Ghana

2014 Demographic and Health Survey

Key Findings

This report summarises the findings of the 2014 Ghana Demographic and Health Survey (2014 GDHS), implemented by the Ghana Statistical Service (GSS), the Ghana Health Service (GHS), and the National Public Health and Reference Laboratory (NPHRL) of the GHS. Financial support for the survey was provided by the U.S. Agency for International Development (USAID), the Global Fund through the Ghana AIDS Commission (GAC) and the National Malaria Control Programme (NMCP), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the International Labour Organization (ILO), the Danish International Development Agency (DANIDA), and the government of Ghana. ICF International provided technical assistance through The DHS Program, a USAID-funded project offering support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2014 GDHS may be obtained from the Ghana Statistical Service, Head Office, P.O. Box GP 1098, Accra, Ghana; Telephone: 233-302-682-661/233-302-663-578; Fax: 233-302-664-301; E-mail: info@statsghana.gov.gh.

Additional information about The DHS Program may be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; Telephone: +1-301-407-6500; Fax: +1-301-407-6501; E-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

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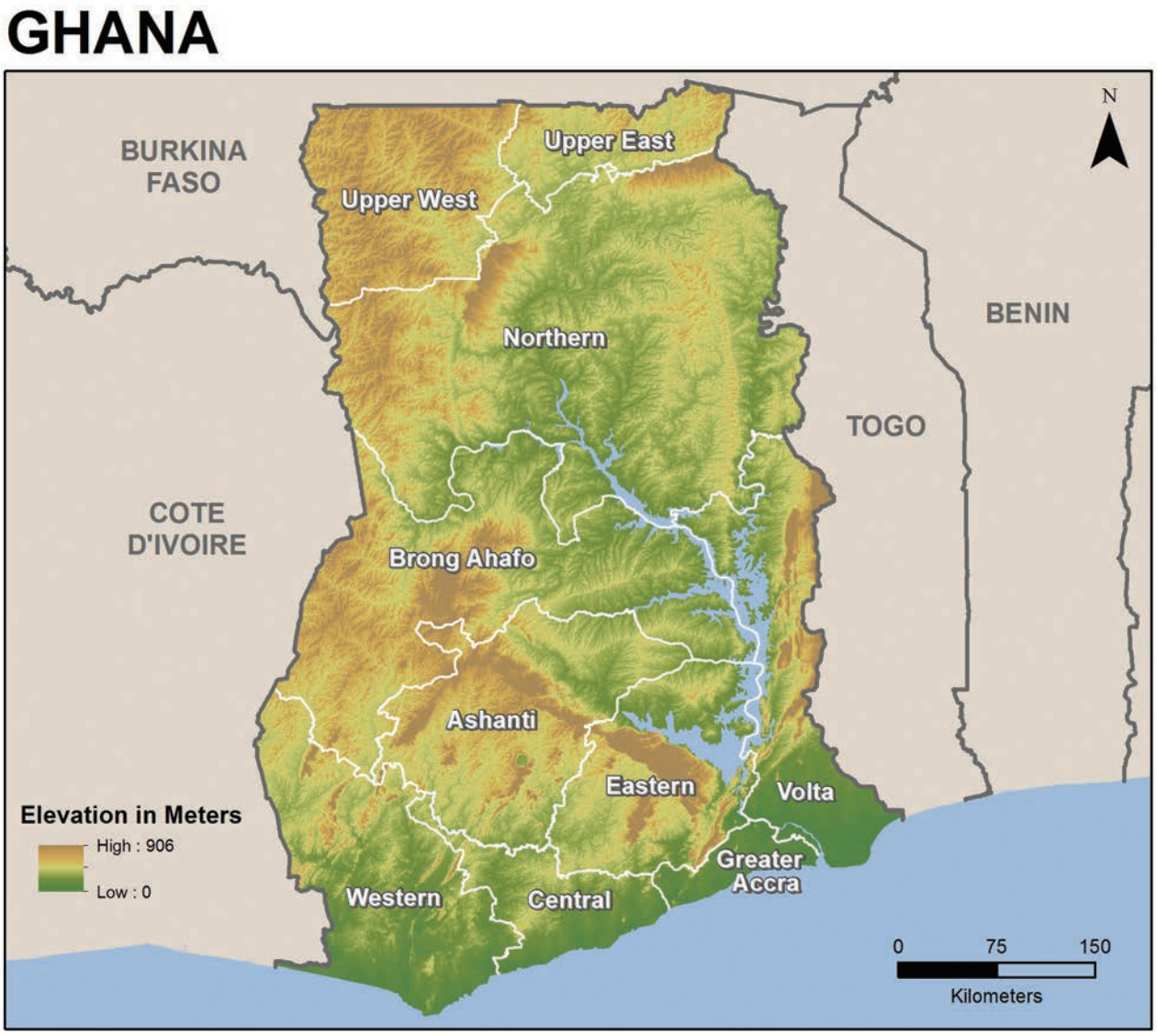
About the 2014 GDHS

The 2014 Ghana Demographic and Health Survey (GDHS) is designed to provide data for monitoring the health situation of the population in Ghana. The 2014 GDHS is the sixth Demographic and Health Survey conducted in Ghana since 1988, and the objective of the survey is to provide up-to-date estimates of basic demographic and health indicators such as fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, childhood mortality, maternal and child health, HIV/AIDS, malaria treatment and prevention, estimates of anaemia prevalence among children and women, and other health issues including smoking, tuberculosis, and blood pressure among adults. The information collected from the GDHS can be used by programme managers and policymakers to evaluate and design programmes and strategies for improving the health of Ghana's population.

Who participated in the survey?

A nationally representative sample of 9,396 women age 15-49 in all selected households and 4,388 men age 15-59 in half of the selected households were interviewed. This represents a response rate of 97% for women and 95% for men. The sample design for the 2014 GDHS provides estimates at the national and regional levels, as well as for urban and rural areas.



Characteristics of Households and Respondents

Household Composition

Ghanaian households consist of an average of 3.5 people. About one-third (34%) of households are headed by women. More than 40% of the Ghanaian population is under age 15.

Water, Sanitation, and Electricity

Six in ten households in Ghana have access to an improved source of drinking water. More than half of households in urban areas (53%) have access to an improved source of drinking water compared to 69% of households in rural areas. Only 14% of Ghanaian households have an improved, not shared sanitation facility. More than one-quarter of households (26%) have a non-improved sanitation facility. In rural areas, 41% of households lack improved sanitation facilities compared to just 14% of households in urban areas. More than 3 in 4 households (78%) in Ghana have electricity.

Ownership of Goods

Currently, 85% of households own a mobile phone, 69% have a radio, and 62% own a color television. Households in urban areas are more likely to own a mobile phone, radio, or television than rural households. Nearly one-quarter of households (23%) own a bicycle while 9% own a car/truck. Almost 4 in 10 households own agricultural land and 36% of households own farm animals.

