



NATIONAL POPULATION COUNCIL

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POPULATION OF GHANA: POPULATION AND HEALTH

FACT SHEET NO. VII (DECEMBER 2014)

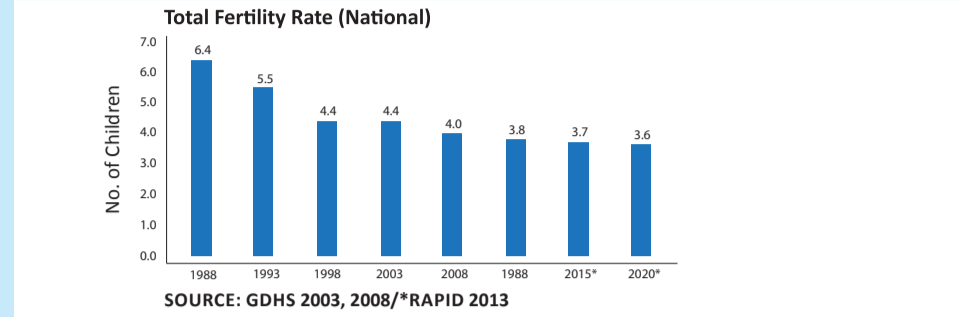
Introduction

Health has been defined by the World Health Organisation as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. A healthy population ensures quality production that will drive the development of a country with regard to labour productivity, education and wealth. Furthermore, the health status of a population determines key development indicators such as maternal, infant and under-five mortality rates. Thus the

socio-economic development of a country is intrinsically linked with the health status of its population. Consequently, pregnancy related issues; malaria, cholera, and the increasing rates of non-communicable diseases in Ghana are of great significance in the overall development strategy of the country. The Fact Sheet on Population and Health aims at providing policy and decision-makers as well

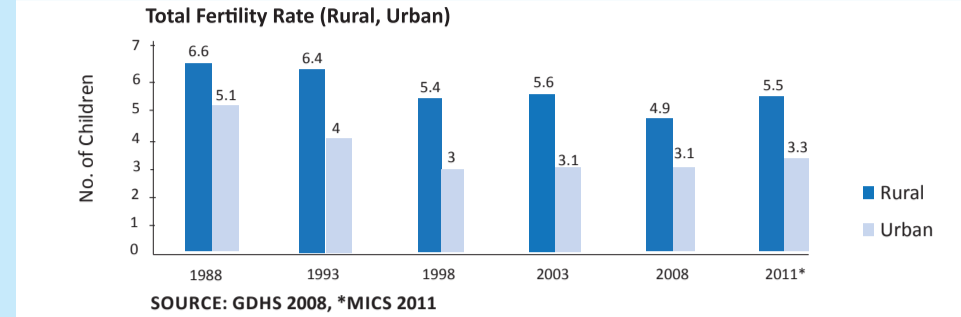
as stakeholders and the general public with easily accessible data and information on selected key indicators on health in Ghana for effective programming. The indicators include Total Fertility Rate, Contraceptive Prevalence Rate, Childhood Mortality Rates, Non-Communicable Diseases (NCDs) and the Top Ten Causes of Death for all ages as well as population with improved access to water.

Total Fertility Rate



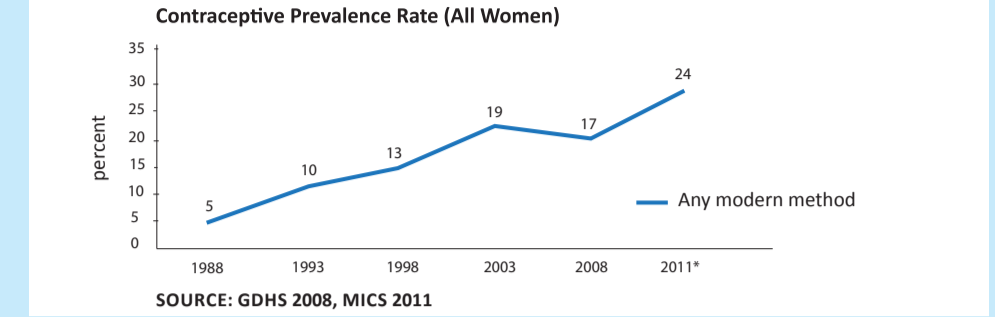
Ghana's total fertility rate (TFR), or the average number of children per woman, has declined from 6.4 in 1988 to 4.0 in 2008 and 3.8 in 2010 which is still relatively high. It however stalled between 1998 and 2003. TFR was estimated to be 3.84 and 3.73 in 2010 and 2015 respectively and projected to be 3.63 in 2020.

