent of children received the measles vaccine and 77 percent have been vaccinated against yellow fever. The percentage of children age 12-23 months who have been fully vaccinated has increased over the last twenty years, from 47 percent in 1988 to 69 percent in 2003.

Under-five mortality by mother's background characteristics



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Childhood illness and treatment

Among children under five years of age, 10 percent were reported to have had symptoms of acute respiratory illness in the two weeks preceding the survey. Of these, 44 percent were taken to a health facility or provider for treatment. Fifteen percent of children under five years had diarrhoea in the two weeks preceding the survey. Twenty-six percent of children with diarrhoea were taken to a health provider. Just over a third of children with diarrhoea (39 percent) were given a solution made from oral rehydration salts (ORS), 11 percent received rehydration fluids (RHF) and 40 percent were given increased fluids. Overall, 63 percent received ORS, rehydration fluids or increased fluids.

Twenty-one percent of children under five years had a fever in the two weeks preceding the survey. Of these, 63 percent took an antimalarial drug. Forty-four percent of children took the anti-malarial drug on the same day or the next after the onset of the illness. Chloroquine is by far the most common antimalarial drug given for fever (59 percent), followed by Amodiaquine and Quinine (2 percent each) and Fansidar (less than one percent).

NUTRITION

Malnutrition in women can be an underlying factor in maternity-related complications and infant deaths. Malnourished mothers are also more likely to have malnourished children. Inadequate nutrition can compromise a growing child's physical and mental development. The 2003 GDHS provides data on important nutritional indices, including infant and child feeding practices, physical measurements, micronutrients, and anaemia prevalence for mothers and children.

Breastfeeding practices

The data indicate that almost all (97 percent) Ghanaian children are breastfed for some period of time. Forty-six percent of infants were put to the breast within one hour of birth, and 75 percent started breastfeeding within the first day. Comparison of 2003 data with similar data from 1988 show little difference in the percent of children ever breastfed over the last 5 years.

The 2003 GDHS data indicate that supplementary feeding of children begins early. For example, among newborns less than two months of age, 38 percent are receiving supplementary foods or liquids other than breastmilk. The median duration of breastfeeding in Ghana is 23 months.



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Twelve percent of children under six months are given a feeding bottle with a nipple. Bottle-feeding reaches its peak (15 percent) at age 4-5 months. The percentage of young children bottle-fed has declined markedly over the last five years.

Iodisation of household salt

Ninety percent of the households interviewed in the 2003 GDHS had their salt tested for iodine, while 9 percent had no salt available in the household. Fifty-nine percent of households are consuming salt that is not iodised, 13 percent of households are consuming inadequately iodised salt (<15 ppm) and only 28 percent are consuming adequately iodised salt (15+ ppm).

Fifty-nine percent of households are consuming salt that is not iodised.

Intake of vitamin A

Ensuring that children between six months and 59 months receive enough vitamin A is a crucial child survival intervention, as deficiencies in this micronutrient can cause blindness and can increase the severity of infections, such as measles and diarrhoea. Seventy-eight percent of children 6-59 months are reported to have received a vitamin A supplement in the 6 months preceding the survey. Forty-one percent of children under three who live with their mothers consume fruits and vegetables rich in vitamin A.

Anaemia Testing

Anaemia testing was carried out in all households surveyed in the 2003 GDHS. Women age 15-49 and children under age 5 were asked to provide a drop of blood for haemoglobin testing, the standard indicator of anaemia. Anaemia testing was done only when the women consented to the procedure, and, in the case of children, when the consent of the parent or guardian of the child was obtained.

Respondents who consented to anaemia testing received the results at the time of the test. Those who agreed to forego anonymity of the test were given a referral to a health facility if their haemoglobin level was found to be severely low.

