Ghana

2017 Maternal Health Survey

Key Findings

The 2017 Ghana Maternal Health Survey (2017 GMHS) was implemented by the Ghana Statistical Service (GSS) and the Ghana Health Service (GHS) from 15 June through 12 October 2017. The funding for the 2017 GMHS was provided by the Government of Ghana, the United States Agency for International Development (USAID), the European Union (EU) delegation to Ghana, and the United Nations Population Fund (UNFPA). 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 2017 GMHS may be obtained from the Ghana Statistical Service, Head Office, P.O. Box GP 1098, Accra, Ghana; Telephone: +233-302-682-661/+233-302-663-578; Fax: +233-302-664-301; 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; E-mail: info@DHSprogram.com; Internet: www.DHSprogram.com.

Suggested citation:

Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF. 2018. *Ghana Maternal Health Survey 2017: Key Findings*. Rockville, Maryland, USA: GSS, GHS, and ICF.

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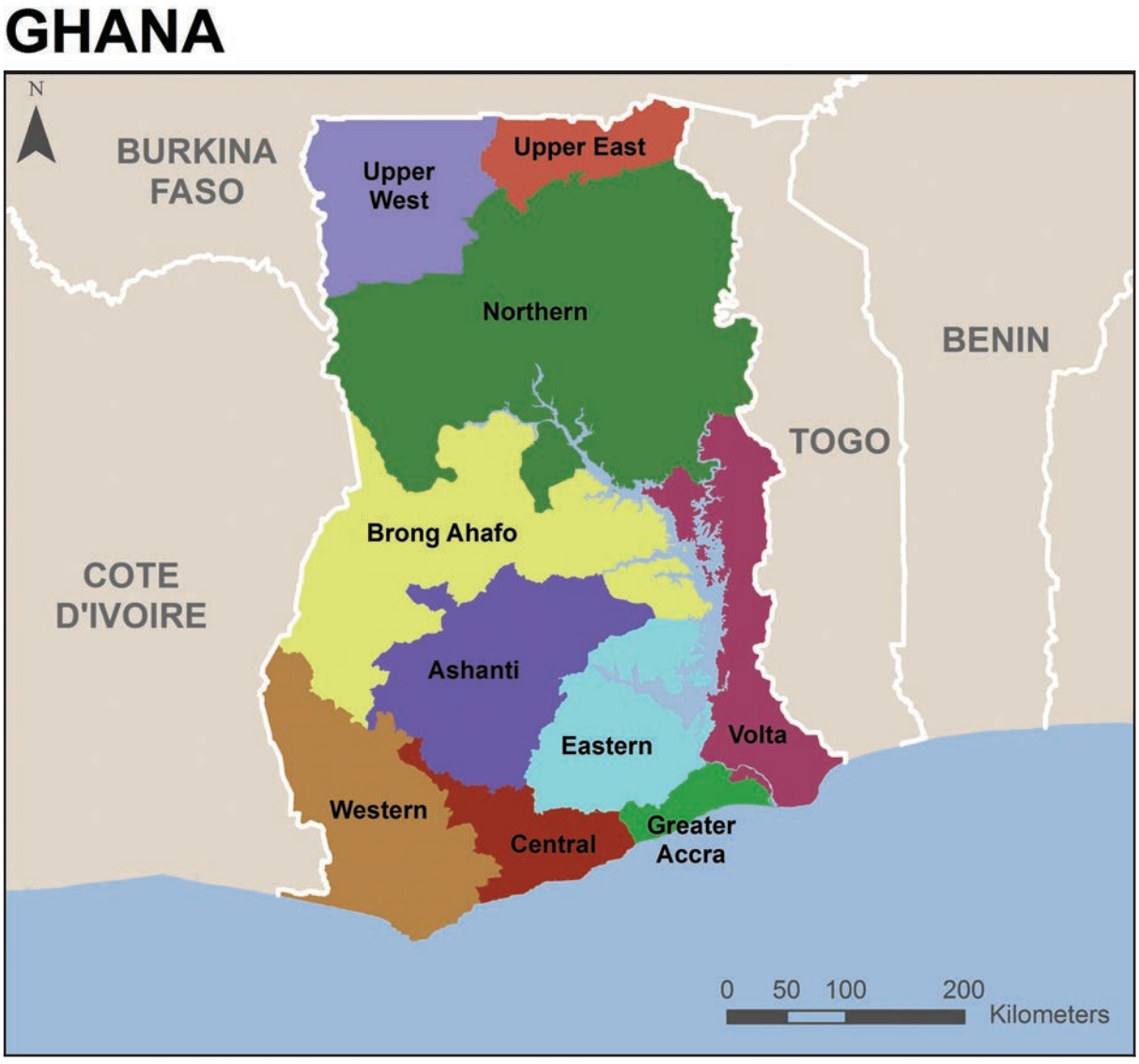
About the 2017 GMHS

The 2017 Ghana Maternal Health Survey (GMHS) is designed to provide data for monitoring the maternal health situation in Ghana. The 2017 GMHS is the second Maternal Health Survey conducted in Ghana since 2007. The objective of the survey was to provide reliable estimates of fertility levels and preferences, family planning methods, pregnancy and postnatal care, abortion, miscarriage, marriage and sexual activity, and maternal mortality that can be used by programme managers and policymakers to evaluate and improve existing maternal health programmes.

Who participated in the survey?

A nationally representative sample of 25,062 women age 15-49 in 26,324 households were interviewed. This represents a response rate of 99% of women. The sample design for the 2017 GMHS provides estimates at the national level, for urban and rural areas, for three zonal levels (Coastal, Middle, and Northern), and for each of the 10 administrative regions in Ghana.



Characteristics of Households and Respondents

Household Composition

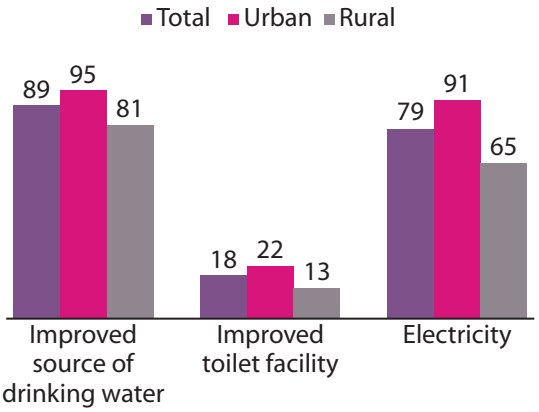
The average household size in Ghana is 3.8 members. One-third of households are headed by women. Forty percent of the Ghanaian population is under age 15.