Total Fertility Rate (Rural, Urban)



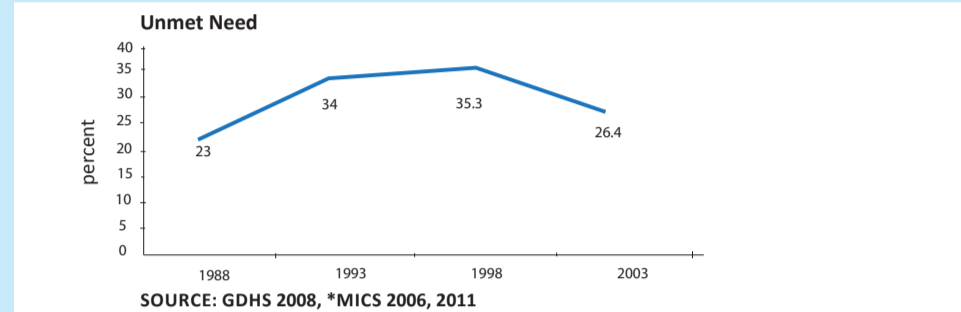
There are variations in the TFR among people in the urban and rural areas in Ghana. TFR in 1988 for the urban areas was 5.1, while the rural area recorded 6.6. In 2003, TFR was 3.1 and 5.6 in the urban and rural areas respectively, showing a wide gap between the localities. The gap between rural and urban TFR rose from 1.5 in 1988 to 2.5 in 2003 before dropping to 1.8 in 2008.

Contraceptive Prevalent Rate



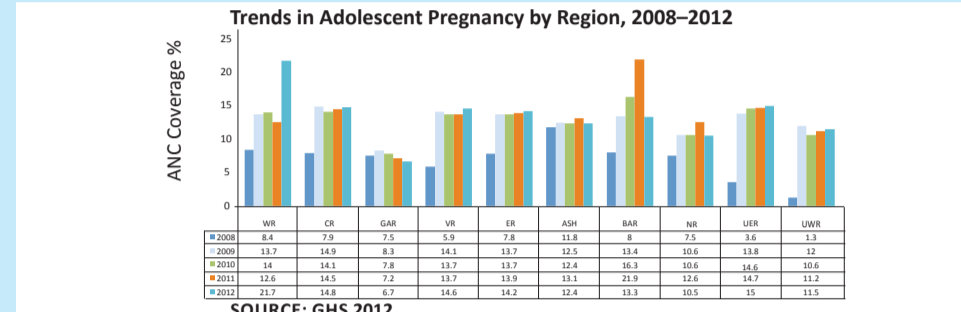
Contraceptive Prevalence Rate (CPR) is the proportion of women of reproductive age who are practicing any form of contraception. Although modern methods are more popular and have progressively enjoyed wider and increased use over the years, in general, the contraceptive prevalence rate for both modern and traditional methods have fluctuated over the last two decades. Contraceptive use in Ghana grew relatively rapidly between 1988 and 2003 although from a low level. Contraceptive use however between 2003 and 2008 stalled. This mirrors the stagnation in the fertility rate over the same period.

