MICS

Snapshots on key findings

Ghana Multiple Indicator Cluster Survey
2017/18

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Preamble

The Multiple Indicator Cluster Survey Six (MICS 6) was conducted in 2017/18 by Ghana Statistical Service (GSS) in collaboration with the Ministry of Health, Ministry of Education, Ministry of Sanitation and Water Resources, Ministry of Gender, Children and Social Protection, Ghana Health Service and the Ghana Education Service as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), with government funding and financial support of UNICEF, Korea International Cooperation Agency (KOICA), United Nations Development Program (UNDP), United States Agency for International Development (USAID) and the World Bank through the Statistics for Results Facility – Catalytic Fund (SRF-CF).

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments.

In addition, the Ghana MICS 2017/18 specific objectives were to:
- Report on SDGs and the Ghana Medium-Term National Development Framework (2018-22) goals/targets
- Strengthen data and monitoring systems in Ghana
- Identify vulnerable groups and disparities, which will inform social inclusion and poverty reduction policies and interventions.

The objective of this report is to facilitate the timely dissemination and use of results from the MICS 2017/18. The report contains detailed information on the survey methodology, and summary of most of the standard tables of MICS.

For more information on the Global MICS Programme, please go to mics.unicef.org.

Suggested citation:

Ghana Statistical Service, 2018. *Multiple Indicator Cluster Survey (MICS 2017/18), Survey Findings Report*. Accra, Ghana: GSS.

Acknowledgements

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Sample & Survey Characteristics