Water, Sanitation, and Electricity

Nearly 9 in 10 households (89%) have access to an improved source of drinking water. Ninety-five percent of households in urban areas have access to an improved source of drinking water, compared to 81% of rural households. Only 18% of households in Ghana use improved toilet facilities. Urban households are more likely than rural households to use improved toilet facilities (22% versus 13%). Eight in ten households use unimproved toilet facilities—52% use a shared facility, 15% use an unimproved facility, and 15% have no facility. More than three-quarters (79%) of Ghanaian households have electricity. Ninety percent of urban households have electricity, compared to 65% of rural households.

Water, Sanitation, and Electricity by Residence

Percent of households with:



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Ownership of Goods

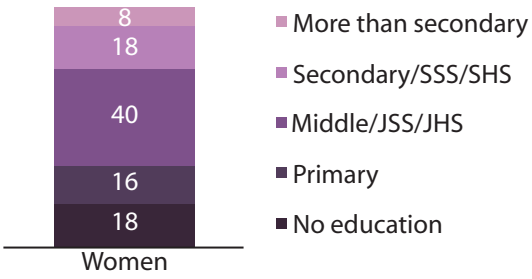
Nine in ten households have a mobile phone, 64% have a radio, and 64% have a television. Urban households are more likely than rural households to own a mobile telephone, radio, or television. In contrast, rural households are more likely than urban households to own agricultural land or farm animals.

Education

About 1 in 5 women age 15-49 have no education. Sixteen percent of women have attended primary school and 40% have attended middle/JSS/JHS, while 18% of women have attended secondary/SSS/SHS education. Only 8% of women have more than secondary education. More than half of women (54%) are literate. Women in urban areas (65%) are more likely to be literate, compared to women in rural areas (41%).

Education

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



Fertility and Its Determinants

Total Fertility Rate

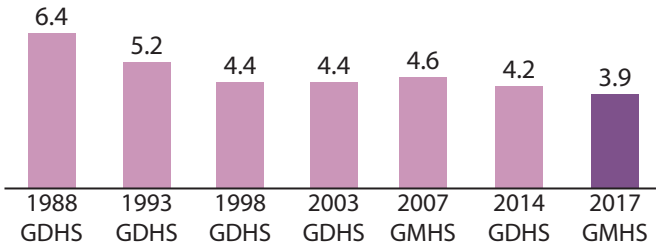
Currently, women in Ghana have an average of 3.9 children. Since 1998, fertility has decreased from 6.4 children per woman to the current level. This demonstrates a decline of 2.5 children.

Fertility varies by residence and region. Women in rural areas have an average of 4.7 children, compared to 3.3 children among women in urban areas. Fertility is lowest in Greater Accra region (2.8 children per woman) and highest in Northern region (5.3 children per woman).

Fertility also varies with education and economic status. Women with no education have twice as many children than women with more than secondary education (5.5 versus 2.7). Fertility decreases as the wealth of the respondent's household* increases. Women living in the poorest households have an average of 5.7 children, compared to 2.8 children among women living in the wealthiest households.

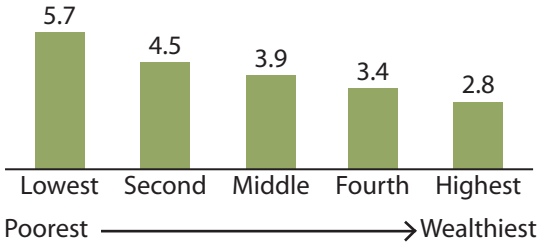
Trends in Total Fertility Rate

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



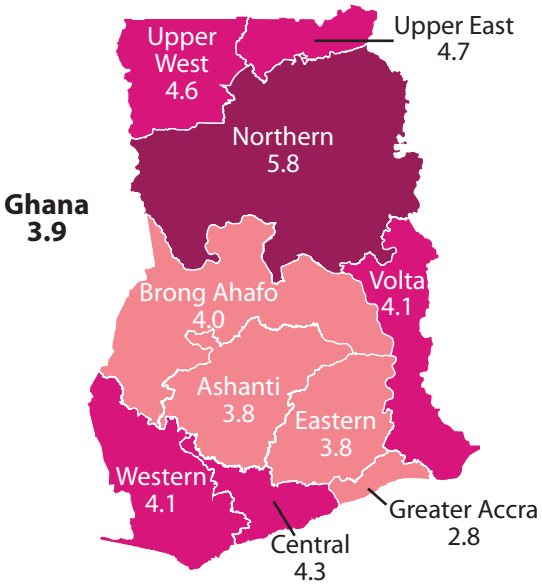
Total Fertility Rate by Household Wealth

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



Total Fertility Rate by Region

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



* Wealth of families is calculated through household assets collected from the Maternal Health Survey—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

First Sexual Intercourse, Marriage, and Birth

The median age at first sexual intercourse for women age 25-49 is 18.1 years. Rural women initiate sex about one year earlier than urban women (17.4 versus 18.5 years). Women with more than secondary education initiate sex about four years later than women with no education (21.4 versus 17.2 years). Twelve percent of women begin sexual activity before age 15, while half have sex before age 18.

Women get married more than three years after sexual initiation at age 21.5. Urban women marry nearly 5 years after sexual initiation, while rural women marry 2.4 years after sexual initiation. Women with no education and those from the poorest households marry earlier than women with higher levels of education and those from wealthier households. Less than 1 in 10 Ghanaian women are married by age 15, compared to 1 in 4 women by age 18.

Women have their first birth at the same age of first marriage. The median age at first birth for women is 21.5 years. Rural women give birth 2.4 years earlier than urban women (20.3 versus 22.7 years). More than 1 in 5 women (21%) give birth by age 18.