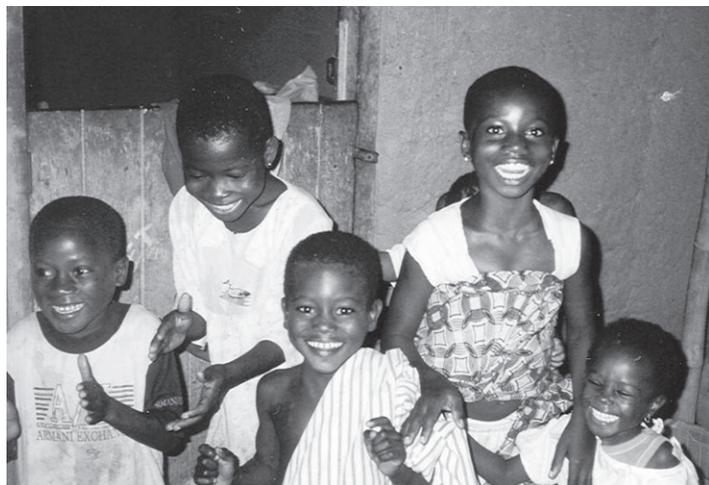
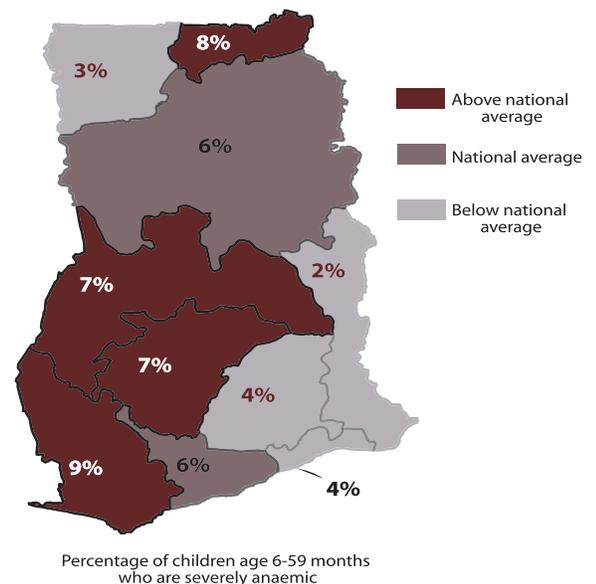
Forty-three percent of mothers with a birth in the last five years reported receiving a vitamin A dose postpartum. Eight percent of interviewed women reported night blindness during pregnancy, but only about 2 percent of women experienced night blindness that was attributable to vitamin A deficiency.

Prevalence of anaemia

Iron-deficiency anaemia is a major threat to maternal health and child health. Overall, more than three-quarters of Ghanaian children 6-59 months old have some level of anaemia, including 23 percent of children who are mildly anaemic, 47 percent who are moderately anaemic and 6 percent who are severely anaemic.

The prevalence of anaemia is less pronounced among women than among children. Forty-five percent of Ghanaian women age 15-49 are anaemic, with 35 percent mildly anaemic, 9 percent moderately anaemic, and less than 1 percent severely anaemic.

How does anaemia prevalence vary by region?

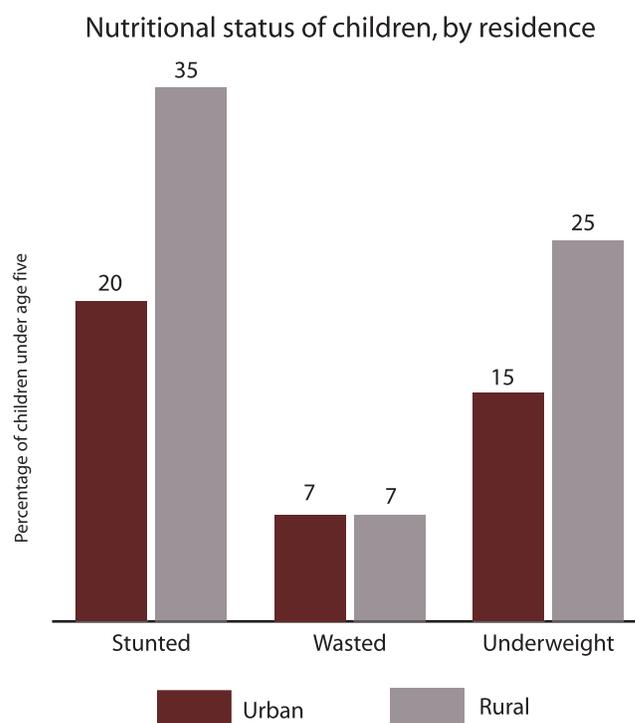


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Nutritional status of children

Stunting, wasting, and being underweight are indicators of malnutrition in children. According to the 2003 GDHS, 30 percent of children under five are stunted and 11 percent severely stunted. Seven percent of children under five are wasted and 1 percent severely wasted. Weight-for-age results show that 22 percent of children under five are underweight, with 5 percent severely underweight. Children whose biological mothers were not in the household are more likely to be malnourished (34 percent stunted, and 25 percent underweight) than children whose mothers were interviewed.