Unmet Need for Family Planning



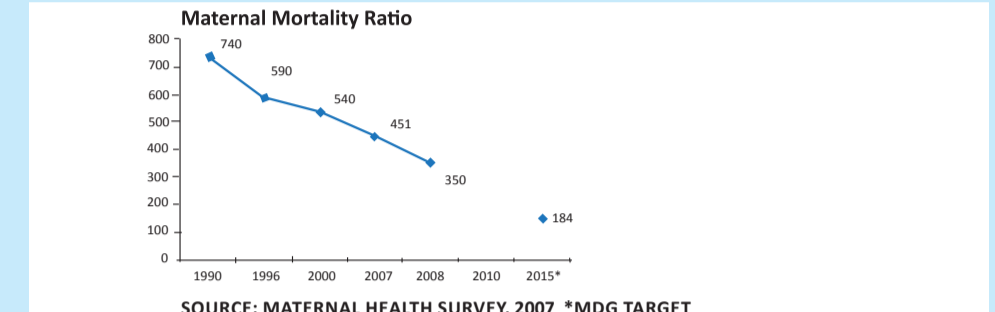
Women are described as having "unmet need" when they do not desire a birth in the next year or two but are not currently using any form of contraception. "Unmet Need" can be grouped into two; thus for spacing and for limiting. Unmet need for limiting refers to fecund women who are not using any FP method but do not want any more children including, pregnant and amenorrhic women whose current pregnancy is unwanted or undecided. Total unmet need since 1998 has been on the increase according to the country's various GDHS. However, MICS 2011 recorded an unmet need of 26.4 percent.

Adolescent Pregnancy



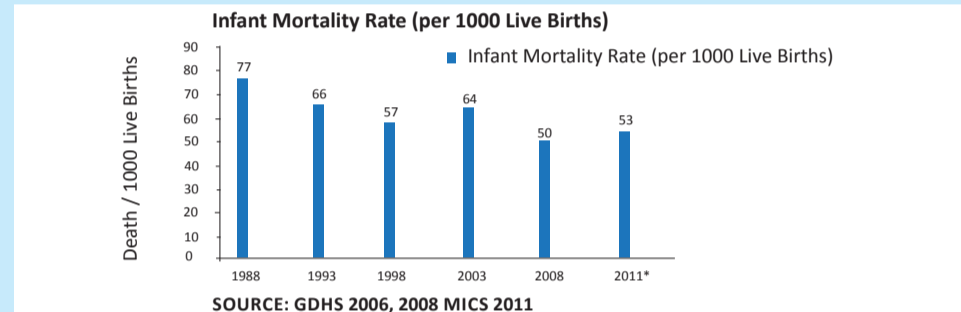
Adolescent pregnancy over the years (2008-2012) has been increasing in almost all the ten administrative regions in Ghana except Greater Accra which witnessed a reduction from 7.5 percent in 2008 to 6.7 percent in 2012. It was also the only region that was able to meet the national target of 10 percent for the year 2012. Even though all the other regions recorded some increase in adolescent pregnancy rates, that of Western Region from 8.4 percent in 2008 to 21.7 percent in 2012 is quite high and should be a matter of national concern. This major leap may be attributable to the discovery of oil in the region in commercial quantities and its attendant negative influences on reproductive health such as the increase in commercial sex workers and its consequent high rate of adolescent pregnancies.

Maternal Mortality Ratio



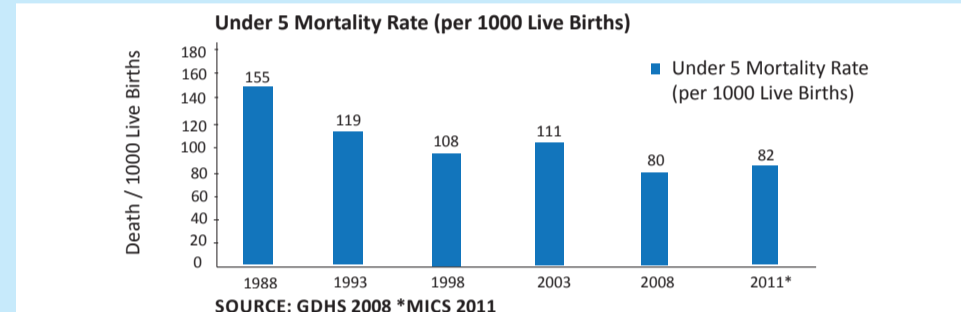
The Maternal Mortality Rate is the annual number of female births per 100,000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes). The MMR includes deaths during pregnancy, childbirth, or within 42 days after termination of pregnancy, irrespective of the duration and site of the pregnancy, for a specified year. MMR has seen a significant decline from 740 deaths per 100,000 live births in 1990 to 350 deaths per 100,000 live births in 2008 according to the maternal mortality health survey, 2007. Even though there has been some gradual decline, the pace is not enough, hence Ghana will not be able to meet its MDG target of 184 deaths per 100,000 live births as shown in the chart above.

