



Ghana

2022 Demographic and Health Survey

Summary Report



The 2022 Ghana Demographic and Health Survey (2022 GDHS) was implemented by the Ghana Statistical Service (GSS). The funding for the GDHS was provided by the Government of Ghana, the United States Agency for International Development (USAID), the U.S. President's Malaria Initiative (PMI), UNFPA, UNICEF, the World Bank, the Global Fund, and the Korean International Cooperation Agency (KOICA), World Health Organisation (WHO) and Foreign, Commonwealth and Development Office (UK-FCDO). ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2022 GDHS may be obtained from the Ghana Statistical Service, Head Office, P.O. Box GP 1098, Accra, Ghana; fax: +233-302-664304; email: info@statsghana.gov.gh.

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; email: info@DHSprogram.com; internet: www.DHSprogram.com.

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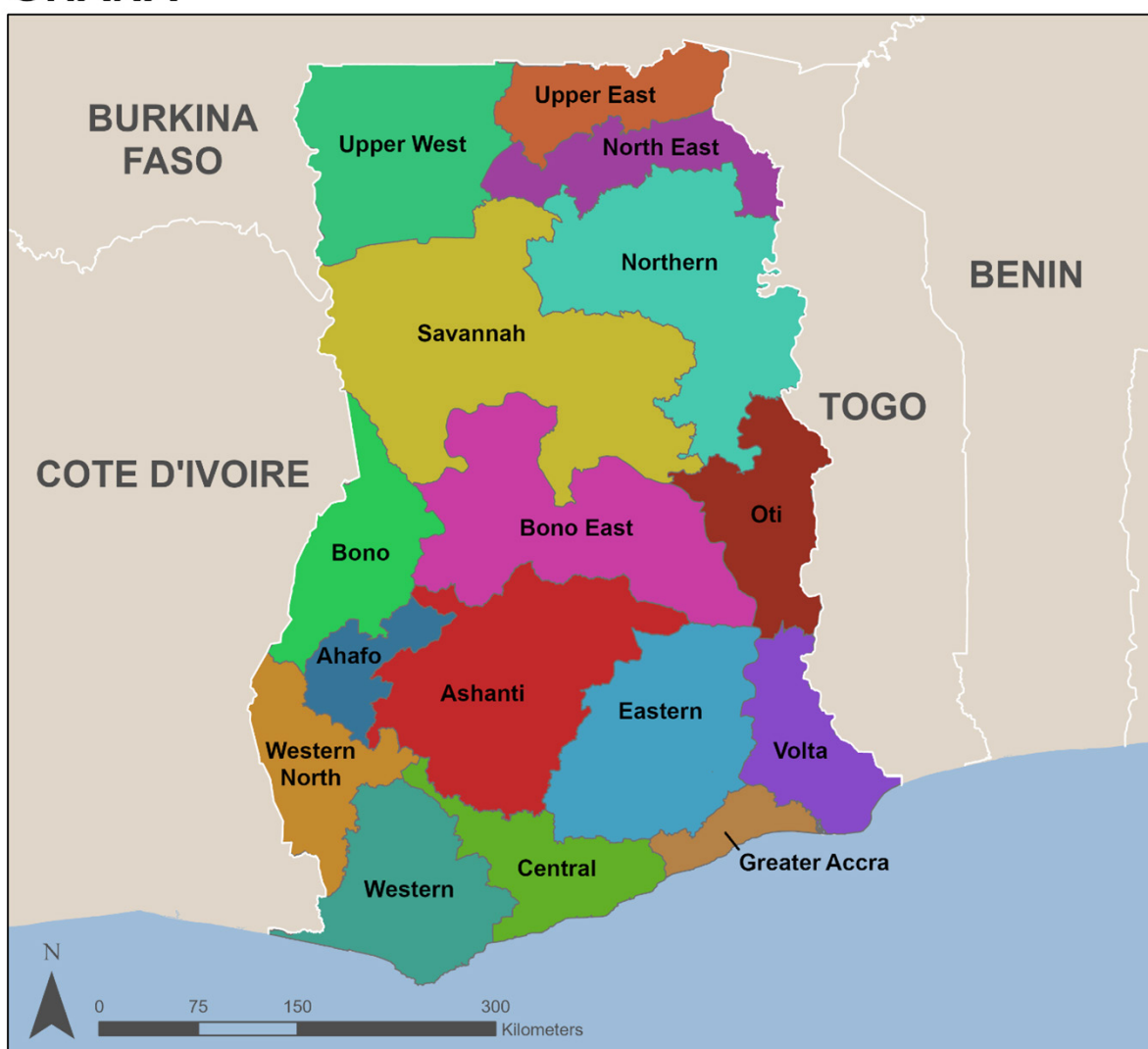
ABOUT THE 2022 GDHS

The 2022 Ghana Demographic and Health Survey (GDHS) is designed to provide data for monitoring the population and health situation in Ghana. The 2022 GDHS is the 7th Demographic and Health Survey conducted in Ghana since 1988. The objective of the survey is to provide reliable estimates of fertility levels and preferences, contraceptive use, antenatal and delivery care, maternal and child health, childhood mortality, childhood immunisation, breastfeeding and young child feeding practices, women's dietary diversity, violence against women, gender, nutritional status of adults and children, awareness regarding HIV/AIDS and other sexually transmitted infections, tobacco use, haemoglobin levels of women and children, the prevalence, treatment and prevention of malaria, and other indicators relevant for the Sustainable Development Goals. This information is intended for use by programme managers and policymakers to evaluate and improve existing programmes.

Who participated in the survey?

A nationally representative sample of 15,014 women age 15–49 in 17,933 households and 7,044 men age 15–59 in half of the selected households were interviewed. This represents a response rate of 98% of women and 97% of men. The sample design for the 2022 GDHS provides estimates at the national level, for urban and rural areas, and for the country's 16 regions.

GHANA



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Households in Ghana have an average of 3.5 members. Women head 37% of Ghanaian households. Forty percent of the household population in Ghana is under age 15.

Cooking and Lighting

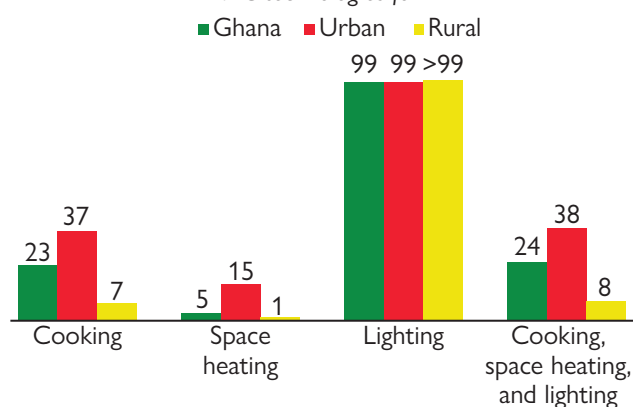
Nearly a quarter (23%) of the household population in Ghana use clean fuels and technologies for cooking, including stoves/cookers using electricity, liquefied petroleum gas/natural gas/biogas, solar, and alcohol/ethanol. Over three-quarters (76%) of the household population uses solid fuels.

The majority (83%) of the Ghanaian household population has electricity, including 95% in urban areas and 69% in rural areas. Nearly all (99%) of the household population uses clean fuels and technologies for lighting, including electricity, solar lanterns, rechargeable flashlights/torches/lanterns, and biogas lamps.

Overall, 24% of the household population uses clean fuels and technologies for cooking, heating, and lighting.

Primary Reliance on Clean Fuels and Technologies by Residence

Percent of population relying on clean fuels and technologies for:



Household Durable Goods

One in five households (20%) in Ghana own a bicycle, compared to 18% of households that own a motorcycle or scooter, and 10% of households that own a car/truck. Over one-third of Ghanaian households own agricultural land (36%) and farm animals (35%).

Information Communication Technology (ICT) and Internet Use

In Ghana, 94% of households own a mobile phone, 66% own a television, 53% own a radio, and 16% own a computer. ICT ownership is higher in urban areas compared to rural areas.

Television is the most frequently accessed form of media in Ghana, with 62% of women and 63% of men age 15–49 watching television weekly. Forty-two percent of women and 51% of men listen to the radio at least once a week. Only 4% of women and 8% of men read the newspaper on a weekly basis. Overall, 27% of women and 23% of men access none of these three media at least once a week.

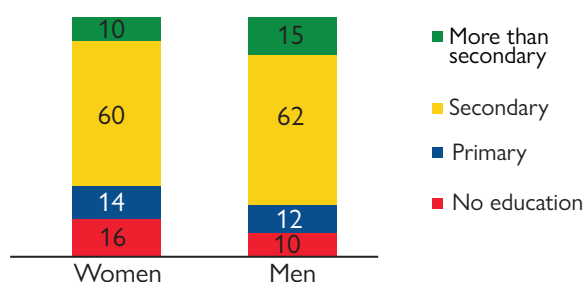
Almost half (47%) of women and 65% of men have ever used the internet, with 43% of women and 62% of men reporting they used the internet in the last 12 months.

Education and Literacy

In Ghana, 16% of women and 10% of men age 15–49 have no education. Ten percent of women and 15% of men have more than secondary education. Sixty-one percent of women and 74% of men age 15–49 are literate.

Education

Percent distribution of women and men age 15–49 by level of education



Figures ≠ 100% due to rounding.

