

# International Brief

## Population Trends: Ghana

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- Ghana, one of the most populous countries in Sub-Saharan Africa, is home to nearly 18 million people.
- Fertility in Ghana, which was high and fairly constant in the past, has now begun to decline.
- Contraceptive prevalence rose by half, from 13 percent to 20 percent, in a period of 5 years, an indication that the Ghana family planning program is finally making progress.
- Despite a rise in contraceptive prevalence, nearly 4 out of 10, or almost 1 million, married women have unmet need for family planning.

### Population

Ghana is one of the most populous countries in Western Africa, second only to Nigeria. Since achieving political independence in 1957, its population has nearly tripled in size, from about 6 million to nearly 18 million in 1996, and is expected to increase to 27 million by 2020. The past rapid growth of Ghana's population is an outcome of high fertility, which until recently remained fairly constant, and declining mortality. This combination of high fertility and declining mortality is also the cause for the young age structure of the Ghanaian population with 43 percent under 15 years of age (figure 1).

However, Ghana's age structure is changing, a consequence of falling fertility. The most important

changes are the declining proportion of children and increasing share of the working age group; between now and 2020 the number of children under 15 (now nearly 8 million) will remain virtually constant while the 15 to 64 year age group will nearly double from 9 million to 18 million. There also will be a substantial increase in the elderly population (65 and over), from 549 thousand to over 1 million, but their share of the total population will still be small (figure 1).

### Mortality and HIV/AIDS

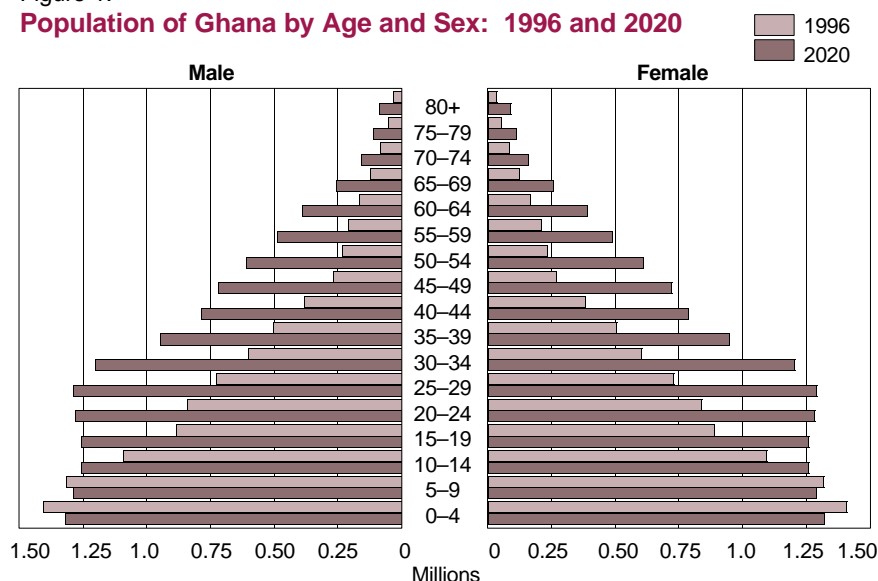
Mortality in Ghana has gradually improved over the last four decades. Life expectancy at birth has increased from about 44 years in 1957 (UN, 1995) to 53 years in 1977 and 56 years in 1996.

Economic conditions may have affected the pace of this improvement (NRC, 1993). As conditions deteriorated in the late 1970's through the mid 1980's, earlier improvements in mortality ceased and there was little change in mortality rates. The economy began to improve in the mid 1980's, followed a few years later by renewed mortality declines that have continued since then.

Reduced infant and child mortality has been a major factor in lengthening life expectancy. In 1957, an estimated 237 children per 1,000 births died before reaching age 5 compared with 126 in 1996. This may partly reflect improved immunization coverage of infants and children, which has increased in recent years from 47 percent fully

Figure 1.

### Population of Ghana by Age and Sex: 1996 and 2020



Source: U.S. Bureau of the Census, IPC, International Database.

immunized in 1988 to 55 percent in 1993 (GSS and MII, 1994).

HIV/AIDS in Ghana, although less prevalent than in several other Sub-Saharan countries, is a cause of significant health concern. Sentinel surveillance for HIV among pregnant women in 1992 showed prevalence rates of 3.2 and 4.2 percent in urban centers of Koforidua and Kumasi respectively (Decosas, 1995). The latest evidence shows an increasing level of HIV infection among commercial sex workers—rising from 25 percent in 1987 to 38 percent in 1991 (U.S. Bureau of the Census, 1995).

