

Monitoring the Situation of Children and Women

Findings from the

Ghana Multiple Indicator Cluster Survey 2006

PRELIMINARY REPORT

February 2007



Summary Table of Findings
MICS and MDG Indicators, Ghana, 2006

TOPIC	MICS INDICATOR NUMBER	MDG INDICATOR NUMBER	INDICATOR	VALUE	UNIT
Child Mortality	1	13	Under-five mortality rate	111	Per 1,000 live births
	2	14	Infant mortality rate	71	
Nutrition	6	4	Underweight prevalence	18	Percent
	7		Stunting prevalence	23	Percent
	8		Wasting prevalence	5	Percent
	15		Exclusive breastfeeding rate	54	Percent
	16		Continued breastfeeding rate	58	Percent
	17		Timely complementary feeding rate	56	Percent
Child health	26	15	Polio immunization coverage	83	Percent
	27		DPT (Hep B Hib) immunization coverage	84	Percent
	28		MMR coverage	85	Percent
	22		Antibiotic treatment of suspected pneumonia	33	Percent
	24		Solid fuels	86	Percent
	37		Under-fives sleeping under insecticide-treated nets	22	Percent
	38		Under-fives sleeping under mosquito nets	33	Percent
	39		Antimalarial treatment (under-fives)	48	Percent
Environment	41		Iodized Salt Consumption	32	Percent
	11	30	Use of improved drinking water sources	78	Percent
	12	31	Use of improved sanitation facilities	61	Percent
	21	19c	Contraceptive prevalence	17	Percent
Reproductive health	4	17	Skilled attendant at delivery	49	Percent
	5		Institutional deliveries	49	Percent
Education	55	6	Net primary school attendance rate (girls)	64	Ratio
			Net primary school attendance rate (boys)	63	Ratio
	61	8	Gender parity index (primary)	1	Index
			Gender parity index (secondary)	1	Index
Child protection	62		Birth registration	51	Percent
	67		Marriage before age 15	2.1	Percent
			Marriage before age 18	22	Percent
	68		Young women aged 15-19 currently married/in union	11	Percent
HIV/AIDS, Sexual behaviour, and orphaned and vulnerable children	82	19b	Comprehensive knowledge about HIV prevention among women aged 15-24	25	Percent
			Comprehensive knowledge about HIV prevention among men aged 15-24	33	Percent
	83	19a	Condom use with non-regular partners among women aged 15-24	42	Percent
			Condom use with non-regular partners among men aged 15-24	56	Percent
	85		Higher risk sex in the last year among women aged 15-24	52	Percent
	77	20	Higher risk sex in the last year among men aged 15-24	88	Percent
		School attendance of orphans versus non-orphans	1	Ratio	

Contents

Summary Table of Findings	ii
Contents	iii
List of Tables	iv
Acknowledgements	v
1 Background and Objectives	1
1.1 Introduction.....	1
1.2 Survey Objectives	2
2 Sample and Survey Methodology	2
2.1 Sample Design	2
2.2 Questionnaires	3
2.3 Fieldwork and Processing	4
2.4 Sample Coverage	4
3 Results	5
3.1 Child Mortality	5
3.2 Nutritional Status	6
3.3 Breastfeeding	8
3.5 Immunization	9
3.6 Antibiotic Treatment and Medical Consultations for Children with Suspected Pneumonia.....	10
3.7 Solid Fuel Use.....	11
3.8 Malaria.....	11
3.9 Water and Sanitation.....	14
3.10 Contraception.....	15
3.11 Assistance at Delivery.....	16
3.12 Primary School Attendance	16
3.13 Birth Registration.....	18
3.14 Early Marriage and Polygyny	19
3.15 Knowledge of HIV/AIDS Transmission and Condom Use	21
3.16 Orphans School Attendance.....	24
APPENDIX	25

List of Tables

Table HH.1:	Results of household and individual interviews	3
Table CM.1:	Child mortality.....	6
Table NU.5:	Salt Iodization.....	9
Table CH.7:	Antibiotic treatment and consultations for pneumonia.....	11
Table CH.10:	Availability of mosquito and insecticide treated nets	12
Table CH.11:	Children sleeping under bednets.....	13
Table ED.3:	Primary school net attendance ratio.....	17
Table ED.7:	Education gender parity.....	18
Table CP.5.1:	Early marriage	19
Table CP.5.2:	Polygyny	20
Table HA.3:	Comprehensive knowledge of HIV/AIDS transmission.....	22
Table HA.9.1:	Sexual activity among youth	23
Table HA.12:	Orphaned and vulnerable children school attendance.....	24

Appendix

Table HH.1:	Results of household and individual interviews	27
Table NU.1:	Child malnourishment	28
Table NU.3:	Breastfeeding.....	29
Table CH.1:	Vaccinations in first year of life	30
Table CH.2:	Vaccinations by background characteristics.....	31
Table CH.8:	Solid fuel use	32
Table CH.12:	Treatment of children with anti-malarial drugs	33
Table EN.1:	Use of improved water sources.....	34
Table EN.5:	Use of sanitary means of excreta	35
Table RH.1:	Use of contraception.....	36
Table RH.5:	Assistance during delivery.....	37
Table CP.1:	Birth registration.....	38
Table CP.5.1A:	Early marriage	39
Table HA.9.2:	High-risk sex and condom use at last high-risk sex.....	40-41

Acknowledgements

The Ghana Multiple Indicator Cluster Survey (MICS) 2006 was successfully conducted through the invaluable assistance given by all collaborating agencies, institutions, organisations and individuals to whom we owe a great deal of gratitude.

We are very grateful to the Ministry of Health (MoH) for sourcing substantial funds for the survey, releasing staff to serve on the secretariat and fieldwork as well as providing the logistical support needed to carry out the exercise. We also acknowledge the Dutch Government for providing funds through MoH for the MICS 2006.

The MICS project was initiated by UNICEF and the organisation of the survey has involved the staff from the New York and Ghana offices throughout the period. We sincerely thank them for their immense and diverse contributions ranging from expert visits, international training programmes, local technical assistance, procurement and administration. The International training opportunities provided by UNICEF, which made it possible for the MICS team to meet and work with colleagues from the other National Statistics offices conducting the survey at the same period, is greatly appreciated.

In implementing the Ghana MICS, we also had a chance to continue our long and fruitful relationship with MEASURE DHS/Macro International, Inc. and USAID. Under the US President's Emergency Plan for AIDS Relief (PEPFAR), technical assistance and funding was provided with regard to the inclusion of the male questionnaire, which is much appreciated. We thank the Ghana AIDS Commission, which laboured behind the scene to expand on the HIV/AIDS module of the survey and made the obvious connection possible.

We are very grateful to the MICS 2006 Steering Committee for their immense contribution towards the successful completion of the survey.

We also thank the entire project staff of the MICS 2006, for their tireless work, dedication to duty and other contributions in the different phases of the survey. We give our sincerest gratitude to the field survey personnel for their dedication and professionalism that has produced data of very good quality. The contribution of other staff in the Statistical Service who worked behind the scene in various ways to assist the Secretariat is acknowledged.

The final and sincere thanks go to all respondents who readily made themselves available to be interviewed and making the MICS 2006 successful.

1 Background and Objectives

1.1 Introduction

This preliminary report presents findings from the Ghana Multiple Indicator Cluster Survey (MICS), conducted in 2006 by the Ghana Statistical Service (GSS) in collaboration with Ministry of Health (MoH) of Ghana. The survey was based, in large part, on the needs to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002.

Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children. In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see Box 1).

Box 1

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

“We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning.” (**A World Fit for Children**, paragraph 60)

“...We will conduct periodic reviews at the national and subnational levels of progress in order to address obstacles more effectively and accelerate actions...” (**A World Fit for Children**, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

“... As the world’s lead agency for children, the United Nations Children’s Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action.”

Similarly, the **Millennium Declaration** (paragraph 31) calls for periodic reporting on progress:

“...We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action.”

Ghana in its drive to fight poverty has embarked on a national strategy, Ghana Poverty Reduction Strategy (GPRS I), from 2002-2005 and is currently implementing the policies and objectives as outlines in the Growth and Poverty Reduction Strategy II (GPRS II), 2006-2009. Findings from MICS would provide up-to-date information in monitoring progress towards goals established by the national strategy. In addition to the national strategy, donor-specific programmes were also implemented including High Impact Rapid Delivery (HIRD),

Integrated Management of Childhood Illness (IMCI), The USG President's Emergency Plan for AIDS Relief, etc.

This preliminary report presents selected results on some of the principal topics covered in the survey and on a subset of indicators¹. The results in this report are preliminary and are subject to change, although major changes are not expected. A comprehensive full report is scheduled for publication in May 2007.

1.2 Survey Objectives

The 2006 Ghana MICS has as its primary objectives:

- To provide up-to-date information for assessing the situation of children, women and basic information on men in Ghana;
- To further present the current level of knowledge and behavioural indicators regarding HIV/AIDS and Malaria;
- To furnish data needed for monitoring progress toward goals established by the Millennium Development Goals, the goals of *A World Fit For Children* (WFFC) as a basis for future action;
- To contribute to the formation of baselines of the GPRS II, the MoH Plan of Work 2007-2009, and provide progress monitoring for any other policy or programme in Ghana;
- To contribute to the improvement of data and monitoring systems in Ghana and to strengthen technical expertise in the design, implementation, and analysis of such systems.

2 Sample and Survey Methodology

2.1 Sample Design

Table HH.1 presents information on the results of the household and individual interviews. A total of 6,302 households were selected for the MICS sample. Of these 6,264 were found to be occupied. Interviews were completed for 5,939 households which represent 95 percent response rate. A total of 6,240 women (age 15-49) and 1,909 eligible men (age 15-49) from every third household were identified for the individual interviews. Interviews were successfully completed for 5,891 women and 1,743 men, yielding a response rate of 94 percent and 91 percent respectively. In addition, 3,545 children under age five were listed in the household listing. Of these, questionnaires were completed for 3,466 which corresponds to a response rate of 98 percent. Overall response rates of 90 percent, 93 percent and 87 percent are calculated for the women's, children under- five year and selected men's interviews respectively.

The preliminary tabulations in the next section summarise the main demographic and health findings from eligible women, under-five children and men where applicable.

¹ For more information on the definitions, numerators, denominators and algorithms of Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) indicators covered in the survey: see Chapter 1, Appendix 1 and Appendix 7 of the MICS Manual – *Multiple Indicator Cluster Survey Manual 2005: Monitoring the Situation of Children and Women*, also available at www.childinfo.org

Table HH.1: Results of household and individual interviews			
Number of households, number of individual interviews and response rate, by place of residence, Ghana, 2006			
Result	Residence		Total
	Urban	Rural	
Number of households			
Sampled households	2,480	3,822	6,302
Occupied households	2,470	3,794	6,264
Interviewed households	2,327	3,612	5,939
Household response rate	94.2	95.2	94.8
Number of women			
Eligible women	2,546	3,694	6,240
Interviewed women	2,385	3,506	5,891
Women response rate	93.7	94.9	94.4
Women's overall response rate	88.3	90.4	89.5
Number of men			
Eligible men	739	1,170	1,909
Interviewed men	660	1,083	1,743
Men response rate	89.3	92.6	91.3
Men's overall response rate	84.1	88.1	86.6
Number of children under 5			
Eligible children under 5	1,030	2,515	3,545
Mother/Caretaker Interviewed	1,012	2,454	3,466
Child response rate	98.3	97.6	97.8
Children's overall response rate	92.6	92.9	92.7

2.2 Questionnaires

Four questionnaires were used in the survey. In addition to a household questionnaire which was used to collect information on all household members, the household, and the dwelling characteristics, questionnaires were administered to women aged 15-49; mothers or caretakers of under 5 children were identified in each household, and these persons were interviewed about children under 5. The fourth questionnaire was administered to men age 15-49 in every third selected household. The questionnaires included the following modules:

- Household Questionnaire
 - Household Listing
 - Education
 - Water and Sanitation
 - Household Characteristics
 - Child Labour
 - Salt Iodization
- Questionnaire for Individual Women aged 15-49
 - Child Mortality
 - Tetanus Toxoid
 - Maternal and Newborn Health
 - Marriage/Union
 - Contraception
 - HIV/AIDS

- Questionnaire for Children Under Five
 - Birth Registration and Early Learning
 - Vitamin A
 - Breastfeeding
 - Care of Illness
 - Immunization
 - Anthropometry
- Questionnaire for Individual Men aged 15-49
 - Marriage/Union
 - Contraception
 - HIV/AIDS and other STIs

The questionnaires were based on the MICS model questionnaires and modified to fit Ghanaian survey standards and conditions. The age range for women was expanded to the 15-49 age range for Marriage/Union and Sexual activity modules, a questionnaire for men aged 15-49 was added and a number of questions were added to gain further knowledge on sexual behaviour and HIV/AIDS among general population. The questionnaires were pre-tested in June 2006. Based on the results of the pre-test, further modifications were made to wording and flow of the questions.

2.3 Fieldwork and Processing

The field staff was trained for 14 days in mid July 2006. The data were collected by nine teams; each comprising four interviewers, one driver, one editor/measurer and a supervisor. Fieldwork began in August 2006 and concluded in early October 2006.

