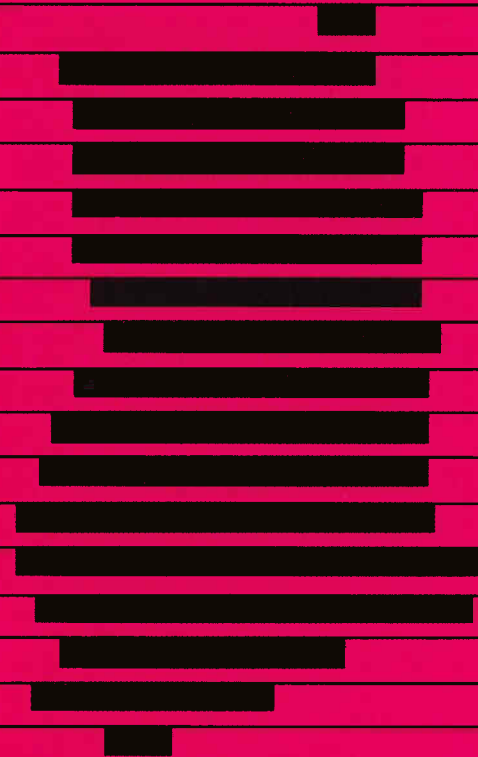


# Ghana



Ghana  
Demographic and  
Health Survey  
1988

SUMMARY REPORT

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GNFPP

This report summarizes the findings of the Ghana Demographic and Health Survey 1988, conducted by the Ghana Statistical Service. The Institute for Resource Development provided funding and technical assistance. The IMPACT project of the Population Reference Bureau provided editorial and production support for this report.

The Ghana survey is part of the worldwide Demographic and Health Surveys (DHS) Program which is designed to collect data on fertility, family planning, and maternal and child health. Detailed information on the Ghana survey is contained in the report "Ghana Demographic and Health Survey 1988," published in September 1989. Additional information on the Ghana survey may be obtained from: Ghana Statistical Service, P.O. Box 1098, Accra, Ghana. Additional information about the DHS program may be obtained by writing to: DHS Program, IRD/Macro Systems, Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, USA (Telephone: 301-290-2800; Telex: 87775; Fax: 301-290-2999).

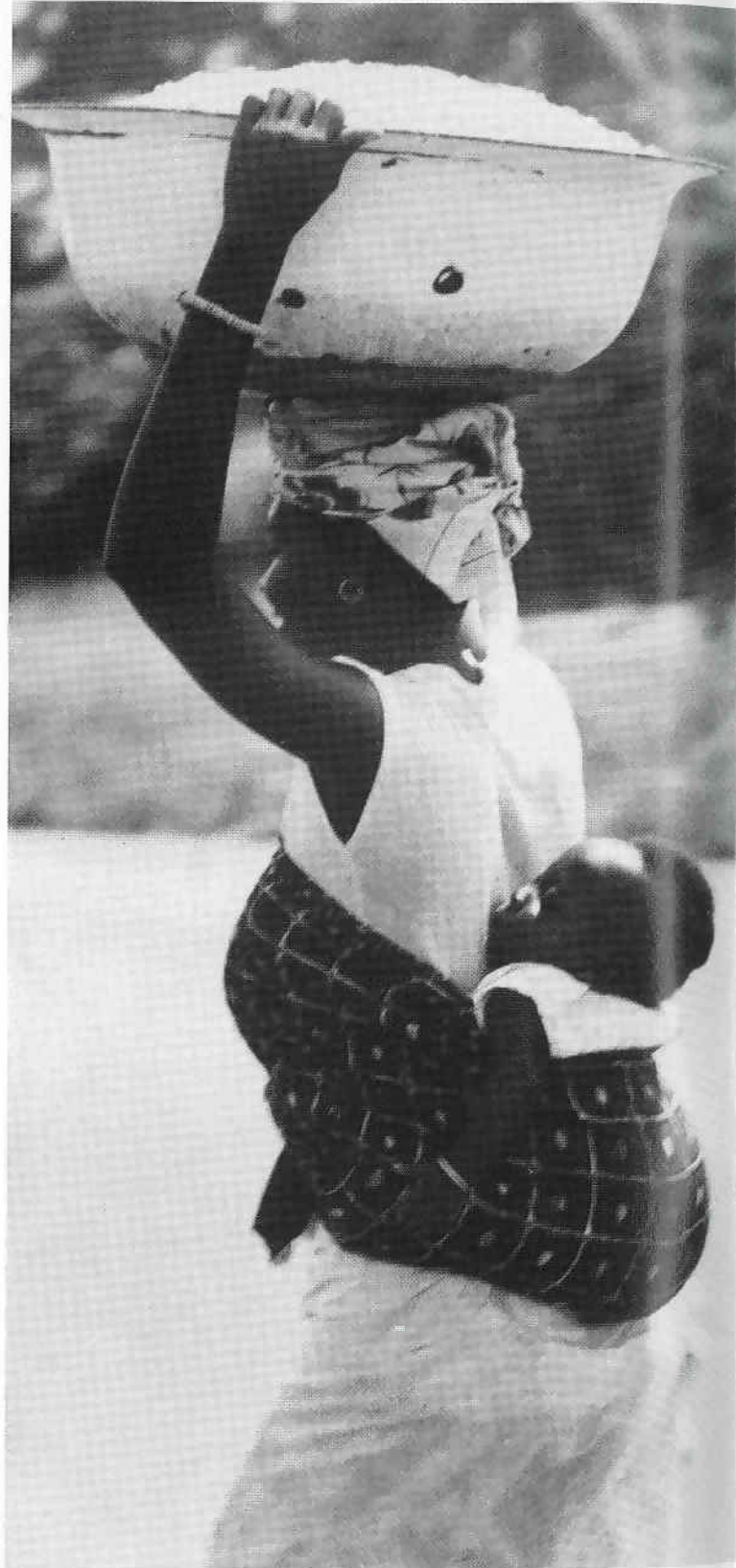
**EXECUTIVE SUMMARY**

The results of the 1988 Ghana Demographic and Health Survey (GDHS) reveal that fertility rates remain high in Ghana. If current fertility rates continue, the average woman will give birth to more than six children during her childbearing years.