Infant Mortality Rate (IMR)



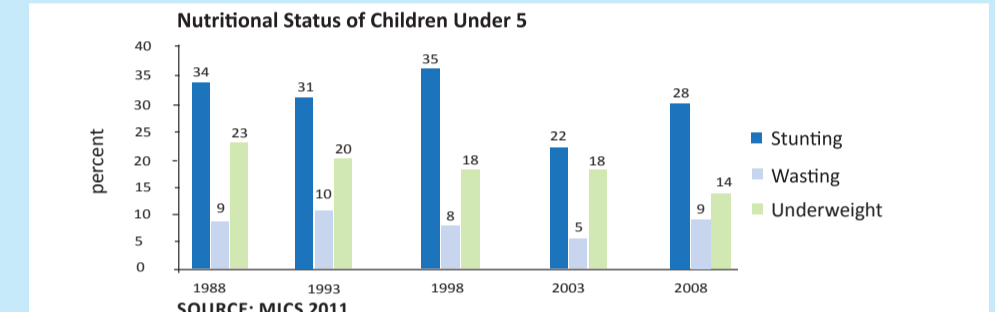
Infant Mortality Rate measures the probability of dying before the first birthday for every 1,000 live births and is considered a good indicator of the health status of a population. Ghana's Infant Mortality Rate has since 1988 seen a marked decline even though it is still high compared to some Sub Saharan African countries. The 1998 Ghana Demographic and Health Survey (GDHS) showed a decline in this critical health indicator, declining from a high of 77 infant deaths per 1,000 live births in 1988 to 66 infant deaths in 1993, then to 57 in 1998. In 2003, infant mortality increased again to 64 deaths per 1,000 live births before dropping again to 50 live births per 1,000 in 2008. MICS however, recorded an IMR of 53 deaths per 1,000 live births in 2011.

Under-five mortality Rate



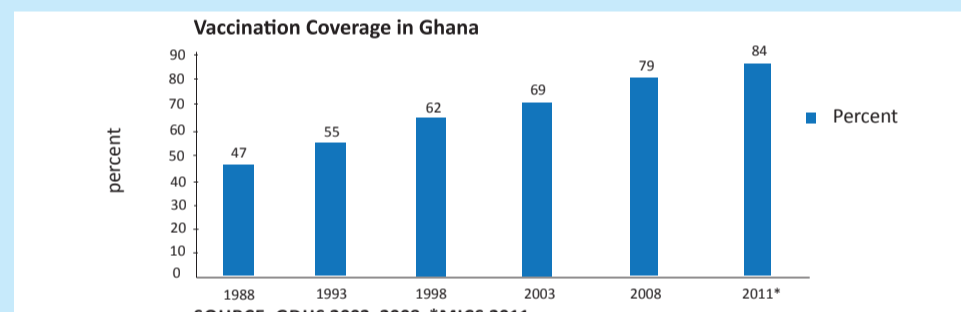
Under-five mortality is the probability of dying between birth and exact age five years expressed per 1,000 live births. The under-five mortality rate in 1988 was reported to be 155/1000 live births. This gradually dropped to 108/1000 live births in 1998. In 2003 it increased to 111/1000 live births and dropped to 80/1000 live births in 2008 (2008 GDHS). It slightly increased to 82/1000 live births in 2011 according to the 2012 MICS.