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Survey Response Rates

Response Rates

Household

Sampled	13,202
Occupied	12,960
Interviewed	12,886

99

Women age 15-49

Eligible for interview	14,609
Interviewed	14,374

98

Men age 15-49

Eligible for interview	5,476
Interviewed	5,323

97

Children under 5

Eligible for interview	8,903
Mothers/Caretakers interviewed	8,879

100

Children age 5-17

Eligible for interview	8,965
Mothers/Caretakers interviewed	8,946

100
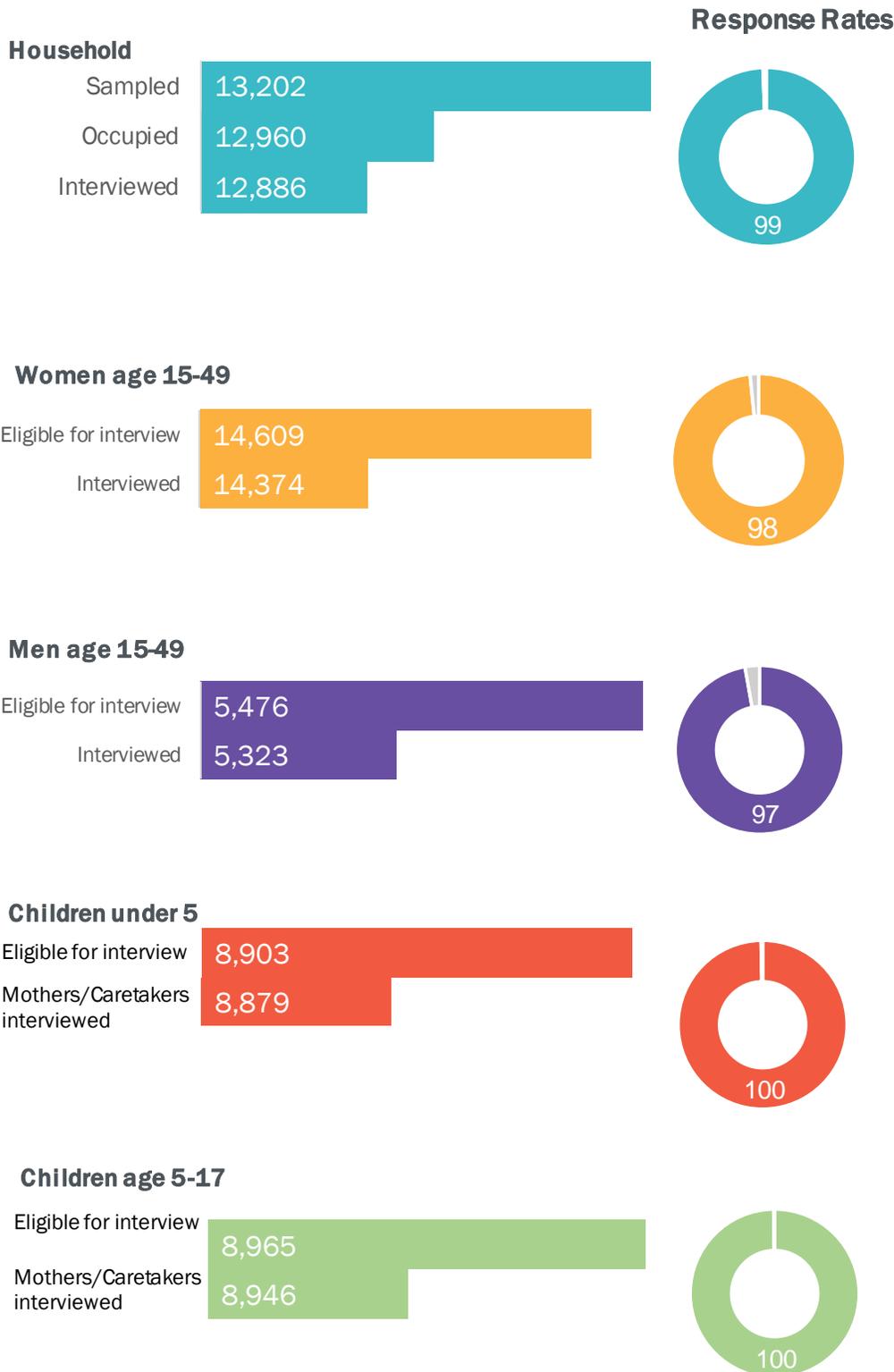
Survey Implementation

Implementing agency:
Ghana Statistical Service

Sampling frame:
2010 Population and Housing Census

Listing & mapping:
June to August 2017

Interviewer training:
September 2017

Fieldwork:
October 2017 to January 2018

Questionnaires:
Household
Women age 15-49
Men age 15-49
Children under 5
Children age 5-17
Water Quality Testing

Population Characteristics

Household Population Age & Sex Distribution

Age

■ Males ■ Females

Age	
85+	
80-84	
75-79	
70-74	
65-69	
60-64	
55-59	
50-54	
45-49	
40-44	
35-39	
30-34	
25-29	
20-24	
15-19	
10-14	
5-9	
0-4	

Percent (axis: 10, 5, 0, 5, 10)

Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household

	Percent
No adult (18+) member*	
At least one man 15-49 years	65
At least one woman 15-49 years	76
At least one child <18 years	79
At least one child 5-17 years	70
At least one child <5 years	48
Pre-primary/None	25
Primary	15
JSS/JHS/Middle	39
SSS/SHS/Secondary	13
Higher	9
Male	67
Female	33
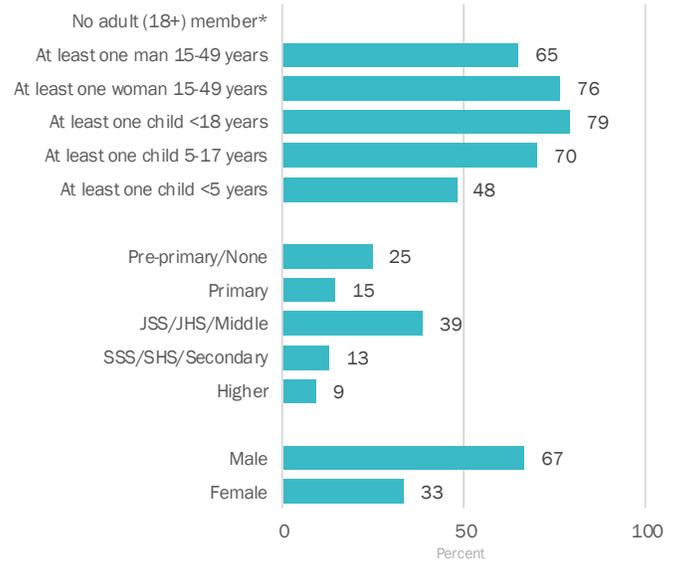
Percent of households by selected characteristics
* Figures that are based on fewer than 25 unweighted cases