The proportion of children under five who are stunted has increased from 26 percent in 1998 to 30 percent in 2003. The proportion underweight decreased from 10 percent in 1998 to 7 percent in 2003. The proportion of children who are wasted also decreased from 25 percent in 1998 to 22 percent in 2003.



Nine percent of women were found to be chronically malnourished, while 25 percent are overweight.

Nutritional status of women

The mean height of Ghanaian women is 159 centimetres, which is above the critical height of 145 centimetres, below which women are considered to be at increased nutritional risk. Nine percent of women were found to be chronically malnourished (BMI less than 18.5), while 25 percent are overweight. There has been little change in the percentage of mothers whose height is below 145 centimetres and in the mean BMI since 1993.



HIV/AIDS: KNOWLEDGE, ATTITUDE, BEHAVIOUR AND PREVALENCE

The 2003 GDHS allows the anonymous linking of HIV results with key behavioural, social and demographic factors. The HIV prevalence data provide important information to plan the national response, to evaluate programme impact, and to measure progress on the Ghana HIV/AIDS Strategic Framework: 2001-2005. The understanding of the prevalence of HIV within the population and the analysis of social, biological and behavioural factors associated with HIV infection provide new insights into the HIV epidemic in Ghana that may enable more precisely targeted messages and interventions.

Awareness of AIDS

AIDS awareness is very high in Ghana, with nearly all adult women and men having heard about HIV/AIDS. More than a third of women and men age 15-49 know someone personally who has HIV or who has died of AIDS. Two in three women and three in four men in the same age group know that using a condom during sexual intercourse and limiting sex to one uninfected partner together can effectively reduce the risk of HIV infection. In addition, four in five women and men are aware that abstinence can prevent HIV infection.

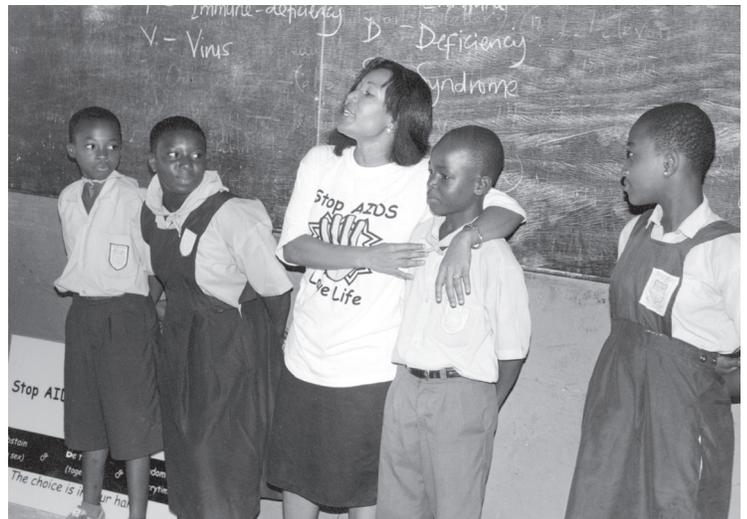
Attitudes towards HIV-infected people

There is a relatively high acceptance of people living with AIDS. More than two-thirds of women and men age 15-49 are willing to care for a family member with HIV in their own household, three-fifths of women and two-thirds of men do not believe that the HIV positive status of a family member should be kept a secret, and two-fifths of women and half of men believe that an HIV positive female teacher should be allowed to continue teaching. However, only one in four women and one in three men say that they would buy fresh vegetables from a vendor with AIDS.