Polygyny

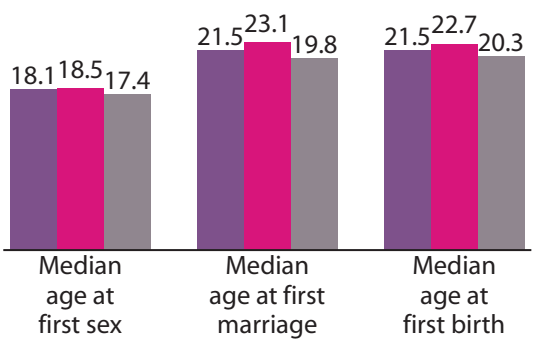
Fourteen percent of Ghanaian women age 15-49 are in a polygynous union with at least one co-wife. Polygyny has declined by more than half since 1988 when 33% of women were in a polygynous union. Polygyny is most common in Northern region, where nearly 2 in 5 women are in a polygynous union.

Teenage Childbearing

In Ghana, 14% of adolescent women age 15-19 are already mothers or pregnant with their first child. Teenage childbearing is higher in rural areas (18%) than in urban areas (11%). Regionally, teenage pregnancy ranges from 7% in Greater Accra region to 19% in Western region. Teenage childbearing decreases with increased education; 35% of young women with no education have begun childbearing, compared to 4% young women with secondary/SSS/SHS education. Adolescent women in the two lowest wealth quintiles are more likely to have begun childbearing (21% each), compared to young women in the wealthiest households (3%).

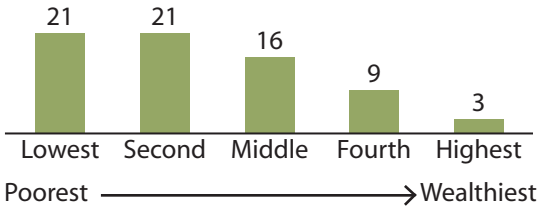
Median Age at First Sex, Marriage, and Birth by Residence

Among women age 25-49



Teenage Childbearing by Household Wealth

Percent of women age 15-19 who have begun childbearing



Family Planning

Current Use of Family Planning

More than 3 in 10 (31%) married women age 15-49 use any method of family planning—25% use a modern method and 6% use a traditional method. Injectables are the most popular modern method (8%), followed by implants (7%) and the pill (4%).

Among sexually active unmarried women age 15-49, 31% use a modern method of family planning and 8% use a traditional method. The most popular modern methods among sexually active unmarried women are injectables (8%), male condoms (6%), and implants (6%).

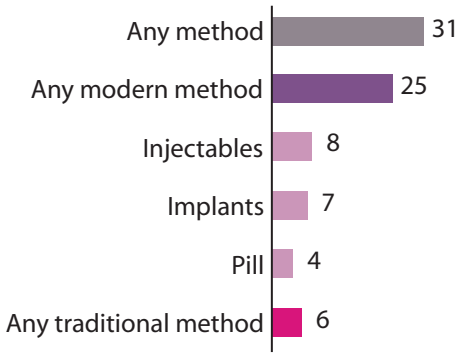
Use of family planning among married women varies by residence and region. Modern method use is slightly higher in rural areas (27%) than in urban areas (23%). Modern method use ranges from a low of 17% in Northern region to a high of 32% in Upper East region. Traditional method use increases with education and wealth. Only 2% of women with no education use traditional methods, compared to 11% of women with more than secondary education. Two percent of women from the poorest households use a traditional method of family planning, while 10% of women from the wealthiest households use a traditional method.

The use of any modern method of family planning by married women has increased fivefold from 5% in 1998 to 25% in 2017. Traditional method use has remained below 10% since 1998.

© 2008 UNFPA, A woman receives family planning counselling

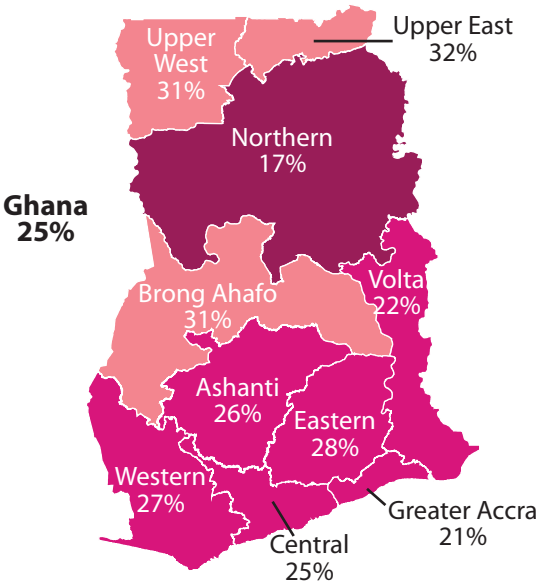
Family Planning

Percent of married women age 15-49 using family planning



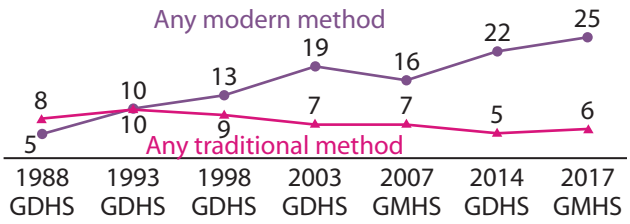
Modern Method Use by Region

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



Trends in Family Planning Use

Percent of married women age 15-49 using family planning



Maternal Health Care

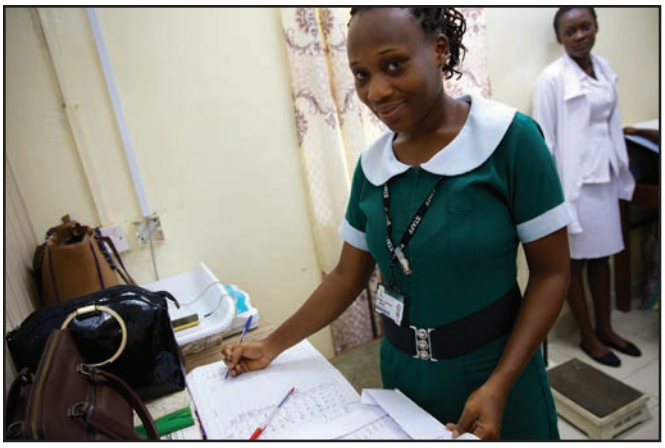
Antenatal Care

Nearly all women (98%) age 15-49 who had a live birth or stillbirth in the five years before the survey received antenatal care (ANC) from a skilled provider (doctor, nurse/midwife, or community health officer/nurse). Among these women, 86% attended their first ANC visit for a checkup and 14% went due to a problem. Frequently cited problems include excessive vomiting (33%), lower abdominal pain (26%), and headache (24%). Two percent of women did not attend ANC with a skilled provider. Among these women, 42% reported lack of money as the primary reason they did not receive ANC. ANC coverage by a skilled provider slightly improved from 96% in 2007 to 98% in 2017.