Data were entered on computers using the CSPro software. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programmes developed under the global MICS project and adapted to the Ghana questionnaires were used throughout. Data entry and editing began simultaneously with data collection in August 2006 and finished in November 2006. Data were analysed using the SPSS software programme and the model syntax and tabulation plans developed for this purpose.

2.4 Sample Coverage

The sample for the 2006 Ghana Multiple Indicator Cluster Survey (MICS) covered the population residing in private households in the country. A representative probability sample of 6,302 households was selected nationwide. The list of enumeration areas (EAs) from the Ghana Living Standard Survey (GLSS5) served as a frame for the MICS sample. The frame was first stratified into the 10 administrative regions in the country, then into urban and rural EAs. The sample was designed in a manner to provide estimates on a large number of indicators on the situation of children and women at the national level, for each of the 10 regions in Ghana, as well as for separate urban and rural areas. In addition, the design called for the selection of a sub-sample of eligible men aged 15-49 from selected households to be interviewed.

The 2006 MICS used a two-stage stratified sample design. At the first stage of sampling, 300 census enumeration areas (124 urban and 176 rural EAs) were selected for the MICS sample; these are a sub-sample of the 660 EAs (281 urban and 379 rural) selected for the GLSS 5. The clusters in each region were selected using a systematic sampling with probability proportional to their size. The distribution of EAs between regions is not proportional to the

2000 Population and Housing Census, mainly due to over-sampling in the number of EAs for Northern, Upper East and Upper West.

A complete household listing exercise covering all the GLSS 5 EAs was carried out May through July 2005 with a few selected EAs listed early 2006. At the second stage of selection, a systematic sampling of households was done from such list. The MICS households were selected systematically from the household listing provided by GLSS 5 after eliminating from the list households previously (15 regular with 5 replacement) selected by the GLSS 5². Twenty households per EA were selected in all the regions except in Northern, Upper East and Upper West regions, where 20 households per EA were selected in urban EAs and 25 households selected in rural EAs. The objective of this exercise was to ensure an adequate number of complete interviews to provide estimates for important population characteristics with acceptable statistical precision per region. Due to the disproportional number of EAs and different sample sizes selected per EA among regions, the MICS 2006 household sample is not self-weighted at the national level.

3 Results

3.1 Child Mortality

One of the overarching goals of the MDGs and the World Fit for Children is to reduce infant and under-five mortality. Monitoring progress towards this goal is an important but difficult objective. Measuring childhood mortality may seem easy, but attempts using direct questions, such as “Has anyone in this household died in the last year?” give inaccurate results. On the other hand, using direct measures of child mortality from birth histories is time consuming and complicated. Demographers have devised ways to measure childhood mortality indirectly. These ‘indirect methods’ minimize the pitfalls of memory lapses, inexact or misinterpreted definitions, and poor interviewing technique.

The *infant mortality rate* is the probability of dying before the first birthday. The *under five mortality rate* is the probability of dying before the fifth birthday. In MICS 2006, infant and under five mortality rates are calculated based on an indirect estimation technique, the Brass method, for the 5 year period. The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five year age groups of women. The technique converts these data into probabilities of dying by taking account of both the mortality risks to which children are exposed and their length of exposure to the risk of dying.

Table CM.1 provides estimates of child mortality by various background characteristics. The infant mortality rate is estimated at 71 per thousand, while under five mortality rate, is 111 deaths per 1,000 live births. This means that one in nine children born in Ghana dies before its fifth birthday. Approximately two-thirds of all deaths to children under five occur during their first year of life.

² The GLSS 5 interviews (takes 33 days for each EA) are long and demanding for respondents. It therefore seemed preferable to keep the two household samples separate in order to avoid respondent fatigue and possible high rates of refusal in the households falling in both samples as they were being conducted concurrently.

Table CM.1: Child mortality		
Infant and under-five mortality rates, Ghana, 2006		
	Infant mortality rate*	Under-five mortality rate**
Sex		
Male	84	131
Female	56	89
Region		
Western	45	66
Central	69	108
Greater Accra	60	92
Volta	57	86
Eastern	61	93
Ashanti	72	113
Brong Ahafo	88	142
Northern	83	133
Upper East	68	106
Upper West	114	191
Area		
Urban	68	106
Rural	72	114
Mother's education		
None	78	124
Primary	65	102
Middle/JSS	52	77
Secondary+	65	101
Wealth index quintiles		
Poorest	75	118
Second	79	126
Middle	65	100
Fourth	65	101
Richest	64	100
Total	71	111
* MICS indicator 2; MDG indicator 14		
** MICS indicator 1; MDG indicator 13		

There seems a marked difference between the probabilities of dying among males and females. Under-five mortality rate experienced by female children (89 deaths per 1,000 live births) is almost two-thirds of what is experienced by male children (131 deaths per 1,000) of the same cohort. The biological advantage enjoyed by female children over male children in the first few years of life may account for this.

Mortality among children of rural residence is consistently higher than for children of urban residence with respect to both infant and under-five mortality. At the regional level, differences in mortality are also quite marked, although these figures, in particular, should be interpreted with caution since sampling errors associated with mortality estimates are large. The infant mortality rate varies from 45 to 114 deaths per 1,000 live births. Infant and under-5 mortality rates are lowest in the Western region (infant = 45 per 1000 live births; under-5 = 66 per 1000 live births), while the figures for Upper West region (infant = 114 per 1000 live births; under-5 = 191 per 1000 live births) are almost three times as much that of Western region. There are also significant differences in mortality in terms of mothers' educational level and socio-economic status of the household in general. There appears to be decreasing levels of probabilities of dying among infants and under-5s with increasing levels of mothers' education. Children of mothers with no education are

more likely to die in infancy (78 deaths per 1,000 live births) than children of women with some form of education (52 to 65 deaths per 1,000 live births). Mothers' with secondary or higher education seem to have high rates due to small sample sizes.

3.2 Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

In a well-nourished population, there is a standard distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference distribution. The reference population used here is the WHO/CDC/NCHS reference, which is recommended for use by UNICEF and the World

Health Organization. Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of this reference population.

Weight for age is a measure of both acute and chronic malnutrition. Children whose weight for age is more than two standard deviations below the median of the reference population are considered *underweight* while those whose weight for age is more than three standard deviations below the median are classified as *severely underweight*.

Height for age is a measure of linear growth. Children whose height for age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *stunted*. Those whose height for age is more than three standard deviations below the median are classified as *severely stunted*. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

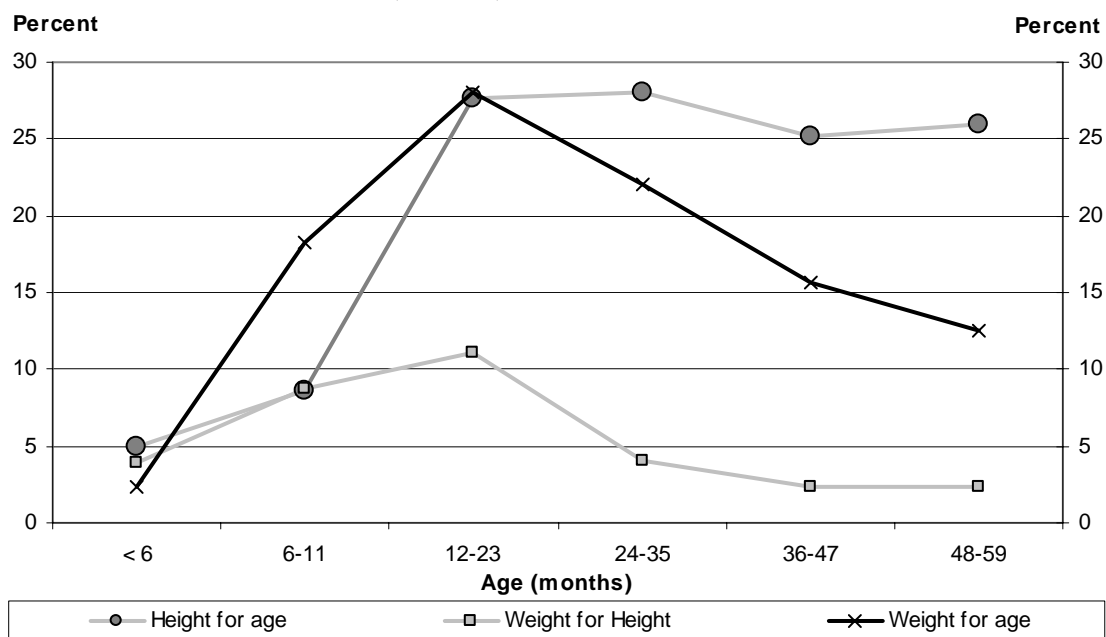
Finally, children whose weight for height is more than two standard deviations below the median of the reference population are classified as *wasted*, while those who fall more than three standard deviations below the median are *severely wasted*. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

Table NU.1 shows percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, i.e. those children whose weight for height is above 2 standard deviations from the median of the reference population.

Almost one in five children under age five in Ghana is underweight (18percent) and three percent are classified as severely underweight (See Appendix, Table NU.1). Twenty-two percent of children are stunted or too short for their age and five percent are wasted or too thin for their height. However, very few of under-five children in Ghana are overweight.

Children in the Upper East region are more likely to be underweight and wasted than children in the other regions. In contrast, the percentage stunted is highest in the Northern region. Those children whose mothers have secondary or higher education are the least likely to be underweight, stunted, and wasted compared to children of mothers with no education. Boys appear to be slightly more likely to be underweight, stunted, and wasted than girls. The age pattern shows that a higher percentage of children aged 12-23 months are undernourished according to all three indices in comparison to children who are younger and older (Figure 1). This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

Figure 1. Percentage of children age 0-59 months who are undernourished, Ghana, 2006



3.3 Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Fit for Children goal states that children should be exclusively breastfed for 6 months and continue breastfeeding with safe, appropriate and adequate complementary feeding up to 2 years of age and beyond.

In Table NU.3, (See Appendix), breastfeeding status is based on the reports of mothers/caretakers of children’s consumption of food and fluids in the 24 hours prior to the interview. *Exclusively breastfed* refers to infants who received only breast milk and vitamins, mineral supplements, or medicine. The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

Approximately 54 percent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 58 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 95 percent of children are still being breastfed and by age 20-23 months, 56 percent are still breastfed. Girls were more likely to be exclusively breastfed than boys, while boys had higher levels than girls for timely complementary feeding.

3.4 Salt Iodization

Iodine Deficiency Disorders (IDD) is the world’s leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated

with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The indicator measuring the progress towards eliminating iodine deficiency is the percentage of households consuming adequately iodized salt (> parts per million).

According to data in Table NU.5, salt used for cooking was tested in 92 percent of households in MICS 2006 sample. The salt was tested for iodine content by using salt test kits and testing for the presence of potassium iodide and potassium iodate content, and only in 8 percent of the households there was no salt available. In a third of households (32 percent), salt was found to contain 15 parts per million (ppm) or more of iodine and in 1 in 5 households-less than 15 parts per million (ppm); in 2 in 5 households salt was not iodized. Use of salt with 15 or more ppm was lowest in Northern, Volta and Upper East regions (around 12 percent), and highest in Brong Ahafo, Greater Accra and Ashanti regions (around 50 percent). The likelihood of using adequately iodized salt is twice as high in urban areas compared to rural areas.

Table NU.5: Iodized salt consumption								
Percentage of households consuming adequately iodized salt, Ghana, 2006								
	Percent of households in which salt was tested	Number of households interviewed	Percent of households with salt test result				Total	Number of households in which salt was tested or with no salt
			Percent of households with no salt	Not iodized	< 15 PPM	15+ PPM*		
Region								
Western	89.9	617	8.4	39.9	11.6	40.0	100.0	606
Central	88.3	576	11.1	48.4	23.9	16.7	100.0	571
Greater Accra	88.9	1,004	10.4	19.2	21.2	49.3	100.0	997
Volta	93.5	486	6.0	77.9	4.0	12.0	100.0	483
Eastern	93.5	758	6.1	58.6	16.4	18.9	100.0	754
Ashanti	89.3	988	9.8	23.1	19.4	47.7	100.0	978
Brong Ahafo	91.9	552	7.3	17.7	22.2	52.8	100.0	546
Northern	97.3	630	2.7	71.1	14.8	11.4	100.0	630
Upper East	94.8	202	4.6	61.7	21.5	12.3	100.0	201
Upper West	97.8	126	1.8	18.1	59.2	20.8	100.0	126
Area								
Urban	88.2	2692	11.0	26.5	17.9	44.6	100.0	2,668
Rural	94.3	3,247	5.1	53.9	18.8	22.2	100.0	3,225
Total	91.5	5,939	7.7	41.5	18.4	32.4	100.0	5,893

MICS Indicator 41

3.5 Immunization

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis; three doses of (DPT)HH to protect against diphtheria, pertussis, tetanus, and hepatitis B; three doses of polio vaccine, and a measles, mumps and rubella (MMR) vaccination by the age of 12 months. In the MICS 2006 information on vaccinations coverage was obtained in two ways – from health cards and from mothers’ or caretakers’ verbal reports. All mothers or caretakers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS 2006 questionnaire. If a vaccination was not recorded on the card, the mother or caretaker was asked to recall whether particular vaccination had been given and how many times.

The percentage of children aged 12 to 23 months who received each of the vaccinations before the age of 12 months is shown in Table CH.1 (See Appendix). The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted.