HIV-related behavioural indicators

Delaying the age at which young persons become sexually active is an important strategy for reducing the risk of contracting an STI. Seven percent of women and 4 percent of men had sex by exact age 15. Forty-six percent of women and 27 percent of men first had sex by exact age 18.

Sexual intercourse with a nonmarital or noncohabiting partner is associated with an increase in the risk of contracting sexually transmitted diseases. One in five women and one in three men age 15-49 engaged in higher-risk sexual behaviour in the last 12 months. Overall, 25 percent of women and 45 percent of men age 15-49 did not use a condom during their last episode of higher-risk sex. Higher risk sexual behaviour is even more common among young people age 15-24: half of women and more than four-fifths of men in the age cohort engaged in risky sexual behaviour. Among those who did engage in higher-risk sex, less than one third of women and half of men age 15-24 used a condom during their last episode of unsafe sex. Sexual intercourse with more than one partner is also associated with a high risk of exposure to sexually transmitted diseases. One percent of women and 10 percent of men age 15-49 had sexual intercourse with more than one partner in the twelve months prior to the survey.



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HIV prevalence

HIV tests were conducted for 89 percent of the 5,949 eligible women and 80 percent of the 5,345 eligible men. Two percent of Ghanaian adults are infected with HIV. HIV prevalence in women age 15-49 is nearly 3 percent, while for men 15-59, it is under 2 percent. This female-to-male ratio of 1.8 to 1 implies that young women are particularly vulnerable to HIV infection compared to young men. Prevalence among females is consistently higher than among males at all age groups except at ages 40-44, where male prevalence is higher. The female-male gap is particularly large among women and men age 25-29, where women are nearly three and a half times as likely to be HIV positive as men. The peak prevalence among women is at age 35-39, while prevalence rises gradually with age among men to peak at age 40-44. Prevalence is highest in the Eastern Region and lowest in the Northern, Central and Volta regions.

For the vast majority (96 percent) of cohabiting couples, both partners are HIV negative, while in 1 percent of couples, both partners are HIV positive. There is discordance in the HIV positive status in under 2 percent of couples, meaning that one partner is infected and the other is not.

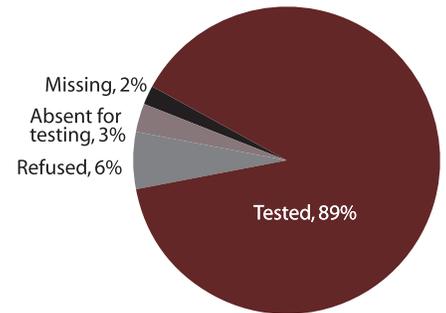


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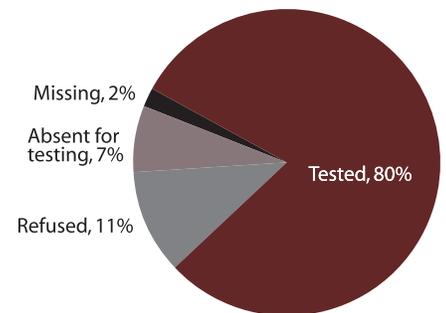
Coverage of HIV testing

Overall, 85 percent of eligible women and men were tested for HIV. Coverage of testing was higher among women and in rural areas. Coverage also differed dramatically by region, ranging from a low of 76 percent in Greater Accra to a high of 94 percent in Central Region .

Coverage of HIV testing among women



Coverage of HIV testing among men



Current analysis has found no consistent relationship between non-response and variables associated with higher HIV risk.

SUMMARY AND RECOMMENDATIONS

FERTILITY AND FAMILY PLANNING

◆ Data from the 2003 GDHS and earlier surveys show that the Government's goal to reduce the total fertility rate to 5.0 by the year 2000 and bring about a balance between population growth and economic development has in fact been achieved. Fertility has declined dramatically from 6.4 births per woman in 1988 to 4.4 births per woman in 2003, for the three years preceding each survey. However, the dramatic decline experienced in the late eighties and nineties has stalled in the more recent years.

◆ At an average of 4.4 children per woman, fertility exceeds the 2.1 children per woman needed to maintain the population size over the long term. This rate of population growth is exacerbated by the fact that two in five births in the country is mistimed or unwanted and that wanted fertility is 0.7 children less than the actual fertility rate.