Education

Nearly 1 in 5 women and 9% of men have no education. More than 40% of women and men have attended middle/JSS/JHS education. More than 1 in 5 women and 35% of men have attended secondary+ education. Women and men in urban areas are much more likely to achieve higher levels of education than those living in rural areas. Men are more likely to be literate than women. Two-thirds of Ghanaian women are literate compared to 82% of Ghanaian men.

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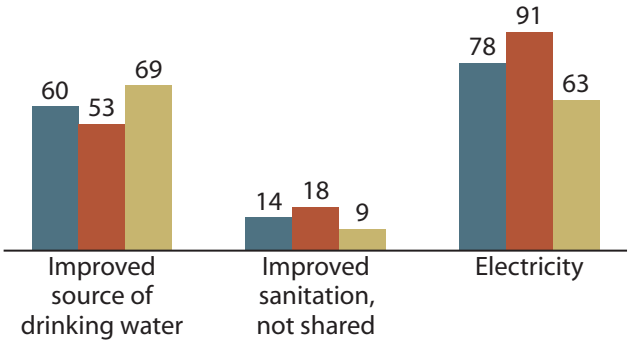
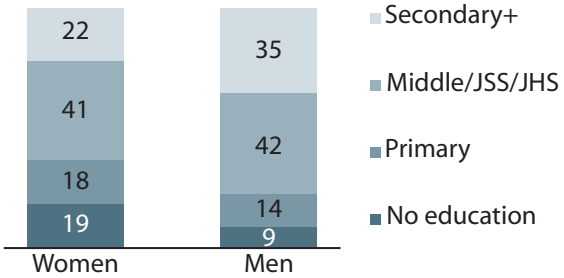
Water, Sanitation, and Electricity by Residence

Percent of households



Education

Percent distribution of women and men age 15-49 by highest level of education attended



Fertility and Its Determinants

Total Fertility Rate

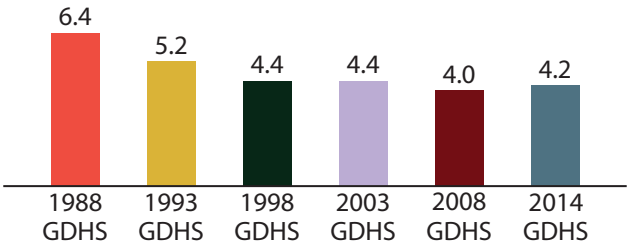
Currently, women in Ghana have an average of 4.2 children. Overall, fertility in Ghana has decreased from 6.4 births per woman in 1988 to 4.2 births per woman.

Fertility varies by residence and region. Women in urban areas have 3.4 children on average, compared to 5.1 children per woman in rural areas. Fertility is lowest in Greater Accra where women have an average of 2.8 children. Fertility is highest in Northern region where women have an average of 6.6 children.

Fertility also varies with education and economic status. Women with no education have 3.6 children more than women with secondary+ education (6.2 versus 2.6). Fertility increases as the wealth of the respondent's household* decreases. Women living in the poorest households, in general, have 3.5 more children than women who live in the wealthiest households (6.3 versus 2.8).

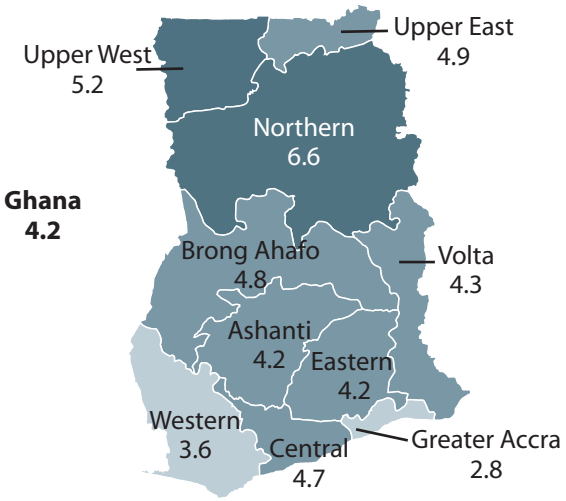
Trends in Fertility

Births per woman for the three-year period before the survey



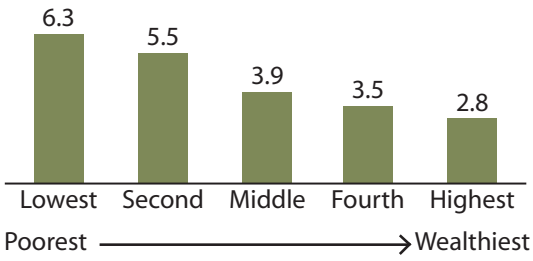
Total Fertility Rate by Region

Births per woman for the three-year period before the survey



Total Fertility Rate by Household Wealth

Births per woman for the three-year period before the survey



* Wealth of families 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 their relative standing on the household wealth index.

Age at First Sexual Intercourse, Marriage, and Birth

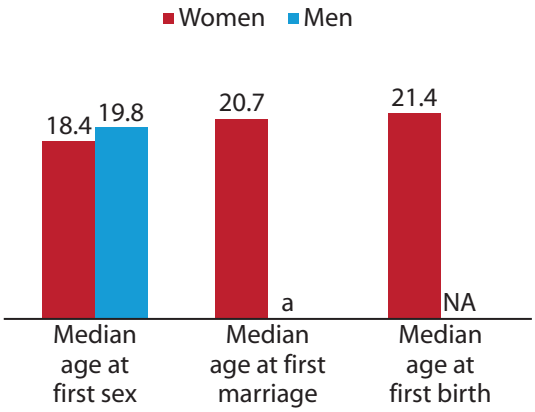
Ghanaian women begin sexual activity more than one year earlier than Ghanaian men; the median age at first sex for women age 25-49 is 18.4 years, compared to 19.8 years for men age 25-49. Women with no education begin sexual activity 3.1 years earlier than women with secondary+ education (17.5 versus 20.6). Forty-four percent of women initiated sexual activity by age 18 compared to 27% of men.

Ghanaian women get married 2.3 years after sexual initiation at age 20.7 years. Eight percent of Ghanaian women are married before age 15 and 29% are married by age 18.

Less than one year after marriage women are having their first birth. The median age at first birth for women is 21.4 years. Women from rural areas have their first birth 2.8 years earlier than women from urban areas (20.1 versus 22.9).

Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49



a = Omitted because less than 50% of men in this age group are married.

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Teenage fertility

Overall, 14% of adolescent women age 15-19 are already mothers or pregnant with their first child. Young motherhood is more common in rural areas than in urban areas (17% and 12%, respectively). Teenage fertility is lowest in Greater Accra (8%) and highest in Volta (22%). Nearly four times as many teenagers with no education have begun childbearing compared to those with secondary+ education (23% versus 6%, respectively). Teenagers from the poorest households (15%) are more than twice as likely to have begun childbearing than those from the wealthiest households (6%).