Women & Men's Profile

■ Women ■ Men

	Women	Men
Pre-primary/None	19	10
Primary	17	12
JSS/JHS/Middle	40	43
SSS/SHS/Secondary		26
Higher	6	10
Currently married/in-union	57	45
Widowed *	2	
Divorced ( )		
Separated	5	
Never married/not in union	33	51
Has health insurance	56	40
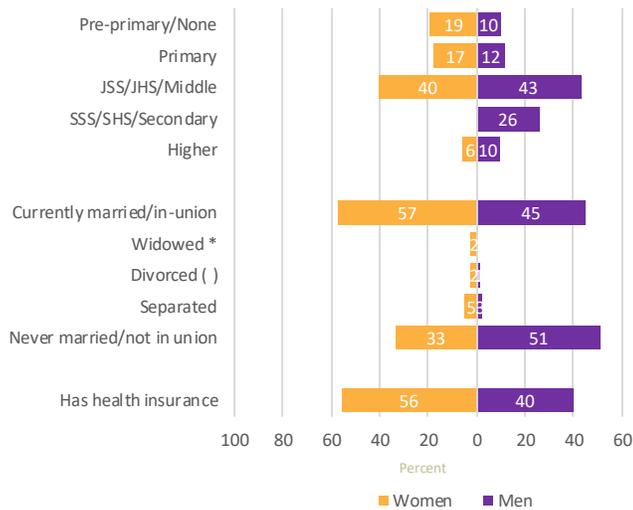
Percent

Percent distribution of women and men age 15-49 by background characteristics
( ) Figures that are based on 25-49 unweighted cases (for men only)
* Figures that are based on fewer than 25 unweighted cases (for men only)

Children's Profile

■ Children 5-17 ■ Children under-five

Mother's / caregiver's education

	Children 5-17	Children under-five
Pre-primary/None	32	27
Primary	20	20
JSS/JHS/Middle	36	37
SSS/SHS/Secondary		11
Higher	45	
Poorest	19	22
Second	20	21
Middle	21	20
Fourth	21	19
Richest	20	18
Has health insurance	58	58
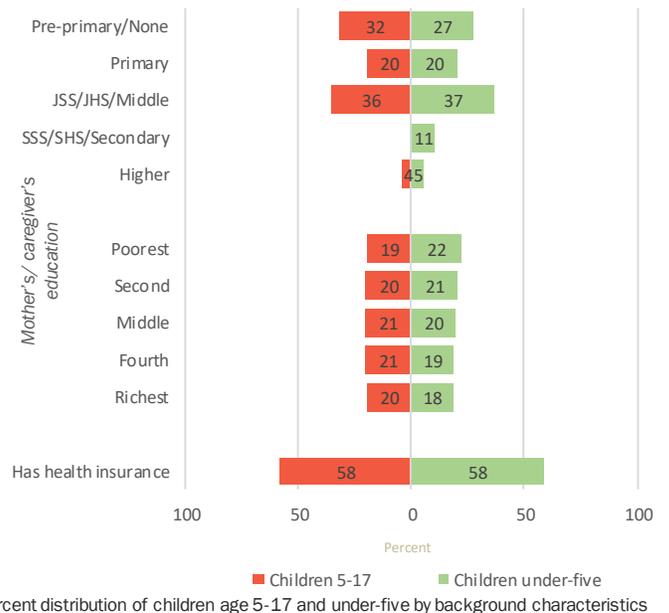
Percent

Percent distribution of children age 5-17 and under-five by background characteristics