By 1994, nearly 16,000 cases of AIDS were reported to WHO (1995); however, actual cases could be as high as twice or three times this number because AIDS cases are often substantially under reported. WHO (1996) estimates that approximately 172,000 adults in Ghana were HIV infected by the end of 1994, a prevalence rate of 2.3 percent among sexually active adults. Mortality increases due to AIDS-related deaths will make future mortality improvements more difficult.<sup>1</sup>

### Fertility and Contraceptive Prevalence

Fertility in Ghana remained high and fairly constant up until the mid 1980's; a total fertility rate (TFR) of over 6 children per woman was indicated by various studies in Ghana during the 1960's to 1980's. But the 1993 Ghana Demographic and Health Survey (GDHS) results show that fertility has begun to decline. The survey indicated a TFR of 5.5 children per woman for the 5-year period prior to the survey, compared to 6.4 children in the 1988 GDHS (GSS and MII, 1994). This reduction in fertility is consistent with the

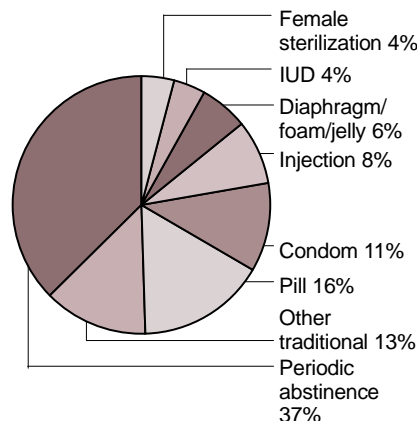
<sup>1</sup>The population and other projected indicators for Ghana have not been adjusted to take account of AIDS-mortality due to the lack of sufficiently reliable data.

increased use of family planning seen in recent years.

Between 1988 and 1993, the contraceptive prevalence rate among married women increased by 50 percent while the number of married women using contraception nearly doubled from 284,000 to 520,000. In 1993, the GDHS showed that 20 percent of married women (ages 15 to 49) were using a contraceptive method. In 1988, only 13 percent of married women were users (table 2). Modern methods accounted for over two-thirds of this increase, and use of modern methods doubled from 5 percent in 1988 to 10 percent in 1993. Yet, in 1993, over 50 percent of the users, or 260,000 married women, were using traditional methods (figure 2). Periodic abstinence, the most widely used method, was chosen by 37 percent of the users, or about 192,000 married women.

In the 1993 GDHS, information on contraceptive use was also asked of currently married men. A noteworthy finding, especially in the HIV/AIDS context, was a higher prevalence of condom use reported by married men than by married women. Ten percent of married men reported condom use as against 2 percent of married women.

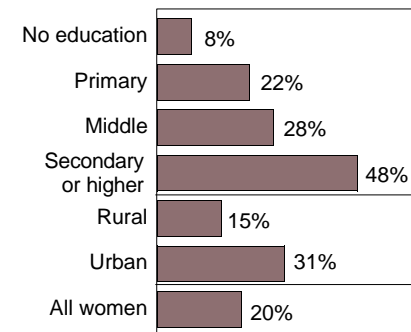
Figure 2.  
**Distribution of Contraceptive Users by Method: 1993**



Source: GDHS, 1993.

In Ghana, as in most countries, education and place of residence are two factors highly correlated with contraceptive use. Urban married women are twice as likely (31 percent) to use contraception as rural married women (15 percent). Differentials by education are even stronger. Nearly 1 out of every 2 married women with secondary or higher education used contraception compared with 1 out of every 10 who had no education, although the proportion of women with secondary or higher education is small (about 8 percent). The results show that even primary education for women could produce a significant increase in contraceptive use; married women with primary education were 3 times as likely to use contraception as those with no education (figure 3).

Figure 3.  
**Use of Contraception by Education and Residence for Currently Married Women: 1993**



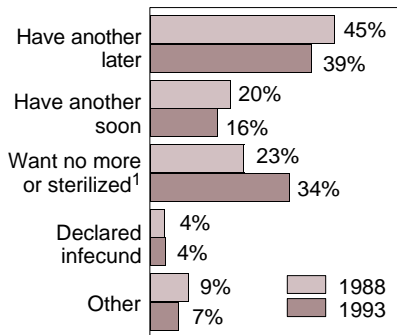
Source: GDHS, 1993.