Polygyny

Sixteen percent of married women and 7% of married men age 15-49 are in polygynous unions. Polygyny is more common in rural areas with 20% of women and 10% of men in polygynous unions. Polygyny is more common in Northern region where 42% of women and 27% of men are in polygynous unions.

Family Planning

Current Use of Family Planning

More than one-quarter of married women in Ghana use any method of contraception. Twenty-two percent of married women use a modern method of family planning. Another 5% use a traditional method. Injectables (8%), implants (5%), and the pill (5%) are the most commonly used modern methods.

Among never married, sexually active women age 15-49, about one-third (32%) use a modern method of family planning. The most commonly used methods are the pill (8%), the male condom (8%), and injectables (7%).

Use of modern methods of family planning varies by residence and region. One-quarter of married women in rural areas use modern methods, compared to 1 in 5 married women in urban areas. Modern contraceptive use ranges from a low of 11% in Northern region to a high of 30% in Volta.

Modern contraceptive use generally increases with education; 17% of married women with no education use modern methods compared to 24% of women with secondary+ education. An inverse pattern is seen with household wealth. Married women from the second wealth quintile (25%) are more likely to use modern methods compared to married women from the wealthiest households (20%).

Trends in Family Planning Use

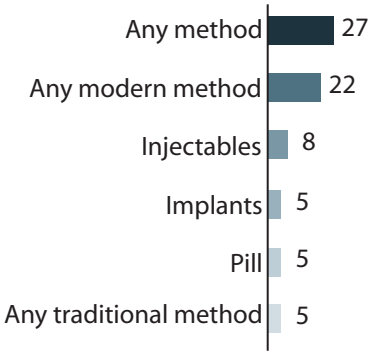
Use of any method of family planning has greatly increased from 13% to 27% over the past 26 years. Modern method contraceptive use has increased more than four times from 5% in 1988 to 22% in 2014.

Source of Modern Methods of Family Planning

The public sector, such as government hospitals and clinics, currently provides modern methods of family planning to almost two-thirds (64%) of current users, while the private medical sector provides modern contraception to 1 in 3 current users.

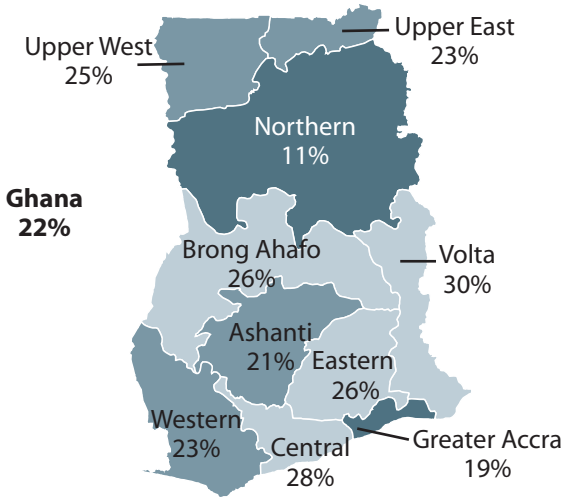
Family Planning

Percent of married women age 15-49 using family planning



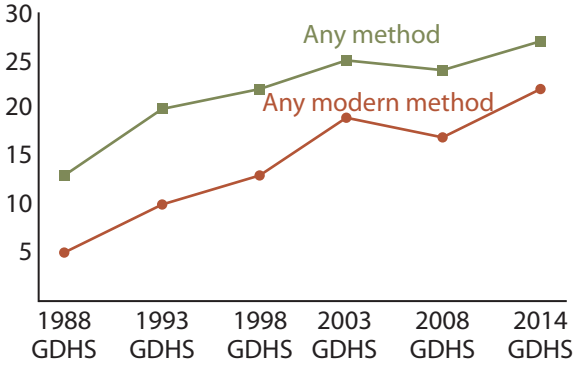
Current Use of Modern Methods by Region

Percent of married women age 15-49 using a modern method of family planning



Trends in Family Planning Use

Percent of married women age 15-49 using family planning



Need for Family Planning

Desire to Delay or Stop Childbearing

About one-third of married women and men want no more children. Three in ten women and more than one-third of men want to wait at least two years before their next birth. These women and men are potential users of family planning.

Unmet Need for Family Planning

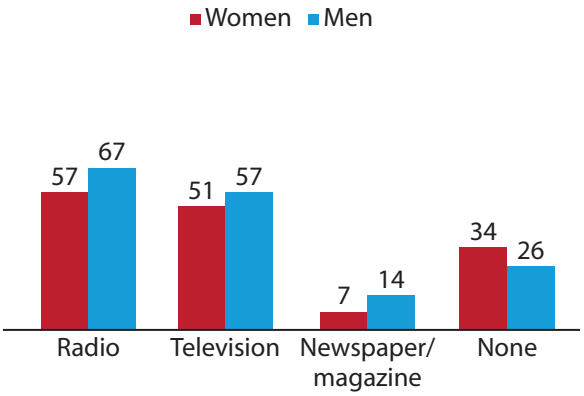
Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2014 GDHS reveals that 3 in 10 married women have an unmet need for family planning—17% have a need for spacing births and 13% have a need for limiting births. Women in Volta are most likely to have an unmet need for family planning (36%), compared to 27% of women in Brong Ahafo, Upper East, and Western (27% each). Unmet need is higher among younger women age 15-19 (51%) than among older women age 45-49 (14%).

Exposure to Family Planning Messages

The most common media sources of family planning messages are the radio and television. Men are more likely to have seen or heard family planning messages than women. Fifty-seven percent of women and two-thirds of men were exposed to a family planning message on the radio, while half of women and 57% of men heard or saw a family planning message on television. One-third of women and more than one-quarter of men were not exposed to family planning messages through any media source.

Exposure to Family Planning Messages

Percent of women and men age 15-49 who heard or saw a family planning message in the past few months



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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 available family planning methods. Two-thirds of women were informed of possible side effects or problems of their method, 57% were informed about what to do if they experience side effects, and 72% were informed about other available contraceptive methods.

Childhood Mortality

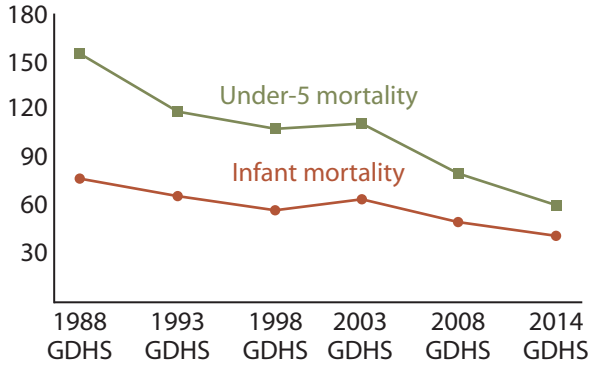
Rates and Trends

Infant and under-5 mortality rates in the five-year period before the survey are 41 and 60 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 24 Ghanaian children dies before reaching age one. One in every 17 does not survive to their fifth birthday.