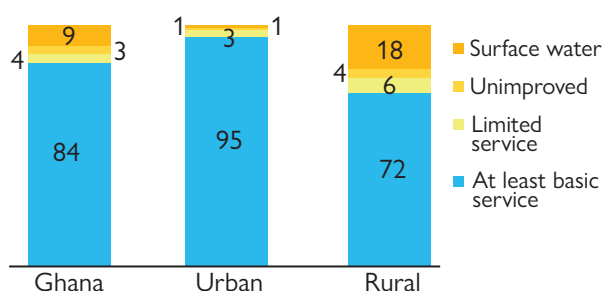
HOUSEHOLD WATER AND SANITATION

Drinking Water

The majority (84%) of the household population in Ghana has access to at least basic drinking water service. At least basic drinking water service includes drinking water from an improved source, either on the premises or with a round-trip collection time of less than 30 minutes. Nearly all (95%) of the urban household population has access to at least basic drinking water service compared to 72% of the rural household population.

Drinking Water Service Ladder by Residence

Percent distribution of household population by drinking water service ladder



Figures ≠ 100% due to rounding.

Overall, 81% of the household population had sufficient quantities of drinking water in the month prior to the survey. By region, the availability of sufficient quantities of drinking water is lowest in the Northern Region (68%) and highest in the Upper East and Ashanti regions (86%).

Menstrual Hygiene

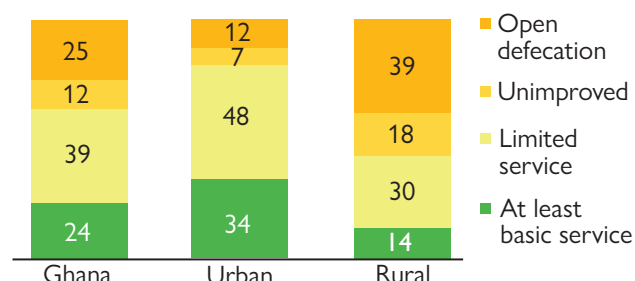
Of women age 15–49 with a menstrual period in the year before the survey, a majority used disposable sanitary pads (88%), 9% used cloth to collect or absorb blood, and 2% used reusable sanitary pads. Among women with a menstrual period in the year before the survey who were at home during their last menstrual period, 97% used appropriate materials during their last menstruation and were able to wash and change in privacy.

Sanitation

Nearly a quarter (24%) of Ghanaians have access to at least basic sanitation service, meaning they use improved facilities that are not shared with other households or have safely managed sanitation service where excreta are disposed of in situ or transported and treated off-site. One-third of the urban population has at least basic service compared to 14% of the rural population. Still, a quarter of the population practices open defecation, including 39% in rural areas. At least basic service varies by region, from 11% in the Savannah Region to 40% in the Greater Accra Region.

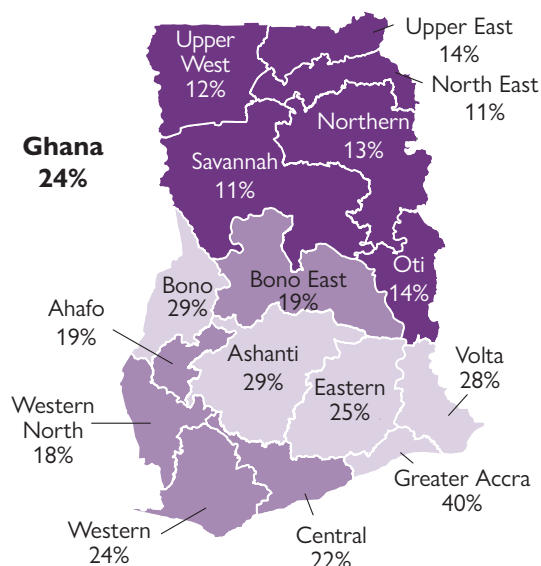
Sanitation Service Ladder by Residence

Percent distribution of household population by type of sanitation service



At Least Basic Sanitation Service by Region

Percent distribution of household population with at least basic sanitation service



FERTILITY AND ITS DETERMINANTS

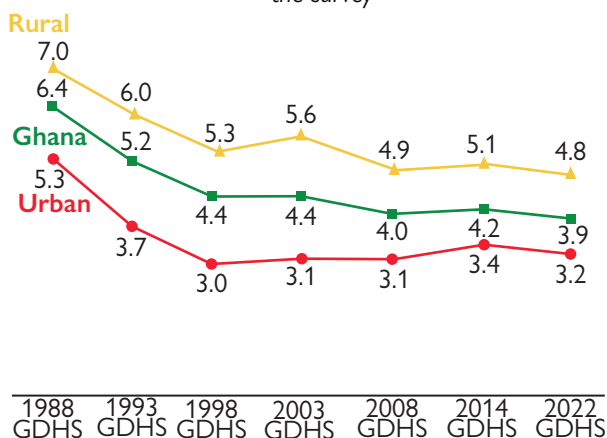
Total Fertility Rate

Currently, women in Ghana have an average of 3.9 children. Fertility in Ghana has declined from 6.4 children per woman in 1988 to 3.9 children per woman in 2022.

Rural women have more children than urban women (4.8 children versus 3.2 children). By region, fertility ranges from 2.9 children per woman in Greater Accra to 6.6 children per woman in the North East Region. Women in the lowest wealth quintile have 5.9 children on average, twice as many as women in the highest quintile, who have an average of 2.7 children.

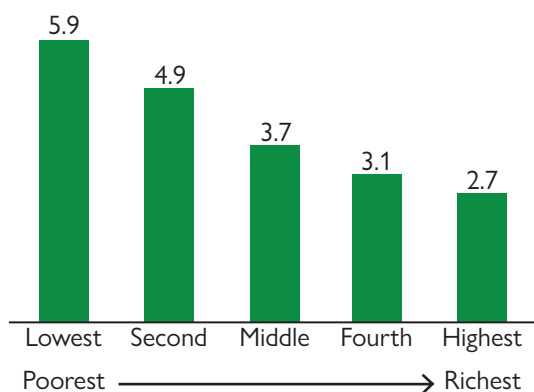
Trends in Total Fertility Rate by Residence

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



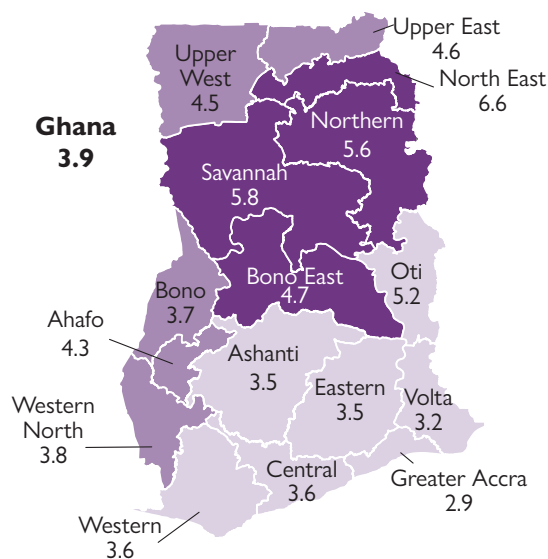
Fertility by Household Wealth

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



Total Fertility Rate by Region

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



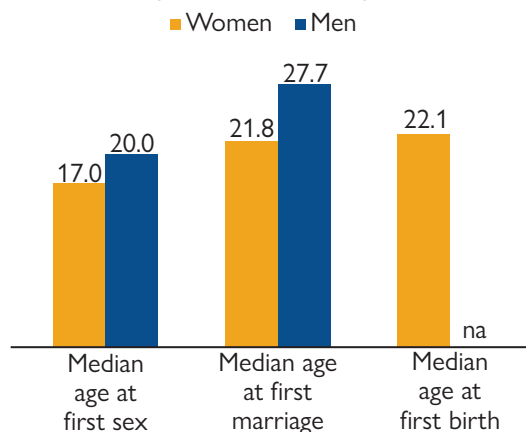
Age at First Menstruation, First Marriage, Sexual Intercourse, and Birth

The average age of first menstruation among women 15–49 is 14.6 years. The median age at first sexual intercourse is 18.0 years among women age 25–49 and 20.0 years among men of the same age. Half of women and 25% of men had sex by age 18, and 11% of women and 5% of men had sex by age 15.

In Ghana the median age at first birth for women age 25–49 is 22.1 years. This means that half of women age 25–49 give birth for the first time before this age. On average, urban women give birth for the first time 2.6 years later than rural women (23.4 years compared to 20.8 years).

Median Age at First Sex, Marriage, and Birth

Among women and men age 25–49

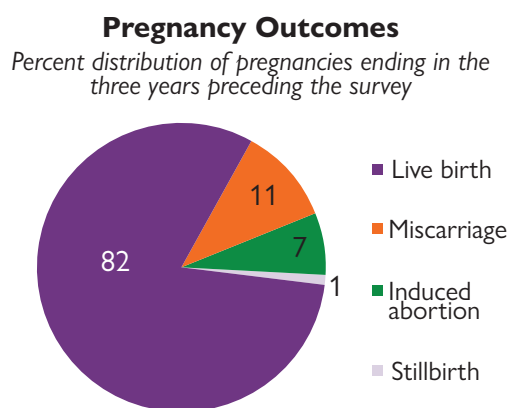


Overall, 55% of women and 45% of men age 15–49 are married or living together with a partner. Nearly a quarter (23%) of women age 25–49 were married by age 18, compared to just 3% of men. Among young people age 20–24, 16% of women and 2% of men were married by age 18.