Children Nutritional Status



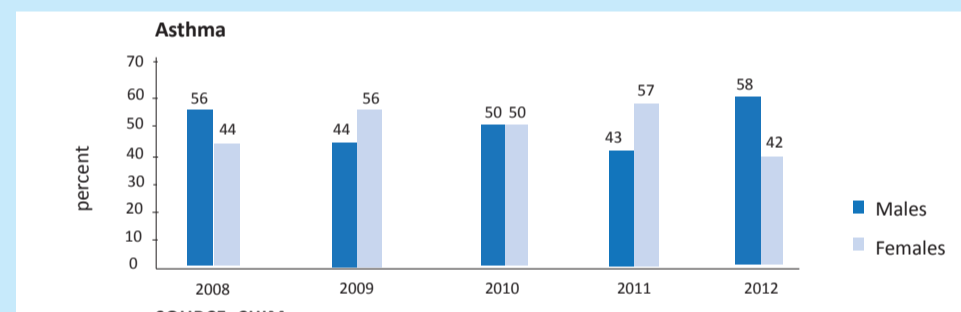
The overall health of children depends on their nutritional status. The condition that arises when the body does not get the required amount of nutrients to make it healthy is referred to as malnutrition. As shown in the graph above, the nutritional status of children under five in 1988 shows that, 34 percent of Ghanaian children experienced stunting while 23 percent and 9 percent experienced underweight and wasting nutritional status respectively. It is also important to note that in 1998, 2003 and 2006, children who were of stunting, wasting and underweight nutritional status either increased or decreased by a very little margin. According to the 2011 MICS report, almost one in seven Ghanaian children under age five is moderately or severely underweight, one in every four are moderately or severely stunted while six percent are wasted.

Vaccination trends



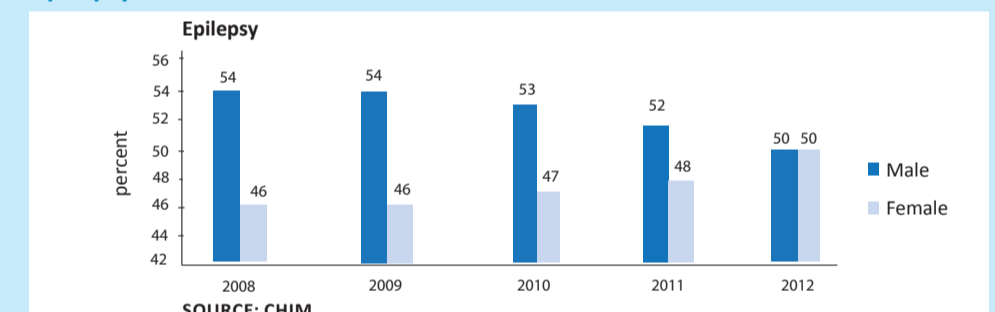
The figure shows vaccination trends over the period 1988 to 2011. Vaccination coverage in Ghana increased from 47 percent in 1988 to 79 percent in 2008. MICS 2011 also recorded coverage of 84 percent. These increases in vaccination trends may be attributed to the implementation of a nationwide vaccination program dubbed expanded program on immunisation by the Ministry of Health and the Ghana Health Service to increase immunity of children.

Asthma



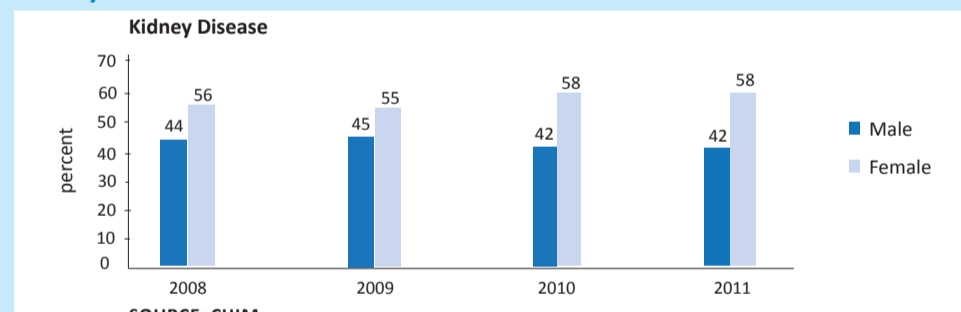
According to the bar chart, between 2008 to 2009, the male percentage reduced from 56 to 44 while that of female rather went up from 44 percent to 56 percent. In 2010 males and females witnessed same proportions of 50 percent each. Asthma among females has since decreased from 57 percent in 2011 to 42 percent in 2012 while that of the males, recording 43 percent in 2011 and 58 percent in 2012.