A shift towards lower fertility on the part of couples is consistent with the 1988 and 1993 GDHS information on fertility preference and ideal family size. In 1993, 34 percent of currently married women did not want another child (figure 4) compared with only 23 percent in 1988. During the same period, the average ideal family size dropped from 5.5 to 4.7 children per married woman.

With this emerging desire of couples to regulate and reduce fertility,

Figure 4.

### Fertility Preferences of Currently Married Women, Ages 15 to 49: 1988 and 1993



<sup>1</sup>In 1993, 0.9 percent of currently-married women were sterilized. Corresponding figure for 1988 is not available.

Source: GDHS, 1993 and 1988.

the demand for family planning is increasing faster than the availability of services. According to the 1993 GDHS, nearly 39 percent of married women, or nearly 1 million, had an unmet need for family planning; i.e., women who were not using any method but at the same time had indicated a desire either to space their next birth or terminate childbearing. As in most other African countries, unmet need for spacing (25 percent) exceeded that for limiting births (14 percent). As expected, unmet need for spacing declines with age of women while unmet need for limiting rises with age (figure 5).

The number of women in childbearing ages is expected to grow from the current 4.2 million to 4.8 million in 2000 and 7.5 million in 2020. Consequently, the number of women requiring family planning services will increase even if the proportion of women desiring family planning remains at the current level. To satisfy the current needs as well as growing needs for family planning, the program resources and services will require significant expansion.

### Urbanization

Ghana is urbanizing steadily. In 1970, 29 percent of the population

lived in urban areas compared with 37 percent now (UN, 1995a). Urban population is growing at a rate of nearly 4 percent per year while the growth rate of rural population is under 2 percent and is expected to decline in the future. As a result of this difference, over half of the population of Ghana will be urban in 2015, less than 20 years from now.

### Education

Levels of literacy and education, especially of women, are good predictors of family planning practices. The overall level of literacy has improved significantly in Ghana; between 1970 and 1995, the literacy rate more than doubled from 30 percent to 64 percent (UNESCO, 1995). But women continue to have a lower rate of literacy than men, 53 percent versus 76 percent in 1995, and the literacy gap has shrunk only marginally from 25 points in 1970 to 23 points in 1995.

Recent efforts indicate that improvements in literacy will continue. The goal of a government program is to make 1 million adults functionally literate through the nonformal education program of the Ministry of Education (GSS and MII, 1994). In 1990, the government introduced a program financed by the U.S., to improve

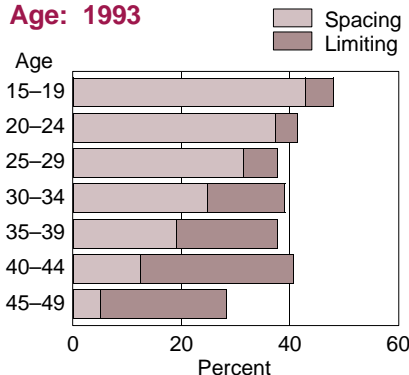
conditions of primary schools (Europa, 1994). Also the proportion of total budget allocated for education has increased from 20 percent in 1970 to 26 percent in 1990.

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- The International Programs Center (IPC) collects, assesses, and analyzes population and related statistics from all countries. Based on these data, IPC produces the demographic estimates and projections used in this series of reports. This report, written by Arjun Adlakha, was prepared with the support of the U.S. Agency for International Development. More detailed information is available from the International Programs Center, Population Division, Bureau of the Census, Washington, DC 20233-8860.*

Figure 5.

### Unmet Need for Family Planning Among Currently-Married Women by Age: 1993



Source: GDHS, 1993.