Childhood mortality rates have declined in the past 26 years. Infant mortality has declined from 77 deaths per 1,000 lives births in 1988 to 41 in 2014. During the same time period, under-5 mortality has sharply decreased from 155 to 60 deaths per 1,000 live births.

Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey



Under-5 Mortality Rate by Background Characteristics

Mortality rates differ by residence and region for the ten-year period before the survey. Children in rural areas (75 deaths per 1,000 live births) are more likely to die young than children in urban areas (64 deaths per 1,000 live births). The under-5 mortality rate ranges from 47 deaths per 1,000 live births in Greater Accra to 111 deaths per 1,000 live births in Northern region.

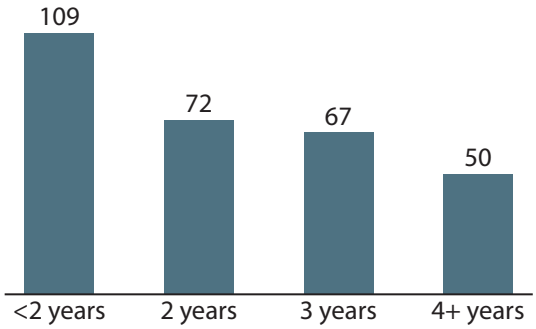
Under-5 mortality among children born to mothers with no education (92 deaths per 1,000 live births) is higher than children born to mothers with middle/JSS/JHS (54 deaths per 1,000 live births). Under-5 mortality among children in poorer households (92 deaths per 1,000 live births) is higher than children from the fourth wealth quintile (55 deaths per 1,000 live births).

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Ghana, the median birth interval is 39.4 months. Infants born less than two years after a previous birth have high under-five mortality rates (109 deaths per 1,000 live births compared to 50 deaths per 1,000 live births for infants born four or more years after the previous birth). Only 13% of all children are born less than two years after their siblings.

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



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Maternal Health

Antenatal Care

Almost all women (97%) receive antenatal care (ANC) from a skilled provider (doctor, nurse/midwife, and community health officer/nurse), most commonly from a nurse/midwife (69%). The timing and quality of ANC are also important. Nearly two-thirds of women had an ANC visit before their fourth month of pregnancy, as recommended, and 87% of women made four or more ANC visits.

Nearly all women (92%) took iron tablets or syrup during pregnancy. More than three-quarters of women's most recent births were protected against neonatal tetanus. Among women who received ANC for their most recent birth, 99% had blood pressure measured, 98% had blood sample taken, 97% had urine sample taken, and 84% were informed of pregnancy complications.

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Delivery and Postnatal Care

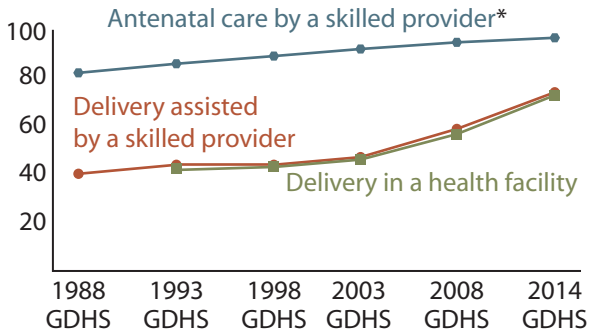
Nearly 3 in 4 births occur in health facilities, primarily in public sector facilities. Facility-based births are more common in urban areas (90%) than rural areas (59%). More than one-quarter of births occur at home. Home births are more common in rural areas (41%) than urban areas (9%). Facility-based deliveries have increased from 42% in 1993 to 73% in 2014.

Nearly 3 in 4 births are assisted by a skilled provider. Another 16% of births are assisted by a traditional birth attendant. Skilled assistance at birth is most common in Greater Accra (92%) and least common in Northern region (36%). Women with more education and those from wealthier households are most likely to have their births attended by a skilled provider. Skilled assistance during delivery has increased from 40% in 1988 to 74% in 2014.

Postnatal care helps prevent complications after childbirth. More than 8 in 10 women receive a postnatal checkup within two days of delivery. Fifteen percent of women did not receive a postnatal checkup within 41 days of delivery.

Trends in Maternal Health Care

Percent of live births in the five years before the survey



*% of women age 15-49 for most recent birth

Problems in Accessing Health Care

Half of women report having at least one problem accessing health care for themselves. Four in ten women are concerned about getting money for treatment. One-quarter of women are concerned about the distance to the health facility.

Child Health

Vaccination Coverage

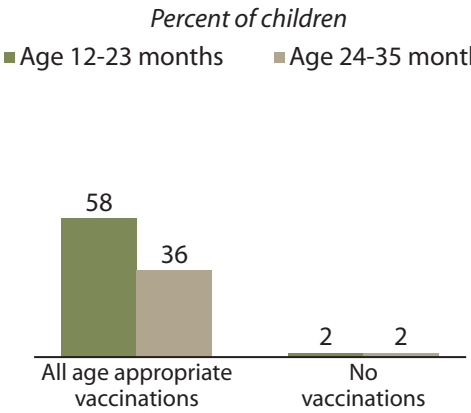
According to the 2014 GDHS, 58% of children age 12-23 months have received all age appropriate vaccinations—one dose each of BCG, measles, and yellow fever; two doses of rotavirus; three doses each of pentavalent and pneumococcal; and four doses of polio. Age appropriate vaccination coverage is 64% in urban areas and 52% in rural areas. Regionally, age appropriate vaccination coverage ranges from 41% in Northern to 76% in Greater Accra. Children from the wealthiest households and whose mothers have secondary+ education are most likely to have received all age appropriate vaccinations. Only 2% of children did not receive any of the recommended vaccinations.

Children age 24-35 months should also receive all age appropriate vaccinations mentioned above plus one more measles vaccaintion. More than one-third (36%) of children age 24-35 months have received all age appropriate vaccinations. Regionally, age appropriate vaccination coverage ranges from 18% in Central to 48% in Greater Accra. Only 2% of children did not receive any of the recommended vaccinations.

Ghana's national health policy provides health cards to children. Cards are seen as a tool for improving a child's health because the card documents vaccinations, vitamin A supplementation, child's growth, in addition to providing health information to the mother. Nearly all children among both age groups have ever had a vaccination card.