The timing and quality of ANC are also important. Almost two-thirds of women (64%) had their first ANC visit in the first trimester, as recommended. Nine in ten women make four or more ANC visits. Since 2007, more women are attending four or more ANC visits and ANC within their first trimester.

Nearly half of women (45%) who received ANC at a public facility were asked to make payments for ANC. More than one-third (37%) paid for laboratory tests, 32% paid for drugs, 22% paid for other supplies, and 8% paid to see a provider.

Ninety-three percent of women take iron tablets or syrup during pregnancy. More than three-quarters (77%) of women's most recent births or stillbirths are protected against neonatal tetanus. Among women who received ANC for their most recent birth or stillbirth, 99% had their blood pressure measured, 98% had a blood sample taken, 98% had a urine sample taken, and 85% were told about signs of pregnancy complications. Components of ANC have slightly improved since 2007, while the increase in women who are told about the signs of pregnancy complications is more substantial (70% in 2007 to 85% in 2017).



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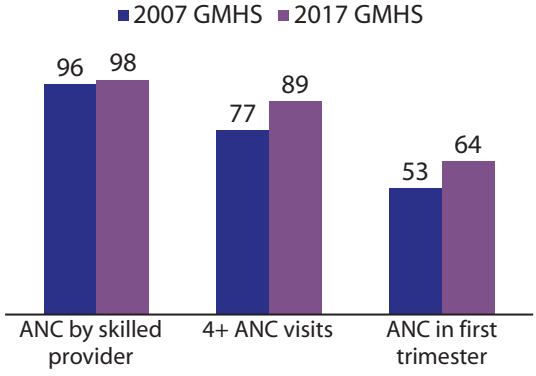
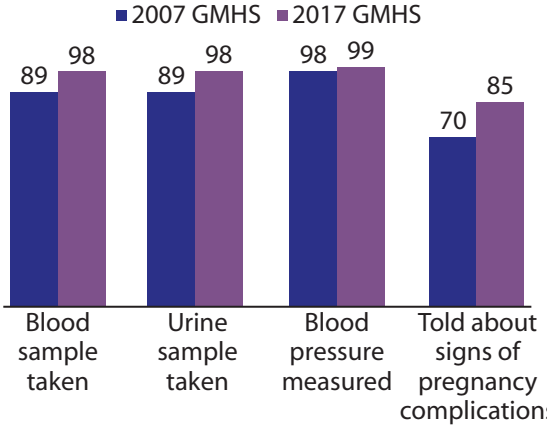
Trends in Antenatal Care Coverage

Percent of women age 15-49 who had a live birth or stillbirth in the 5 years before the survey (for most recent live birth or stillbirth)



Trends in Components of Antenatal Care

Among women age 15-49 who received ANC for their most recent live birth or stillbirth, percent with selected services



Delivery Care

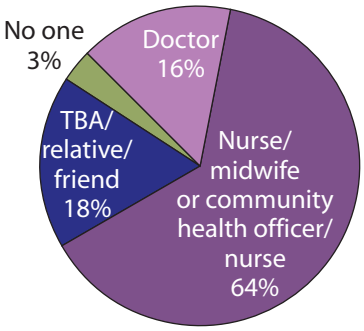
More than three-quarters (79%) of live births or stillbirths are delivered in a health facility, primarily in public sector facilities, while 1 in 5 births or stillbirths are delivered at home. Women with more than secondary education (98%) and those in the wealthiest households (97%) are most likely to deliver at a health facility. Health facility deliveries range from 59% in Northern region to 92% in Greater Accra region. Health facility deliveries have increased since 2007 when only 54% of live births or stillbirths were delivered in a health facility. Home deliveries have declined by more than half, from 45% in 2007 to 20% in 2017. The most commonly cited reasons for not delivering at a health facility include the baby came earlier than expected (25%), and transportation problems (24%).

More than half of women (52%) who delivered at a public health facility were asked to make payments for delivery care. Thirty-nine percent paid for drugs, 32% paid for other supplies, 22% paid for laboratory tests, and 9% paid to see a doctor or nurse.

Overall, 79% of births or stillbirths are assisted by a skilled provider, the majority by nurses/midwives. Women in urban areas (91%), those with more than secondary education (99%), and those living in the wealthiest households (98%) are most likely to receive delivery assistance from a skilled provider. Skilled assistance during delivery has increased from 55% in 2007 to 79% in 2017.

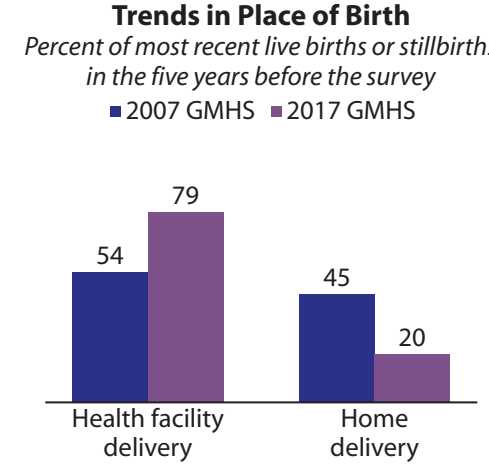
Delivery Assistance

Percent distribution of most recent live births or stillbirths in the five years before the survey by person providing assistance during delivery