Approximately 94 percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of (DPT)HH was given to 94 percent. The percentage declines for subsequent doses of (DPT)HH to 89 percent for the second dose, and 81 percent for the third dose. Similarly, 96 percent of children received Polio 1 by age 12 months and this declines to 80 percent by the third dose. As presented in Table CH.2 (See Appendix), based on either the health cards or mothers/caretakers' reports, 73 percent of children 12-23 months have all the required vaccinations. Predictably, children in wealthier households are much more likely to have all the necessary vaccinations.

Additionally, 84 percent of children were vaccinated against yellow fever, ranging from the lowest 61 percent in the Central region to the highest 95 percent in Ashanti region.

Overall, there is a strong association between mother's level of education and residence and the likelihood of child's receiving vaccinations: larger percentages of children 12-23 months with mothers with at least primary education and children residing in urban areas have necessary vaccinations by the time they are 1 year old.

3.6 Antibiotic Treatment and Medical Consultations for Children with Suspected Pneumonia

Pneumonia is the leading cause of death in children and the use of antibiotics in under-5s with suspected pneumonia is a key intervention. Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem either in the chest, or in the chest and a blocked nose. These symptoms, though compatible with pneumonia, are subjective (i.e. mother's perception of illness) and not validated by medical examination, which is the reason why it is important to look at whether children with symptoms were taken to a health facility. Questions on consultation and treatment of pneumonia were limited to children who had suspected pneumonia within the previous two weeks.

Findings in Table CH.7 show the percentage of children treated for pneumonia symptoms with antibiotics or taken to a private or public health facility or in under-5s by sex, area and socioeconomic factors. In Ghana, more than half of children with suspected pneumonia are taken to a health facility for advice and treatment.

Thirty-three percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey. Notably, variations by urban-rural residence are not as substantial. The table also shows that the likelihood of antibiotic treatment of suspected pneumonia is very low among the poor households.

3.7 Solid Fuel Use

Cooking with solid fuels (biomass and coal) leads to high levels of indoor pollution and is a major cause of ill-health in the world, particularly among under-5 children, in the form of acute respiratory illness.

Table CH.8 (See Appendix), presents the distribution of households by type of cooking fuel. The three main sources of cooking fuel in the country are wood (50 percent), charcoal (35 percent) and LPG (10 percent).

Overall, 86 percent of households in Ghana are using solid fuels for cooking. Use of solid fuels varies across the 10 regions of the country from 60 percent in Greater Accra to 97 percent in Northern region. In addition the use of solid fuel for cooking is slightly lower in urban areas (75 percent) than rural households, where almost every household (96percent) uses solid fuel for cooking. Use of solid fuels differentials with respect to the educational level of the head of household and household wealth index is also significant. The higher the educational level of the household head, the lower the use of solid fuels for cooking. In addition, the table clearly shows that the percentage is high due to high level use of charcoal and firewood for cooking purposes.

3.8 Malaria

Malaria continues to be a major public health concern. It is one of the leading causes of morbidity and mortality, especially among children under age five and pregnant women in Ghana. It also contributes to anemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), can dramatically reduce malaria mortality rates among children. In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended anti-malarial tablets. Children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility.

CH.7: Antibiotic treatment and Consultations for Pneumonia			
Percentage of children aged 0-59 months with suspected pneumonia who received antibiotic treatment or who were taken to a health facility, Ghana, 2006			
	Among children aged 0-59 with suspected pneumonia:		Number of children aged 0-59 months with suspected pneumonia in the two weeks prior to the survey
	Percentage of children who received antibiotics in the last two weeks ¹	Percentage of children who sought advice/treatment from a health facility ²	
Sex			
Male	32.3	58.9	85
Female	33.4	50.3	89
Area			
Urban	(30.4)	(28.8)	47
Rural	33.7	80.4	128
Mother's education			
None	27.7	38.2	68
Primary	(44.6)	(36.4)	48
Middle/JSS	28.0	31.3	55
Secondary+	*	*	4
Wealth Index Quintiles			
Poorest	(29.6)	(23.5)	46
Second	30.4	35.8	55
Middle	(35.1)	(30.8)	43
Fourth	(44.8)	(12.4)	30
Richest	(31.2)	(6.7)	30
Total	32.9	54.5	175
¹ MICS indicator 22			
² Excludes pharmacy, shop, and traditional practitioner.			
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.			

The MICS 2006 survey incorporated questions on the use of bednets, both at household level and among children under five years of age, as well as anti-malarial treatment, and intermittent preventive therapy for malaria. Due to the fact that field-work was done in the lean season, after the rainy season, the use of mosquito nets is not as high as it would be during the rainy season. According to data in Table CH.10 in Ghana almost a third of households have at least one mosquito net (30 percent) and 19 percent have at least one insecticide treated net (ITN). The likelihood of possessing a mosquito net or an ITN is 15 percent higher in rural areas than in urban areas.

Table CH.10: Availability of mosquito and insecticide treated nets			
Percent of households with at least one insecticide treated net (ITN), Ghana, 2006			
	Percentage of households with at least one mosquito net	Percentage of households with at least one ITN*	Number of households
Region			
Western	10.7	8.0	617
Central	21.2	14.7	576
Greater Accra	19.1	12.9	1,004
Volta	60.7	23.0	486
Eastern	28.0	17.0	758
Ashanti	24.5	20.0	988
Brong Ahafo	39.7	28.3	552
Northern	43.0	24.0	630
Upper East	42.4	30.6	202
Upper West	51.6	31.7	126
Area			
Urban	21.4	15.3	2,692
Rural	36.7	21.6	3,247
Education of household head			
None	31.5	16.3	1,830
Primary	30.0	18.0	802
Middle/JSS	27.5	18.1	2,203
Secondary+	31.4	24.5	1,104
Total	29.8	18.7	5,939
* MICS Indicator 36			

Table CH.11 indicates that 33 percent of children under the age of five slept under any mosquito net the night prior to the survey and 22 percent slept under an insecticide treated net. The use of bednets among children under five declines steadily with age and in rural areas the prevalence of using the ITNs or bednets is higher than in urban areas. There were no significant gender disparities in bednet and ITN use among children under five.

Questions on the prevalence and treatment of fever were asked for all children under age five. About a fifth (23 percent) of under five children were ill with fever in the two weeks preceding the interview (Table CH.12). Fever prevalence was lowest among infants 0-11 months old, and peaked at 12-35 months (27 percent) (See appendix). Regional differences in fever prevalence are not large, with higher prevalence in Upper East and West, and Northern regions (25 percent and up) and lowest in Greater Accra and Central regions (15 percent).

Mothers and caretakers were asked to report all of the medicines given to a child to treat the fever, including both any medicine given at home and medicines given or prescribed at a health facility. Overall, 61 percent of children with fever in the last two weeks were treated with an “appropriate” anti-malarial drug and 48 percent received anti-malarial drugs within 24 hours of onset of symptoms.

“Appropriate” anti-malarial drugs include chloroquine, SP/Fansidar, Armodiaquine, Quinine, artimisine combination drugs, etc. In Ghana, the most widely used were Chloroquine (45 percent of children with fever were given) and Armodiaquine (12 percent). Around one percent received SP/Fansidar or Quinine and 3 percent used artemisinin combination therapy. Almost ninety percent of children were given other types of medicines that are not anti-

malarials, including paracetamol (78 percent), aspirine and ibuprofen (around 3percent) and other medications (16percent).

Overall, children with fever in Greater Accra, Western, Northern and Upper East regions are the most likely (7 in 10) to have received an appropriate anti-malarial drug while those in the Upper West region are least likely (4 in 10) to have received an appropriate drug. Urban children are more likely than rural children (72 versus 58 percent) to be treated appropriately. The higher the mother's education, the more likely was the child to have received an anti-malarial drug. Little difference was noted between boys and girls in receiving appropriate anti-malarial drugs.

Table CH.11: Children sleeping under bednets

Percentage of children aged 0-59 months who slept under an insecticide treated net(ITN) during the previous night, Ghana, 2006

	Slept under a bednet *	Sleep under an ITN**	Slept under an untreated net	Slept under a net but don't know if treated	Don't know if slept under a net	Did not sleep under a bednet	Number of children aged 0-59 months
Sex							
Male	33.3	11.3	10.3	2.5	1.0	58.5	1,789
Female	31.8	21.6	11.3	0.4	0.2	68.0	1,678
Region							
Western	15.0	11.5	3.2	0.3	0.7	84.3	347
Central	25.8	19.8	6.0	0.0	1.0	73.2	302
Greater Accra	24.2	16.3	6.7	1.2	0.0	75.8	448
Volta	54.2	21.5	30.0	2.7	0.0	45.8	261
Eastern	32.2	24.9	6.7	0.5	0.0	67.8	463
Ashanti	26.5	21.8	4.2	0.5	0.2	73.3	506
Brong Ahafo	39.3	25.7	13.6	0.0	0.0	60.7	311
Northern	36.7	21.9	14.4	0.4	0.0	63.3	579
Upper East	51.5	39.3	11.3	0.9	0.2	48.2	146
Upper West	55.0	37.1	16.3	1.5	0.0	45.0	105
Area							
Urban	22.4	16.4	5.4	0.6	0.2	77.5	1,236
Rural	38.3	24.8	12.7	0.7	0.2	61.5	2,231
Age							
0-11 months	37.9	27.8	9.3	0.9	0.0	62.1	715
12-23 months	36.2	24.5	10.9	0.8	0.3	63.5	706
24-35 months	31.3	19.6	11.0	0.8	0.2	68.5	667
36-47 months	29.9	20.6	8.9	0.4	0.3	69.8	718
48-59 months	27.3	16.3	10.5	0.5	0.2	72.5	661
Wealth index quintiles							
Poorest	41.4	24.4	16.4	0.7	0.0	58.5	786
Second	34.5	22.2	11.9	0.5	0.4	65.1	830
Middle	29.0	19.2	9.3	0.5	0.3	70.7	684
Fourth	29.0	20.8	6.7	1.5	0.0	71.0	623
Richest	25.7	22.2	3.3	0.2	0.2	74.1	544
Total	32.6	21.8	10.1	0.7	0.2	67.2	3,467

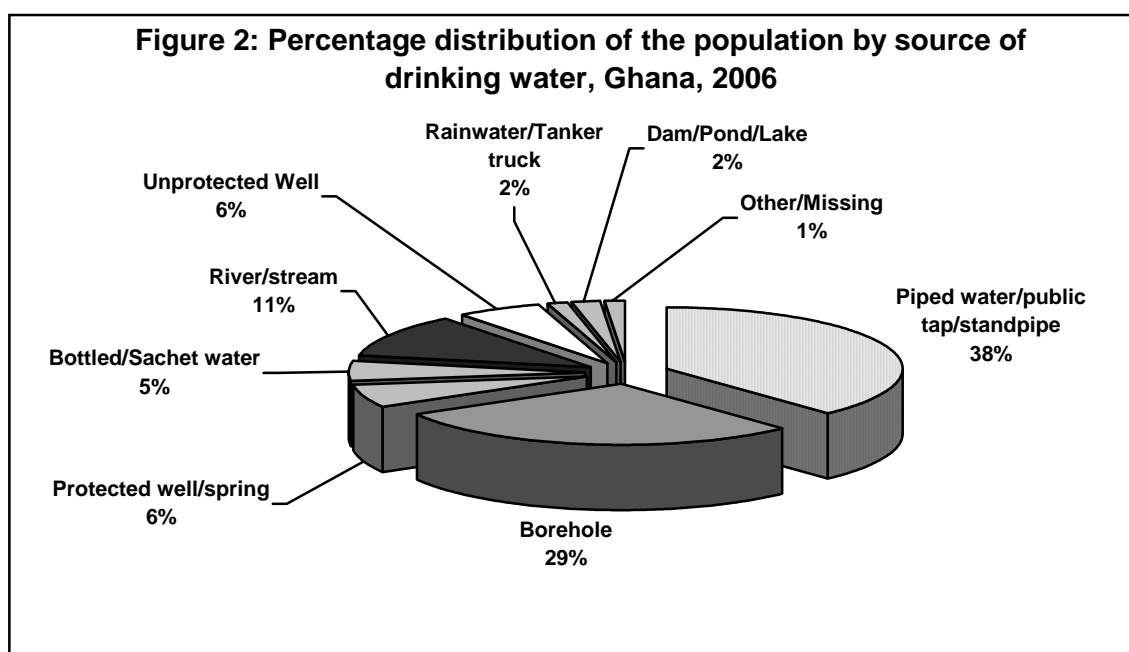
*MICS indicator 38

**MICS indicator 37; MDG indicator 22

3.9 Water and Sanitation

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, particularly in rural areas, who bear the primary responsibility for carrying water, often for long distances.

The distribution of the population by source of drinking water is shown in Figure 2. The main sources of drinking water are piped water (13 percent) and public tap or standpipe (25 percent), borehole (29 percent), and stream/river accounting for 11 percent. The population using *improved drinking water sources* are those who use any of the following types of supply: piped water, public tap, borehole, protected well, protected spring, bottled or sachet water. Table EN.1 (See Appendix), shows that overall, 78 percent of the population has access to improved drinking water sources – 91 percent in urban areas and 69 percent in rural areas; with almost half of the rural dwellers drinking from either borehole or protected well. Even though, the population with access to improved source of drinking water is encouraging, more than a fifth of all households still drink from unimproved water sources.