Vaccination Coverage

Percent of children

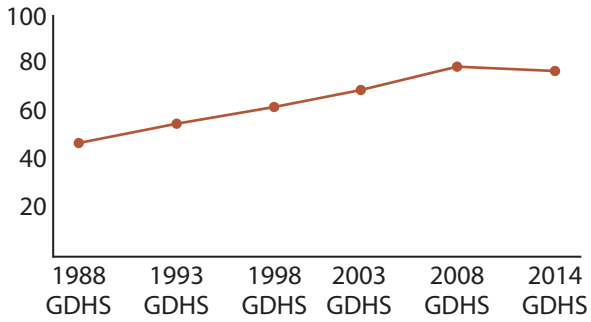


Trends in Basic Vaccination Coverage

More than 3 in 4 children age 12-23 months have received all basic vaccinations—one dose each of BCG and measles, three doses each of pentavalent and polio. Basic vaccination coverage among children age 12-23 has increased since 1988 when less than half of children received all basic vaccinations. Basic vaccination coverage in 2014 is similar to levels in the 2008 GDHS.

Trends in Basic Vaccination Coverage

Percent of children age 12-23 months who received all basic vaccinations



Childhood Illnesses

In the two weeks before the survey, 4% of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, 53% were taken to a health facility or provider.

More than 1 in 10 children under five had diarrhoea in the two weeks before the survey. This rate was highest among children age 12-23 months. Nearly half (45%) of children with diarrhoea were taken to a health facility or provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). Six in ten children with diarrhoea were treated with ORT or increased fluids. However, 17% of children received no treatment from a medical professional or at home.

Feeding Practices and Supplementation

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Ghana with 98% of children ever breastfed. More than half of children (56%) are breastfed within the first hour of life. Fifteen percent of children who were ever breastfed received a prelacteal feed.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Half of children under six months in Ghana are exclusively breastfed. Children age 0-35 months breastfeed until 20.9 months and are exclusively breastfed for 2.5 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Ghana, 76% of children age 6-9 months are breastfed and receive complementary foods.

Use of Iodised Salt

Iodine is an important micronutrient for body growth and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. Two-thirds of households in Ghana have iodised salt.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children, pregnant women, and new mothers. In the 24 hours before the survey, two-thirds of children age 6-23 months ate foods rich in vitamin A. Two in three children age 6-59 months received a vitamin A supplement in the six months prior to the survey. Nearly 7 in 10 women (68%) received a postpartum dosage of vitamin A.

Iron is essential for cognitive development in children and low iron intake can contribute to anaemia. Nearly 6 in 10 children ate iron-rich foods the day before the survey, but only 24% were given iron supplements in the week before the survey. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. Nearly 6 in 10 women took iron tablets for at least 90 days during their last pregnancy.

Nutritional Status

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Anaemia

The 2014 GDHS tested children age 6-59 months and women age 15-49 for anaemia. Two-thirds of children in Ghana are anaemic, while 37% have moderate anaemia. Anaemia in children is most common in Northern region (82%) and least common in Ashanti (54%). While anaemia among children does decrease with wealth, still 47% of children in the wealthiest households are anaemic. Anaemia in children has decreased since 2003 when 76% of children were anaemic.

Four in ten (42%) women in Ghana are anaemic. Among women, anaemia is most common in Volta (49%) and least common in Brong Ahafo and Upper West (each 36%). Anaemia in women has decreased since 2008 when nearly 6 in 10 women were anaemic.

Children's Nutritional Status

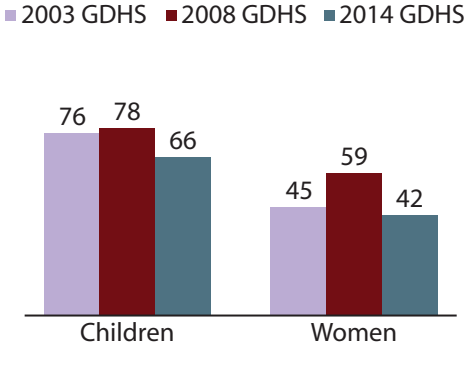
The 2014 GDHS measured children's nutritional status by comparing height and weight measurements against an international reference standard. Nearly 1 in 5 children under five in Ghana are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in Northern region where one-third of children are stunted and less common in Greater Accra where 1 in 10 children are stunted. Stunting is more common among children of less educated mothers (26%). Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (5%). In addition, 11% of Ghanaian children are underweight, or too thin for their age. The nutritional status of Ghanaian children has generally improved since 2003. In 2003, more than one-third of children was stunted compared to 19% in 2014.

Women's and Men's Nutritional Status

The 2014 GDHS also took weight and height measurements of women and men age 15–49. Only 6% of Ghanaian women and 10% of men are thin (body mass index or BMI < 18.5). Four in ten women and 16% of men are overweight or obese (BMI ≥ 25.0) Overweight and obesity increase with age; only 9% of women and 2% of men age 15-19 are overweight or obese compared to 56% of women and 28% of men age 40-49. Among both women and men, overweight and obesity increases with household wealth. Among women, thinness has slightly decreased since 2003 from 9% to 6%, in 2014 while overweight and obesity has increased from 25% to 40% in the same time period.

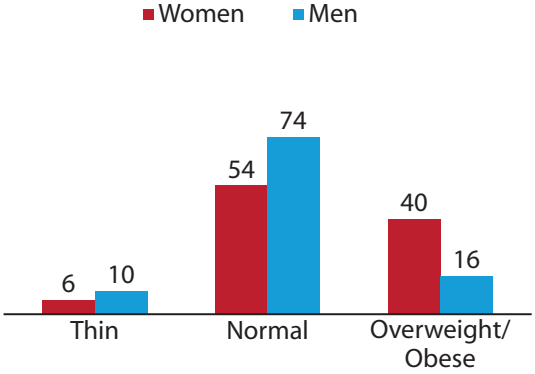
Trends in Anaemia

Percent of children age 6-59 months and women age 15-49 with anaemia



Women's and Men's Nutritional Status

Percent distribution of women and men age 15-49

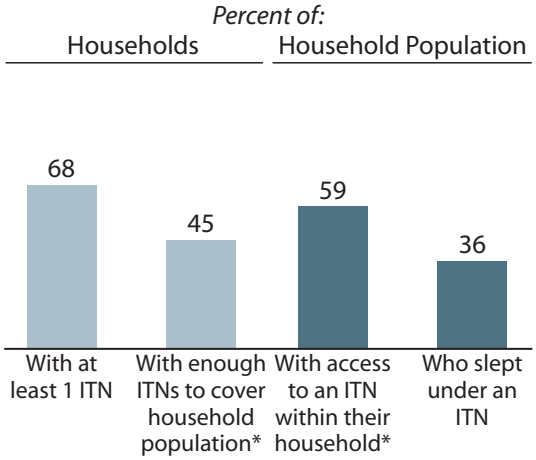


Malaria

Mosquito Nets

Among all households in Ghana, two-thirds (68%) own at least one insecticide-treated net (ITN). However, only 45% of households have enough ITNs to cover each household member, assuming one ITN is used by two people. Among the household population, 59% have access to an ITN, while 36% slept under an ITN the night before the survey.