Half of Ghanaian women age 25–49 are married by age 21.8 years, the median age at first marriage. Rural women marry at a younger age than urban women (20.1 years compared to 23.2 years). The median age at first marriage for Ghanaian men 30–59 age is 27.7 years.

Pregnancy Outcomes and Induced Abortion

Of all pregnancies ending in the three years before the survey, 82% resulted in live births and 18% resulted in pregnancy losses. Among pregnancy losses, 11% were miscarriages, 7% were induced abortions, and 1% were stillbirths. The regions with the highest percentages of miscarriages are Volta (16%), Eastern (14%), and Greater Accra (12%), while North East has the lowest percent of miscarriages at 3%.



Figures ≠ 100% due to rounding.

Polygyny

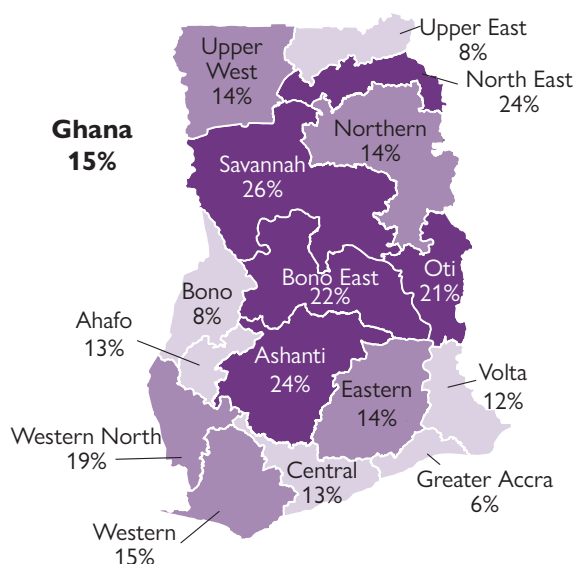
Fifteen percent of married women age 15–49 have one or more co-wives and 9% of married men have two or more wives. Polygynous unions are most common in the Northern Region for both women and men.

Teenage Pregnancy

In Ghana, 15% of adolescent women age 15–19 have ever been pregnant: 11% have given birth, 2% were pregnant at the time of the survey, and 4% have ever had a pregnancy loss. By region, teenage pregnancy ranges from 6% of young women in Greater Accra to 26% of young women in the Savannah Region. Teenage motherhood has declined since 1988, from 19% to 11% in 2022.

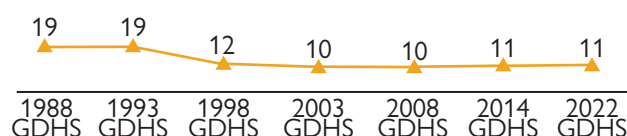
Teenage Pregnancy by Region

Percent of women age 15–19 who have ever been pregnant



Trends in Teenage Pregnancy

Percent of women age 15–19 who are mothers



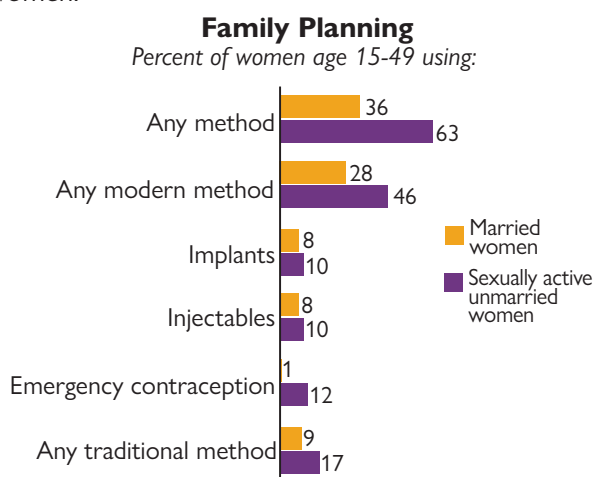
FAMILY PLANNING

Current Use of Family Planning

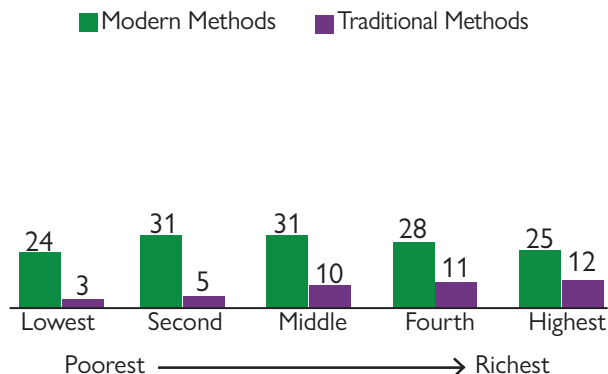
In Ghana, 36% of married women age 15–49 use any method of family planning, with 28% using any modern method and 9% using a traditional method of family planning. The most commonly used modern method among married women are implants (8%) and injectables (8%). As wealth increases, traditional method of family planning also increases.

By residence, more married women in rural areas use modern methods (29%) than urban married woman (27%). By region, modern method use ranges from 15% in the North East Region to 36% in both Ahafo and Western regions.

Family planning use among sexually active unmarried women is 63%, with 46% using modern methods and 17% using traditional methods. Emergency contraception (12%), implants (10%), and injectables (10%) are the most commonly used modern family planning methods among sexually active unmarried women.



Family Planning Use by Household Wealth
Percent of married women age 15–49 using:

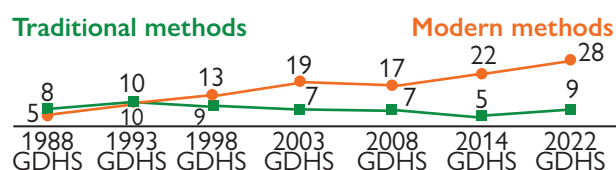


Trends in Family Planning Use

The use of modern methods of family planning among married women has increased steadily from 5% in 1988 to 28% in 2022. The use of traditional methods has increased slightly since 2014, from 5% to 9% in 2022.

Trends in Family Planning Use

Percent of married women age 15–49 using:



Informed Choice

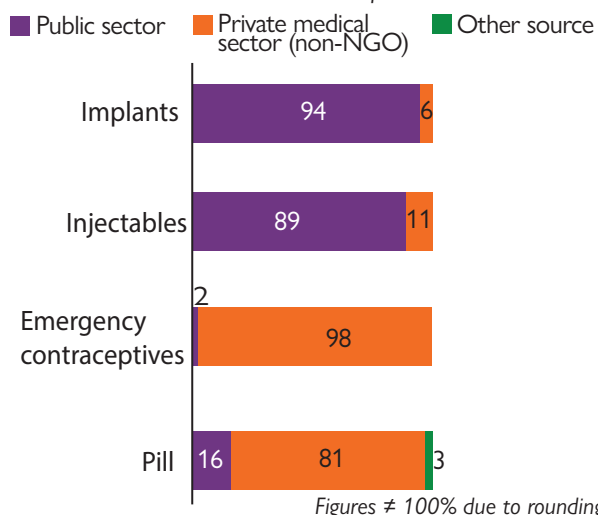
Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. In Ghana, 60% of women age 15–49 using modern methods were informed about side effects, 64% were informed what to do if they experience side effects, and 66% were informed about other family planning methods that were available. Overall, half of women using modern methods received all three types of information, and 65% were informed that they could switch to another method if they wanted or needed to.

Source of Modern Family Planning

Six in ten of all modern family planning users obtain their methods from the public sector, the most common sources being government hospitals (26%) and government health centres (12%). The majority of users of implants (94%), IUDs (94%), and injectables (89%) obtain these methods from the public sector. Most (98%) emergency contraception are obtained from the private medical sector (non-NGO).

Source of Family Planning Methods

Percent distribution of family planning users age 15-49 by most recent source of method



Modern method users obtain 39% of their family planning through the private medical sector. The vast majority of emergency contraception (98%), male condoms (92%), and the pill (81%) are obtained through the private medical sector, mainly pharmacies and drug stores.

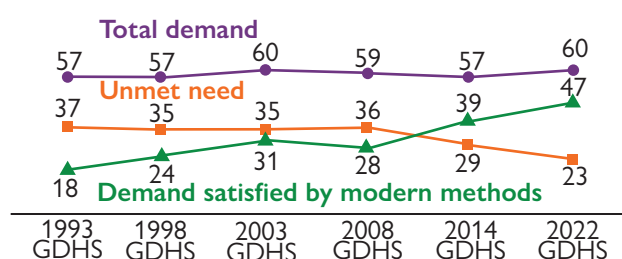
Demand for Family Planning

Among married women in Ghana, 24% do not want any more children and 36% want to delay childbearing (delay their first birth or space out births) for at least two years. Women who want to stop or delay childbearing are said to have a demand for family planning. In Ghana, 60% of married women have a demand for family planning.

The total demand for family planning includes both met need and unmet need. Met need is the percent of married women who are currently using family planning. In Ghana, 36% of married women use any method — 28% use modern methods and 9% use traditional methods.

Trends in Demand for Family Planning

Percent of married women age 15-49



Unmet need for family planning is defined as the proportion of women who want to stop or delay childbearing but are not using family planning. In Ghana, 23% of married women have an unmet need for family planning, including 9% who do not want any more children and 14% who want to delay childbearing.