The source of improved drinking water for the population varies strongly by region ranging between 53 and 95 percent (See Appendix). The situation in the Volta region is considerably worse than in other regions; only half of the population in this region gets its drinking water from an improved source. In the Upper West region, 95 percent of all households have access to improved drinking water sources, with nearly nine out of every ten households drinking from borehole or protected well. In the Greater Accra and Ashanti regions, though over 88 percent of households have access to improved drinking water source, only 61 and 47 percent respectively use piped water. The proportion of households with access to improved source of drinking water increased with the level of education of the household head. The same can be said for the socio-economic status of the household in relation to access to improved source of drinking water (See Appendix).

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Table EN.5 (See Appendix), shows the percentage distribution of households and household characteristics by the type of toilet facility used. Sanitary facilities used by the household were reclassified into improved and unimproved sanitation facilities. *Improved sanitation facilities* include: flush toilets connected to sewage systems or septic tanks, ventilated improved pit latrines and pit latrines with slabs. Sixty-one percent of the population is using improved sanitation facilities. The Table also shows that improved sanitation is more prevalent in urban areas (83 percent); whereas only close to half of the rural population have access to improved sanitary facilities. Differentials at the regional level are significant. Use of improved sanitary facilities is highest among Ashanti, Greater Accra, Brong Ahafo, Western and Central regions. Residents of the three northern regions are significantly less likely than others to use improved facilities. The majority of population in these regions use bush, fields, or have no toilet facilities. In addition, households in which the head had some form of education were more likely to have access to improved sanitary facilities.

3.10 Contraception

The level of current use of contraceptive methods indicates the progress in the family planning programmes and is often used as a measure in analysing the determinants of fertility. Table RH.1 (See Appendix), shows the percent distribution of currently married or cohabiting Ghanaian women who are currently using any contraceptive method, by age and other characteristics. The survey findings indicate that as many as 83 percent of women are not currently using any methods of family planning. Among those using contraceptive methods, the most popular method is injections used by 6 percent of married or cohabiting women in Ghana, with the next most popular method being the pill, which accounts for 5 percent. Close to two percent of women reported use of the male condom by partner and periodic abstinence. Less than one percent use IUDs, implants, female condom, diaphragm/foam/jelly, withdrawal, female sterilization, or the lactational amenorrhea method (LAM).

The prevalence of using any contraceptive method is highest in the Central (23 percent) and Greater Accra (29 percent) regions, with the lowest contraceptive use reported in Northern (8 percent) regions (See Appendix). Similar patterns are apparent in the use of modern contraception, with Eastern and Brong Ahafo reporting almost the same high contraceptive prevalence (16 percent) as in Central and Great Accra regions (19 and 17 percent, respectively). The use of modern contraceptives is most rare in the Western region - only seven percent of married women reported using any modern method. Adolescents are far less likely to use contraception than older women. Only 8 percent of married or in union women aged 15-19 currently use any method of contraception compared to 15 percent of 20-24 year olds and about 20 percent of women aged 25-39.

Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 9 percent among those with no education to 17 percent among women with primary education, and to 20 percent and above among women with secondary or higher education. The same pattern is true for the use of modern contraception. In addition to differences in prevalence, the method mix varies by education. Among contraceptive users with no or primary education use the pill and injections are most popular; while contraceptive users with middle, secondary or higher education use male condom and periodic abstinence almost at the same rate as the pill and injections. The level of household wealth is associated with the likelihood of using

contraception in the similar way as education. Notably, women with no children are less likely to use contraception than women with children.

3.11 Assistance at Delivery

The provision of delivery assistance by skilled attendants can greatly improve outcomes for mothers and infants by the use of technically appropriate procedures, and accurate and speedy diagnosis and treatment of complications. *Skilled assistance at delivery* is defined as assistance provided by a doctor, nurse, midwife, auxiliary midwife or a community health worker.

About half of births occurring in the two years prior to the MICS survey were delivered by skilled personnel or a health facility, including 9 percent delivered by a medical doctor (Table RH.5, See Appendix). This percentage of deliveries assisted by a medical doctor is highest in the Greater Accra region at 29 percent, with the next highest 15 percent in Ashanti region and lowest 1-2 percents in Western, Northern and Upper East regions.

Forty-one percent of births in the two years prior to the MICS survey were delivered with assistance by a nurse, midwife, auxiliary midwife or a community health worker. These skilled staff assisted in close to 50 percent of deliveries in the Greater Accra, Ashanti and Brong Ahafo regions, and only in 25-30 percent of deliveries in Eastern and Upper West regions.

Women in urban areas are twice as likely to have their births assisted by a medical personnel or deliver at a health facility, compared to women in rural areas. Additionally, the more educated a woman is, the more likely she is to have delivered with the assistance of a medical doctor or other skilled medical personnel. A higher percentage of women with none or only primary education and those from less wealthy households had their deliveries assisted by traditional birth attendants or relatives and friends in the 2 years preceding the survey.

3.12 Primary School Attendance

Sixty-four percent of children of primary school age in Ghana are attending primary school or secondary school (Table ED.3). The regional differentials show at least six out of every ten children aged 6 -11 are in either primary or secondary schools except in Northern and Upper West regions. School attendance in the Northern and Upper West regions is significantly lower than in the rest of the Ghana at approximately 50 percent. Net attendance ratio for females is higher than for males in all regions except Western, Volta, Northern, and Eastern regions, with the equal 71 percent at Ashanti region. In urban areas, 77 percent of children attend school while in rural areas 63 percent attend. Children from the wealthiest households are twice as likely to be in school (87 percent), than children from poorest households (43 percent). At the national level, there is virtually no difference between male and female primary or secondary school attendance.

The ratio of girls to boys attending primary and secondary education is provided in Table ED.7. The table shows that gender parity for primary school is 1.0, indicating no difference in the attendance of girls and boys to primary school. However, the indicator value increases slightly to 1.1 for secondary education. The disadvantage of girls is particularly pronounced in the Volta region, while the disadvantage of boys is evident in Upper East and Upper West, Western and Brong Ahafo regions.

Table ED.3: Primary school net attendance ratio

Percentage of children of primary school age** attending primary or secondary school (NAR), Ghana, 2006

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Region						
Western	68.6	210	63.9	197	66.3	495
Central	60.4	174	69.7	170	65.0	403
Greater Accra	74.6	236	78.9	242	76.8	584
Volta	64.5	160	58.6	168	61.5	387
Eastern	76.1	214	71.4	226	73.7	533
Ashanti	71.0	325	70.9	291	70.9	734
Brong Ahafo	58.6	227	64.9	175	61.3	474
Northern	49.5	344	45.0	351	47.2	807
Upper East	57.4	113	62.7	105	60.0	261
Upper West	47.6	65	52.3	61	49.9	150
Area						
Urban	71.8	719	74.3	728	73.0	1,762
Rural	59.7	1,350	58.0	1,258	58.9	3,066
Age						
6	29.7	407	27.7	385	28.7	791
7	47.9	366	48.8	338	48.3	704
8	65.5	311	71.6	351	68.7	662
9	80.1	326	78.5	313	79.3	639
10	82.5	391	81.0	341	81.8	732
11	88.8	268	87.5	258	88.1	526
Wealth index quintiles						
Poorest	45.2	512	41.4	462	43.4	1,127
Second	59.8	478	59.3	432	59.6	974
Middle	66.8	417	71.0	424	68.9	841
Fourth	74.7	355	74.1	360	74.4	715
Richest	84.8	308	82.9	308	83.9	616
Total	63.9	2,069	64.0	1,986	63.9	4,055

* MICS indicator 55; MDG indicator 6

Table ED.7: Education gender parity

Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, Ghana, 2006

	Primary school net attendance ratio (NAR), girls*	Primary school net attendance ratio (NAR), boys*	Gender parity index (GPI) for primary school NAR**	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR**
Region						
Western	63.4	67.9	0.9	47.0	35.8	1.3
Central	69.7	60.4	1.2	46.4	40.7	1.1
Greater Accra	78.1	73.9	1.1	53.4	55.6	1.0
Volta	58.6	63.9	0.9	21.0	34.6	0.6
Eastern	71.4	76.1	0.9	38.5	38.7	1.0
Ashanti	70.2	70.3	1.0	44.3	44.5	1.0
Brong Ahafo	63.8	57.8	1.1	38.4	29.8	1.3
Northern	44.7	48.8	0.9	21.1	24.0	0.9
Upper East	62.3	57.4	1.1	21.1	17.0	1.2
Upper West	52.3	46.4	1.1	19.1	16.0	1.2
Area						
Urban	73.4	71.1	1.0	48.9	48.9	1.0
Rural	57.9	59.2	1.0	29.9	28.6	1.0
Wealth index quintiles						
Poorest	41.3	45.0	0.9	11.6	13.7	0.9
Second	59.3	59.3	1.0	29.5	29.1	1.0
Middle	70.5	66.3	1.1	35.8	36.4	1.0
Fourth	74.1	74.0	1.0	44.2	45	1.0
Richest	81.1	83.7	1.0	61.9	64.5	1.0
Total	63.6	63.3	1.0	38.8	36.6	1.1
* MICS Indicator 55; MDG Indicator 6						
** MICS Indicator 61; MDG Indicator 9						

3.13 Birth Registration

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children.

The births of 51 percent of children under five years in Ghana have been registered (Table CP.1, See Appendix). There are no significant variations in birth registration across gender of children, but a significant discrepancy between urban and rural, at 69 and 42 percent registration respectively. Children in Greater Accra are more likely to be registered than children in all other regions. However, only Eastern Region is remarkably low with just 38 percent of births registered.

The likelihood of birth registration is heavily skewed towards higher educational level and household wealth (not shown). Only 41 percent of births of mothers with no education are registered. Asked to identify reasons for not registering births, respondents identify cost of registration, travel distance, and lack of knowledge as main reasons. Cost is particularly

dominant in urban areas, whereas travel distance and lack of knowledge play equally significant roles in rural areas.

3.14 Early Marriage and Polygyny

Child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. Women married at younger ages are more likely to dropout of school, experience higher levels of fertility, domestic violence, and maternal mortality.

Table CP.5.1: Early marriage				
Percentage of women aged 15-49 years in marriage or union before their 15th birthday, percentage of women aged 20-49 years in marriage or union before their 18th birthday, Ghana, 2006				
	Percentage married before age 15 *	Number of women aged 15-49 years	Percentage married before age 18 *	Number of women aged 20-49 years
Area				
Urban	3.3	2,775	20.5	2,174
Rural	5.3	3,115	30.6	2,498
Age				
15-24	3.1	2,293	na	na
15-19	2.1	1,218	na	na
20-24	4.3	1,075	22.0	1,075
25-29	3.8	987	22.0	987
30-34	7.7	777	31.0	777
35-39	5.1	746	29.9	746
40-44	6.3	577	30.1	577
45-49	2.7	509	23.6	509
Education				
None	7.1	1,549	34.6	1,441
Primary	5.5	1,162	32.4	861
Middle/JSS	3.0	2,237	22.9	1,673
Secondary+	1.8	942	7.3	697
Total	4.4	5,890	25.9	4,672
* MICS Indicator 67 * MICS Indicator 67				

In MICS 2006, information on age at first marriage was obtained by asking women the month and the year, or age, at which they started living with their first partner. Older female respondents are less likely to recall with accuracy marriage dates and ages, therefore, the data for older respondents should be interpreted with caution.

Information on women married by various ages is provided in Table CP.5.1. With regards to the age at first marriage, only 2 percent of women 15-19 years of age were married before the age of 15, compared to 4 percent of women 20-29 years of age, and 5 percent and more for women who are currently 30-44 years of age. The same trend is apparent when one looks at the percentage of women married by the exact

age of 18: twenty-two percent of women 20-29 first got married before they were 18 years old, while 30 percent of those 30-44 married before the age of 18. Notably, the percentage of women married before the ages of 15 and 18 in the 45-49 age group is practically the same (3 and 24 percent, respectively) as for women in the 15-19 and 20-24 age groups. Such factors as residing in rural areas, having lower levels of education and being in a lower household wealth bracket are positively associated with getting married at a younger age.

As seen in table CP.5.2, while there is a general trend towards later marriage, by the age of 25 more than half of the women are married or cohabiting with a partner, and after 30 years of age over 90 percent of women are in union. For men, by the age of 30 half of them are married or cohabiting, and only after the age of 45, ninety percent are married or cohabiting with a woman.