Among the important reasons for Ghana's high fertility rates are the following:

- nearly universal early marriage and childbearing;
- limited use of contraceptive methods.

Women in Ghana marry at an average age of 18, and by age 21 nearly two-thirds have already given birth. Urban women marry somewhat later and have lower fertility than rural women. Additionally, the more schooling a woman has, the longer she is likely to delay



marriage and childbearing. Although knowledge of family planning is relatively widespread, only a minority of women have ever practised it, and fewer still are currently doing so. Some 37 per cent of married women have ever used contraception, and just 13 per cent are currently using contraception. The pill is the most commonly used modern contraceptive method.

Breastfeeding and post-partum sexual abstinence have a significant effect on fertility in Ghana. Nearly half of all women practise sexual abstinence for 8-9 months following childbirth and over half breastfeed their infants for 21 months. One year after giving birth, 70 per cent of women are protected from pregnancy either because they are abstaining from sexual relations or because they are still amenorrhoeic.

About two-thirds of all married women report that they want no more children, wish to space childbearing or are undecided about their childbearing but are not currently using contraception. Many of these women may be potential users of modern methods of family planning. As the number of surviving children increases, so does the proportion of women who want to end childbearing.

Infant and child mortality in Ghana have declined since the 1970s. Large differences in mortality persist, however, according to the length of the interval between births. Children born within two years of a preceding birth, for example, are more than twice as likely to die before reaching one year of age as children born after an interval of four or more years.

In more than eight of every ten births in the five years before the survey, mothers received prenatal care from trained medical personnel, but only about four in ten of the actual deliveries were assisted by a trained

nurse/midwife or doctor. About three-quarters of children aged 12-23 months have been vaccinated against at least one childhood disease, but fewer than half of children with health cards have received all recommended vaccinations.

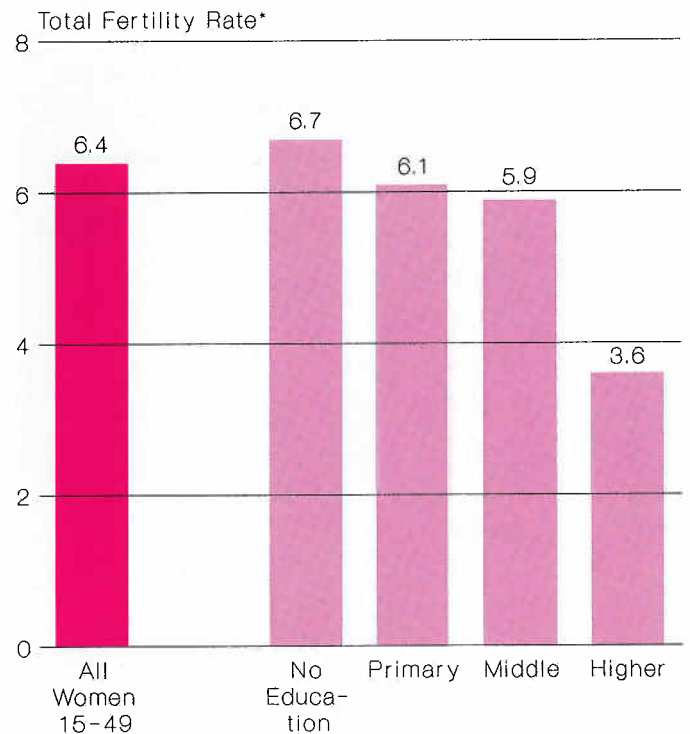
Diarrhoea remains common among children in Ghana. According to the survey, over one-quarter of all children under age five had diarrhoea within two weeks of the survey. Over half of the women with children under the age of five know about oral rehydration therapy (ORT), an effective and inexpensive treatment for diarrhoea. Still, more than one child in ten with diarrhoea received no treatment at all. Nearly one-third of children between the ages of three months and three years are chronically malnourished, as measured against international standards.

These findings of the Ghana Demographic and Health Survey provide valuable information for family planning and public health decision-making in Ghana.

**BACKGROUND**

The 1988 Ghana Demographic and Health Survey (GDHS) reports on fertility patterns, reproductive intentions, knowledge and use of contraception, and the status of maternal and child health in Ghana. The Ghana Statistical Service conducted the survey between February and June 1988, interviewing a nationally representative sample of 4,488 women aged 15-49 years and a sub-sample of 943 husbands living with the women.

*Figure 1*  
**FERTILITY RATE BY LEVEL OF EDUCATION**  
(1985-88)



\*Number of children the average woman bears in a lifetime at the fertility rates of the time.



**FERTILITY**

The average woman in Ghana will give birth to more than six children in the course of her childbearing years, if current fertility rates continue. Fertility appears to have fallen steadily over the last 25 years among women just entering their childbearing years. Among older women, however, rates have declined very little, if at all.

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*At current fertility rates, Ghanaian women will have an average of six children each during their lives.*

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Voluntary childlessness is rare in Ghana. All but 7 per cent of currently married women have given birth to at least one child, and 27 per cent have given birth to six children or more.

Fertility varies by women's place of residence and level of education. The fertility rate among rural women is significantly higher than among urban women — 6.6 children per woman compared with 5.1 (1985-88). The differences between uneducated and educated women are even more striking. In the same period, the fertility rate of women with no education was 6.7 children as against 3.6 for women whose education went beyond middle school (Figure 1).