Epilepsy



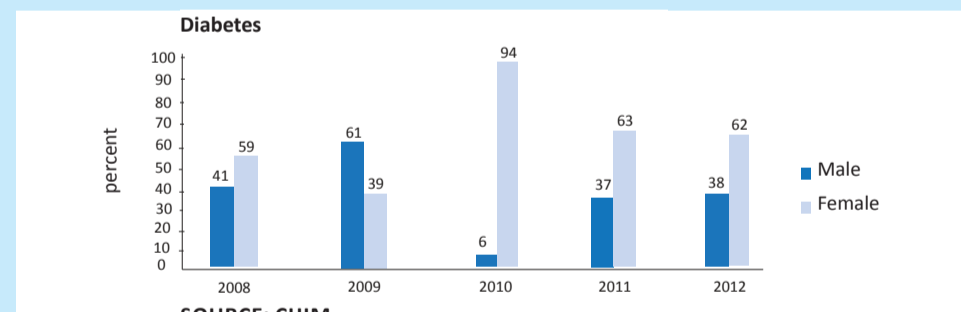
Out of the total recorded population with epilepsy, the percentage female remained the same (46 percent) for both 2008 and 2009 while that of males also remained the same at (54 percent) within the same period. Male figures however decreased from 53 percent in 2010 to 50 percent in 2012 while that of the females increased from 47 percent in 2010 to 50 percent in 2012.

Kidney Disease



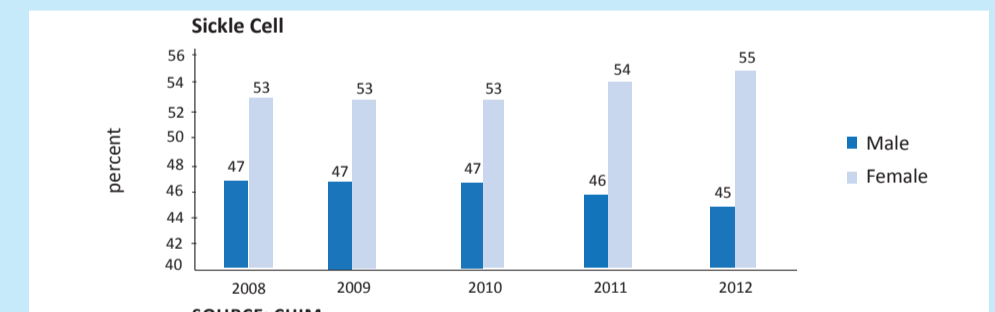
In 2009 and 2010, male figures were 44 percent and 45 percent respectively while that of female were 56 percent and 55 percent over the same period. In 2011 and 2012, both male and female figures stalled at 42 percent and 58 percent respectively.

Diabetes



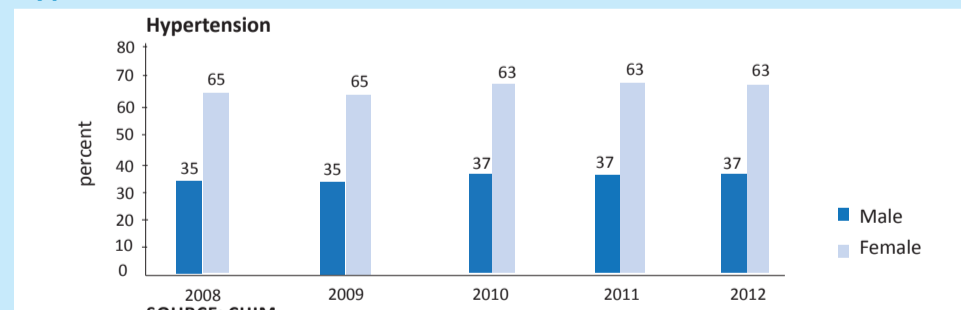
Recorded percentages for diabetes kept fluctuating between 2008 and 2012. Male figures recorded 41 percent in 2008 and increased to 61 percent in 2009 and dropped drastically to 6 percent in 2010. It shot up to 37 percent in 2011 and finally to 38 percent in 2012. The female figures came down from 59 percent in 2008 to 39 percent in 2009 and shot up sharply to 94 percent in 2010. It reduced to 63 percent in 2011 and further reduced to 62 percent in 2012. Generally, females experienced more diabetes than males over the period. 2010 Recorded the highest figure of 94 percent for females while males recorded the highest figure of 61 percent in 2009. The lowest records were 6 percent for males in 2010 and 39 percent for females in 2009.