Ownership of, Access to, and Use of ITNs

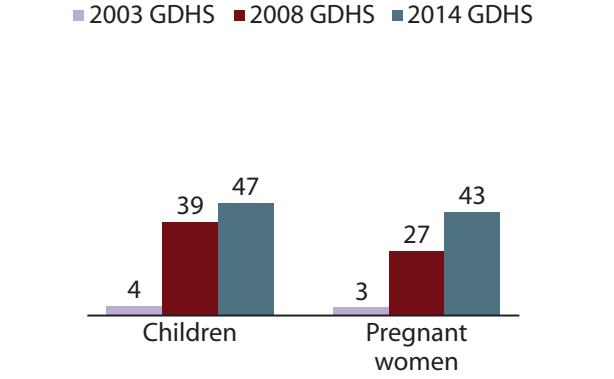


*Assuming one ITN covers 2 people

Children and pregnant women are most vulnerable to malaria. Nearly half (47%) of children under five slept under an ITN the night before the survey. Similarly, 43% of pregnant women slept under an ITN the night before the survey. Use of ITNs by children under five and pregnant women has increased since 2003.

Trends in ITN Use

Percent of children under five and pregnant women age 15-49 who slept under an ITN the night before the survey



Indoor Residual Spraying

Indoor residual spraying (IRS) is limited to specific areas in Ghana. In 2014, 1 in 10 households had been sprayed with insecticide in the year before the survey. IRS coverage is highest in Upper East region (79%) and lowest in Volta and Eastern (both 1%). Seven in 10 households in Ghana have vector control through possession of at least one ITN and/or IRS in the past 12 months.

Intermittent Preventive Treatment of Pregnant Women

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive two or more doses of SP/Fansidar during an ANC visit. Two-thirds of pregnant women received this intermittent preventive treatment (IPTp) during ANC. Nearly 4 in 10 pregnant women have received three or more doses of SP/Fansidar during an ANC visit. IPTp has increased from 44% in 2008 to 68% in 2014.

Management of Malaria in Children

In the two weeks before the survey, 14% of children under five had fever, the primary symptom of malaria. Three in four children with fever sought advice or treatment, while one-third had blood taken from a finger or heel stick for testing.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children. Among children with fever who received an antimalarial, 78% received ACT.

Malaria Prevalence

Malaria Prevalence

All children age 6-59 months living in half of the selected households were eligible for malaria testing. Malaria testing was done through both rapid diagnostic testing (RDT) as well as blood smear microscopy. Of the 2,781 eligible children, 97% provided blood for both RDT and microscopy testing. This report presents malaria prevalence estimates based only on microscopy results.

In Ghana, 27% of children age 6-59 months tested positive for malaria by microscopy. Malaria prevalence is higher among children in rural areas (38%) than urban areas (14%). Children from the poorest households are five times more likely to have tested positive for malaria (42%) than children in the wealthiest households (8%).

Malaria prevalence varies greatly by region. Malaria prevalence is highest in Northern region (40%) and lowest in Greater Accra (11%).

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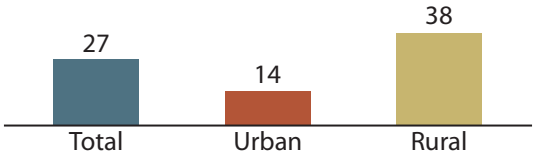
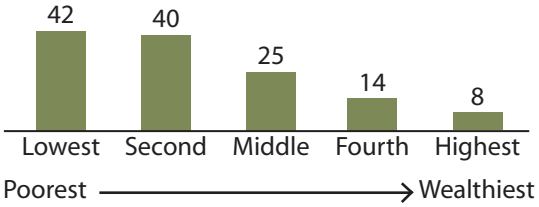
Malaria Prevalence by Residence

Percent of children age 6-59 months who tested positive for malaria by microscopy



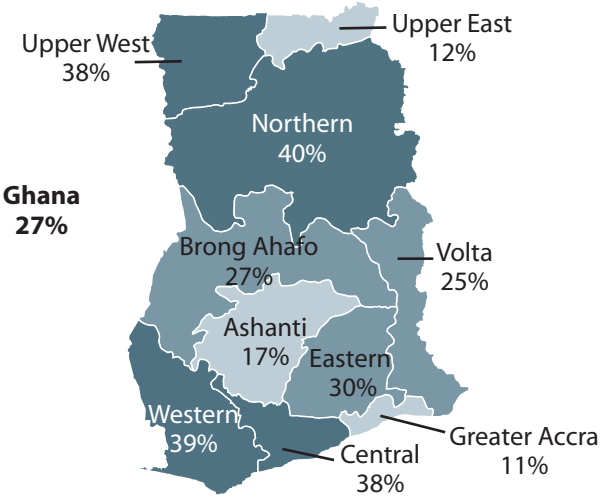
Malaria Prevalence by Household Wealth

Percent of children age 6-59 months who tested postive for malaria by microscopy



Malaria Prevalence by Region

Percent of children age 6-59 months who tested positive for malaria by microscopy



HIV Knowledge, Attitudes, and Behaviour

Knowledge of HIV Prevention Methods

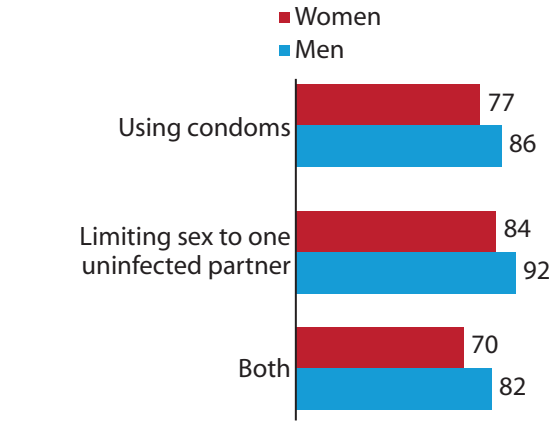
Men are more likely than women to know about the different HIV prevention methods. Seven in ten women and 82% of men know that the risk of getting HIV can be reduced by using condoms and limited sex to one monogamous, uninfected partner. Knowledge of HIV prevention methods is highest among women and men with secondary+ education.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Women are more likely than men to have knowledge of PMTCT. Six in ten women and half of men know that HIV can be transmitted by breastfeeding and that transmission can be reduced by the mother taking special medication during pregnancy. Knowledge of PMTCT is highest among women and men with secondary+ education.

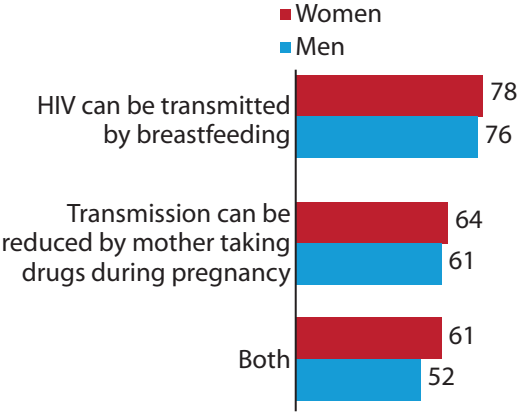
Knowledge of HIV Prevention Methods

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



Knowledge of PMTCT

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



Multiple Sexual Partners

Having multiple sexual partners increases the risk of contracting HIV and other sexually transmitted infections (STIs). A small percentage of women (1%) and 14% of men had two or more sexual partners in the past 12 months. Among women and men who had two or more partners in the past year, 11% of women and 19% of men reported using a condom at last sexual intercourse. Men in Ghana have more than three times as many lifetime sexual partners than women (7.3 versus 2.3).