Table CP.5.2: Polygyny

Percentage of women and men aged 15-49 currently married or in union, and the percentage of married or in union women in a polygynous marriage or union, Ghana 2006

	Women				Men			
	Percentage of women 15-49 years married/in union *	Number of women aged 15-49 years	Percentage of women aged 15-49 years in polygynous marriage/ union **	Number of women aged 15-49 currently married/in union	Percentage of men aged 15-49 currently married/in union *	Number of men aged 15-49 years	Percentage of men aged 15-49 years in polygynous marriage/ union	Number of men aged 15-49 currently married/ in union
Region								
Western	70.3	593	13.0	345	50.3	176	3.4	89
Central	70.0	455	15.9	251	42.0	122	6.3	51
Greater Accra	58.3	1,125	14.7	518	35.4	311	6.0	110
Volta	80.0	426	23.0	315	48.1	135	15.1	65
Eastern	68.0	741	18.9	414	44.4	210	4.4	93
Ashanti	69.8	888	13.2	526	47.4	310	3.0	147
Brong Ahafo	66.4	569	16.2	294	40.1	154	13.1	62
Northern	78.9	745	39.5	551	50.3	231	23.4	116
Upper East	74.6	218	39.3	150	44.2	62	(17)	27
Upper West	82.0	130	44.4	100	(53.6)	35	*	19
Area								
Urban	63.4	2,775	15.1	1,412	39.0	767	6.9	299
Rural	74.8	3,115	26.1	2,053	49.0	977	11.5	479
Age								
15-24	32.2	2,293	9.4	613	5.2	761	(7.1)	40
15-19	10.9	1,218	9.7	98	1.4	471	*	7
20-24	56.3	1,075	9.3	514	11.3	290	(8.5)	33
25-29	84.6	987	18.3	737	50.6	249	2.7	126
30-34	93.0	777	20.1	646	74.7	229	8.2	171
35-39	96.9	746	26.4	608	87.1	181	12.5	158
40-44	98.5	577	28.4	462	84.2	164	9.7	138
45-49	99.1	509	34.1	399	91.1	160	15.5	146
Education								
None	90.3	1,549	35.9	1,258	62.9	253	21.4	159
Primary	71.6	1,162	17.1	676	39.2	265	13.6	104
Middle/JSS	65.1	2,237	12.8	1,200	43.2	816	6.2	352
Secondary+	42.9	942	8.8	331	39.7	411	3.6	163
Wealth index quintiles								
Poorest	78.5	954	34.1	682	49.3	313	17.7	154
Second	76.6	1,037	27.0	703	50.2	287	13.4	144
Middle	72.3	1,149	20.8	657	41.5	330	9.0	137
Fourth	68.2	1,298	17.3	712	41.6	415	5.3	173
Richest	57.3	1,451	9.5	711	42.6	400	4.6	170
Total	69.4	5,890	21.6	3,456	44.8	1,745	9.8	777

* MICS Indicator 68

** MICS Indicator 70 for women aged 15-24

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases

Polygyny (the practice of having more than one wife at the same time) has implications for the frequency of sexual activity and fertility. Married and cohabiting women were asked whether their husbands had other wives, and men were asked if they had more than one wife or cohabiting partner. Table CP.5.2 shows that 22 percent of currently married women report being in polygynous unions, while 10 percent of men report having other wives/partners. The

level of polygyny increases with age for women, but not for men; rural women and men are more likely to be in polygynous unions than their urban counterparts. Regional variations are also noticeable: women in Northern, Upper West and East regions are at least 15 percent more likely to report being in polygynous unions than those in other regions; men in Northern region have higher likelihood than others to have more than one wife or cohabiting partner.

3.15 Knowledge of HIV/AIDS Transmission and Condom Use

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. However, misconceptions about HIV are common and can confuse population and hinder prevention efforts. Therefore, correct information is the first step toward raising awareness and giving people the tools to protect themselves from infection. The most common routes of HIV/AIDS transmission are through the exchange of body fluids during the sexual intercourse, hence many AIDS prevention programmes focus their messages and efforts on such important aspects of behaviour as limiting the number of sexual partners/staying faithful to one partner and use of condoms (the AB message). To ascertain whether programmes have effectively communicated these messages, in MICS 2006, respondents were asked whether it is possible to reduce the chance of getting the AIDS virus by having just one faithful sexual partner and using a condom at every sexual encounter.

Table HA.3 presents information about women and men 15-49 years, who know 2 ways of preventing HIV transmission: condom use and being faithful. Approximately 6 in 10 women and 7 in 10 men indicate that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners and through condom use. As shown in Table HA.1, across respondents' background characteristics there are notable differences in knowledge of HIV/AIDS prevention behaviours, and the level of knowledge among youth 15-24 years old is around 70 percent for both women and men. There is practically no difference in the level of knowledge on HIV/AIDS prevention methods between urban and rural residents, with a slight difference in women: rural women are less likely to know HIV prevention methods. As one would expect, women and men with education are more likely than those with no schooling to be aware of preventive methods. Regionally, the lowest level of knowledge of HIV prevention behaviours among women and men aged 15-49 can be found in Upper West regions (35 and 41 percent, respectively), while the highest - in Greater Accra for women (72 percent) and Eastern and Brong Ahafo regions for men (80 percent).

Different countries are likely to have variations in misconceptions although some appear to be universal. The MICS 2006 asked respondents whether they think it is possible for a healthy-looking person to have the AIDS virus and whether a person can get AIDS by mosquito bites, by supernatural means and through sharing food with an HIV infected person. Column 3 in Table HA.3 presents information on the proportion of population that correctly rejects the most common misconceptions, that people infected with HIV do not necessarily show signs of infection, that a person can get AIDS by mosquito bites, and through sharing food. Only a third of Ghanaian women and a 40 percent of men can correctly identify misconceptions about HIV transmission. Older women are more likely to have misconceptions than younger women, while there are no age variations for men. However, women and men with at least middle level of schooling are more likely than others not to have misbeliefs about HIV transmission. A larger proportion of urban than rural women (37 versus 21 percent) correctly reject misconceptions, consistent with a difference in men (49 versus 35 percent). Regionally, misconceptions are most prevalent in Upper West and Northern regions among women and in Volta and Upper West regions among men.

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission

Percentage of women and men aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Ghana, 2006

	Percentage of women, who:				Percentage of men, who:			
	Know 2 ways to prevent HIV transmission	Correctly identify 3 mis-conceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 mis-conceptions) *	Number of women	Know 2 ways to prevent HIV transmission	Correctly identify 3 mis-conceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 mis-conceptions) *	Number of men
Region								
Western	69.2	25.4	20.6	593	70.5	39.5	28.1	176
Central	68.5	24.9	19.9	455	78.0	46.8	30.8	122
Greater Accra	72.0	41.9	32.9	1,125	74.8	52.7	43.1	311
Volta	61.5	22.2	17.1	426	56.5	29.1	18.9	135
Eastern	66.6	26.6	19.8	741	80.1	36.6	30.1	210
Ashanti	58.4	29.9	18.5	888	61.1	48.9	30.5	310
Brong Ahafo	69.9	26.3	20.8	569	79.3	44.1	37.9	154
Northern	52.9	20.1	14.2	745	66.5	33.7	29.2	231
Upper East	61.6	26.8	20.3	218	73.0	31.9	25.8	62
Upper West	35.3	18.3	8.7	130	(41.3)	(27.5)	(19.3)	35
Area								
Urban	67.6	36.5	27.5	2,775	72.0	49.4	38.1	767
Rural	61.0	21.2	15.5	3,115	68.3	35.0	26.6	977
Age								
15-24	67.1	33.4	25.1	2,293	71.3	42.2	33.0	761
15-19	68.2	34.3	26.4	1,218	69.5	40.8	32.2	471
20-24	66.0	32.3	23.5	1,075	74.3	44.4	34.4	290
25-29	63.5	26.4	20.9	987	73.5	47.6	37.2	249
30-34	65.1	28.3	20.7	777	70.5	36.4	27.6	229
35-39	61.6	23.4	18.1	746	68.3	44.7	33.4	181
40-44	61.8	24.0	16.6	577	64.9	32.5	25.3	164
45-49	57.0	22.4	14.4	509	63.9	39.8	26.7	160
Education								
None	51.4	12.9	9.0	1,549	55.5	15.7	10.6	253
Primary	62.7	19.9	13.8	1,162	67.8	22.2	17.5	265
Middle/JSS	71.5	31.8	24.7	2,237	74.7	41.6	32.8	816
Secondary+	69.5	56.4	41.7	942	70.8	68.8	51.5	411
Total	64.2	28.5	21.2	5,890	69.9	41.3	31.7	1,745

* MICS Indicator 82; MDG indicator 19b

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

The critical role of sexual partners' behaviours for reducing HIV prevalence makes condom use, especially with non-regular partners, and limiting the number of sexual partners especially important. Table HA.9.1 shows data on sexual activity among youth aged 15-24. Over half of new HIV infections are among young people thus a change in behaviour among this age group will be especially important to reduce new infections. In Ghana, 3 in 5 young women and 2 in 5 young men have ever had sex, and half of women and a third of all young

respondents surveyed had sex in the last 12 months. While young women were more likely than young men to have had sex in the year preceding the survey, a larger proportion of men had sex with more than one partner (6 percent) compared to women (2 percent).

	Percentage of young women, who:				Percentage of young men, who:			
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in the last 12 months	Number of women aged 15-24	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in the last 12 months	Number of men aged 15-24
Region								
Western	63.1	48.8	0.8	238	49.3	33.2	5.3	71
Central	59.1	55.6	0.0	187	43.1	33.0	5.8	63
Greater Accra	50.1	38.5	2.9	464	39.4	31.9	9.1	125
Volta	67.7	57.8	0.0	168	27.1	22.8	0.0	65
Eastern	61.7	49.9	2.9	296	48.2	39.1	7.4	96
Ashanti	59.9	47.7	2.4	344	27.8	18.8	2.1	122
Brong Ahafo	56.5	47.9	1.8	224	48.3	38.9	9.0	76
Northern	63.0	52.8	0.5	261	39.3	32.6	3.3	100
Upper East	57.5	44.3	0.0	72	44.1	41.9	(9.8)	30
Upper West	55.9	40.6	(0.7)	39	20.2	14.1	*	14
Area								
Urban	51.1	40.4	1.5	1,098	38.4	29.3	6.6	333
Rural	66.1	54.9	1.8	1,195	40.4	32.3	4.8	761
Age								
15-19	35.7	28.3	1.9	1,218	21.8	15.0	1.9	471
20-24	85.2	70.3	1.4	1,075	68.4	56.9	11.5	290
Education								
None	73.0	63.0	0.4	295	46.3	43.0	3.7	73
Primary	63.4	53.0	1.6	502	28.3	22.7	3.7	143
Middle/JSS	57.2	46.7	1.7	975	43	32.6	7.1	363
Secondary+	49.7	37.0	2.5	520	38.6	29.4	4.9	182
Total	58.9	48	1.7	2,293	39.5	31.0	5.6	761
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.								

Prevalence of sex with partners other than wives and husbands or live-in partners (non-marital, non-cohabiting) and condom use in these encounters was assessed in all respondents aged 15-49 who had sex in the previous year (Table HA.9.2, See Appendix). Men were two times more likely than women to engage in higher-risk sex (22 compared to 40 percent). For youth, while half of women aged 15-24 reported having sex with a non-marital, non-cohabiting partner in the last 12 months before the Ghana MICS, as many as 9 in 10 young men did. With regards to the condom use, a third of women reported condom use during last higher-risk sexual encounter in the year preceding the survey, and almost a half (45 percent) of men did. Overall condom use is higher among youth than in general population, and the difference between women and men aged 15-24 in reported condom use rate at last sex with a non-marital, non-cohabiting partner is similar (42 and 56 percent, respectively). The likelihood of engaging in higher-risk sex and using a condom significantly increases with the respondents' level of education. Twenty-five percent of women and 33 percent of men with

primary education used a condom during last higher risk sex encounter in the year before the MICS, while 48 percent of women and 60 percent of men with secondary and higher levels of education used a condom at such sex.

3.16 Orphans School Attendance

To ascertain if there has been an upsurge in the number of orphans due to death of parents from various causes, the MICS 2006 sought information on orphanhood and fostering. Children who are orphaned or living away from their parents may be at increased risk of neglect or exploitation if the parents are not available to assist them. Monitoring the variations in educational outcomes for children who have lost both parents (double orphans) versus children whose parents are alive (and who live with at least one of these parents) is one way to ensure that children's rights are being met even after their parents have died or are no longer able to care for them.

	Percent of children whose mother and father have died	School attendance rate of children whose mother and father have died	Number of children whose mother and father have died	Percent of children of whom both parents are alive and child is living with at least one parent	School attendance rate of children of whom both parents are alive and child is living with at least one parent	Number of children of whom both parents are alive and child is living with at least one parent	Double orphans to non orphans school attendance ratio*	Total number of children aged 10-14 years
Sex								
Male	(1.5)	(87.8)	26	76.9	86.7	1,315	1.0	1,710
Female	(1.6)	(90.1)	26	70.9	84.7	1,162	1.1	1,639
Region								
Western	*	*	7	73.8	94.9	262	1.1	354
Central	*	*	2	69.7	89.6	179	1.1	257
Greater Accra	*	*	11	69.4	96.0	317	1.0	457
Volta	*	*	3	69.0	87.5	169	1.1	245
Eastern	*	*	2	67.3	97.9	274	1.0	408
Ashanti	*	*	14	71.2	97.9	360	1.0	506
Brong Ahafo	*	*	4	73.3	88.0	245	0.7	334
Northern	*	*	7	88.4	59.5	458	0.9	518
Upper East	*	*	2	80.3	73.0	145	1.2	180
Upper West	*	*	0	76.2	72.2	67	-	88
Area								
Urban	*	*	20	69.3	95.4	931	0.9	1,344
Rural	(1.6)	(89.0)	32	77.1	80.0	1,545	1.1	2,004
Wealth index								
Poorest	*	*	6	84.9	58.6	605	0.3	712
Second	*	*	11	75.0	90.4	478	1.1	638
Middle	*	*	9	72.3	94.8	513	1.1	709
Fourth	*	*	8	70.3	94.7	461	1.1	656
Richest	*	*	18	66.4	98.8	420	1.0	633
Total	1.6	88.9	52	74.0	85.8	2,476	1.0	3,348

* MICS Indicator 77, MDG Indicator 21
 Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

In Ghana, 1.6 percent of children aged 10-14 have lost both parents (Table HA.12). Among these 90 percent are currently attending school. Among the children age 10-14 who have both parents alive and living with at least one parent, 86 percent are attending school.