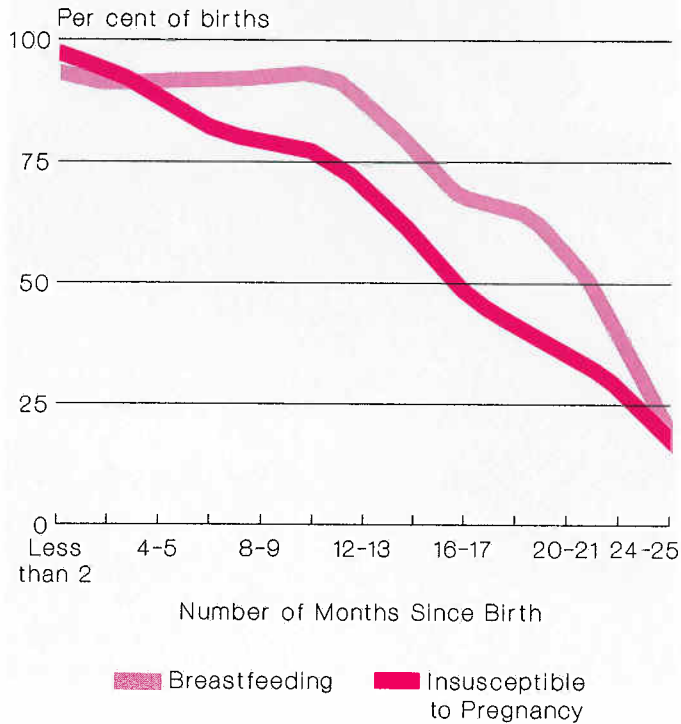


PEACE CORPS/REGENIUS

Figure 2

### DURATION OF BREASTFEEDING AND PERIOD OF INSUSCEPTIBILITY TO PREGNANCY\*

(Based on Births During the 3 Years Before the Survey)



\* Per cent of births where mothers are breastfeeding and per cent where mothers are not at risk of pregnancy

GDHS 1988

### Age at First Marriage

Of all women in Ghana aged 15-49 years, 70 per cent are currently married, 20 per cent have never married and 10 per cent are widowed, divorced or separated. (In this report the term "married" includes an estimated 6 per cent of women living in consensual unions.) Nearly one-third of all women in Ghana live in polygynous unions. The proportion is lower for younger women than for older women, however, suggesting that the practice of polygyny is declining.

Women in Ghana marry young; the median age at first marriage among all women currently aged 20-49 years is 18 years. The marriage age has risen somewhat in recent years. For women currently aged 45-49 years, for example, the median age at first marriage is 17.8 years, versus a median of 18.7 years for women currently aged 20-24. Fifteen per cent of women in their forties married before age 15, but only 6 per cent of those currently aged 15-19 married so young.

### Age at First Birth

Like very early marriage, the prevalence of early childbearing has declined. While more than one-third of women now aged 45-49 years had their first birth before the age of 18, fewer than one-quarter of those now aged 20-24 years began childbearing so early. The more schooling a woman has, the longer she is likely to delay marriage and childbearing. Also, women in urban areas are more likely than rural women to postpone marriage and childbearing. Nevertheless, by age 21 fully 63 per cent of all women in Ghana have given birth.

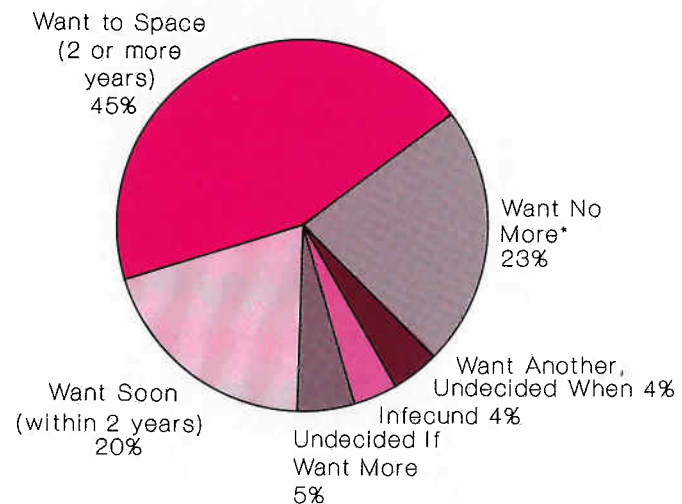
### Breastfeeding and Post-partum Abstinence

Breastfeeding and sexual abstinence have important effects on fertility. Breastfeeding can prolong the period of amenorrhoea (absence of menses) following a birth which is associated with a period of insusceptibility to pregnancy. More than half of all infants in Ghana are breastfed for at least 21 months (Figure 2). Post-partum sexual abstinence is also widely practised. Nearly half of all women are still abstaining 8-9 months after delivery, and 16 per cent are abstaining two years after delivery. In all, an estimated 70 per cent of women in Ghana are not at risk of pregnancy (insusceptible) one year after childbirth either because they are amenorrhoeic or are abstaining from sexual relations.

### Family Size and Fertility Preferences

Though fertility is high, there are signs that women would welcome lower fertility. Forty-five per cent of married women want to delay their next birth for at least two years, while nearly 23 per cent do not want to have any more children. Only 20 per cent want to have a child within the next two years (Figure 3). The proportion of women who want to postpone childbearing increases as the number of surviving children increases. Among women with no living children, half want to have a child within two years, and only 11 per cent want to postpone the first birth longer.

Figure 3  
**FERTILITY PREFERENCES**  
(Currently Married Women 15-49)



\* Includes sterilized women

GDHS 1988





GNEPP

In contrast, 63 per cent of women with one child desire to postpone their second birth for at least two years.

As the number of surviving children increases, so does the desire to end childbearing altogether. Among women with only one child, fewer than one per cent do not want to give birth again. This share rises to 7 per cent among women with two children, 13 per cent among women with three children, and to fully 62 per cent among women with six or more children.

One indication of potential demand for family

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*The average ideal family size among married women is 5.3, but their husbands prefer 7.6 children.*

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planning is that the family size women consider ideal is smaller than the actual family size. Women cite an average of 5.3 children as the ideal number, but at current rates women are having an average of 6.1 children. Older women are more likely to prefer larger families than younger women. The ideal number of children decreases from 6.5 for women 45-49 years old to 4.7 for women aged 15-19 years.