◆ It is encouraging to note that almost all women and men in the reproductive age group are aware of contraceptives. However, only one-fourth of currently married women report using a method of family planning. Nevertheless, the country is moving in the right direction with the dramatic 41 percent increase in the use of modern contraceptive methods among currently married women over the last five years, and a growing reliance on the private sector as an important source of contraceptives. This should act as further incentive for planners to revitalize ongoing programs to encourage new users.



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◆ There is much scope for improved media coverage to encourage use, dispel misconceptions about use of contraceptives in general and fear associated with specific methods. The government sector should be more receptive to client needs. An important area of intervention is improving contact and encouraging counselling by family planning providers.

◆ There has been little change in the unmet need for family planning over the last five years. Ghana's family planning program has a way to go to meet both the spacing and limiting needs of couples, since only two-fifths of the family planning needs of currently married women are being met.

MATERNAL AND CHILD HEALTH

◆ Utilization of maternity care in Ghana is encouraging. Nine in ten mothers received antenatal care from a trained medical professional. Three in five mothers were informed about signs of pregnancy complications. Nevertheless, more than half of all births are delivered at home, with little or no supervision from health professionals, and only one in four of these births receive postnatal care within the crucial first two days following delivery.

◆ Less than one percent of women tested were found to be severely anaemic, one percent were at nutritional risk (below 145 centimetres in height), 9 percent suffered from chronic energy deficiency (BMI<18.5), and 8 percent were found to be obese. Micronutrient intake among mothers is low. Two-fifths of mothers received vitamin A postpartum, two-fifths took iron tablets continuously for the recommended three months during pregnancy, and less than one-fourth live in households using adequately iodised salt (15 parts per million of iodine or more). Nearly three-fifths of women took antimalarial drugs during their last pregnancy.

◆ The sharp decline in childhood mortality experienced in the late eighties and nineties has leveled off over the last five years. However, vaccination coverage among children under five years has continued its steady increase, with 69 percent of children fully vaccinated in 2003. Intake of vitamin A supplements is relatively high. Six percent of children were tested and found to be severely anaemic. The proportion of children under five who are stunted has increased over the last five years while the proportion underweight and wasted has decreased over the same period.

◆ Use of a health facility to treat childhood illnesses remains low in Ghana. Two-fifths of children with symptoms of ARI were taken to a health facility for treatment, and only one in four children with diarrhoea were taken to a health facility. Knowledge of oral rehydration salts (ORS) is very high among mothers and nearly two-thirds of children with diarrhoea were treated with oral rehydration therapy salts, recommended home fluids and increased fluids. Three-fifths of children under five who had a fever were treated with antimalarial drugs.

HIV/AIDS AWARENESS, BELIEFS, ATTITUDES, AND PREVALENCE

◆ AIDS awareness is very high in Ghana. Two-thirds of women and four-fifths of men know that using condoms and limiting sexual intercourse to one uninfected partner are important preventive measures in the fight against the spread of HIV/AIDS. The majority of women and men are also aware that HIV can be transmitted from mother to child during pregnancy, delivery and through breastfeeding. There is a relatively high acceptance of people living with AIDS. More than two-thirds of women and men age 15-49 are willing to care for a family member with HIV in their own household. Nevertheless, misconceptions abound. Only one in four women and two in five men are aware that a healthy-looking person can have the AIDS virus, and that AIDS cannot be transmitted through mosquito bites and supernatural means. One in ten women and men age 15-49 have ever been tested for HIV and about 2 percent know their HIV status.

◆ Half of sexually active young women and four-fifths of sexually active young men age 15-24 have engaged in higher-risk sexual behaviour (sexual intercourse with nonmarital, noncohabiting sexual partner or partners) in the past 12 months. Only one-third of these women and half of these men used a condom at last higher-risk sex.

◆ HIV prevalence is relatively low in Ghana (just over 2 percent). Prevalence is higher among women than among men. Under 3 percent of women and less than 2 percent of men age 15-49 tested positive for HIV. Prevalence rises with age, peaking at 5 percent among women age 35-39 and at 4 percent among men age 40-44.