Appendix

Table HH.1: Results of household and individual interviews

Number of households, women, men and children under 5 by results of the household, women's, men's and under-five's interviews, and household, women's and under-five's response rates, Ghana, 2006

	Residence		Region										Total
	Urban	Rural	Western	Central	Greater Accra	Volta	Eastern	Ashanti	Brong Ahafo	Northern	Upper East	Upper West	
Number of households													
Sampled households	2,480	3,822	580	520	861	480	641	940	480	710	580	510	6,302
Occupied households	2,470	3,794	577	520	856	478	637	936	476	706	574	504	6,264
Interviewed households	2,327	3,612	561	510	802	447	589	881	442	673	561	473	5,939
Household response rate	94.2	95.2	97.2	98.1	93.7	93.5	92.5	94.1	92.9	95.3	97.7	93.8	94.8
Number of women													
Eligible women	2,546	3,694	560	434	939	414	606	850	471	824	632	510	6,240
Interviewed women	2,385	3,506	537	426	859	375	565	808	452	790	598	481	5,891
Women response rate	93.7	94.9	95.9	98.2	91.5	90.6	93.2	95.1	96.0	95.9	94.6	94.3	94.4
Women's overall response rate	88.3	90.4	93.2	96.3	85.7	84.7	86.2	89.5	89.1	91.4	92.5	88.5	89.5
Number of men													
Eligible men	739	1,170	165	121	277	133	176	303	133	260	193	148	1,909
Interviewed men	660	1,083	154	118	237	117	163	272	120	248	179	135	1,743
Men response rate	89.3	92.6	93.3	97.5	85.6	88.0	92.6	89.8	90.2	95.4	92.7	91.2	91.3
Men's overall response rate	84.1	88.1	90.7	95.6	80.2	82.3	85.6	84.5	83.8	90.9	90.6	85.6	86.6
Number of children under 5													
Eligible children under 5	1,030	2,515	319	263	330	245	346	426	245	595	399	377	3,545
Mother/Caretaker Interviewed	1,012	2,454	316	262	326	236	337	415	242	576	389	367	3,466
Child response rate	98.3	97.6	99.1	99.6	98.8	96.3	97.4	97.4	98.8	96.8	97.5	97.3	97.8
Children's overall response rate	92.6	92.9	96.3	97.7	92.6	90.1	90.1	91.7	91.7	92.3	95.3	91.4	92.7

Table NU.1: Child malnourishment

Percentage of children aged 0-59 months who are severely or moderately malnourished, Ghana, 2006

	Weight for age		Height for age		Weight for Height			Number of children 0-59 months ¹
	Percentage below -2 SD*	Percentage below -3 SD*	Percentage below -2 SD**	Percentage below -3 SD**	Percentage below -2 SD***	Percentage below -3 SD***	Percentage above +2 SD	
Sex								
Male	18.3	3.4	23.0	7.4	5.6	1.0	1.0	1,642
Female	17.1	2.8	21.7	7.2	5.1	0.7	1.7	1,524
Region								
Western	14.6	1.1	20.7	5.5	6.5	0.5	0.9	326
Central	16.3	1.6	26.4	4.6	3.7	0.0	1.6	267
Greater Accra	7.7	1.7	9.8	2.7	3.1	1.1	1.3	406
Volta	20.3	5.4	20.9	8.1	4.8	2.1	0.4	231
Eastern	17.8	3.3	22.0	9.1	4.4	0.3	0.7	430
Ashanti	17.3	2.6	22.6	6.8	5.9	0.8	1.5	468
Brong Ahafo	13.3	1.7	22.2	4.9	3.1	0.5	3.5	288
Northern	26.8	5.9	30.5	12.4	7.1	1.1	1.1	529
Upper East	29.1	5.9	28.4	12.4	11.6	2.8	1.6	127
Upper West	19.1	2.6	22.5	6.0	7.7	0.3	1.4	94
Area								
Urban	11.5	1.8	13.2	3.4	4.9	1.0	1.7	1,159
Rural	21.4	3.9	27.8	9.6	5.7	0.8	1.1	2,007
Age								
< 6 months	2.4	0.7	5.0	1.6	3.9	0.1	5.5	361
6-11 months	18.2	3.8	8.6	2.7	8.7	1.6	1.2	322
12-23 months	28.1	4.3	27.6	8.0	11.1	1.3	1.2	667
24-35 months	22.1	5.3	28.1	10.0	4.1	1.2	0.3	632
36-47 months	15.7	2.6	25.2	8.9	2.4	0.7	0.3	629
48-59 months	12.5	1.2	26.0	8.2	2.3	0.2	1.2	554
Mother's education								
None	23.2	4.8	29.9	11.3	6.2	1.1	1.1	1,210
Primary	16.7	2.8	20.1	6.0	6.1	1.1	0.8	693
Middle/JSS	14.1	2.2	18.2	5.1	4.3	0.5	1.9	1,038
Secondary+	8.1	0.0	8.7	0.9	3.7	0.6	1.8	225
Wealth index quintiles								
Poorest	24.8	5.1	30.9	12.0	6.7	1.1	1.5	685
Second	21.3	3.8	29.4	10.7	5.5	0.8	1.3	763
Middle	19.8	3.1	23.0	5.6	5.6	0.6	0.3	626
Fourth	11.2	2.0	15.5	3.9	4.8	0.7	1.8	594
Richest	7.8	0.9	7.4	2.0	3.6	1.1	1.9	498
Total	17.8	3.1	22.4	7.3	5.4	0.9	1.3	3,166

* MICS indicator 6; MDG or 4

** MICS indicator 7

*** MICS indicator 8

¹ Excludes children who were not weighed and measured, those whose measurements are outside a plausible range, and children whose birth dates are not known.

Table NU.3: Breastfeeding

Percentage of living children according to breastfeeding status at each age group, Ghana, 2006

	Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
	Percent exclusively breastfed	Number of children	Percent exclusively breastfed ¹	Number of children	Percent receiving breastmilk and solid/mushy food ²	Number of children	Percent breastfed	Number of children	Percent breastfed ³	Number of children
Sex										
Male	64.2	113	52.8	202	63.5	125	96.6	112	55.4	106
Female	65.9	106	56.1	181	53.0	107	92.6	121	56.7	116
Area										
Urban	68.4	89	59.9	148	66.3	73	85.6	70	34.2	72
Rural	62.7	130	50.9	235	55.2	159	98.4	163	66.6	150
Mother's education										
None	68.8	91	61.1	135	45.8	86	94.9	87	73.3	84
Primary	(65.3)	42	53.3	73	62.4	63	95.0	62	(58.0)	38
Middle/JSS	60.7	77	51.2	143	68.8	74	96.9	71	41.8	86
Secondary+	61.7	10	(43.2)	32	*	10	*	13	*	14
Wealth index quintiles										
Poorest	(76.2)	44	60.8	80	40.4	55	97.5	58	(75.5)	49
Second	53.1	58	45.3	100	58.6	57	97.9	51	65.1	51
Middle	(60.6)	42	54.1	63	(73.9)	40	(100)	46	(66.3)	47
Fourth	(64.8)	46	51.6	81	60.1	54	(85.6)	44	(33.1)	48
Richest	(78.5)	29	64.9	59	(71.2)	26	(88.7)	34	(27.2)	27
Total	65.0	219	54.4	381	57.9	228	94.5	233	56.1	222

¹ MICS indicator 15² MICS indicator 16³ MICS indicator 17

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

Table CH.1: Vaccinations in first year of life

Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Ghana, 2006

	Percentage of children who received:											Yellow fever	None	Number of children aged 12-23 months
	BCG*	Polio0	Polio1	Polio2	Polio3***	MMR****	(DPT)HH1	(DPT)HH2	(DPT)HH3**	All*****				
Vaccinated at any time before the survey														
<i>According to:</i>														
Vaccination card	83.4	53.0	83.9	81.8	76.4	74.5	84.0	81.8	77.8	69.7	73.9	0.0	706	
Mother's report	10.8	8.2	12.3	9.7	6.1	10.9	10.2	8.5	5.7	3.7	10.5	2.4	706	
Either	94.3	61.2	96.2	91.5	82.4	85.4	94.2	90.3	83.5	73.4	84.4	2.5	706	
Vaccinated by 12 months of age	94.2	61.1	95.8	90.5	80.1	77.7	93.8	89.2	81.4	64.4	76.7	2.5	706	

Table CH.2: Vaccinations by background characteristics

Percentage of children aged 12-23 months currently vaccinated against childhood diseases, Ghana, 2006

	BCG	Polio 0	Polio 1	Polio 2	Polio 3	MMR	(DPT)HH1	(DPT)HH2	(DPT)HH3	All	Yellow fever	Percent with health card	Number of children aged 12-23 months
Sex													
Male	92.8	59.3	95.6	91.2	81.8	85.7	92.2	89.2	82.5	73.7	85.0	82.5	351
Female	95.7	63.1	96.7	91.8	83.1	85.1	96.1	91.4	84.5	73.1	83.8	87.8	355
Region													
Western	92.1	67.1	96.7	93.3	86.0	91.5	94.1	90.2	86.1	81.6	91.5	81.8	78
Central	(85.3)	(60.3)	(88.2)	(83.3)	(69.1)	(68.6)	(87.6)	(81.4)	(71.0)	61.8	(61.1)	(84.5)	45
Greater Accra	98.1	79.0	99.5	92.2	80.8	89.4	96.2	94.8	85.0	74.4	89.4	70.9	84
Volta	(86.0)	(51.9)	(88.7)	(75.4)	(63.7)	(76.3)	(87.9)	(73.3)	(64.2)	55.7	(72.2)	(70.3)	48
Eastern	93.9	51.2	93.9	92.0	88.3	83.1	93.9	92.0	85.1	76.2	83.8	87.9	102
Ashanti	98.6	71.4	100.0	98.8	90.6	95.4	98.6	95.8	91.9	83.2	95.4	91.1	110
Brong Ahafo	97.9	58.5	97.9	93.4	80.5	78.4	95.5	95.5	89.4	65.0	78.4	91.4	56
Northern	93.4	48.7	97.1	90.6	79.6	83.2	93.1	87.5	78.3	67.7	81.3	89.3	135
Upper East	(96.3)	(62.8)	(95.4)	(91.5)	(88.5)	(88.2)	(95.4)	(92.7)	(92.7)	82.6	(89.6)	(93.8)	31
Upper West	*	*	*	*	*	*	*	*	*	86.5	*	*	18
Area													
Urban	96.7	74.1	98.8	94.1	85.4	88.1	95.8	92.9	87.6	77.6	86.7	81.6	237
Rural	93.1	54.8	94.9	90.1	80.9	84.0	93.3	89.0	81.4	71.2	83.3	87.0	469
Mother's education													
None	89.7	51.2	92.7	86.5	75.0	80.2	89.3	84.0	77.2	65.7	79.7	83.0	264
Primary	94.0	55.1	96.8	92.1	83.6	82.3	94.3	89.6	83.2	69.4	79.9	82.8	160
Middle/JSS	98.4	70.7	98.9	95.2	87.9	91.9	98.4	96.2	88.1	82.0	91.2	88.0	236
Secondary+	100.0	91.4	100.0	98.7	93.3	92.3	100.0	98.7	96.9	86.9	92.3	91.7	46
Wealth index quintiles													
Poorest	88.7	46.4	92.5	86.6	76.7	78.6	89.2	83.9	75.7	62.1	78.5	85.7	162
Second	91.5	49.4	94.3	87.6	77.1	83.1	92.0	86.2	79.0	71.7	80.6	83.7	159
Middle	95.8	60.1	96.5	95.1	86.4	86.4	96.3	93.6	87.3	76.2	86.4	86.8	151
Fourth	98.1	78.2	99.6	93.5	87.1	84.6	95.8	93.0	88.1	75.8	82.7	87.5	129
Richest	100.0	83.2	100.0	97.1	88.1	98.7	100.0	98.3	91.3	86.4	98.7	81.3	104
Total	94.3	61.2	96.2	91.5	82.4	85.4	94.2	90.3	83.5	73.4	84.4	85.2	706

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

Table CH.8: Fuel used for cooking

Percent distribution of households according to type of cooking fuel, Ghana, 2006