Table 1.  
**Population Indicators for Ghana:  
1990 to 2020**

Indicator	1990	1996	2000	2020
<b>POPULATION (thousands)</b>				
Total country .....	15,190	17,698	19,272	26,516
Urban .....	5,165	6,527	7,555	14,372
Rural .....	10,025	11,171	11,717	12,144
<b>Male, total country</b>				
All ages .....	7,553	8,777	9,542	13,065
0 to 14 .....	3,342	3,857	4,039	3,908
6 to 12 .....	1,364	1,762	1,877	1,801
13 to 18 .....	1,038	1,110	1,339	1,512
15 to 44 .....	3,285	3,900	4,342	6,657
15 to 49 .....	3,485	4,136	4,671	7,327
15 to 64 .....	3,987	4,658	5,210	8,687
65+ .....	223	262	293	469
<b>Female, total country</b>				
All ages .....	7,637	8,921	9,730	13,451
0 to 14 .....	3,307	3,820	4,002	3,865
6 to 12 .....	1,353	1,749	1,864	1,785
13 to 18 .....	1,036	1,104	1,333	1,506
15 to 44 .....	3,322	3,943	4,411	6,768
15 to 49 .....	3,565	4,210	4,751	7,488
15 to 64 .....	4,092	4,814	5,400	8,975
65+ .....	239	287	328	612
<b>Married females</b>				
15 to 49 .....	2,349	2,848	3,218	5,312
15 to 19 .....	169	178	205	253
20 to 24 .....	486	556	571	850
25 to 29 .....	502	604	663	1,069
30 to 34 .....	452	535	610	1,068
35 to 39 .....	313	432	484	811
40 to 44 .....	223	321	401	660
45 to 49 .....	203	223	284	601
<b>DEPENDENCY RATIO</b>				
Both sexes .....	88.0	86.8	81.6	50.1
<b>LIFE EXPECTANCY AT BIRTH (years)</b>				
Both sexes .....	54.2	56.2	57.5	63.7
Male .....	52.4	54.2	55.4	61.2
Female .....	56.1	58.2	59.6	66.3
<b>INFANT MORTALITY RATE (per 1,000 births)</b>				
Both sexes .....	88.8	80.3	74.8	50.2
Male .....	95.6	86.8	81.1	55.5
Female .....	81.7	73.6	68.3	44.8
<b>UNDER-FIVE MORTALITY RATE (per 1,000 births)</b>				
Both sexes .....	141.6	125.9	115.7	72.8
Male .....	149.9	134.1	124.0	80.3
Female .....	133.1	117.3	107.2	65.0
<b>TOTAL FERTILITY RATE (per woman)</b>				
.....	5.7	4.6	4.0	2.3

Note: Dependency ratio is the number of persons under age 15 and age 65 and over per 100 of those ages 15 to 64 years.

Source: U.S. Bureau of the Census, International Programs Center, International Database.

Table 2.  
**Contraceptive Prevalence Among Currently  
Married Women 15 to 49 Years of Age by  
Method: Selected Years**

Method	Percent current users			Percent distribution of users		
	1979	1988	1993	1979	1988	1993
All .....	9.5	12.9	20.3	100	100	100
Pill .....	2.4	1.8	3.2	25	14	16
Condom .....	.6	.3	2.2	6	2	11
IUD .....	.3	.5	.9	3	4	4
Injections .....	.1	.3	1.6	1	2	8
Female sterilization ..	.5	1.0	.9	5	8	4
Other modern .....	1.6	1.3	1.3	17	10	6
Periodic abstinence ..	3.8	6.2	7.5	40	48	37
Other traditional .....	.2	1.5	2.6	2	12	13
<b>CHILDLESS WOMEN: 1993</b>						
Percent of currently married women ages 45-49 .....						
1.8						
<b>AVERAGE DURATION OF POSTPARTUM INFECUNDABILITY: 1993</b>						
Number of months ..						
14.0						

Sources: GSS and IRD, 1989, table 4.7; and GSS and MII, 1994, tables 3.5, 4.6, and 5.9.

Table 3.  
**Average Age of Users of Selected  
Methods: 1993**

Method	Average age
All .....	30.7
Pill .....	30.1
Condom .....	27.1
IUD .....	32.6
Injections .....	36.9
Female sterilization .....	39.8

Note: Average age of user is calculated at the U.S. Bureau of the Census using the 1993 GDHS data on contraceptive prevalence by age.

Source: GSS and MII, 1994, table 4.6.

Table 4.  
**Fertility Rates**  
(Per 1,000 women)

Age	1979	1993	1996
15 to 19 .....	132	110	97
20 to 24 .....	256	219	201
25 to 29 .....	269	233	218
30 to 34 .....	239	200	178
35 to 39 .....	179	148	127
40 to 44 .....	129	89	75
45 to 49 .....	59	26	22
Total fertility rate (per woman) .....	6.3	5.1	4.6

Source: U.S. Bureau of the Census, International Programs Center, International Database.