Male Circumcision

Nearly all men (96%) in Ghana are circumcised. Male circumcision ranges from 72% in Upper West to 99% in Western, Central, Greater Accra, Eastern, and Volta regions.

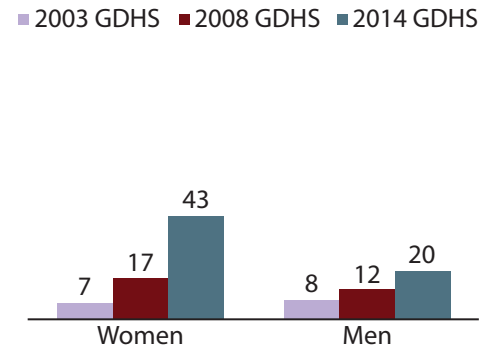
HIV Testing

Nearly 80% of women and men know where to get an HIV test. More than 40% of women and 20% of men have ever been tested for HIV and received the results. However, half of women and more than three-quarters of men have never been tested for HIV. HIV testing has improved since 2003 when less than 1 in 10 women and men had ever been tested and received the results.

Within the past 12 months, only 13% of women and 6% of men have been tested and received the results.

Trends in HIV Testing

Percent of women and men age 15-49 who were ever tested for HIV and received their results



HIV Prevalence

HIV Prevalence

HIV prevalence data were obtained from blood samples voluntarily provided by women and men in half of the selected households. Of the 4,927 women and 4,426 men age 15-49 eligible for testing, 95% of women and 90% of men provided specimens for HIV testing.

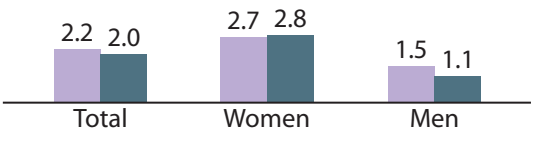
Overall, 2.0% of Ghanaians age 15-49 are HIV-positive. Regionally, HIV prevalence is highest in Eastern (2.7%) and less than 1% in Northern, Upper East, and Upper West. HIV prevalence is slightly higher among women (2.8%) than among men (1.1%). HIV prevalence is slightly higher in urban areas than in rural areas for both women and men. Among women, HIV prevalence is highest at age 40-44 (5.4%) and lowest at age 15-19 (0.3%). Among men, HIV prevalence is highest at age 35-39 (2.7%) and lowest at age 20-24 (0.1%).

Trends in HIV Prevalence

Overall, the total estimate of HIV prevalence among adults (women and men age 15-49) has remained essentially unchanged from 2.2% in 2003 to 2.0% in 2014. HIV prevalence appears to have slightly increased among women, from 2.7% in 2003 to 2.8% in 2014, but this increase is not statistically signficant. Among men, HIV prevalence slightly decreased from 1.5% in 2003 to 1.1% in 2014. This decline in HIV prevalence among men is not statistically significant.

Trends in HIV Prevalence

Percent of women and men age 15-49 who are HIV-positive



HIV and Youth

HIV Testing among Youth

Among youth age 15-24 who have had sexual intercourse in the past year, 16% of young women and 3% of young men have been tested for HIV in the past year and received their results prior to the GDHS survey. Young women and men with secondary+ education are more likely to have been tested for HIV in the past year and received their results.

HIV Prevalence among Youth

Overall, less than 1% of Ghanaian youth age 15-24 are HIV-positive. HIV prevalence is higher among young women (1.5%) than among young men (0.2%). HIV prevalence among young women is highest among women age 23-24 (4.7%) and lowest among women age 15-17 (0.3%). Young men with no education are more likely to be HIV-positive (1.8%) than young men with higher levels of education.

Women's Empowerment

Employment

Nearly 9 in 10 married women age 15-49 were employed at any time in the past 12 months, compared to almost all married men. The majority (64%) of working women earn cash, while 14% are not paid at all. Eight in ten working men earn cash, while 7% are not paid. More than 60% of married women who are employed and earned cash made independent decisions on how to spend their earnings. More than 3 in 4 working women reported earning less than their husband.

Participation in Household Decisions

The 2014 GDHS asked currently married women about their participation in three types of household decisions: own health care, making major household purchases, and visits to family or relatives. Married women in Ghana are most likely to have sole or joint decision making power about visiting family or relatives (87%) and less likely to make decisions about their own health care (77%) and making major household purchases (74%). Overall, 6 in 10 married women participate in all three decisions. Less than 10% of married women did not participate in any of the three decisions.

Women's decision making varies by region. One-third of married women in Northern region parcipate in all three decisions, compared to 84% of women in Upper East. Women's participation in decision making increases with education. More than half of married women with no education participate in all three decisions, compared to 70% of married women with secondary+ education.

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Ownership of Assets

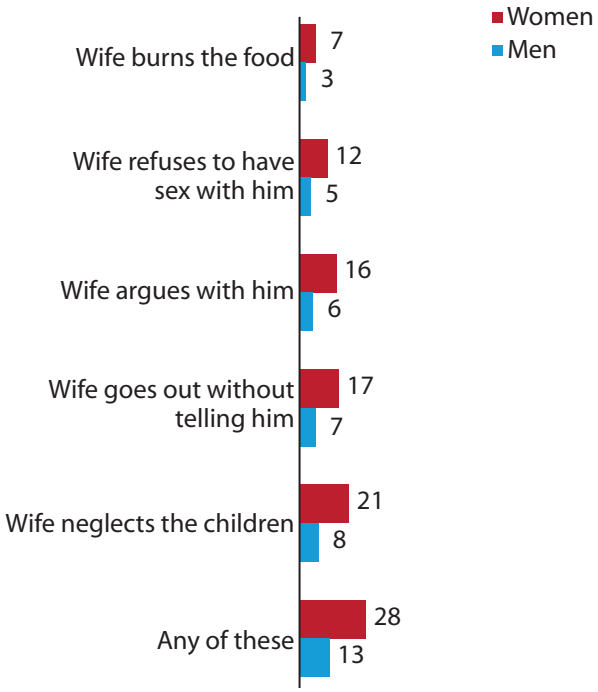
Men are more likely to own a home, alone or jointly, than women (23% versus 19%). One-third of men own land, alone or jointly, compared to only 22% of women.