Percentage of households using:												
	Electricity	Liquefied Petroleum Gas (LPG)	Biogas	Kerosene	Charcoal	Wood	Crop residue/sawdust	None, no cooking	Other	Total	Solid fuels for cooking *	Number of households
Region												
Western	0.0	7.7	0.4	0.5	37.7	51.2	0.0	2.5	0.0	100	88.9	617
Central	0.2	6.3	0.0	0.7	31.9	56.3	0.1	4.5	0.0	100	88.3	576
Greater Accra	0.6	31.4	0.5	1.9	58.5	2.3	0.0	4.9	0.0	100	60.8	1,004
Volta	0.0	5.9	0.0	0.0	26.6	65.2	0.4	1.6	0.0	100	92.2	486
Eastern	0.0	5.8	0.0	0.3	31.4	60.4	0.0	2.2	0.0	100	91.7	758
Ashanti	0.1	10.4	0.0	0.6	37.4	45.8	0.0	5.4	0.2	100	83.2	988
Brong Ahafo	0.0	5.0	0.0	0.3	28.6	64.3	0.5	1.3	0.0	100	93.5	552
Northern	0.0	0.7	0.0	0.0	19.7	78.3	0.2	1.1	0.0	100	98.2	630
Upper East	0.2	0.6	0.0	0.0	16.3	66.1	15.5	1.2	0.0	100	97.9	202
Upper West	0.0	3.1	0.0	0.3	11.6	84.2	0.0	0.8	0.0	100	95.8	126
Area												
Urban	0.3	19.7	0.2	1.3	57.7	15.8	0.2	4.8	0.0	100	73.7	2,692
Rural	0.0	2.5	0.0	0.1	15.9	78.6	1.0	1.7	0.1	100	95.5	3,247
Education of household head												
None	0.1	1.1	0.0	0.0	22.2	73.7	1.5	1.4	0.0	100	97.4	2,817
Primary	0.0	2.2	0.0	0.1	35.6	58.4	0.5	3.2	0.0	100	94.5	544
Middle/JSS	0.0	8.6	0.2	0.8	42.4	43.8	0.1	4.0	0.1	100	86.3	868
Secondary+	0.6	35.0	0.3	1.7	40.2	17.7	0.4	4.1	0.0	100	58.3	281
Wealth index quintiles												
Poorest	0.0	0.0	0.0	0.0	0.7	96.6	2.3	0.4	0.0	100	99.6	949
Second	0.0	0.0	0.0	0.0	5.9	91.4	0.9	1.7	0.0	100	98.3	1,147
Middle	0.0	0.5	0.1	0.2	36.7	58.3	0.2	3.8	0.2	100	95.3	1,285
Fourth	0.0	5.1	0.1	1.1	70.4	18.4	0.1	4.8	0.0	100	88.8	1,341
Richest	0.7	44.1	0.4	1.8	47.7	1.4	0.1	3.8	0.0	100	49.2	1,217
Total	0.1	10.3	0.1	0.6	34.8	50.2	0.6	3.1	0.0	100	85.6	5,939

* MICS indicator 24; MDG indicator 29

Table CH.12: Treatment of children with anti-malarial drugs

Percentage of children aged 0-59 months who were ill with fever in the last two weeks who received anti-malarial and other medications, Ghana, 2006

	Children with a fever in the last two weeks who were treated with:															
	Anti-malarials										Other medications					
	Had a fever in last two weeks	Number of children aged 0-59 months	SP/Fansidar	Chloroquine	Armodiaquine	Quinine	Artemisin based combinations	Other anti-malarial	Any appropriate anti-malarial drug	Any appropriate anti-malarial drug within 24 hours of onset of symptoms *	Paracetamol/Panadol/Acetaminophan	Aspirin	Ibuprofen	Other	Don't know	Number of children with fever in last two weeks
Age																
0-11 months	14.7	712	0.0	35.2	8.6	0.0	1.9	1.9	45.7	28.6	74.3	1.0	1.0	16.2	1.0	105
12-23 months	27.3	715	1.0	48.7	13.8	0.5	4.1	4.6	68.2	54.9	77.9	2.1	0.5	16.9	2.6	195
24-35 months	27.6	664	0.5	50.8	7.7	1.6	2.2	2.7	62.8	53.6	79.8	0.5	2.2	16.9	2.2	183
36-47 months	23.9	728	1.1	39.7	12.6	2.9	4.6	2.9	58.6	46	77.6	1.7	3.4	14.9	1.7	174
48-59 months	21.4	649	0.0	46.0	15.8	1.4	3.6	2.9	64.0	49.6	79.1	0.7	2.2	12.2	3.6	139
Total	23.0	3,468	0.6	45.0	11.8	1.4	3.4	3.1	61.2	48.2	78.0	1.5	4.5	18.2	1.5	796

*MICS indicator 39; MDG indicator 22

EN. 1: Use of Improved Water Sources and Improved Sanitation

Percent distribution of household population according to main source of drinking water and percentage of households using improved drinking water sources, Ghana, 2006

	Improved sources									Unimproved sources							Total	Improved source of drinking water*	Number of households
	Piped into dwelling	Piped into yard or plot	Public tap/stand-pipe	Bore-hole	Protected well	Spring	Sachet water	Bottled water	Un-protected well	Rain-water collection	Tanker-truck	River/stream	Dam/lake/pond/canal/irrigation channel	Other					
Region																			
Western	3.6	7.3	35.5	22.2	11.1	2.4	1.1	0.0	8.5	0.0	1.1	6.9	0.3	0.0	100.0	83.2	2,451		
Central	3.9	7.4	48.7	12.5	4.0	0.1	3.3	0.3	2.7	0.4	0.0	15.5	1.1	0.0	100.0	80.2	2,024		
Greater Accra	15.1	15.0	30.4	0.8	0.2	0.0	25.9	0.8	0.1	0.2	4.7	1.8	0.0	5.0	100.0	88.1	3,911		
Volta	2.2	3.8	27.7	15.8	0.6	0.8	1.8	0.0	17.4	4.4	0.0	12.7	6.1	6.6	100.0	52.7	1,978		
Eastern	1.1	9.3	14.1	31.7	7.3	0.0	3.0	0.0	4.2	0.6	0.1	23.0	5.7	0.0	100.0	66.4	3,099		
Ashanti	5.0	10.1	32.1	32.6	8.5	0.8	1.0	0.0	3.2	0.0	1.4	4.9	0.4	0.0	100.0	90.0	3,854		
Brong Ahafo	2.9	4.2	24.9	32.3	5.7	0.0	1.7	0.0	7.0	0.2	0.0	21.1	0.0	0.0	100.0	71.7	2,295		
Northern	0.9	6.4	11.9	47.7	5.6	0.5	0.0	0.0	6.4	0.1	0.1	17.1	3.1	0.1	100.0	73.0	3,549		
Upper East	1.4	2.6	3.9	65.9	9.0	0.1	0.3	0.0	14.8	0.0	0.0	1.9	0.2	0.0	100.0	83.1	1,134		
Upper West	0.5	1.0	2.9	86.8	1.8	1.5	0.4	0.0	1.0	0.0	0.2	2.2	1.7	0.0	100.0	94.8	652		
Area																			
Urban	10.1	16.8	38.8	6.5	6.6	0.3	11.3	0.3	3.5	0.2	2.4	0.7	0.0	2.4	100.0	90.7	10,315		
Rural	0.7	2.0	15.8	44.1	4.7	0.7	1.0	0.0	7.3	0.7	0.2	18.9	3.2	0.6	100.0	69.1	14,632		
Education of household head																			
None	0.7	3.8	20.4	42.6	4.7	0.8	0.8	0.1	7.2	0.5	0.4	14.1	2.8	1.0	100.0	74.0	8,832		
Primary	2.7	4.1	27.6	25.7	4.0	0.7	3.5	0.0	7.9	0.5	1.4	15.4	3.3	3.3	100.0	68.2	3,327		
Middle/JSS	4.7	9.1	30.9	22.9	7.2	0.4	5.3	0.1	4.9	0.6	1.6	9.9	1.2	1.3	100.0	80.6	8,665		
Secondary+	14.3	18.5	22.3	12.7	4.8	0.2	16.4	0.4	2.5	0.4	1.3	5.4	0.3	0.5	100.0	89.6	4,123		
Wealth index quintiles																			
Poorest	0.0	0.1	1.9	56.8	3.6	1.7	0.0	0.0	7.4	0.3	0.0	21.6	6.6	0.0	100.0	64.1	4,992		
Second	0.0	0.5	14.0	41.1	7.9	0.6	0.0	0.0	8.8	0.5	0.0	23.7	2.0	1.0	100.0	64.1	4,984		
Middle	0.3	1.8	38.3	28.2	7.1	0.3	0.9	0.0	8.8	1.2	1.5	8.6	0.8	2.2	100.0	76.9	4,991		
Fourth	3.9	12.2	45.4	15.1	6.8	0.1	5.1	0.0	3.2	0.4	2.3	3.0	0.0	2.5	100.0	88.6	4,995		
Richest	18.7	26.1	27.1	1.6	2.0	0.0	20.4	0.7	0.6	0.2	1.7	0.0	0.0	0.9	100.0	96.6	4,986		
Total	4.6	8.1	25.3	28.6	5.5	0.5	5.3	0.1	5.7	0.5	1.1	11.4	1.9	1.3	100.0	78.1	24,947		

* MICS indicator 11

Table EN.5: Use of sanitary means of excreta disposal

Percent distribution of household population according to type of toilet facility used by the household, and the percentage of household members using sanitary means of excreta disposal, Ghana, 2006

	Type of toilet facility used by household										Percentage of population using sanitary means of excreta disposal *	Number of household members
	Improved sanitation facility					Unimproved sanitation facility						
	Flush to piped sewer system	Flush to septic tank	Flush to pit (latrine)	Ventilated Improved Pit latrine (VIP)	Pit latrine with slab	Pit latrine without slab/open pit	Bucket	No facilities/bush/field	Other/Missing	Total		
Region												
Western	0.5	8.2	0.4	29.5	37.3	11.3	0.0	12.8	0.0	100.0	75.9	2,451
Central	1.4	5.9	1.0	29.6	24.8	17.9	1.3	18.1	0.0	100.0	62.7	2,024
Greater Accra	5.4	19.6	13.0	36.3	11.0	5.4	0.8	8.1	0.3	100.0	85.4	3,911
Volta	0.9	2.9	0.7	25.5	8.9	30.1	0.3	30.8	0.0	100.0	38.8	1,978
Eastern	1.3	3.3	0.5	24.2	20.3	42.0	2.9	5.5	0.0	100.0	49.6	3,099
Ashanti	4.1	9.9	0.6	46.4	26.1	9.0	0.5	3.4	0.1	100.0	87.0	3,854
Brong Ahafo	0.6	1.4	0.6	40.4	36.0	14.5	0.0	6.4	0.0	100.0	79.1	2,295
Northern	0.0	0.5	0.8	19.7	4.1	1.1	0.9	72.9	0.0	100.0	25.1	3,549
Upper East	0.0	0.4	0.0	11.3	5.7	0.6	0.0	81.9	0.0	100.0	17.5	1,134
Upper West	0.0	6.0	0.2	6.6	4.5	3.4	0.0	78.7	0.7	100.0	17.2	652
Area												
Urban	3.8	14.9	5.3	46.5	12.0	7.0	1.7	8.7	0.1	100.0	82.6	10,315
Rural	0.6	1.2	0.6	19.0	23.8	19.0	0.2	35.5	0.1	100.0	45.3	14,632
Education of household head												
None	0.4	1.8	0.7	22.8	14.7	12.4	0.0	47.1	0.0	100.0	40.4	8,832
Primary	0.4	4.5	1.2	30.4	24.6	17.5	0.8	20.4	0.4	100.0	60.9	3,327
Middle/JSS	1.9	7.0	2.4	37.1	23.7	16.4	1.3	10.1	0.1	100.0	72.1	8,665
Secondary+	6.6	19.6	7.8	32.6	13.3	9.7	1.4	9.0	0.0	100.0	79.9	4,123
Wealth index quintiles												
Poorest	0.0	0.0	0.0	1.3	15.7	15.6	0.0	67.4	0.0	100.0	17.0	4,992
Second	0.0	0.0	0.0	16.4	29.4	24.2	0.0	30.0	0.1	100.0	45.7	4,984
Middle	0.3	0.8	0.6	43.6	22.8	17.4	0.5	13.7	0.3	100.0	68.1	4,991
Fourth	1.2	5.4	2.2	53.3	18.7	9.2	1.6	8.3	0.1	100.0	80.9	4,995
Richest	8.1	28.2	9.9	37.4	8.1	3.6	2.0	2.6	0.0	100.0	91.7	4,986
Total	1.9	6.9	2.6	30.4	18.9	14.0	0.8	24.4	0.1	100.0	60.7	24,947

* MICS indicator 12; MDG indicator 31

Table RH.1: Use of contraception

Percentage of women aged 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Ghana, 2006