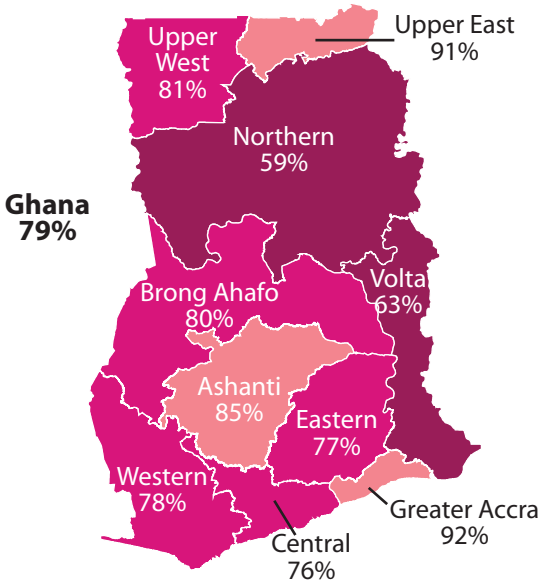
Trends in Place of Birth

Percent of most recent live births or stillbirths in the five years before the survey



Health Facility Deliveries by Region

Percent of most recent live births or stillbirths in the five years before the survey delivered in a health facility



Postnatal Care for Mothers

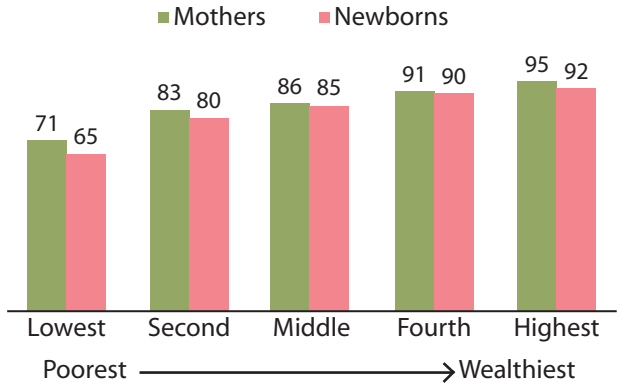
Postnatal care helps prevent complications after childbirth. More than 4 in 5 women (84%) age 15-49 with a live birth or stillbirth in the two years before the survey received a postnatal check within two days of delivery, while 12% did not have a postnatal check.

Women who delivered in a health facility are twice as likely to have received a postnatal check within two days of delivery than women who delivered elsewhere (95% versus 45%). Regionally, postnatal checks within two days of delivery range from a low of 71% in Northern region to a high of 91% in both Upper West and Greater Accra regions. Women with no education (72%) and those in the poorest households (71%) are least likely to have received a postnatal check within two days of delivery.

The majority of postnatal checks for mothers are performed by a doctor, nurse, or midwife (76%). Among women who did not deliver in a health facility, 28% received a postnatal check from a traditional birth attendant.

Postnatal Care for Mothers & Newborns by Wealth

Percent of women age 15-49 who received a postnatal check within two days of delivery for the most recent live birth or still birth and percent of newborns who received a postnatal check within two days of delivery



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Postnatal Care for Newborns

Eighty-one percent of newborns received a postnatal check within two days of delivery, while 15% did not have a postnatal check. Half of newborns had a postnatal check within the first hour after delivery.

Newborns who were delivered in a health facility (94%) are nearly three times more likely to have received a postnatal check than newborns who were delivered elsewhere (35%). Regionally, postnatal checks for newborns within two days of delivery range from a low of 66% in Northern region to a high of 90% in Upper West region. Newborns whose mothers have more than secondary education (93%) and those in the wealthiest households (92%) are more likely to have received a postnatal check within two days of delivery.

The majority of newborns who received a postnatal check were checked by a doctor, nurse, or midwife (75%). Among newborns who were not delivered in a health facility, 19% received a postnatal check from a traditional birth attendant.

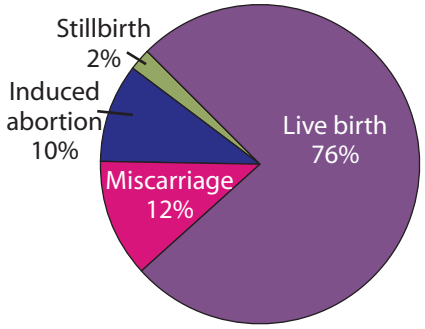
Induced Abortion and Miscarriage

Pregnancy Outcomes

Among all pregnancies in the five years before the survey, 76% resulted in a live birth, 12% miscarriage, 10% induced abortion, and 2% stillbirth. Induced abortion decreases with age; 19% of pregnancies among women under age 20 end in induced abortion, compared to 6% of pregnancies among women age 35-49. Induced abortion is lowest among women with no education (4%) and those from the poorest households (3%).

Pregnancy Outcomes

Percent distribution of pregnancies among women age 15-49 in the five years before the survey



Abortion Knowledge and Access

Nearly all women (95%) know what abortion is. Among these women, 11% know abortion is legal in Ghana. Among women with knowledge of abortion but who have never had an abortion, 57% know where to get an abortion. The most commonly known public source is a government hospital (72%), and the most commonly known private source is a private hospital or clinic (30%).

Induced Abortion

One in five women age 15-49 have ever had an induced abortion, while 7% had an induced abortion in the past five years. Women from urban areas (24%) are more likely to have ever had an induced abortion than rural women (15%). Induced abortion in the five years before the survey has remained unchanged from 5% in 2007 to 7% in 2017.

Among women who had an induced abortion in the five years before the survey, 21% stated the main reason for the most recent induced abortion was she was not ready, too young, or wanted to delay childbearing. Other reasons include the woman did not have money to care for the baby (15%), wanted to space childbearing (12%), and wanted to continue school (10%).

Nearly 3 in 4 (73%) of the most recent induced abortions use medical methods. The most common medical methods include pills such as misoprostol or mifepristone plus misoprostol (38%) and dilation and evacuation (D&E)/dilation and curettage (D&C) (24%). A doctor, nurse, or community health officer/nurse are the most common abortion provider (41%) followed by a pharmacist/chemical seller (33%). Health facilities were the most common place for abortion services (40%), followed by home (37%).