### Husbands' Attitudes

Married men in Ghana have considerably higher family size preferences than married women. The GDHS sub-sample survey of husbands residing with their wives found that these men report an average of 7.6 children as the ideal number. Most wives whose ideal family size is less than 6 children have husbands who want more children than they do. For example, among couples in which the wife's ideal family size is fewer than 4 children, 81 per cent of the husbands desire more than 4 children.

## FAMILY PLANNING

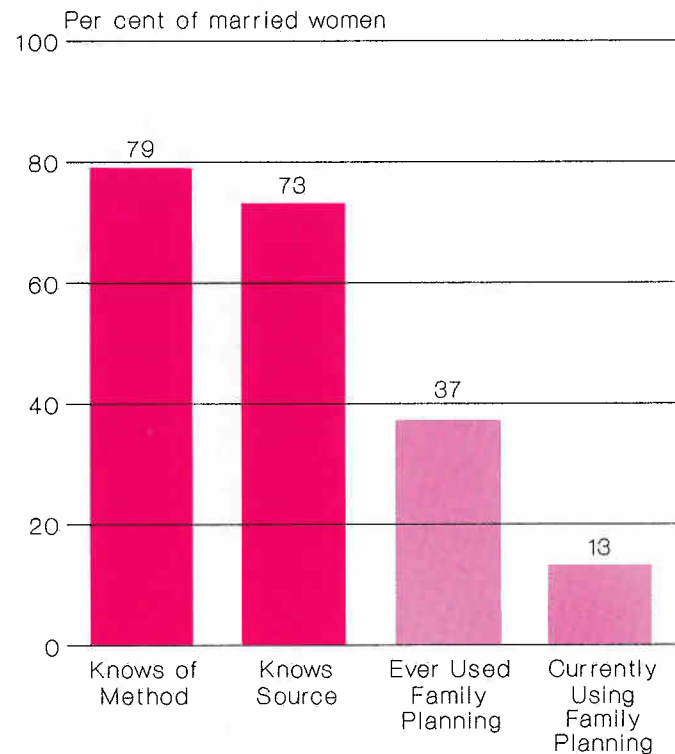
Among women in Ghana, knowledge of family planning methods and the sources for obtaining methods is relatively widespread. Nevertheless, only a minority of women have ever practised family planning, and fewer still are currently using family planning methods (Figure 4).

### Knowledge of Family Planning Methods and Sources

More than three-quarters of all women recognize at least one family planning method. The recognition of contraceptive methods is slightly greater among married women than among the general female population. Recognition of such modern methods as the pill and condom is greater than recognition of the traditional methods — periodic sexual abstinence and withdrawal. Nearly 77 per cent of currently married women claim to recognize a modern method, and 52 per cent a traditional method. Some of this difference may be due to women under-reporting knowledge of traditional methods.

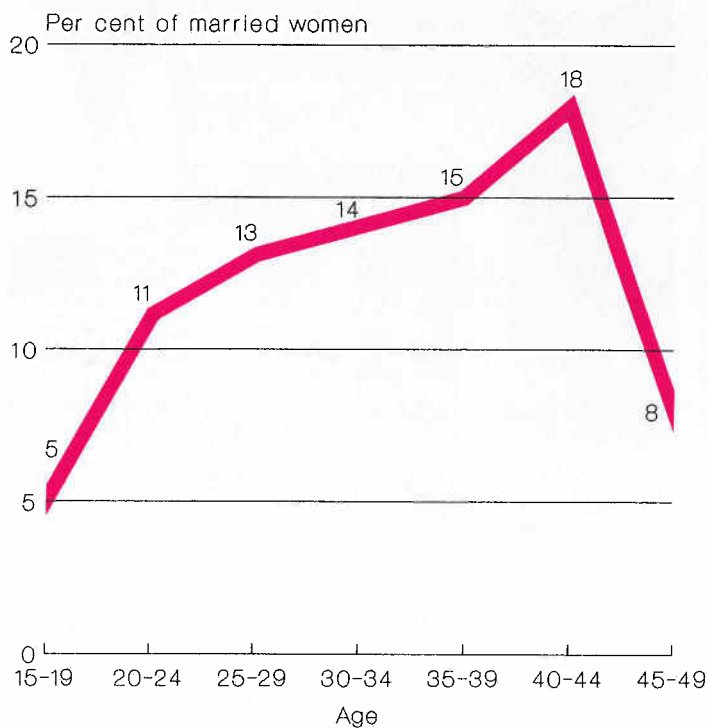
The pill is the most widely known contraceptive method, recognized by 64 per cent of married women. The only other method recognized by a majority of women is female sterilization, known to 57 per cent of currently married women. Between one-third and one-half of married women recognize the condom,

Figure 4  
**FAMILY PLANNING KNOWLEDGE  
 AND USE**  
 (Currently Married Women 15-49)



GDHS 1988

Figure 5  
**CURRENT USE OF FAMILY PLANNING  
 BY AGE**  
 (Currently Married Women 15-49)



injection, IUD and vaginal methods of family planning.

Most women also know a source of family planning methods; 70 per cent of married women say they know where to obtain a modern contraceptive method or service. Over half reported knowing where to obtain the pill or where to receive female sterilization.

### Use of Family Planning

Thirty-seven per cent of currently married women have used contraception at some time. However, just 13 per cent of married women currently are practising family planning: 5 per cent are using a modern method and 8 per cent a traditional method. Contraceptive prevalence, while still low, has increased from the 9.5

*Only 13 per cent of married women are currently using a family planning method.*

GDHS 1988

per cent recorded in the Ghana Fertility Survey in 1979.