Sickle Cell



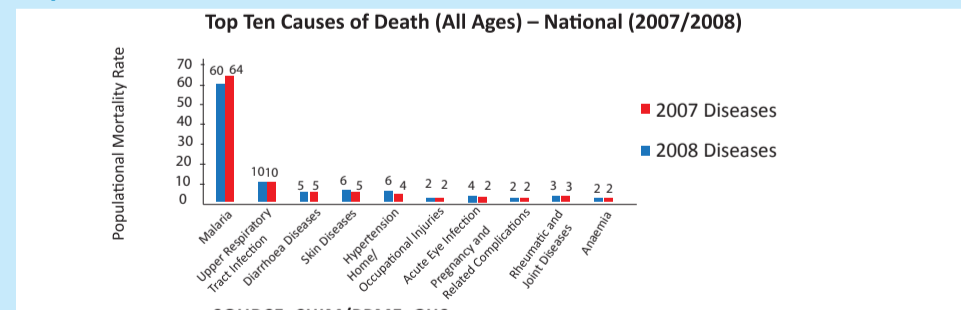
Female percentages remained the same at 53 percent from 2008 to 2010, while that of males remained constant at 47 percent within the same period. In 2011 and 2012, figures for females saw an increase from 54 percent to 55 percent while that of males saw a decrease from 46 percent to 45 percent.

Hypertension



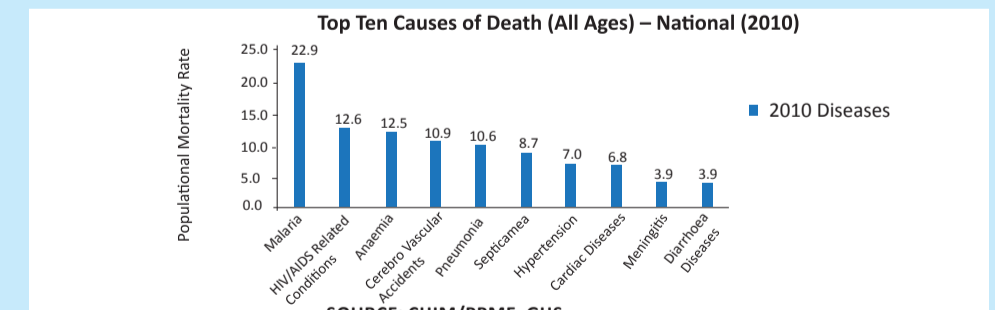
The figure recorded in both 2008 and 2009 for females was 65 percent while for males it was 35 percent. However, for 2010 and 2012 the figure was 33 percent for males and 67 percent for females.

Top Ten Causes of Death



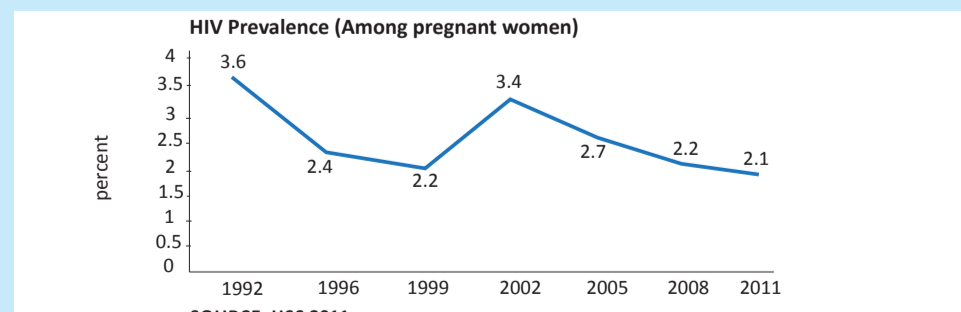
There is a relationship between a population's health status and productivity. The healthier the population is the more likely they are to contribute to the productivity of the nation. The population is most often threatened by diseases. The chart above shows that malaria, upper respiratory tract infection and skin diseases were the more prevalent causes of deaths in 2007 and 2008. Malaria's share to cause of death within the period were 60 and 64 percent respectively. Upper respiratory tract infection accounted for 10 percent for both years while skin diseases accounted for 6 percent and 5 percent respectively.