Miscarriage

Seven percent of women had a miscarriage in the five years before the survey. Three-quarters of most recent miscarriages were considered spontaneous, while 10% were attributed to an accident. Among women who had a miscarriage, 74% sought help. Doctors (63%) or nurses/midwives (47%) are the most common sources of help, while governmental hospitals (54%) are the most likely location to seek assistance for a miscarriage. Seventy-seven percent of women who had a miscarriage took pain relievers, 76% took antibiotics, and 45% had their uterus cleaned. Overall, 13% of women experienced health problems within one month following the miscarriage.

Childhood Mortality

Rates and Trends

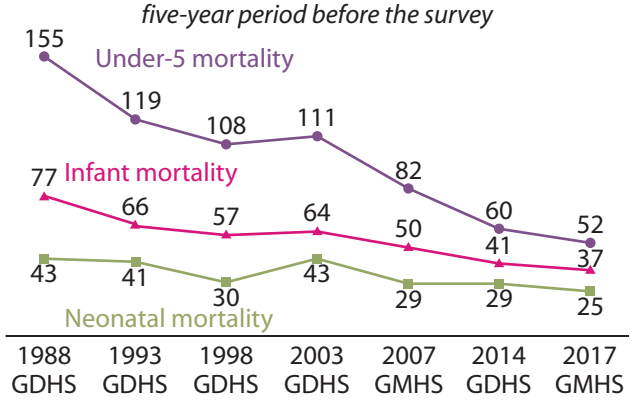
Infant and under-5 mortality rates for the five-year period before the survey are 37 and 52 deaths per 1,000 live births, respectively. The neonatal mortality rate is 25 deaths per 1,000 live births. At these mortality levels, 1 in every 19 Ghanaian children does not survive to their fifth birthday.

Childhood mortality rates have declined since 1988. Infant mortality has declined by half from 77 deaths per 1,000 live births in 1988 to 37 in 2017. During the same time period, under-5 mortality has decreased threefold from 155 to 52 deaths per 1,000 live births. Neonatal mortality has remained stagnant since 2007.

© 2011 UNFPA, Men encouraged to be in the labour ward while wives give birth at Dodowa Hospital

Trends in Childhood Mortality

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



Birth Intervals

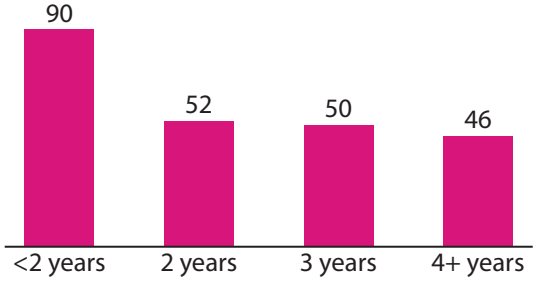
Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Ghana is 38.8 months. Infants born less than two years after a previous birth have high under-5 mortality rates. Under-5 mortality is dramatically higher among children born less than two years after a previous birth (90 deaths per 1,000 live births) than among children born four or more years after a previous birth (46 deaths per 1,000 live births). Overall, 16% of children are born less than two years after their siblings.

Under-5 Mortality by Background Characteristics

The under-5 mortality rate differs by region, mother's education, and wealth for the ten-year period before the survey. Regionally, under-5 mortality ranges from 42 deaths per 1,000 live births in Greater Accra region to 78 deaths per 1,000 live births in Upper West region. Children whose mothers have no education are more likely to die young (71 deaths per 1,000 live births) than children whose mothers have more than secondary education (31 deaths per 1,000 live births). Under-5 mortality is higher among children in the poorest households (68 deaths per 1,000 live births) than among children in the wealthiest households (35 deaths per 1,000 live births).

Under-5 Mortality by Previous Birth Interval

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



Maternal Mortality

Maternal Mortality

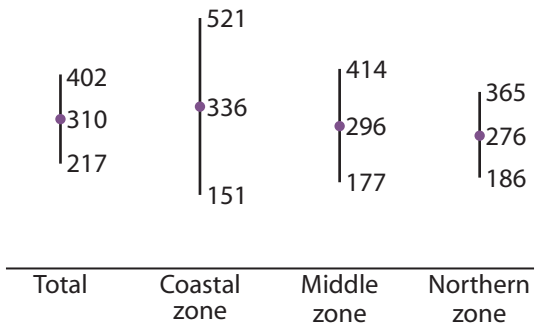
The 2017 GMHS asked women about deaths of their sisters to determine maternal mortality. Maternal mortality includes deaths of women during pregnancy, delivery, and 42 days after delivery or end of pregnancy excluding deaths that were due to accidents or violence. The maternal mortality ratio (MMR) for Ghana is 310 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the MMR ranges from 217 to 402 deaths per 100,000 live births. Zonally, there are differences in the MMR point estimates but the confidence intervals overlap, meaning the differences are not statistically significant. This is the first GMHS to provide an estimate with the revised MMR definition; therefore, trends are not available.

Pregnancy-related Mortality

To assess trends with the 2007 GMHS, the 2017 GMHS provides an estimate for pregnancy-related mortality. Pregnancy-related mortality includes deaths of women during pregnancy, delivery, and two months after delivery or end of pregnancy, irrespective of the cause of death. The pregnancy-related mortality ratio (PRMR) for Ghana is 343 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the PRMR ranges from 240 to 446 deaths per 100,000 live births. The 2017 GMHS is not significantly different from the 2007 GMHS PRMR estimate of 451 deaths per 100,000 live births.