Attitudes toward Wife Beating

More than one-quarter of women (28%) and 13% of men agree that a husband is justified in hitting or beating his wife for any of the following reasons: burns the food, refuses to have sex with him, argues with him, goes out without telling him, or neglects the children. Both women and men are most likely to agree that wife beating is justified if the wife neglects the children (21% and 8%, respectively).

Attitudes toward Wife Beating

Percent of married women and men age 15-49 who believe that a husband is justified in hitting or beating his wife for the following reasons:



Adult Health Issues

Hypertension

Eight percent of women and 4% of men report that they have ever been told by a health provider that they have hypertension or high blood pressure. Among these women and men, some are taking measures to control their high blood pressure: 72% of women and 65% of men are taking prescribed medication; about half of women and two-thirds of men are controlling or losing weight; and three-quarters are cutting down salt in their diet.

The 2014 GDHS measured respondents' blood pressure and found that 13% of both women and men age 15-49 had hypertension. The majority of those with hypertension had only mildly elevated blood pressure. Hypertension increases with age. Among the oldest respondents age 45-49, 38% of women and 24% of men had elevated blood pressure. Obese women and men (BMI ≥ 30.0) are most likely to have high blood pressure; more than one-quarter of obese women (27%) and more than half of obese men (55%) have hypertension.

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Knowledge of Tuberculosis

More than 80% of both women and men have knowledge of tuberculosis (TB). About 80% of women and men know that TB is spread through the air when an infected person coughs. Eighty-five percent of women and 89% of men believe that TB can be cured. Nearly one-third of women and one-quarter of men would want to keep it secret if a family member had TB.

Health Insurance Coverage

More than 6 in 10 women and half of men have health insurance coverage. National/District Health Insurance (NHIS) is the most common type of health insurance coverage among both women (62%) and men (48%).

Use of Tobacco

Tobacco use is more common among men than women. Less than 1% of Ghanaian women use tobacco compared to 5% of men. Among men, cigarettes are the most commonly used tobacco product. Cigarette use increases with age; only 1% of men age 15-19 smoke compared to 11% of men age 45-49. Cigarette use also decreases with education; 17% of men with no education smoke, compared to 2% of men with secondary+ education. Among men who smoke cigarettes, 37% smoke 3-5 cigarettes daily.

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INDICATORS

		Residence	
Fertility	**Ghana**	**Urban**	**Rural**
Total fertility rate (number of children per woman)	4.2	3.4	5.1
Median age at first marriage for women age 25-49 (years)	20.7	22.7	19.2
Women age 15-19 who are mothers or currently pregnant (%)	14	12	17
Family Planning (among married women age 15-49)			
Current use of a modern method of family planning (%)	22	20	25
Unmet need for family planning[1] (%)	30	29	31
Maternal Health (among women age 15-49)			
Pregnant women who received antenatal care from a skilled provider[2](%)	97	99	96
Births delivered in a health facility (%)	73	90	59
Births assisted by a skilled provider[2] (%)	74	90	60
Child Health (among children age 12-23 months)			
Children who have received all age appropriate vaccinations[3] (%)	58	64	52
Children who have received all basic vacciations[4] (%)	77	76	78
Nutrition			
Children under five who are stunted (moderate or severe) (%)	19	15	22
Women age 15-49 who are overweight or obese (%)	40	49	29
Children age 6-59 months who are anaemic (%)	66	58	72
Women age 15-49 who are anaemic (%)	42	42	43
Childhood Mortality (deaths per 1,000 live births)[5]			
Infant mortality	*41*	49	46
Under-5 mortality	*60*	64	75
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	68	60	78
Children under five who slept under an ITN the night before the survey (%)	47	36	55
Pregnant women age 15-49 who slept under an ITN the night before the survey (%)	43	31	55
Malaria prevalence by microscopy among children age 6-59 months (%)	27	14	38
HIV/AIDS			
Women age 15-49 who know that HIV can be prevented by using condoms and limiting sexual intercourse to one uninfected partner (%)	70	73	66
Men age 15-49 who know that HIV can be prevented by using condoms and limiting sexual intercourse to one uninfected partner (%)	82	83	81
Women age 15-49 who have ever been tested for HIV and received their results (%)	43	50	35
Men age 15-49 who have ever been tested for HIV and received their results (%)	20	26	14
Total HIV prevalence among both women and men age 15-49 (%)	2.0	2.3	1.7
HIV prevalence among women age 15-49 (%)	2.8	3.1	2.5
HIV prevalence among men age 15-49 (%)	1.1	1.3	0.9

[1]Married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. [2]Skilled provider includes doctor, nurse/midwife, and community health officer/nurse. [3]Age appropriate vaccinations for children age 12-23 months include one dose each of BCG, measles, and yellow fever; two doses of rotavirus; three doses each of pentavalent (DPT-HepB-Hib) and pneumococcal

Region									
Western	Central	Greater Accra	Volta	Eastern	Ashanti	Brong Ahafo	Northern	Upper East	Upper West
3.6	4.7	2.8	4.3	4.2	4.2	4.8	6.6	4.9	5.2
19.8	20.0	23.7	20.5	20.4	20.8	21.5	18.7	18.9	18.9
13	21	8	22	17	12	21	10	10	10
23	28	19	30	26	21	26	11	23	25
27	29	28	36	35	32	27	28	27	28
99	98	99	94	97	99	99	92	98	98
74	70	93	65	68	86	78	35	84	63
75	72	92	66	67	86	79	36	85	64
53	51	76	63	60	53	56	41	65	73
69	71	82	79	80	79	82	69	85	91
18	22	10	19	17	16	17	33	14	22
43	41	57	31	39	45	35	12	19	21
65	70	60	70	66	54	63	82	74	74
43	47	42	49	39	41	36	48	40	36
40	48	37	42	43	63	38	53	(46)[6]	(64)[6]
56	69	47	61	68	80	57	111	(72)[6]	(92)[6]
67	70	53	76	73	70	81	71	73	77
48	51	26	66	49	47	61	43	37	55
42	45	18	(69)[7]	50	44	68	50	34	(36)[7]
39	38	11	25	30	17	27	40	12	38
68	83	79	67	67	66	81	45	72	51
87	88	92	80	84	72	73	82	61	70
41	46	53	40	43	44	44	21	35	37
18	18	29	19	24	18	13	13	19	17
2.7	2.1	2.5	2.1	2.8	1.9	2.2	0.3	0.6	0.4
3.3	2.8	3.8	3.2	4.1	2.6	2.9	0.6	0.8	0.3
2.1	1.3	1.1	0.9	1.4	1.1	1.4	<0.1	0.4	0.4

vaccines; and four doses of polio vaccine. [4]Basic vaccinations for children age 12-23 months include one dose each of BCG and measles and three doses each of pentavalent (DPT-HepB-Hib) and polio vaccines, excluding polio 0 given at birth. [5]Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey. [6]Figures in parentheses are based on 250-499 unweighted exposed persons. [7]Figures in parentheses are based on 25-49 unweighted cases.