In the current survey, periodic sexual abstinence is the most commonly used method (6%). Among women who have ever used periodic abstinence, half correctly identified the most fertile period of the ovulatory cycle. The pill is the most often used modern contraceptive method (2%), followed by female sterilization and foaming tablets (1% each).

Current use of contraception among married women is lowest in the age group 15-19 years and increases progressively with age to a peak of 18 per cent at age 40-44 (Figure 5). It declines sharply among women aged 45-49 years. The low contraceptive prevalence found among members of the youngest age group probably indicates the desire to begin childbearing among recently married women, while

women over age 45 may believe that they are no longer capable of bearing children. Use of family planning increases with the number of surviving children (Figure 6). Urban women are more likely than rural women to be using contraception. The higher a woman's educational level, the more likely she is to use contraception.

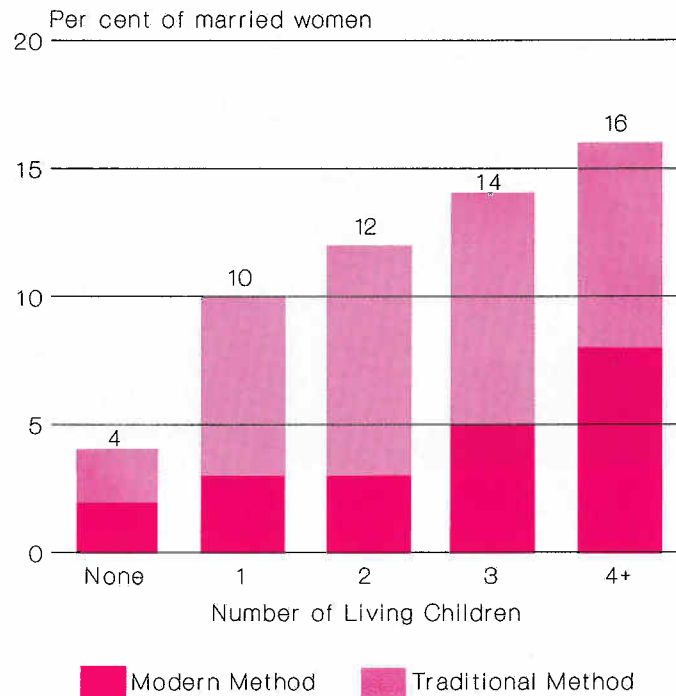
### Reasons for Not Using Family Planning

To understand why some women who said they would be unhappy if they became pregnant were not using contraception, the GDHS asked such women their main reason for not using contraception. The reason most often given was lack of knowledge, mentioned by about one-fourth of this group. Among the many other reasons given, 10 per cent cited health concerns.

### Communication Between Husbands and Wives

Discussion of family planning appears to be infrequent between wives and their husbands in Ghana. Nearly 60 per cent of married women have never discussed the subject with their husbands, and only 23 per cent have discussed it more than once or twice. Women in the youngest and the oldest age groups are least likely to discuss family planning with their husbands. In the 30-34 age group, where husband-wife

*Figure 6*  
**USE OF FAMILY PLANNING BY NUMBER OF LIVING CHILDREN**  
(Currently Married Women 15-49)



GDHS 1988



discussions about family planning are most common, about half say they have discussed the subject with their husbands.

### Potential Need for Family Planning

About two-thirds of all married women in Ghana are potential candidates for use of modern family planning methods and services. Eighteen per cent of married women want no more children but are not

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*About two-thirds of currently married women want no more children or want to delay the next birth for at least two years, but are not using contraception.*

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using contraception. Just half of these women report they intend to use contraception in the future. Forty-eight per cent of married women want to postpone their next birth or are uncertain about having another child but are not using contraception. While some of these women may be able to delay the next pregnancy because they are breastfeeding or practising sexual abstinence, only one-third say they intend to use contraceptive methods. Additionally, some women using traditional methods may wish to switch to modern methods in the future.



**MATERNAL AND CHILD HEALTH**

**Infant and Child Mortality**

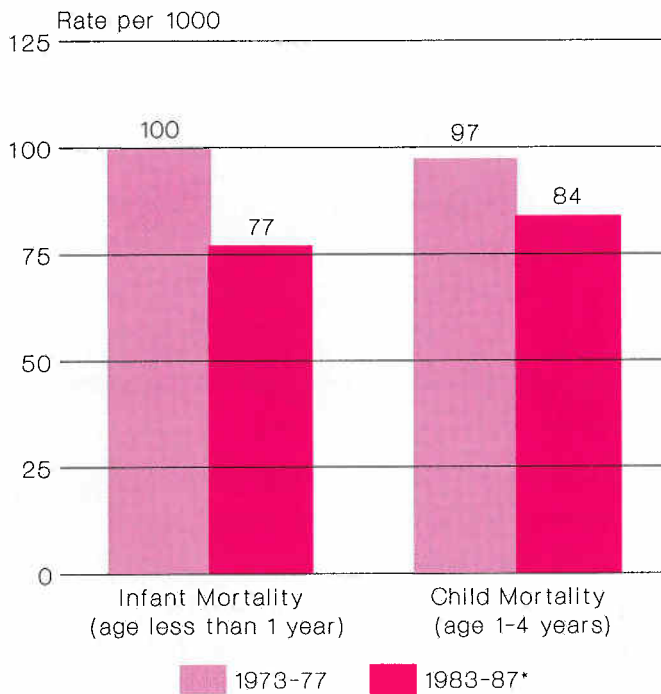
Infant and child mortality levels in Ghana, although still high, have declined in recent years. During the period 1973-77, 100 of every 1,000 children died before reaching the age of one, but by the period 1983-87, infant mortality had dropped to 77 of every 1,000 children. Mortality of children between ages one and five dropped from 97 per 1,000 in 1973-77 to 84 per 1,000 in 1983-87 (Figure 7).