Top Ten Causes of Death (All Ages) - National (2010)



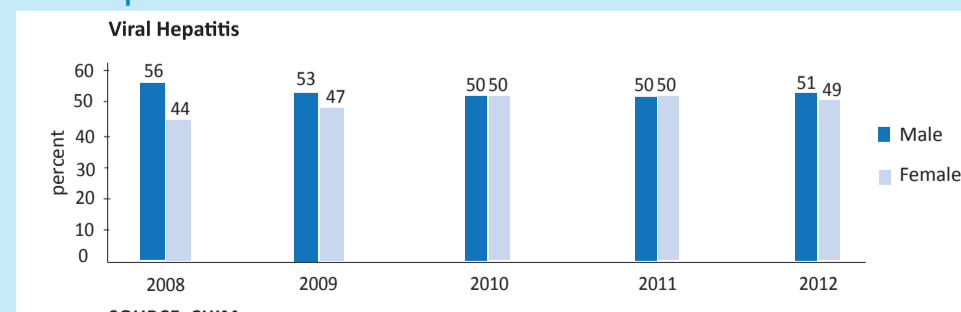
For the year 2010, hypertension, home/occupational, acute eye infection, pregnancy and related complications, rheumatic joint disease and anaemia recorded very low figures as compared to malaria. Malaria was ranked as the most prevalent cause of death from the chart above. However, HIV related conditions and anaemia were also ranked quite high accounting for 12.6 percent and 12.5 percent respectively. Diarrhoeal and Meningitis diseases were the least ranked of the top ten causes of death in the year 2010.

HIV



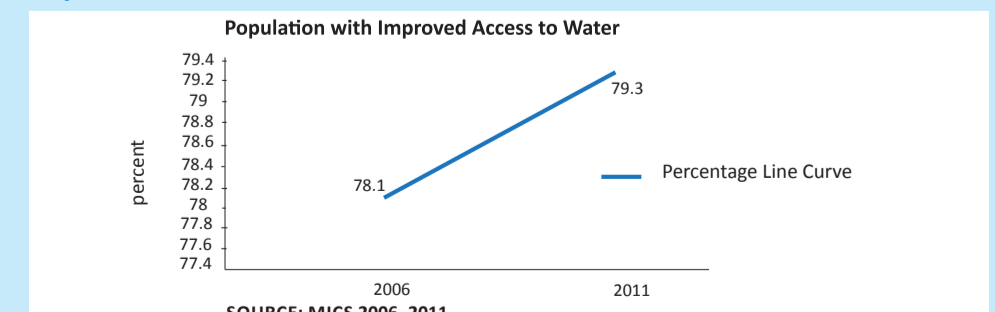
The national HIV prevalence among pregnant women who attended ante natal clinics indicated a consistent decline from 3.6 percent in 1992 to 2.2 percent in 1999. It however increased from 2.2 percent to 3.4 percent in 2002. Since 2002, the prevalence has again been falling gradually as shown in the chart above.

Viral Hepatitis



In 2012 female hepatitis dropped to 49 percent from its level of 50 percent in 2011 while that of males increased by 1 percent over the same period. 2008 witnessed the highest figure for males with a value of 56 percent while 2010 and 2011 saw the highest figure for females with a value of 50 percent.

Improved Access to Water



Water is one of the most essential needs of any population of a country. Poor access to water like streams, rivers and lakes may lead to infections and other serious health diseases. Population with improved access to water is an indicator of development. In 2006 MICS reported that improved access to water was 78.1 percent in Ghana and it rose to 79.3 percent in 2011 (MICS).

Key
MICS Multiple Indicator Cluster Survey
GDHS Ghana Demographic and Health Survey
CHIM Centre for Health and Information Management
RAPID Resources for the Awareness of Population Impact on Development
MHS Maternal Health Survey

WHO World Health Organization
GHS Ghana Health Service
HSS HIV Sentinel Survey
PPME Policy, Planning, Monitoring and Evaluation

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