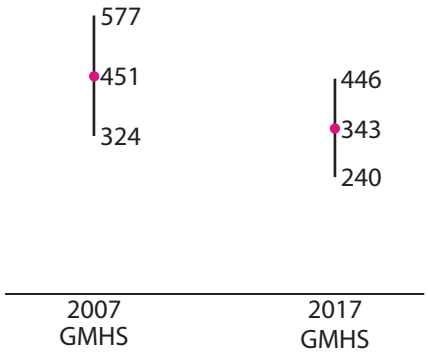
Maternal Mortality Ratio by Zone

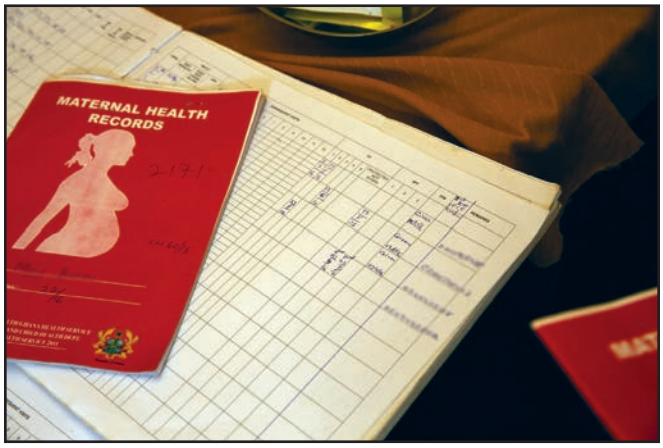
Maternal-related deaths per 100,000 live births for the seven-year period before the survey



Trends in Pregnancy-related Mortality Ratio

Pregnancy-related deaths per 100,000 live births for the seven-year period before the survey





Causes of Death

Verbal Autopsy

The Verbal Autopsy Questionnaire was adapted from the 2016 World Health Organization (WHO) verbal autopsy instrument. The questionnaire was used to collect information on the deaths of women who died since January 2012 from caretakers of the deceased. Overall, 1,240 questionnaires were completed for women who died in the five years before the survey at age 12-49 at the time of death.

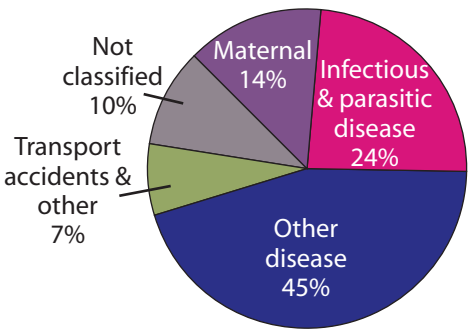
Six Ghanaian physicians were trained to review the verbal autopsy questionnaires, fill out WHO-style death certificates, and code the cause of death using the International Classification of Diseases, 10th revision (ICD-10). Each questionnaire was reviewed by two physicians. If the physicians disagreed on the cause of death, discordant cases were reviewed by two different physicians who arrived at a consensus on the underlying cause of death.

All-cause Mortality

The most common causes of death included other disease such as conditions of the nervous, digestive, and respiratory systems (45%), in addition to infectious and parasitic disease (24%). Maternal deaths accounted for 14% of all deaths; 10% from direct maternal causes and 4% from indirect maternal causes. Seven percent of deaths were caused by transport accidents and other external causes. The cause of 10% of deaths could not be determined.

All-cause Mortality

Percent distribution of causes of death among women age 12-49 in the five years before the survey



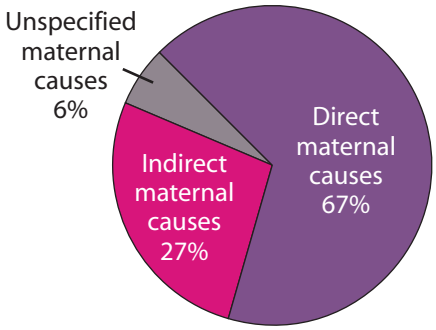
© 2014 UNFPA, Labour ward in Tamale District Hospital

Maternal Causes of Death

Maternal deaths are divided into three categories. Direct maternal deaths refer to deaths resulting from obstetric complications during pregnancy, labour, or 42 days after delivery or end of pregnancy. Indirect maternal deaths result from non-obstetric complications aggravated by pregnancy, while unspecified maternal deaths have an unknown underlying cause that took place during pregnancy, childbirth, or 42 days after delivery. Two-thirds of deaths were direct maternal deaths. More than one-quarter (27%) of deaths were indirect maternal deaths, and 6% were due to unspecified maternal causes.

Maternal Causes of Death

Percent distribution of maternal causes of death among women age 12-49 in the five years before the survey

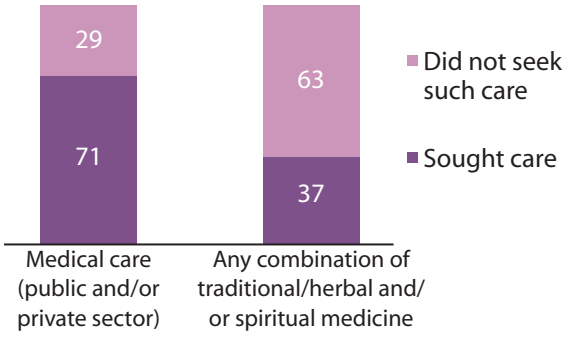


Care Seeking

Seventy-one percent of women who died in the five years before the survey sought medical care at either a public and/or private sector health facility. In addition to medical care, 37% of women used a combination of traditional/herbal and/or spiritual medicine.

Care Seeking for Deceased Women

Percent of deceased women age 12-49 in the five years before the survey who received any public and/or private medical care or any traditional/herbal and/or spirtual medicine



Two-thirds of women were transported to a health facility before they died. Among these women, 95% used motorised transportation such as a private car, ambulance, taxi, or motorbike. Women encountered problems at the health facility with obtaining treatment (12%), being received (11%), or getting medication and diagnostic tests (10%).

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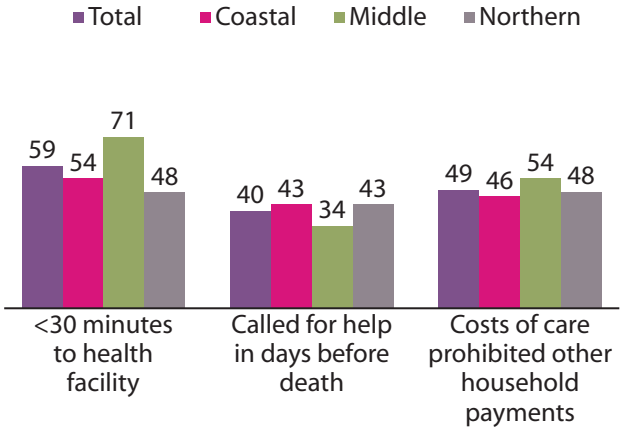
Logistical and Financial Issues

For nearly 6 in 10 households of deceased women, it takes 30 minutes or less to reach the nearest health facility; for 6%, it takes more than 1 hour. More households in the Middle zone (71%) are 30 minutes or less from the nearest health facility compared to other zones. For 40% of deceased women, a phone was used to call for help in the final days before death. The cost of care prohibited the payment of other household expenses for 49% of the households of deceased women.