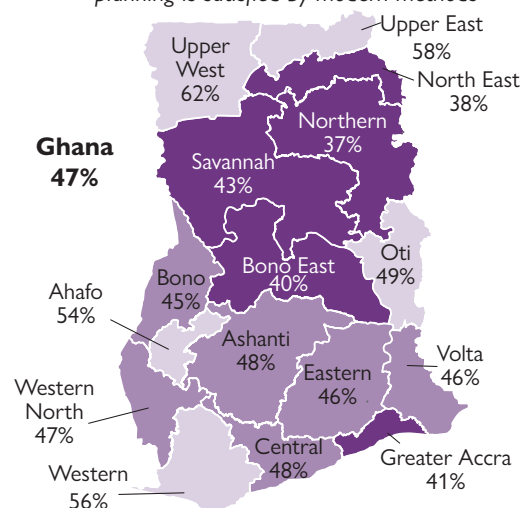
Total demand for family planning has remained fairly steady since 1993, though demand satisfied by modern methods has increased, from 18% in 1993 to 47% in 2022. Unmet need has declined in the same time period, from 37% in 1993 to 23% in 2022.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. In Ghana, demand satisfied by modern methods is 47%. By region, demand satisfied by modern methods ranges from 37% in the Northern Region to 62% in the Upper West Region.

Demand for Family Planning Satisfied by Modern Methods by Region

Percent of women age 15-49 whose demand for family planning is satisfied by modern methods



Exposure to Family Planning Messages

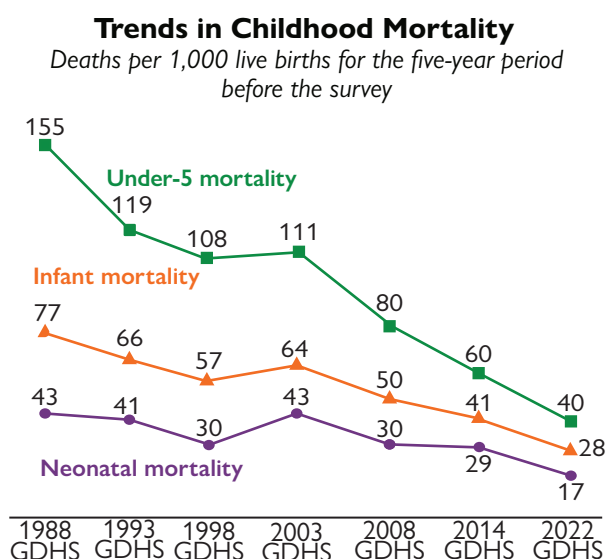
Almost half (46%) of women and 50% of men saw family planning messages on the television, and 40% of women and 50% of men heard family planning messages on the radio. Still, 30% of women and 20% of men were not exposed to family planning messages in the 12 months before the survey.

INFANT AND CHILD MORTALITY

Rates and Trends

Infant and under-5 mortality rates in Ghana are 28 and 40 deaths per 1,000 live births, respectively, for the five-year period before the survey. The neonatal mortality rate is 17 deaths per 1,000 live births. At these mortality levels, 1 in 25 children in Ghana do not survive to their fifth birthday.

Childhood mortality rates have declined over time. Since 1988, under-5 mortality has declined from 155 deaths per 1,000 live births to the current rate of 40 deaths per 1,000 live births.



Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Ghana, the median birth interval is 40.6 months.

Infants born less than two years after a previous birth have higher under-5 mortality rates. In Ghana, 14% of non-first births happen within two years of the previous birth. The under-5 mortality rate for infants born less than two years after the previous birth is 77 deaths per 1,000 live births for the ten-year period before the survey. This rate is highest compared to under-5 mortality rates for birth intervals of two years (37 deaths per 1,000 live births), three years (32 deaths) and four or more years (38 deaths).

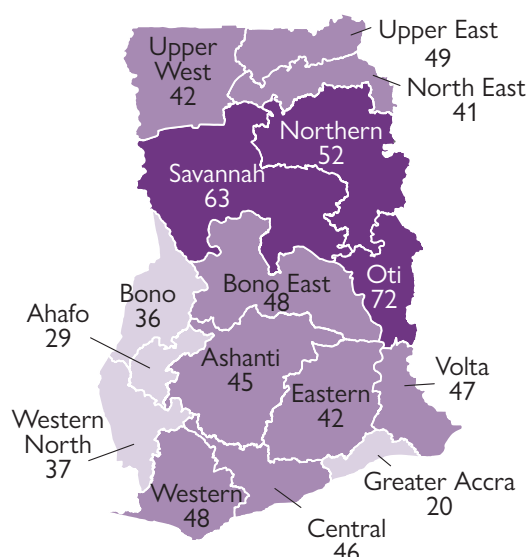
Mortality Rates by Background Characteristics

The under-5 mortality rate is higher in rural areas (42 deaths per 1,000 live births) than urban areas (37 deaths) for the five-year period before the survey. Childhood mortality is higher for boys than girls, 43 deaths per 1,000 live births compared to 36 deaths.

Regions with the highest under-5 mortality rates for the ten-year period before the survey are Oti and Savannah (72 and 63 deaths per 1,000 live births, respectively), while Ahafo and Greater Accra regions have the lowest under-5 mortality rates (29 and 20 deaths per 1,000 live births, respectively).

Under-5 Child Mortality by Region

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



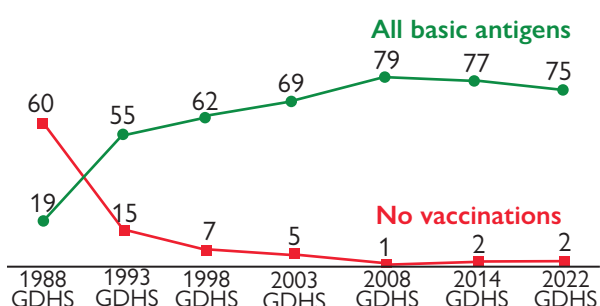
CHILD HEALTH

Vaccination Coverage: Basic Antigens

In Ghana, three-quarters of children age 12–23 months are fully vaccinated against all basic antigens—one dose each of Bacille Calmette-Guérin (BCG) and measles, and rubella vaccine (MR), and three doses each of polio vaccine and a vaccine containing diphtheria, hepatitis B, and Haemophilus influenzae type b (DPT-HepB-Hib) vaccine (excluding polio vaccine given at birth). Full basic antigen vaccination coverage has increased dramatically since 1988, from 19% to 75%. Overall, 2% of children age 12–23 months have received no vaccinations.

Trends in Childhood Vaccinations

Percent of children age 12–23 months who received:



Childhood Illnesses

In Ghana, 2% of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks before the survey, and advice or treatment was sought for 54% of children with symptoms of ARI.

Overall, 15% of children under age 5 had fever in the two weeks before the survey. Advice or treatment was sought for 57% of those children with fever.

Among children under age 5, 13% had diarrhea in the two weeks before the survey. Of the children with diarrhea, advice or treatment was sought for slightly over half (51%).

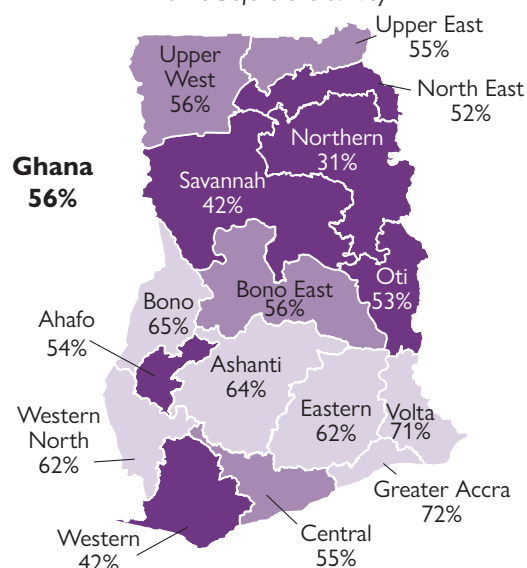
Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). Over half (57%) of children with diarrhea received ORT, however 22% of children with diarrhea received no treatment.

Vaccination Coverage: National Schedule

To be fully vaccinated according to the national schedule, children age 12–23 months receive all basic antigens, as well as a birth dose of the oral polio vaccine, a birth dose of the HepB vaccine, a dose of the inactivated polio vaccine, three doses of the pneumococcal vaccine, two doses of the rotavirus vaccine, and one dose of the yellow fever vaccine. In Ghana, 56% of children age 12–23 months are fully vaccinated according to the national schedule, ranging from 31% in the Northern Region to 72% in Greater Accra.

Vaccination Coverage by Region

Percent of children age 12–23 months who are fully vaccinated according to the national schedule at any time before the survey



Children age 24–35 months should also receive all age appropriate vaccinations. These include the vaccinations according to the national schedule for children age 12–23 months and a second dose of the measles-rubella vaccine and a dose of the meningitis A vaccine. In Ghana, 73% of children age 24–35 months have received the second dose of the measles-rubella vaccine and 74% have received a dose of the meningitis A vaccine. Overall, 42% of children age 24–35 months are fully vaccinated according to the national schedule.