Infant mortality differs strikingly according to the length of the interval between births. Children born within two years of a preceding birth are more than twice as likely to die before reaching the age of one as children born after an interval of four or more years. Similarly, the mortality rate between ages one and five is 1.5 times higher for children born within two years of a preceding birth, compared to those born four or more years afterwards. Infant and child mortality are also much higher in rural than in urban areas, and among children of mothers with little or no education. Correspondingly, these rates decline as the mother's educational level rises.

**Maternal Health**

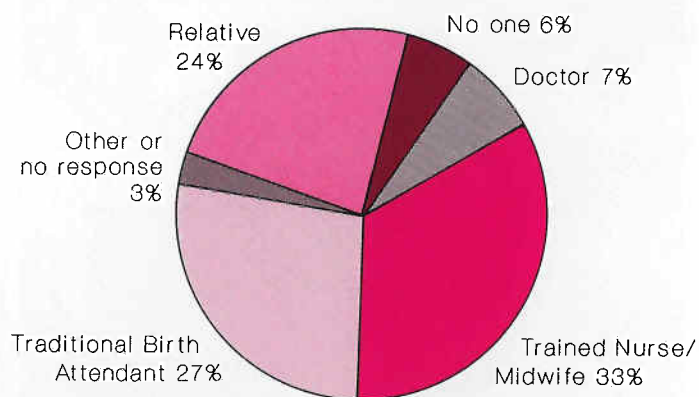
Ghana has widespread prenatal care offered by trained health personnel. In about 82 per cent of the births in the five years prior to the survey, the mother received prenatal care from a doctor or trained nurse/midwife. Approximately 13 per cent of the infants, however, were born to mothers who did not receive any prenatal care.

*Figure 7*  
**TRENDS IN INFANT AND CHILD MORTALITY 1973-1987**



\* Inaccurate reporting of infant and child deaths may understate number of infant deaths and overstate number of child deaths in this survey

**Figure 8**  
**TYPE OF ASSISTANCE DURING**  
**CHILDBIRTH**  
*(Births During the 5 Years Before the Survey)*



GDHS 1988

The level of tetanus toxoid coverage also appears to be high. Seventy per cent of children under age 5 were born to mothers who received a tetanus toxoid injection during pregnancy. Neonatal tetanus is a fatal but preventable disease that can strike newborn

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*Most mothers receive prenatal care from trained medical personnel.*

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children if the mother has not been immunized against tetanus and the umbilical cord is not cut and treated in a sterile manner. Urban women are more likely than rural women to receive an anti-tetanus injection, and the proportion of infants whose mothers received the injection increases with the educational level of the mother.

In the five years prior to the survey, about one-third of the births were delivered by a trained nurse/midwife, while 7 per cent were delivered by a doctor. Slightly more than one-quarter of the births were assisted by a traditional birth attendant, and another one-quarter received assistance from a relative. In 6 per cent of births, no one assisted in the delivery (Figure 8).

Women in rural areas and those with lower levels of education are much less likely than urban or more educated women to receive the attention of a doctor or trained nurse/midwife. Only 29 per cent of the recent births in rural areas were delivered by a trained nurse/midwife or doctor, compared to 70 per cent of urban births.

## Breastfeeding and Infant Health

Breastfeeding is important to infant and child health. Breastmilk is the best source of nutrition during the first year of life, and it provides some immunity against several diseases, particularly in the first few months of life. In Ghana, prolonged breastfeeding is as common today as it was a decade ago. More than nine infants in ten are still breastfed after 6-7 months, and more than one half are still breastfed at 21 months of age.

Health authorities in Ghana are encouraging all mothers to breastfeed their children instead of giving them breastmilk substitutes. Urban and educated women are of particular concern in these efforts because they breastfeed for shorter periods than rural or less educated women, perhaps because they are more likely to have jobs that make breastfeeding difficult.

## Prevention of Childhood Diseases

Immunization against childhood diseases is a priority of Ghana's primary health care programme. According to the GDHS, only 40 per cent of children aged 12-23 months have health cards documenting their immunization status. Of the children who do not have health cards, however, mothers report that approximately 36 per cent have received a vaccination.

In all, about three-quarters of children aged 12-23 months in Ghana have received a vaccination.

About 90 per cent of the children with health cards are immunized against tuberculosis, and 70 per cent against measles. Many children do not receive all

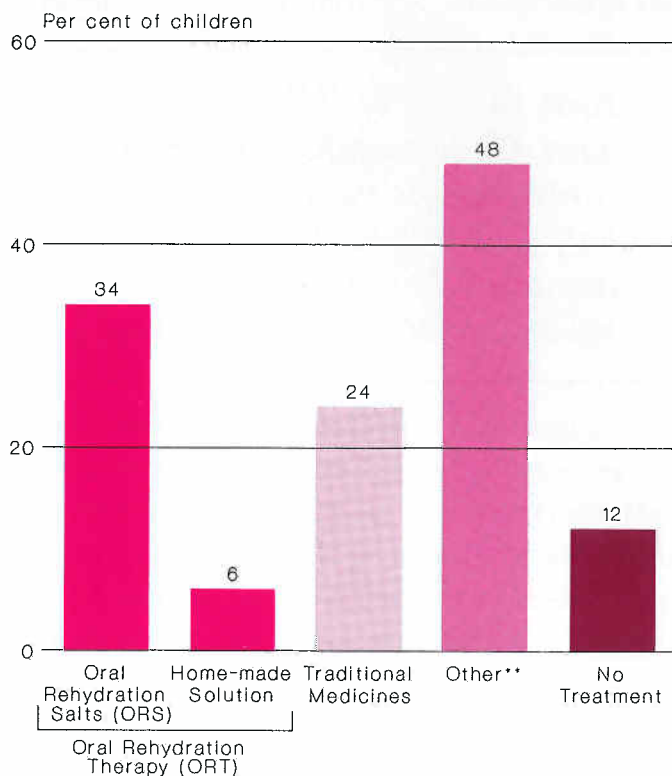
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*Forty per cent of children aged 12-23 months have health cards, but less than half of them have been fully immunized against the six major childhood diseases.*

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doses of three-dose vaccines, however, and thus are not fully protected against diphtheria, pertussis, tetanus and polio. Only 47 per cent of children aged 12-23 months who have health cards have received all recommended vaccinations. Vaccination is more widespread in urban areas and among children whose mothers have relatively more education.