Children's living arrangements*

	Percent
Lives with both parents	52.5
Lives with neither biological parent	16.6
Lives with mother only	26.0
Lives with father only	4.6
No data	0.2
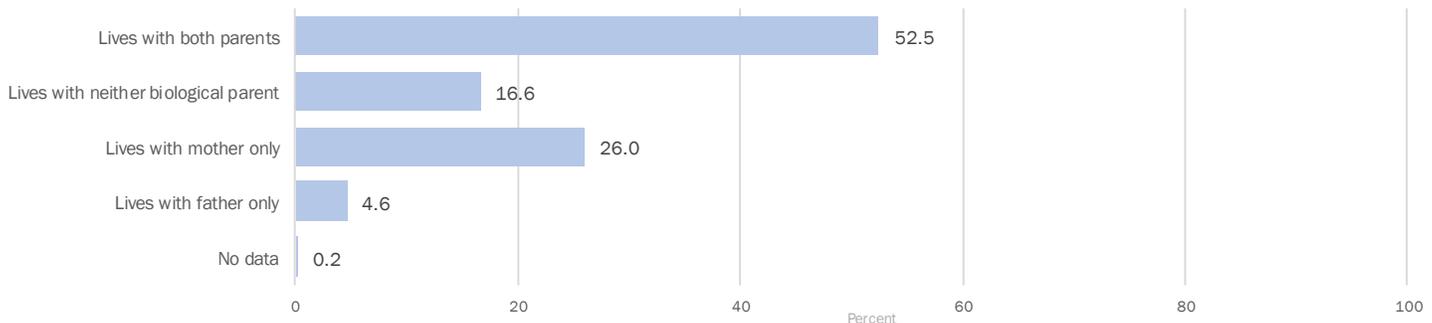
Percent distribution of children age 0-17 years according to living arrangements
*Children 0-17 years

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Regional distribution of population (percent)

Region	Households	Women	Men	Children under 5	Children 5-17
National	100	100	100	100	100
Western	10.8	9.9	9.8	10.5	10.6
Central	10.4	9.8	8.6	10.4	10.3
Greater Accra	13.2	13.1	12.1	9.7	11.0
Volta	7.7	7.7	8.0	8.0	8.0
Eastern	12.7	12.0	12.8	10.7	12.6
Ashanti	22.4	23.9	24.5	23.8	22.8
Brong Ahafo	9.2	9.2	8.9	9.4	9.5
Northern	7.8	9.2	9.7	11.9	9.3
Upper East	3.4	3.0	3.1	3.2	3.5
Upper West	2.3	2.3	2.6	2.4	2.5

Key Messages

- Ghana MICS 2017/18 had a sample size of 13,202 households with a 99% response rate

- The sample size for women 15-49 years was 14,609 with a 98% response rate

- The sample size for men 15-49 years was 5,476 with a 97% response rate

- The sample size for children under 5 years was 8,903 with a 100% response rate

- The sample size for children 5-17 years was 8,965 with a 100% response rate

Ghana
2017/2018

Mass Media, Communications & Internet

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Exposure to Mass Media

Newspaper — Women / Men: 6, 9

Radio — Women / Men: 51, 68

Television — Women / Men: 63, 62

All Three — Women / Men: 4, 7
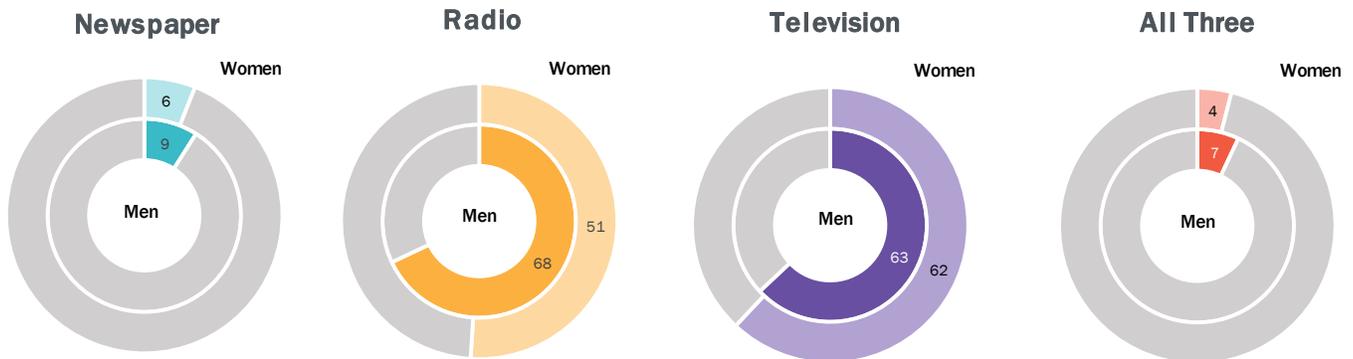
Percentage of women & men age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women & men age 15-49 who are exposed to all three on a weekly basis