MATERNAL AND NEWBORN HEALTH CARE

Antenatal Care

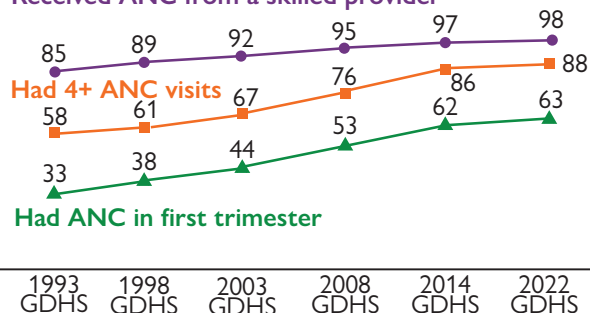
In Ghana, 98% of women age 15–49 with a live birth in the two years before the survey received antenatal care (ANC) from a skilled provider. A skilled provider includes a doctor and midwife/nurse (community health nurse, community health officer, enrolled nurse, public health nurse, or general nurse). ANC from a skilled provider remained high across all wealth quintiles.

The timing and quality of ANC are also important. Overall, 88% of women age 15–49 made four or more ANC visits for their most recent birth and 63% of women had their first ANC visit in the first trimester. Among women with a live birth in the two years before the survey, 92% took iron-containing supplements tablets and 59% took deworming medication during the pregnancy. Nearly three-quarters (74%) of women's most recent live births were protected against neonatal tetanus.

Trends in Antenatal Care Coverage

Percent of women age 15–49 who had a live birth in the two years before the survey for the most recent birth

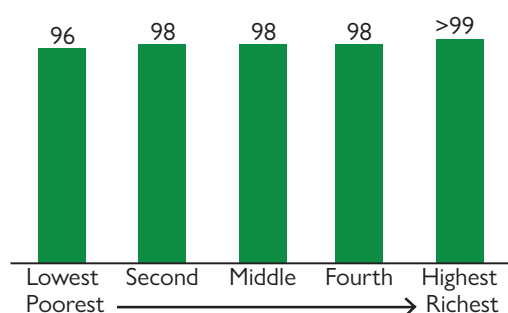
Received ANC from a skilled provider*



*Skilled provider includes a doctor and midwife/nurse (community health nurse, community health officer, enrolled nurse, public health nurse, or general nurse)

Antenatal Care from a Skilled Provider by Household Wealth

Percent of women age 15–49 who had a live birth in the two years before the survey for the most recent birth



*Skilled provider includes a doctor and midwife/nurse (community health nurse, community health officer, enrolled nurse, public health nurse, or general nurse).

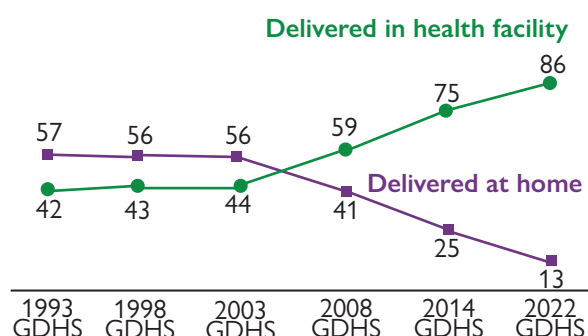
Delivery Care

In Ghana, 86% of live births are delivered in a health facility and the majority (76%) are delivered in a public sector facility. Still, 13% of births are delivered at home. Overall, health facility deliveries have increased over the last three decades, from 42% in 1993 to 86%, and home deliveries have declined from 57% to 13%. By region, the range of live births delivered in health facilities is from 67% in Oti to 97% in the Upper East Region.

The majority (88%) of live births are delivered by a skilled provider. Over two-thirds (69%) were delivered by a nurse/midwife. By region, deliveries by a skilled provider are lowest in Oti Region (70%) and highest in Upper East Region (98%).

Trends in Place of Birth

Percent of live births in the two years before the survey



Caesarean Section

Over one in five (21%) live births in the two years preceding the survey were delivered via Caesarean section (C-section). C-section deliveries are more common in urban areas relative to rural areas (27% versus 15%).

Postnatal Care for Mothers

Postnatal care helps prevent complications after childbirth. Overall, 87% of women age 15–49 received a postnatal checkup within two days of delivery, with 73% of mothers receiving a postnatal check within four hours of giving birth. Still, 9% of mothers received no postnatal check within 41 days of delivery.

Among women who received a postnatal check for their most recent live birth by a healthcare provider, 74% had their blood pressure measured, 65% discussed vaginal bleeding with a healthcare provider and 50% discussed family planning. Nearly half (45%) of mothers received all three checks within the first two days after birth.

Postnatal Care for Newborns

Among newborns, 87% received the first postnatal checkup within two days of birth, and 74% had the checkup within three hours after delivery. However, 10% of newborns received no postnatal check within the first week of life.

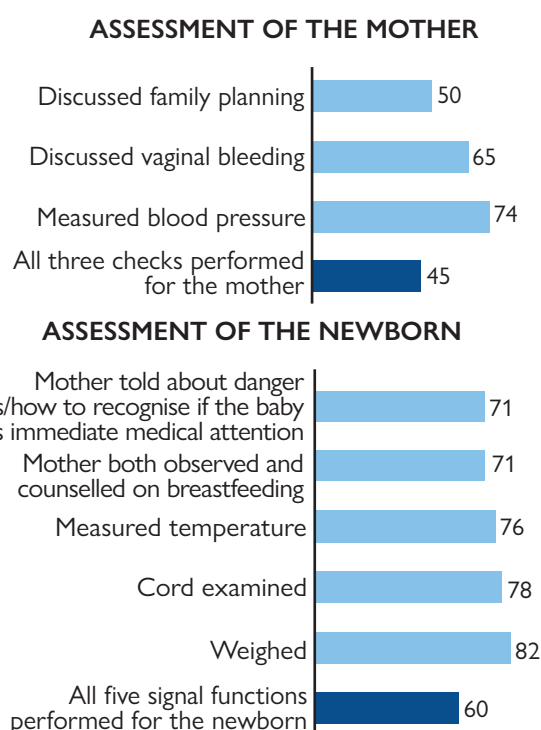
Most newborns (82%) were weighed during the postnatal assessment. The majority of newborns had both their umbilical cord examined (78%) and their temperature measured (76%). Seventy-one percent of newborns' mothers were counselled on and observed breastfeeding and 71% were told of signs indicating the baby needs immediate attention. Six in ten newborns received all five components of postnatal care.

Men's Involvement in Maternal Health Care

The 2022 GDHS asked men with a child age 0-2 years whether they had been involved in the maternal health care of the child's mother. Overall, 95% of men age 15–49 reported that the child's mother made prenatal visits, and of these, 52% of fathers were present at some of these prenatal visits. The majority (86%) of men reported that their child was born in a health facility. Of these fathers, 66% went with the child's mother to the health facility for the birth.

Content of Postnatal Care for Mothers and Newborns

Percent of women age 15-49 with a live birth in the two years before the survey and percent of newborns in the two years before the survey for whom selected checks were performed during the first two days after birth by any healthcare provider:



Breast and Cervical Cancer Examinations

Only 5% of women age 15–49 have ever been tested for cervical cancer. More women have ever been examined by a doctor or health care worker for breast cancer at 18%.

Problems Accessing Health Care

Over half (54%) of women age 15–49 have at least one problem accessing health care when they are sick. The most common issues are getting money for treatment (45%) and distance to the health facility (22%). More women in rural areas (63%) have at least one problem accessing health care than in urban areas (47%).

NUTRITIONAL STATUS

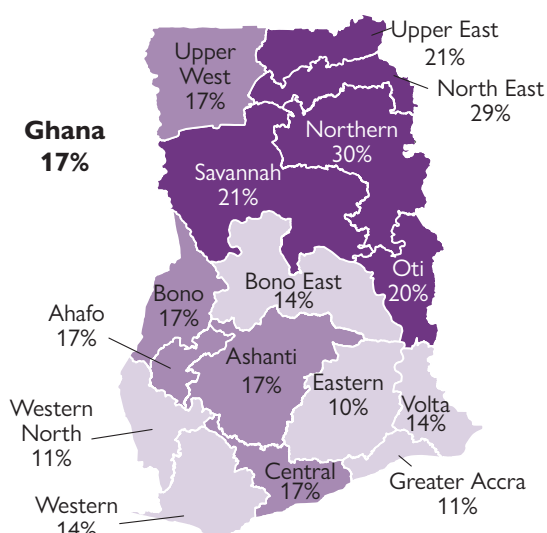
Children's Nutritional Status

The 2022 GDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Overall, 17% of children under age 5 in Ghana are stunted. Stunting is an indication of chronic undernutrition. Stunting is higher among children in rural areas (20%) than urban areas (15%). Stunting is highest in Northern Region (30%) and North East Region (29%) and lowest in the Eastern Region (10%). Stunting among children under age 5 declining from 33% in 1993 to 17% in 2022.

Six percent of children under age 5 are wasted. Wasting is an indication of acute malnutrition. Wasting has also improved over time, declining from 14% in 1993 to 23% in 2022. Twelve percent of children under age 5 are underweight, an improvement from 6% in 1993. Only 2% of children under age 5 in Ghana are overweight.

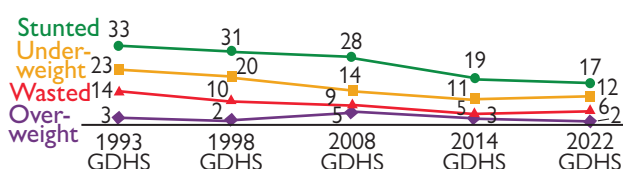
Stunting by Region

Percent of children under age 5 who are stunted



Trends in Child Growth Measures

Percent of children under age 5 who are malnourished, based on 2006 WHO Child Growth Standards



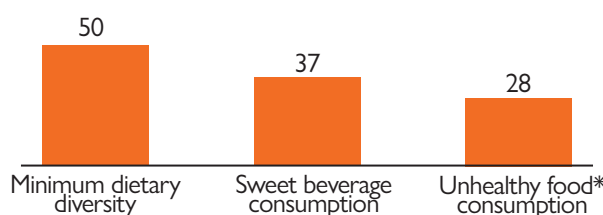
Women's Nutritional Status

The 2022 GDHS also took weight and height measurements of women age 15–49. Among adolescent women age 15–19, 17% are thin according to the body mass index for age (BMI-for-age) and 14% are overweight or obese. Among women age 20–49, 5% are thin according to the BMI and 50% are overweight or obese.