**Figure 9**  
**TREATMENT OF CHILDHOOD**  
**DIARRHOEA**  
 (Children under age 5 with Diarrhoea in the 2 Weeks Before the Survey)\*



\* Figures total more than 100 due to multiple responses  
 \*\* Tablets, injections, syrups, diet changes

GDHS 1988

## Diarrhoea

Diarrhoea is a common infant and childhood illness which can cause severe dehydration and, if left untreated, can lead to death. The GDHS found that 26 per cent of all children under the age of five had diarrhoea within the two-week period preceding the survey, and 14 per cent within the previous 24 hours.

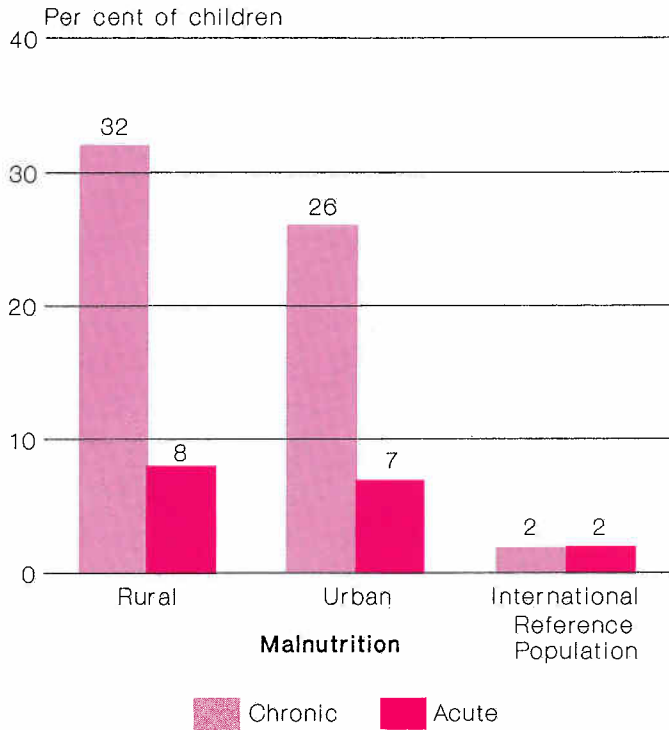
*More than one in four children under age five had diarrhoea during the two weeks prior to the survey.*

There is little difference in the prevalence of diarrhoea between children living in rural or urban areas or by the mother's educational level.

Children under six months of age are least likely to have had diarrhoea, partly because the majority are exclusively breastfed and not exposed to contaminated eating utensils. The proportion who have recently had diarrhoea increases until the age of 12-17 months and then declines, probably because children acquire some immunities as they grow older.

Dehydration caused by diarrhoea often can be treated effectively and inexpensively with oral rehydration therapy (ORT). In Ghana, over half of the women with children under the age of five know about ORT. Approximately 40 per cent of children who had diarrhoea within the two weeks prior to the survey were treated with oral rehydration therapy, either a solution made from packets of oral rehydration salts (ORS) or a home-made solution (Figure 9). However, more than one child in ten with diarrhoea received no treatment at all. Children of women with no education and those living in rural areas, particularly in the northern regions of the country, were least likely to receive treatment for diarrhoea.

*Figure 10*  
**MALNUTRITION OF CHILDREN BY RESIDENCE**  
 (Per cent of Children aged 3-36 Months Classified as Malnourished According to Height-for-Age and Weight-for-Height Ratios)



\*Less than or equal to 2 standard deviations below the median of the World Health Organization reference population

### Fever and Respiratory Illness

Fever and respiratory illnesses afflict many children in Ghana. About 35 per cent of children under age five had a fever in the four weeks preceding the survey. The prevalence of fever is higher in the wetter mosquito-prone southern parts of the country, where the risk of malaria is greater than in the drier northern half. About one-fourth of children with fever were treated with an anti-malarial medicine, while about 18 per cent received a traditional medicine. Twenty per cent of all children suffered from severe cough or difficult or rapid breathing in the four weeks preceding the survey and, of these, about half were taken to a medical facility.

### Nutritional Status of Children

According to the GDHS, 30 per cent of children in Ghana aged 3-36 months are chronically malnourished, as measured against international standards (Figure 10).



Children who are chronically malnourished are generally short for their age, a condition typically associated with adverse nutritional conditions over a long period. Children who live in urban areas or whose

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*One-third of children aged 3-36 months are chronically malnourished.*

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mothers are well educated are less likely than other children to be malnourished, according to these measures. Children in the Central and three northernmost regions of the country are more likely to show signs of chronic malnourishment than children in other areas.

Children who had an episode of diarrhoea in the two weeks preceding the survey are more likely than others to be acutely malnourished, or wasted, as measured by lower-than-normal weight for their height. According to this measure, about 8 per cent of all Ghanaian children are wasted, in comparison to only 2 per cent of children internationally.

## CONCLUSION

Fertility continues to be high in Ghana; marriage is early and nearly universal, and large families are the norm. At current fertility rates the average woman will give birth to more than six children, according to the Ghana Demographic and Health Survey.

Breastfeeding and sexual abstinence are widely practised following childbirth. These practices contribute to childspacing, but few couples use modern family planning methods. Three-fourths of women have never discussed family planning with their husbands. Nonetheless, there is evidence of potential need for family planning. Nearly two-thirds of married women report either that they want no more children or want to wait at least two years before having another child, although they are not using contraception.

Infant and child mortality rates have improved in recent years but remain high. Though prenatal care by trained health personnel is widespread, some 13 per cent of births are by mothers who received no care, and only 40 per cent of births are assisted by trained medical personnel.