	Percent of women (currently married or in union) who are using:																	Number of women currently married or in union
	Percentage not using any method	Female sterilisation	Pill	IUD	Injections	Implants	Male Condom	Female condom	Diaphragm/foam/jelly	LAM	Periodic abstinence	Withdrawal	Other	Total	Any modern method	Any traditional method	Any method*	
Region																		
Western	91.4	0.2	3.7	0.5	2.2	0.2	0.0	0.0	0.0	1.0	0.6	0.3	0.0	100	6.7	1.8	8.6	345
Central	77.4	0.4	8.2	0.7	7.8	1.7	0.1	0.0	0.0	1.4	0.6	1.0	0.7	100	18.9	3.7	22.6	251
Greater Accra	71.2	0.6	4.0	1.3	6.5	1.2	2.9	0.1	0.7	0.5	9.6	0.4	1.1	100	17.3	11.6	28.8	518
Volta	86.6	0.5	2.1		7.8	0.6	1.0	0.0	0.6	0.0	0.9	0.0	0.0	100	12.5	0.9	13.4	315
Eastern	82.1	0.3	4.9	0.0	6.5	0.4	3.7	0.0	0.5	0.0	1.3	0.0	0.3	100	16.3	1.6	17.9	414
Ashanti	81.8	0.8	7.1	0.0	4.4	0.3	2.2	0.0	0.2	0.5	2.2	0.2	0.2	100	15.0	3.2	18.2	526
Brong Ahafo	82.9	0.4	8.0	0.0	5.5	0.5	1.4	0.0	0.0	0.9	0.0	0.0	0.5	100	15.7	1.4	17.1	294
Northern	91.7	0.1	2.2	0.2	5.2	0.0	0.3	0.3	0.0	0.0	0.0	0.0	0.0	100	8.3	0.0	8.3	551
Upper East	85.0	0.0	3.5	0.0	10.4	0.6	0.5	0.0	0.0	0.0	0.0	0.0	0.0	100	15.0	0.0	15.0	150
Upper West	90.7	0.0	2.6	0.3	6.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	9.3	0.0	9.3	100
Total	83.3	0.4	4.7	0.3	5.8	0.6	1.5	0.1	0.3	0.4	2.1	0.2	0.3	100	13.6	3.1	16.7	3,456

* MICS indicator 21; MDG indicator 19c

Table RH.5: Assistance during delivery

Percent distribution of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery and the place of delivery, Ghana, 2006

	Medical doctor	Nurse/ midwife/ Auxiliary Midwife/ Community Health Worker	Trained Traditional birth attendant	Untrained Traditional birth attendant	Relative/ friend	Other	No attendant	Total	Any skilled personnel *	Delivered in health facility **	Number of women who gave birth in preceding two years
Region											
Western	2.0	37.6	42.3	9.2	5.8	0.7	2.3	100	39.6	39.4	144
Central	5.9	37.7	35.1	7.1	8.7	1.9	3.6	100	43.6	45.0	105
Greater Accra	28.7	54.3	3.7	1.0	8.8	0.0	3.6	100	83.0	83.1	167
Volta	9.6	35.0	7.0	8.2	31.0	4.2	5.0	100	42.7	41.7	97
Eastern	8.3	30.5	26.5	16.0	15.4	0.0	3.3	100	37.8	39.5	182
Ashanti	14.5	46.0	23.5	6.6	6.7	0.0	2.8	100	60.5	59.6	207
Brong Ahafo	4.1	54.0	21.1	4.9	10.7	0.0	5.2	100	58.1	57.2	107
Northern	1.0	37.1	16.1	17.7	26.0	1.6	0.6	100	38.0	34.4	260
Upper East	2.2	41.8	17.3	10.8	19.8	5.8	2.2	100	44.1	42.3	58
Upper West	(4.0)	(25.1)	(27.1)	(1.6)	(38.4)	(3.2)	(0.6)	100	(29.1)	(28.4)	37
Area											
Urban	19.6	57.4	10.2	3.1	6.4	0.5	2.8	100	76.9	77.1	468
Rural	3.3	32.2	27.2	13.0	19.9	1.5	2.8	100	35.1	33.9	897
Age											
15-19	4.7	31.9	21.3	10.5	20.1	1.8	9.6	100	36.6	41.7	89
20-24	4.4	44.2	25.2	10.6	13.6	1.0	1.0	100	48.3	49.0	317
25-29	10.6	44.4	16.8	8.9	16.9	1.4	0.9	100	55.1	51.8	380
30-34	9.1	42.8	23.7	7.7	11.1	1.1	4.4	100	51.2	49.6	269
35-39	13.8	34.5	22.1	10.5	15.6	0.6	3.0	100	48.3	47.7	210
40-44	12.5	34.9	22.4	7.6	16.9	0.7	5.1	100	46.0	47.3	75
45-49	(0.0)	(23.3)	(10.3)	(23.8)	(34.1)	(3.5)	(5.1)	100	(23.3)	(26.1)	25
Education		0.0									
None	3.6	27.8	20.5	16.8	24.7	2.4	4.2	100	31.4	29.7	503
Primary	6.7	40.9	25.4	7.9	16.4	0.3	2.4	100	46.6	45.9	300
Middle/JSS	11.9	51.1	22.5	4.7	7.1	0.6	2.1	100	62.8	63.4	465
Secondary+	28.2	59.2	9.0	0.9	2.6	0.0	0.0	100	87.4	85.2	97
Total	8.9	40.8	21.4	9.6	15.3	1.1	2.8	100	49.4	48.7	1,365

* MICS indicator 4; MDG indicator 17 ** MICS indicator 5

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

Table CP.1: Birth registration

Percent distribution of children aged 0-59 months by birth registration status and reasons for non-registration, Ghana, 2006

	Birth is registered *	Don't know if birth is registered	Number of children aged 0-59 months	Birth is not registered because:							Total	Number of children aged 0-59 months without birth registration
				Costs too much	Must travel too far	Didn't know child should be registered	Late, didn't want to pay fine	Doesn't know where to register	Other	Don't know		
Sex												
Male	52.2	0.7	1,789	26.6	20.3	17.1	2.8	12.4	15.9	4.9	100	868
Female	50.7	0.8	1,678	28.3	20.2	19.0	3.1	11.8	13.6	4.0	100	830
											0.0	
Region												
Western	48.3	0.2	347	23.8	21.8	18.2	11.6	14.4	6.0	4.3	100	180
Central	52.3	0.6	302	27.2	21.4	14.2	7.6	12.0	16.0	1.6	100	144
Greater Accra	71.8	0.7	448	35.9	23.0	3.5	3.3	6.7	21.6	6.1	100	127
Volta	46.5	1.9	261	19.6	22.3	7.4	0.0	13.9	24.9	12.0	100	141
Eastern	38.3	0.8	463	27.7	12.3	15.2	0.3	12.4	28.5	3.7	100	288
Ashanti	56.2	0.5	506	30.9	19.4	16.1	0.8	9.6	20.4	2.8	100	224
Brong Ahafo	49.4	0.7	311	35.5	21.7	17.7	5.8	10.4	6.6	2.2	100	158
Northern	46.6	0.7	579	20.1	25.3	30.0	0.5	16.8	3.2	4.2	100	313
Upper East	53.2	2.0	146	38.6	21.1	23.1	0.4	5.0	3.5	8.5	100	70
Upper West	50.1	0.3	105	30.7	11.3	37.8	0.5	8.9	7.5	3.2	100	52
Area												
Urban	68.5	0.5	1,236	33.8	14.9	10.1	4.0	7.7	25.8	3.7	100	393
Rural	42.0	0.9	2,231	25.6	21.9	20.4	2.6	13.4	11.5	4.7	100	1,305
Age												
0-11 months	44.1	0.0	715	21.1	21.8	15.0	1.2	11.6	26.4	2.8	100	404
12-23 months	59.8	0.2	706	25.1	22.1	22.1	2.8	10.5	14.4	3.1	100	289
24-35 months	57.1	1.3	667	29.9	16.7	18.5	4.9	12.5	11.8	5.7	100	288
36-47 months	51.9	0.6	718	28.7	21.9	17.6	2.4	14.1	9.9	5.4	100	347
48-59 months	44.3	1.8	661	33.2	18.2	18.1	3.9	11.8	9.2	5.5	100	370
Mother's education												
None	41.4	0.8	1,343	25.7	19.9	26.4	2.6	14.3	7.2	3.9	100	792
Primary	48.0	1.3	753	27.8	20.0	12.0	2.3	13.5	19.6	5.0	100	395
Middle/JSS	59.5	0.5	1120	29.4	20.1	10.4	4.1	8.1	22.4	5.5	100	458
Secondary+	79.4	0.0	251	35.2	29.4	3.9	1.7	3.6	26.2	0.0	100	53
Total	51.4	0.8	3,467	27.5	20.2	18.0	2.9	12.1	14.8	4.5	100	1,698

* MICS Indicator 62

Table CP.5.1A: Early marriage

Percentage of women aged 15-49 years in marriage or union before their 15th birthday, percentage of women aged 20-49 years in marriage or union before their 18th birthday, Ghana, 2006

	Percentage married before age 15 *	Number of women aged 15-49 years	Percentage married before age 18 **	Number of women aged 20-49 years
Region				
Western	4.2	593	27.4	459
Central	2.9	455	22.2	357
Greater Accra	3.0	1,125	17.8	883
Volta	8.0	426	30.1	
Eastern	2.1	741	20.5	578
Ashanti	4.3	888	27.5	697
Brong Ahafo	6.0	569	31.0	448
Northern	5.8	745	31.0	624
Upper East	5.7	218	36.3	175
Upper West	5.4	130	36.9	107
Wealth index quintiles				
Poorest	5.6	954	32.5	770
Second	7.0	1,037	34.5	835
Middle	5.2	1,149	29.0	894
Fourth	2.8	1,298	23.8	1,046
Richest	2.4	1,451	14.6	1,127
Total	4.4	5,876	26.0	4,660

* MICS Indicator 67 ** MICS Indicator 67

Table HA.9.2A: Higher risk sex and condom use at last high-risk sex

Women and men age 15-49 who had sexual intercourse in the past 12 months, the among those who higher risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse, percentage of who used condom at the last higher-risk sex in the last 12 months, Ghana 2006

	Women				Men			
	Percent who had higher-risk intercourse in the past 12 months ¹	Number of women who had sex in last 12 months	Percentage reporting condom use at last higher risk sex ²	Number of women who had higher risk intercourse in the past 12 months	Percent who had higher-risk intercourse in the past 12 months ¹	Number of men who had sex in last 12 months	Percentage reporting condom use at last higher risk sex ²	Number of men who had higher risk intercourse in last 12 months
Area								
Urban	27.6	1,722	33.5	475	46	471	56.9	217
Rural	17.2	2,239	33.2	386	35.6	635	50.1	226
Age								
15-24	51.5	1101	41.8	567	87.9	236	55.7	207
15-19	81	345	40.8	279	96.1	71	59.7	68
20-24	38.1	756	42.4	288	84.3	165	53.8	139
25-29	16.1	790	22.9	127	48	206	64.7	99
30-34	9.3	660	17.7	61	28.7	198	43.3	57
35-39	8	597	(10.9)	48	25.1	168	(47.3)	42
40-44	7.6	455	(16.4)	35	16.5	148	*	24
45-49	6.7	358	*	24	8.8	150	*	13
Education								
None	9	1,189	20.4	107	27.2	186	30.9	51
Primary	21.8	787	24.7	172	36.1	143	32.7	52
Middle/JSS	25.7	1,485	33	382	42	530	59.8	223
Secondary+	40.6	500	48.4	201	47.9	246	60.2	118
Total	21.7	3,961	33.4	861	40.1	1,106	53.5	443

¹ MICS indicator 85 for Women 15-24 and UNAIDS Sexual Behavior Indicator 1 'Higher risk sex in the last year'

² MICS indicator 83; MDG indicator 19a for Women 15-24

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases

Table HA.9.2B: Higher risk sex and condom use at last high-risk sex in the past 12 months

Among women and men age 15-49 who had sexual intercourse in the past 12 months, the percentage who higher risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse, percentage of who used condom at last 12 months, Ghana 2006

	Women				Men			
	Percent who had higher-risk intercourse in the past 12 months ¹	Number of women who had sex in last 12 months	Percentage reporting condom use at last higher risk sex ²	Number of women who had higher risk intercourse in the past 12 months	Percent who had higher-risk intercourse in the past 12 months ¹	Number of men who had sex in last 12 months	Percentage reporting condom use at last higher risk sex ²	Number of men who had higher risk intercourse in last 12 months
Region								
Western	23.5	399	22.7	94	33.3	124	(61.6)	41
Central	24.2	324	35.2	78	46.4	78	(24.1)	36
Greater Accra	29.4	687	37.7	202	51.9	194	53.1	101
Volta	15.7	322	34.2	50	28.7	74	*	21
Eastern	24.2	486	39.6	118	43.3	137	48.6	59
Ashanti	21	610	23.1	128	32.4	189	54.2	61
Brong Ahafo	27.5	388	27.2	107	48.1	100	(73.2)	48
Northern	11.5	522	45.7	60	35.6	152	42.3	54
Upper East	13.7	143	*	20	45.3	39	*	18
Upper West	6.6	82	*	5	16.2	19	*	3
Wealth index quintiles								
Poorest	12.8	685	26	88	34.3	201	38.5	69
Second	17.6	752	28.9	132	28.6	184	42	53
Middle	24.1	787	24.7	190	40.5	204	55.3	83
Fourth	26.6	849	35.2	226	50.6	251	60.1	127
Richest	25.4	888	44.3	226	42	266	59.2	112
Total	21.7	3,961	33.4	861	40.1	1,106	53.5	443

¹ MICS indicator 85 for Women 15-24 and UNAIDS Sexual Behaviour Indicator 1 'Higher risk sex in the last year'

² MICS indicator 83; MDG indicator 19a for Women 15-24

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.