Logistical and Financial Issues by Zone

Percent of deceased women age 12-49 in the five years before the survey



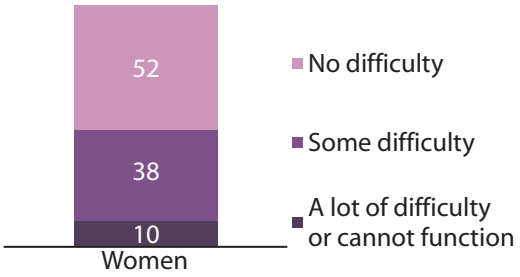
Disability

Disability

The 2017 GMHS included questions about six domains of disability—seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing—among women age 15-49. Overall, 51% of women have no difficulty in any domain; while 38% have some difficulty and 10% have a lot of difficulty or cannot function in at least one domain. Disability in at least one domain generally increases with age from 7% of women age 20-29 to 18% of women age 40-49. Women with disability in at least one domain are more likely to experience at least one problem accessing health care (70%) than women with some or no difficulty in all domains (56%).

Disability among Women

Percent distribution of women age 15-49 by highest degree of difficulty in functioning in at least 1 domain



Health Insurance Coverage

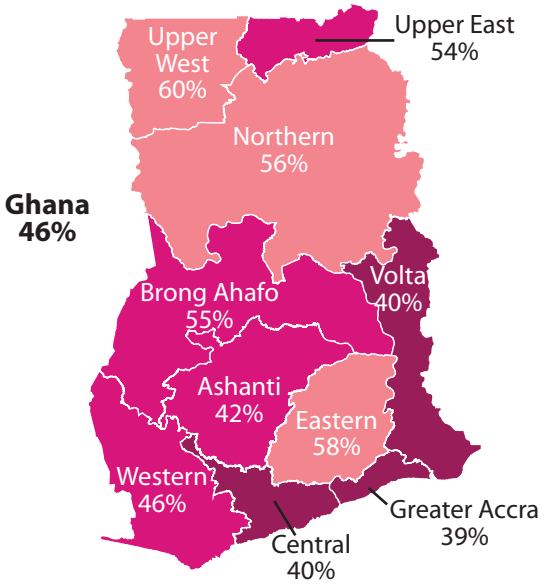
Health Insurance

In Ghana, it is possible to be registered for health insurance without being covered. Overall, 79% of women age 15-49 are registered with insurance, yet 46% are covered by any insurance. National/district health insurance is the most common type of coverage (46%). Regionally, health insurance coverage varies from 39% in Greater Accra region to 60% in Upper West region. Women with more than secondary education (65%) and those from the wealthiest households (54%) are most likely to have health insurance coverage.

Among women with health insurance coverage, 15% have no maternity benefits. About 8 in 10 women have insurance that covers ANC (83%), childbirth at a health facility (79%), postnatal care for the mother (78%), or postnatal care for the newborn (77%). Only 15% of women have health insurance coverage that requires no payment for drugs and services, while 16% have coverage that always requires payment.

Health Insurance Coverage by Region

Percent of women age 15-49 with insurance coverage



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INDICATORS

		Residence	
Fertility	**Ghana**	**Urban**	**Rural**
Total fertility rate (number of children per woman)	3.9	3.3	4.7
Median age at first sexual intercourse for women age 25-49 (years)	18.1	18.5	17.4
Median age at first marriage for women age 25-49 (years)	21.5	23.1	19.8
Median age at first birth for women age 25-49 (years)	21.5	22.7	20.3
Women age 15-19 who are mothers or currently pregnant (%)	14	11	18
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	31	30	31
Current use of any modern method of family planning (%)	25	23	27
Current use of any traditional method of family planning (%)	6	8	4
Maternal Health Care (among women age 15-49)			
ANC visit with a skilled provider[1,2] (%)	98	98	97
Births delivered in a health facility[2] (%)	79	90	68
Births assisted by a skilled provider[1, 2] (%)	79	91	69
Postnatal check during first 2 days after birth for mother[3] (%)	84	90	79
Postnatal check during first 2 days after birth for newborn[3] (%)	81	88	76
Childhood Mortality (deaths per 1,000 live births)[4]			
Neonatal mortality	*25*	*25*	*24*
Infant mortality	*37*	*36*	*38*
Under-5 mortality	*52*	*48*	*56*

[1]Skilled provider includes doctor, nurse/midwife, or community health officer/nurse.
[2]Includes only the most recent live birth or stillbirth in the five years before the survey.
[3]Postnatal checks are for the most recent live birth or stillbirth in the two years before the survey.
[4]Figures are for the ten-year period before the survey except for the national and urban-rural rates, in italics, which represent the five-year period before the survey.

Region									
Western	Central	Greater Accra	Volta	Eastern	Ashanti	Brong Ahafo	Northern	Upper East	Upper West
4.1	4.3	2.8	4.1	3.8	3.8	4.0	5.8	4.7	4.6
17.8	18.0	19.1	17.5	17.5	18.0	17.7	18.0	17.8	18.0
21.1	21.0	24.8	20.1	21.0	22.2	20.2	19.9	19.3	19.7
20.9	21.1	24.0	20.7	21.3	21.6	20.6	20.8	20.4	21.0
19	16	7	18	13	15	16	16	17	8
32	28	28	28	36	35	35	19	32	33
27	25	21	22	28	26	31	17	32	31
5	4	8	6	8	9	4	2	1	2
97	98	98	96	97	98	99	98	>99	99
78	76	92	63	77	85	80	59	91	81
78	78	92	62	78	86	80	59	92	81
85	82	91	77	87	88	85	71	90	91
83	80	88	70	86	87	78	66	89	90
30	31	19	33	28	26	22	26	20	28
47	49	32	45	37	36	39	42	28	47
69	64	42	65	52	49	61	77	48	78