The 2022 GDHS collected data on food and liquids consumed by women the day before the survey. Overall, 50% of women consumed foods from at least five of the possible 10 food groups, achieving minimum dietary diversity. Over a quarter (28%) of women consumed unhealthy food (such as chocolates, ice cream, fried and salty foods) and 37% had sweet beverages the day before the survey.

Dietary Practices among Women

Percent of women age 15-49 consuming sweet beverages, unhealthy foods, and achieving minimum dietary diversity



*Unhealthy food examples: Chocolates, ice cream, fried and/or salty foods

Men's Nutritional Status

The 2022 GDHS also took BMI-for-age measurements for men age 15–49. About four in ten (42%) adolescent men fall in the thin category and 3% are overweight or obese. Among men age 20–49, 6% are thin according to the BMI and 21% are considered overweight or obese.

Prevalence of Anaemia in Women

Anaemia among adults has several negative health consequences, such as fatigue and lethargy. It is a major concern for pregnant women because it can lead to increased maternal mortality and poor birth outcomes. About four in ten (41%) women age 15–49 have in Ghana anaemia. Over half (51%) of pregnant women are anaemic, compared to 40% of women who were not pregnant.

FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

In Ghana, 97% of children under age 2 were ever breastfed. Over eight in ten (81%) children were exclusively breastfed for the first two days after birth, and 58% were breastfed in the first hour of life.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first 6 months of life. Over half (53%) of children under age 6 months living with their mother are exclusively breastfed, while 3% of children under age 6 months are not breastfed.

Complementary foods should be introduced when a child is 6 months old to reduce the risk of malnutrition. In Ghana, 69% of children age 6–8 months were fed solid, semi-solid, or soft foods the day before the survey.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Three-quarters of children age 6–59 months were given vitamin A supplements in the last six months.

Iron is important for maintaining healthy blood. In Ghana, 51% of children age 6–59 months were given iron-containing supplements in the 12 months before the survey.

Deworming medication reduces the burden of infections that affect child nutrition and development. Less than half (46%) of children age 12–59 months received deworming medication in the last six months.

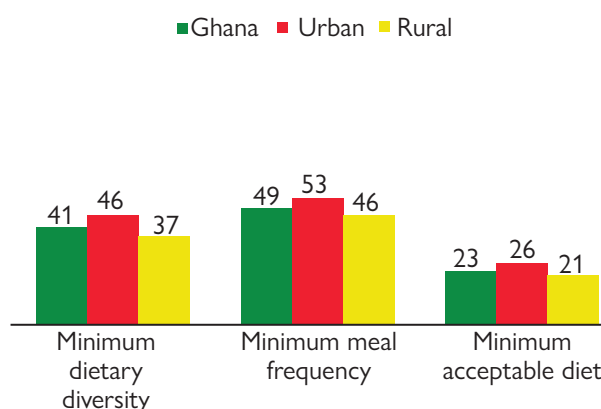
Minimum Acceptable Diet and Unhealthy Feeding Practices

Children age 6–23 months have a minimum acceptable diet when they are fed from at least five of eight defined food groups the minimum number of times or more during the day before the survey. Nonbreastfed children must also receive at least two milk feeds for a minimum acceptable diet. In Ghana, 23% of the youngest children age 6–23 months were fed a minimum acceptable diet the day before the survey, 41% of children received the minimum number of food groups during the previous day or night, and 49% were fed the minimum number of times. Among nonbreastfed children, 26% received the minimum number of milk feeds. Children living in urban areas had a higher percent of minimum acceptable diet compared to children in rural areas.

More breastfed children achieved minimum acceptable diet than nonbreastfed children (26% versus 15%). By age, minimum acceptable diet and minimum dietary diversity are lowest among children 6–8 months at 16% and 13%, respectively.

Minimum Acceptable Diet by Residence

Percent of youngest children age 6–23 months living with their mother who received minimum dietary diversity, minimum meal frequency, and minimum acceptable diet



For infants and young children, unhealthy feeding practices should be avoided and replaced with nutritious foods that provide important nutrients. Nearly a third (32%) of children age 6–23 months were given a sweet beverage, 33% were fed unhealthy foods, and 31% did not consume any vegetables or fruits during the previous day.

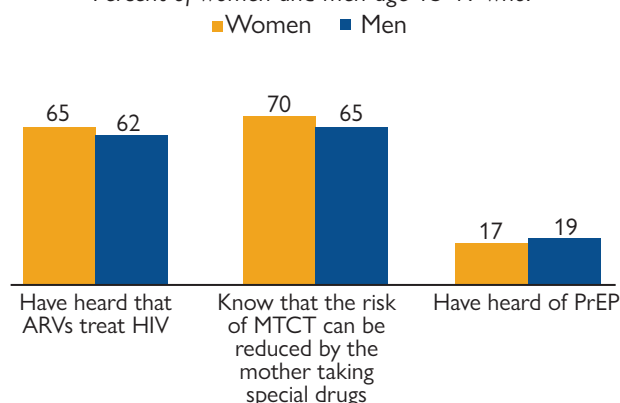
KNOWLEDGE, ATTITUDES, AND BEHAVIOUR RELATED TO HIV AND AIDS

Knowledge of HIV and HIV Prevention Methods

In Ghana, 65% of women and 62% of men age 15–49 have heard that antiretroviral medicines (ARVs) treat HIV. A higher proportion of women (70%) and men (65%) know that the risk of mother-to-child transmission (MTCT) can be reduced by the mother taking special drugs. Relatively few women and men have heard of pre-exposure prophylaxis (PrEP) (17% and 19%, respectively), though 70% of those women and men approve of people who take PrEP to prevent getting HIV.

Young people are an at-risk group for HIV and remain a target group in HIV programming. Among young women and men age 15–24, 36% and 37% have knowledge about HIV prevention. The majority, 79% of women and 86% of men, know that using condoms during sexual intercourse can reduce the chances of getting HIV, and 81% of women and 85% of men know that having just one uninfected faithful partner can also reduce the chances of HIV infection. About two-thirds of both young women (66%) and men (68%) know that a person cannot get HIV by sharing food with a person who has HIV.

Knowledge of Medicines to Treat or Prevent HIV
Percent of women and men age 15–49 who:

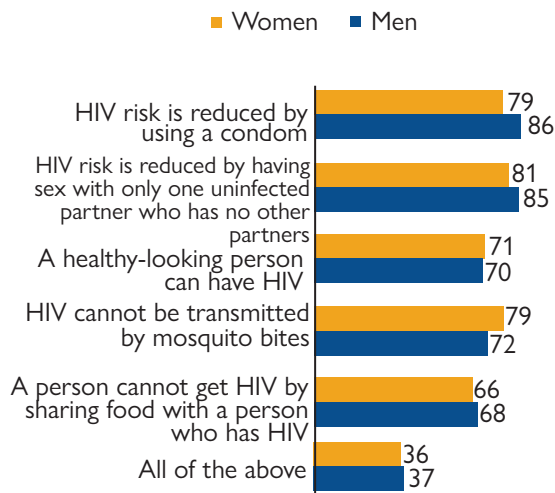


Multiple Sexual Partners and Higher-Risk Sexual Behaviour

Two percent of women age 15–49 had sex with more than one partner in the 12 months before the survey. Of these women, 12% reported using a condom during their last sexual intercourse. Fifteen percent of men age 15–49 had sex with more than one partner in the 12 months before the survey. Among these men, 18% used a condom during the last sexual intercourse.

Knowledge of HIV Prevention among Young People

Percent of young women and men age 15–24 who know:



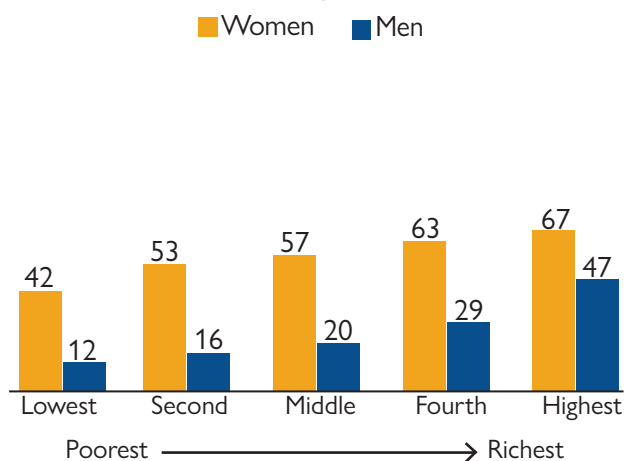
HEALTH INSURANCE COVERAGE

HIV Testing

Over half of women (54%) age 15–49 have ever been tested for HIV and received the results. Relative to women, fewer men (24%) have ever been tested for HIV and received the results of their last test. Nearly three-quarters of men (74%) have never tested for HIV. The percent of both men and women who have ever been tested for HIV increases as household wealth increases.