Levels of childhood disease and malnutrition are high, particularly in rural areas. Chronic malnutrition is widespread. Although immunization against childhood diseases is a priority for Ghana's primary health care programme, fewer than half of children aged 12-23 months who have health cards have been fully immunized.

The Ghana Demographic and Health Survey is a valuable source of information for policy-makers and programme managers who are developing family planning services and extending maternal and child health services throughout Ghana.

## FACT SHEET

*Ghana Statistical Service, 1989*

Population Size (millions, 1984) _____	12.3
Population Growth Rate (per cent, 1970-84) _____	2.6
Population Doubling Time (years, 1984) _____	27
Birth Rate (per 1000 population, 1989 estimate) _____	44-48
Death Rate (per 1000 population, 1989 estimate) _____	16-17

*Ghana Demographic and Health Survey, 1988*

## Sample Population

Women aged 15-49 years _____	4,488
Living children under age 5 (based on mothers' reports) _____	3,646
Husbands of women interviewed _____	943

## Background Characteristics

Per cent urban _____	33.9
Per cent with more than primary education <sup>1</sup> _____	44.0

## Marriage and Other Fertility Determinants

Per cent currently married or in consensual union _____	70.3
Per cent of women currently in polygynous union _____	32.6
Per cent ever-married _____	80.2
Median age at first marriage for women 20-49 _____	18.3
Median age at first birth for women 20-49 _____	19.6
Mean length of breastfeeding (in months) <sup>2</sup> _____	20.4
Mean length of post-partum amenorrhoea (in months) <sup>2</sup> _____	14.0
Mean length of post-partum abstinence (in months) <sup>2</sup> _____	13.5

## Fertility

Total fertility rate (projected completed family size) <sup>3</sup> _____	6.4
Mean number of children ever born to women 40-49 _____	6.9
Per cent of all women who are pregnant _____	9.9

## Desire for Children

Per cent of currently married women:	
Wanting no more children (including sterilized women) _____	22.8
Wanting to delay next birth at least 2 years _____	44.9
Mean ideal number of children for women 15-49 _____	5.3
Mean ideal number of children for men interviewed _____	7.6
Per cent of unwanted births <sup>4</sup> _____	4.2
Per cent of mistimed births <sup>5</sup> _____	30.0

*(continued, next page)*

PEACE CORPS/REDEEMUS

## Knowledge and Use of Family Planning

Per cent of currently married women:

Knowing any method _____	79.4
Knowing source for any method _____	73.4
Ever using any method _____	37.0
Currently using any method _____	12.9
Periodic abstinence _____	6.2
Pill _____	1.8
Vaginal methods _____	1.3
Female sterilization _____	1.0
Withdrawal _____	0.9
IUD _____	0.5
Injection _____	0.3
Condom _____	0.3
Other methods _____	0.6

Per cent of supply method users (pill, condom, injection, vaginal methods) obtaining method from:

Pharmacy _____	32.5
PPAG clinic _____	19.9
Friends/relatives/school _____	19.9
Government hospital/health centre _____	18.5
Private doctor/clinic _____	1.3
Field worker _____	1.3
Christian Council _____	0.7
Other _____	5.9

Per cent of clinic method users (female sterilization, and IUD) obtaining method from:

Government hospital/health centre _____	76.3
PPAG clinic _____	11.9
Private doctor/clinic _____	3.4
Other _____	8.5

## Mortality and Health

Infant mortality rate <sup>6</sup> _____	77.2
Under five mortality rate <sup>6</sup> _____	154.7
Per cent of recent births whose mother: <sup>7</sup>	
Received prenatal care during pregnancy _____	86.3
Was assisted at delivery by doctor or trained nurse/ midwife _____	40.2
Received tetanus toxoid injection _____	69.6
Per cent of children aged 0-2 months still breastfed _____	92.7
Per cent of children aged 4-5 months still breastfed _____	92.4
Per cent of children aged 12-13 months still breastfed _____	87.2
Per cent of children 12-23 months of age vaccinated according to a health card or mother's report _____	76.2
Per cent of children 12-23 months of age with health cards _____	40.3
Per cent of children 12-23 months of age with health cards who have been:	
Vaccinated against BCG _____	89.5
Vaccinated against DPT (3 doses) _____	60.3
Vaccinated against Polio (3 doses) _____	58.7
Vaccinated against measles _____	69.8
Vaccinated against all six diseases _____	46.7
Per cent of children under five years of age with diarrhoea <sup>8</sup> _____	26.3
Per cent of children with diarrhoea who received:	
Treatment or medical consultation _____	88.4
Oral rehydration therapy _____	33.5
Per cent of children under age five with fever <sup>9</sup> _____	35.3
Per cent of children with fever who received treatment or medical consultation _____	96.4
Per cent of children under age five with cough or difficult breathing <sup>9</sup> _____	20.0
Per cent of children with cough or difficult breathing who received treatment or medical consultation _____	87.1
Per cent of children aged 3-36 months considered to be moderately or severely chronically malnourished, based on height-for-age _____	30.0
Per cent of children aged 3-36 months considered to be moderately or severely acutely malnourished, based on weight-for-height _____	8.0

<sup>1</sup> Six or more years of education

<sup>2</sup> Current status estimate based on births within 36 months prior to the survey

<sup>3</sup> Based on births to women aged 15-49 years during the period 0-4 years before the survey

<sup>4</sup> Per cent of births in the 12-month period before the survey which were unwanted

<sup>5</sup> Per cent of births in the 12-months period before the survey which were wanted later

<sup>6</sup> Rates are for the five-year calendar period preceding the survey (1983-1988)

<sup>7</sup> Based on births occurring during the five years before the survey

<sup>8</sup> Among children under age five reported by the mothers as having diarrhoea during the two weeks before the survey

<sup>9</sup> Among children under age five reported by the mothers as having symptoms during the four weeks before the survey