HIV Testing by Household Wealth

Percent of women and men age 15–49 ever tested for HIV:



In the 12 months preceding the survey, 15% of women and 7% of men were tested for HIV and received the results of their last test. A small proportion of women (18%) have heard of HIV self-test kits than men (24%), and only 2% of both women and men have used them.

HIV testing increased from 2003, when 7% of women and 8% of men had ever been tested for HIV and received their results to 54% of women and 24% of men in 2022.

Almost three-quarters (72%) of women age 15–49 who gave birth in the 2 years before the survey were tested for HIV during ANC or labour and received results.

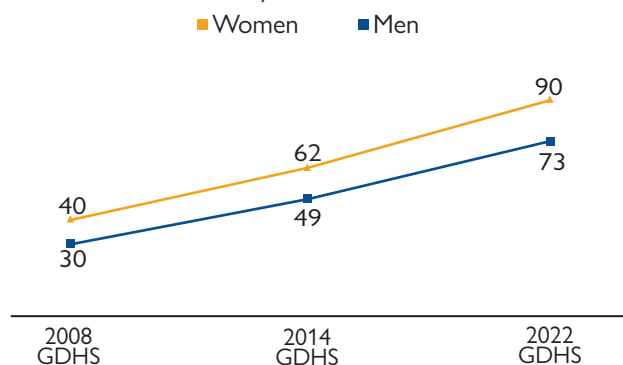
Health Insurance Coverage

The National Health Insurance Scheme (NHIS) is the primary insurance provider in Ghana and is essential to achieving universal health coverage. Nine in ten women and nearly three-quarters (73%) of men age 15–49 have health insurance. Among those with health insurance, nearly all women and men are covered by NHIS.

Health insurance coverage has increased considerably for both women and men. In 2008, 40% of women and 30% of men had any health insurance, which has since risen to 90% and 73% for women and men, respectively.

Trends in Health Insurance Coverage

Percent of women and men age 15–49 with any health insurance



Health Care Utilisation

In the six months before the survey, 32% of women and 20% of men visited a health provider or a health facility. Nearly a quarter (24%) of women and 9% of men sought these visits with their NHIS card.

MALARIA

Mosquito Nets

Two-thirds of households (67%) in Ghana own at least one insecticide-treated net (ITN). Only 47% of households have enough ITNs to cover each household member, assuming that each ITN is used by two people. Still, 33% of households have no ITNs.

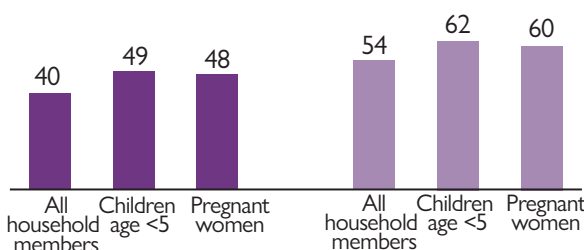
Among the household population, 61% have access to an ITN, assuming that it was used by up to two people. Of the household population with at least one ITN, 54% slept under an ITN the night prior to the survey. Overall, among the household population, 40% slept under an ITN the night before the survey.

Children and pregnant women are most vulnerable to malaria. Nearly half (49%) of children under age 5 and pregnant women (48%) slept under an ITN the night before the survey. In households with at least one ITN, 62% of children under age 5 and 60% of pregnant women slept under an ITN the night before the survey.

ITN Use

Percent who slept under an ITN the night before the survey among all households

Percent who slept under an ITN the night before the survey among households with at least one ITN

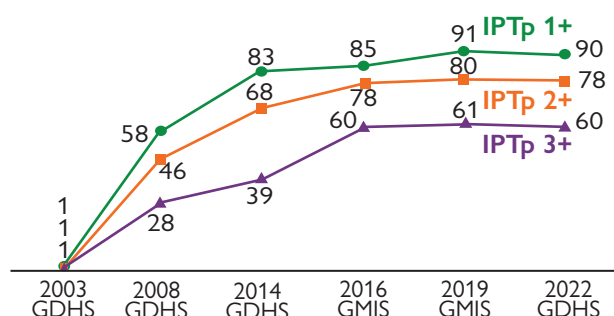


Intermittent Preventive Treatment (IPTp)

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive IPTp, at least three doses of sulfadoxine and pyrimethamine/Fansidar during ANC visits. Nearly eight in ten (78%) pregnant women age 15–49 took two or more doses of IPTp and 60% of pregnant women took the recommended three or more doses (IPTp3).

Trends in IPTp

Percent of women age 15–49 with a live birth in the two years before the survey who received at least one, two, or three doses of SP/Fansidar



Pregnant women receiving IPTp has increased, with only 1% receiving three or more doses in 2003 to 60% receiving three or more doses in 2022.

Care Seeking of Malaria Symptoms in Children

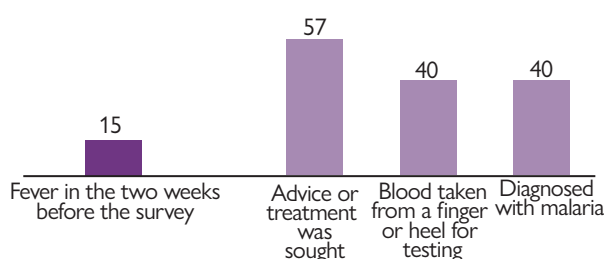
In the two weeks before the survey, 15% of children under age 5 had a fever, the primary symptom of malaria. Treatment or advice was sought for 57% of these children. Forty percent of children with fever had blood taken from a finger or heel for malaria testing and 40% of children with fever were diagnosed with malaria by a healthcare provider.

Artemisinin-based combination therapy (ACT) is the recommended drug for treating malaria in children in Ghana. Among children under age 5 with fever in the two weeks before the survey who received an antimalarial, 78% received any ACT.

Fever in Children

Percent of children under age 5

Percent of children under age 5 with fever in the two weeks before the survey

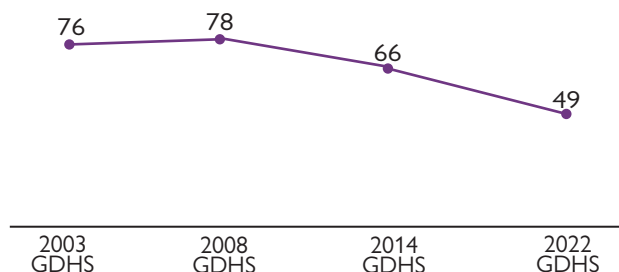


Anaemia Prevalence

Children age 6–59 months in survey households were eligible for anaemia testing. Children with haemoglobin lower than 11.0 g/dl are categorized as having anaemia. Among children age 6–59 months, 49% had anaemia. The younger children in this age bracket had a higher percent of anaemia compared to the older children in this age group. Anaemia prevalence is highest in the Northern Region (69%) and is 35% in Ahafo. Anaemia prevalence among children has declined from a high of 78% in 2008.

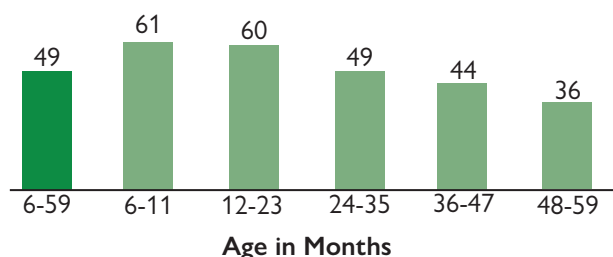
Trends in Anaemia Prevalence

Percent of children age 6-59 months with low haemoglobin (<11.0 g/dl)



Anaemia Prevalence in Children by Age in Months

Percent of children age 6-59 months with low haemoglobin (<11.0 g/dl)



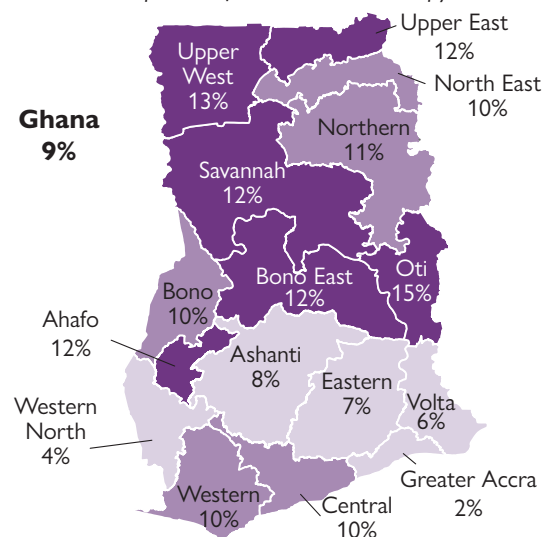
Malaria Prevalence

All children age 6–59 months in survey households were eligible for malaria testing using a rapid diagnostic test (RDT) and microscopy. Of the eligible children, 97% were tested.

In Ghana, 9% of children age 6–59 months tested positive for malaria by microscopy and 17% tested positive by RDT. Malaria prevalence is higher among rural children than urban children when testing by microscopy, at 13% and 4%, respectively. Greater Accra is the region with lowest malaria prevalence (2%) and Oti has the highest malaria prevalence of any region (15%).

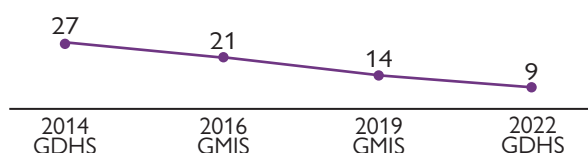
Malaria Prevalence by Region

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



Trends Malaria Prevalence

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



WOMEN'S EMPOWERMENT

Employment

In Ghana, 88% of married women age 15–49 and almost all (>99%) married men were employed in the last 12 months. Overall, 58% of married women and 78% of married men who were employed in the last 12 months earned cash, while 14% of women and 5% of men were not paid for their work.

The vast majority (94%) of married women who were employed in the last 12 months and earned cash made decisions on how to spend their earnings either alone or jointly with their husband/partner. Among married women who received cash earnings, 10% earn more than their husband/partner, 79% earn less, and 8% earn about the same as their husband/partner.

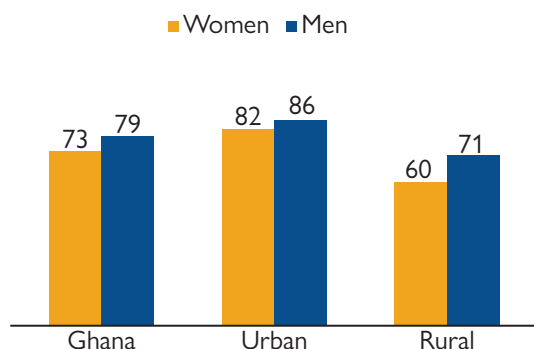
Ownership of Assets

In Ghana, 16% of women and 24% of men age 15–49 own a house (alone or jointly with their spouse). Thirteen percent of women and 25% of men own land (alone or jointly).

More men than women own a mobile phone (88% versus 80%). Consistently, more men (79%) than women (73%) have and used a bank account or mobile phone for financial transactions in the last 12 months. Use of banks or mobile phones for financial transactions is higher in urban areas than in rural areas among men and women.

Use of Banks or Mobile Phones for Financial Transactions by Residence

Percent of women and men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months



Participation in Household Decisions

The 2022 GDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to her family or relatives. In Ghana, 76% of married women have sole or joint decision making power in their own health care, 68% make decisions about major household purchases, and 77% make decisions about visits to their family or relatives. Overall, 56% of married women participate in all three above decisions, while 12% of married women participate in none of three decisions.

Among married men, the majority make decisions alone or jointly with their wife about their own health care (91%) and decisions about major household purchases (88%). Overall, 84% of married men participate in both decisions either alone or jointly with their wife, and 5% participate in neither of these decisions.

Women's Participation in Decision Making in Sexual and Reproductive Health

Over half (52%) of married women age 15–49 make their own decisions related to sexual relations, including family planning use and reproductive care. Participation in decision making about sexual and reproductive health is highest among women living Greater Accra and Western regions (69% in both regions) and lowest in the North East Region (29%).

Attitudes toward Wife Beating

Fewer than one in five women (19%) and men (16%) believe a husband is justified in hitting or beating his wife/partner for at least one of the following reasons: if she neglects the children, goes out without telling him, argues with him, refuses to have sexual intercourse, or burns the food. Neglecting the children is the most common justification for wife beating among women (13%) and men (10%).

DOMESTIC VIOLENCE

Experience of Physical Violence

One-third of Ghanaian women age 15–49 have ever experienced physical violence since age 15. In the last 12 months, 12% of women experienced physical violence. By marital status, 26% of never-married women have ever experienced physical violence, as have over one-third (34%) of women who are married or living with an intimate partner and 53% of women who are divorced, separated, or widowed. Seven percent of women experienced physical violence during pregnancy. By region, experience of physical violence in the last 12 months ranges from 8% in Greater Accra to 21% in Upper East.

Among women who have ever been married or had an intimate partner, the most common perpetrators of physical violence are current and former husbands/intimate partners. Mothers/step-mothers and fathers/step-fathers are the most common perpetrators of physical violence among women who have never been married nor had an intimate partner.

Experience of Sexual Violence

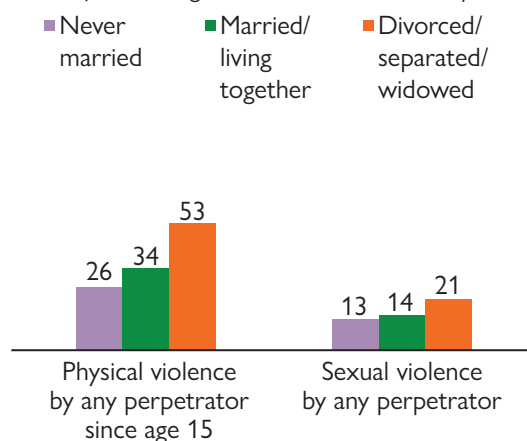
In Ghana, 14% of women age 15–49 have ever experienced sexual violence by any perpetrator, including 6% of women who have experienced sexual violence in the last 12 months. Thirteen percent of never-married women, 15% percent of women who are married or living with an intimate partner, and 21% of women who are divorced, separated, or widowed have ever experienced sexual violence. Current and former husbands/intimate partners are the most common perpetrators of sexual violence against currently or previously married women.

Help Seeking to Stop Violence

Among women who have ever experienced physical or sexual violence, 38% sought help to stop violence, and 10% did not seek help but did tell someone about the violence. Over half of women (51%) who experienced physical or sexual violence, never sought help and never told anyone, and 10% never sought help but did tell someone. The most common sources of help women seek are their own family and their husband's or intimate partner's family.

Experience of Violence by Marital Status

Percent of women age 15–49 who have ever experienced



Intimate Partner Violence

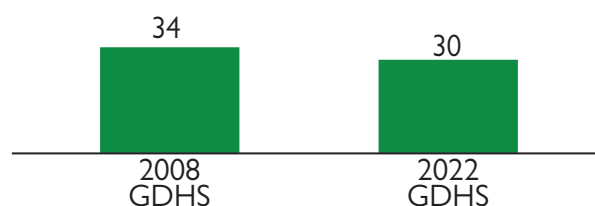
Over one-third (36%) of ever-partnered women have experienced violence committed by their current or most recent husband/intimate partner, whether physical, sexual, or emotional.

In the last 12 months, 28% of ever-partnered women experienced violence by any husband/intimate partner. This includes 26% who experienced emotional violence, 10% experiencing physical violence, and 6% experiencing sexual violence.

By region, recent experience of violence by any husband or intimate partner is as high as 47% among ever-partnered women in Savannah and is lowest in Bono, at 18%.

Recent Physical, Sexual, or Emotional Violence by any Husband/Intimate Partner Trends

Percent of ever-married women age 15–49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months



INDICATORS

Household Water, Sanitation, and Hygiene	Residence		
	Ghana	Urban	Rural
Household population with access to at least basic drinking water service (%)	84	95	72
Household population with access to at least basic sanitation service ¹ (%)	24	34	14
Fertility			
Total Fertility Rate (number of children per woman)	3.9	3.2	4.8
Median age at first birth for women age 25–49 (years)	22.1	23.4	20.8
Women age 15–19 who have ever been pregnant ² (%)	15	11	20
Family Planning (among married women age 15–49)			
Current use of any method of family planning (%)	36	37	36
Current use of a modern method of family planning (%)	28	27	29
Demand satisfied by modern methods of family planning (%)	47	45	48
Childhood Mortality (deaths per 1,000 live births for the five-year period before the survey)			
Infant mortality	28	27	29
Under-five mortality	40	37	42
Child Health (among children age 12–23 months)			
Children who are fully vaccinated against all basic antigens ³ (%)	75	79	71
Children who are fully vaccinated according to the national schedule ⁴ (%)	56	63	50
Maternal and Newborn Health Care			
Pregnant women age 15–49 who had 4+ ANC visits ⁵ (%)	88	91	85
Births delivered in a health facility (%)	86	94	79
Births delivered by a skilled provider ⁶ (%)	88	95	81
Nutrition			
Children under age 5 who are stunted (%)	17	15	20
Children born in the last two years who were ever breastfed (%)	97	97	97
HIV/AIDS			
Women age 15–49 who have ever been tested for HIV and received the results (%)	54	58	48
Men age 15–49 who have ever been tested for HIV and received the results (%)	24	30	17
Health Insurance			
Women age 15–49 who have health insurance (%)	90	91	89
Men age 15–49 who have health insurance (%)	73	77	69
Malaria			
Households with at least one insecticide- treated mosquito net (ITN) ⁷ (%)	67	58	78
Women age 15–49 who received three or more doses of SP/Fansidar during pregnancy (%)	60	63	58
Women's Empowerment			
Women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	73	82	60
Men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	79	86	71
Domestic Violence			
Women age 15–49 who have experienced physical violence since age 15 (%)	33	32	35
Women age 15–49 who have ever had a husband or intimate partner and experienced emotional, physical, or sexual violence by their current or most recent husband/intimate partner (%)	36	34	39

Note: ¹At least basic sanitation service: safely managed and basic sanitation services. ²Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. ³Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses polio vaccine (excluding polio vaccine given at birth), and one dose of measles-rubella vaccine. ⁴Fully vaccinated according to the national schedule includes all basic antigens, as well as a birth dose of the oral polio vaccine, a birth dose of HepB vaccine, a dose of inactivated polio vaccine, three doses of the pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of yellow fever vaccine. ⁵Pregnant women age 15–49 with a live birth in the two years preceding the survey. ⁶Skilled provider includes doctor, midwife/nurses (community health nurse, community health officer, enrolled nurse, public health nurse, or general nurse. ⁷An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment.



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