Inequalities in Access to Mass Media

Women with Access to Newspaper, Radio & Television Weekly
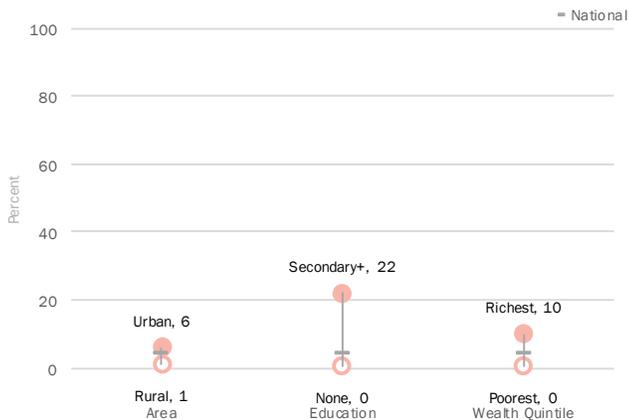
National

- Urban, 6
- Rural, 1 (Area)
- Secondary+, 22
- None, 0 (Education)
- Richest, 10
- Poorest, 0 (Wealth Quintile)

Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Men with Access to Radio, Newspapers & Television Weekly
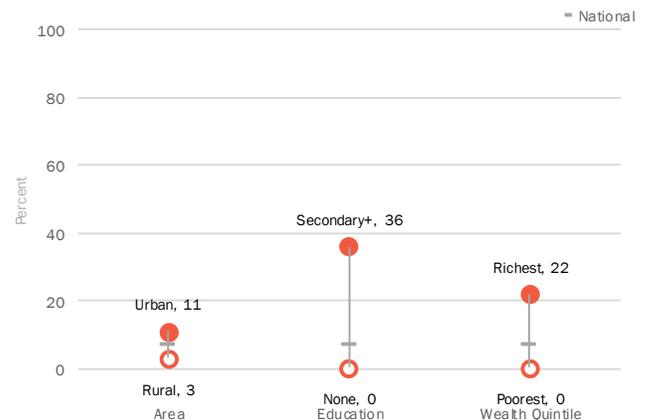
National

- Urban, 11
- Rural, 3 (Area)
- Secondary+, 36
- None, 0 (Education)
- Richest, 22
- Poorest, 0 (Wealth Quintile)

Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Key Messages

- Nine in every ten of households owned mobile phones, 60% own television sets; 57% radio, 22% had internet at home; 15% had computers and less than 1% owned fixed telephone lines.

- Gender disaggregated internet usage in Ghana shows higher usage of the internet by men(35%) as compared to 15% of women.

- Though mobile phone usage is high among both men and women, there is more utilization among men when compared to women (88% for men and 82% for women)

- There are considerable regional disparities in use of mobile phones. In Greater Accra for instance nine in every ten of women used mobile phones against about half of women in the Upper West Region.

- There is relatively less gap in ownership of radios in rural and urban areas. While 59% of urban households in Ghana owned radio, in rural areas, radio ownership is 55%.

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Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Region	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
Ghana						
	57.2	60.4	0.9	92.5	15.0	22.4
Western	56.7	68.5	0.9	92.3	13.3	24.1
Central	51.0	59.2	0.5	88.2	14.5	21.3
Greater Accra	56.1	83.1	2.0	97.8	27.6	37.7
Volta	53.2	45.0	0.5	88.6	7.6	14.2
Eastern	65.3	60.5	0.6	92.7	13.9	16.8
Ashanti	64.9	64.5	1.5	96.4	17.5	27.3
Brong Ahafo	53.7	52.0	0.6	89.2	12.8	18.7
Northern	45.9	44.0	0.1	91.4	6.7	10.2
Upper West	51.2	32.9	0.3	87.0	7.2	14.3
Upper East	47.1	38.3	0.2	79.2	8.2	9.3

Percentage of households which own a radio, television-fixed line, telephone- mobile, computer and that have access to the internet at home

Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio
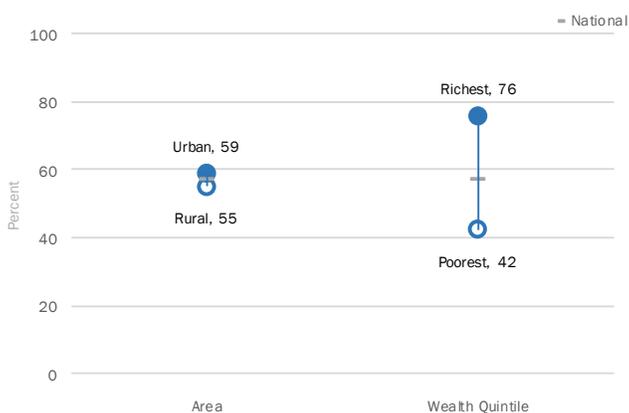
Percentage of households with a computer at home

Household Ownership of a Computer
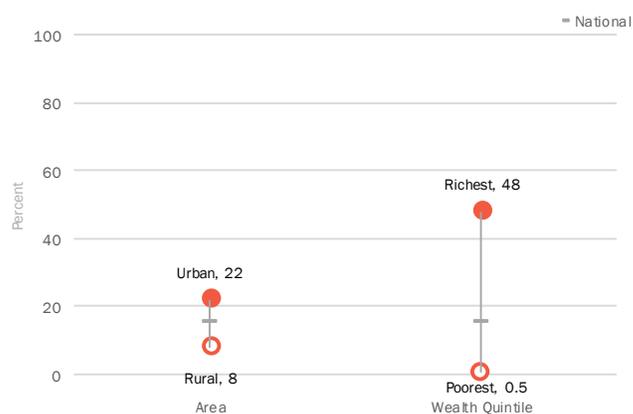
Percentage of households with a computer at home

Household Ownership of a Mobile Telephone
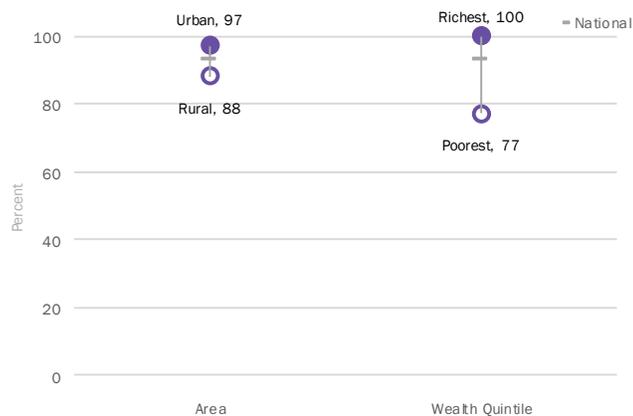
Percentage of households with mobile telephone

Households with Internet
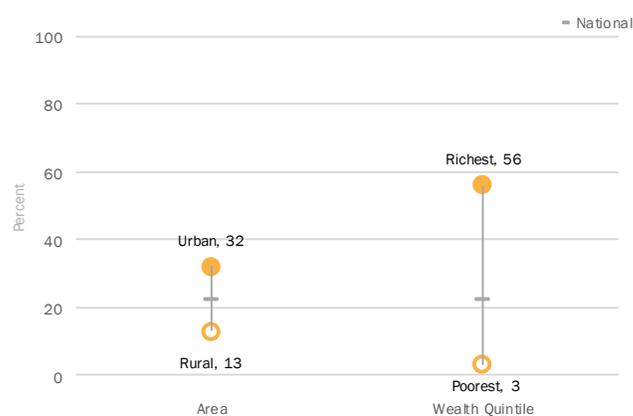
Percentage of households with access to the internet at home

Use of Information & Communication Technology

Computer Use
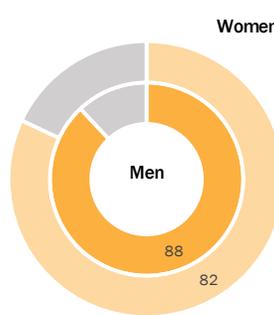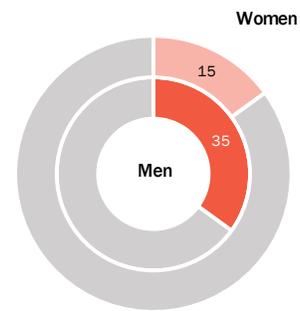
Women

7
21

Men

Mobile Phone Use

Women

88
82

Men

Internet Use: SDG17.8.1

Women

15
35

Men

Percentage of women and men age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet

Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women
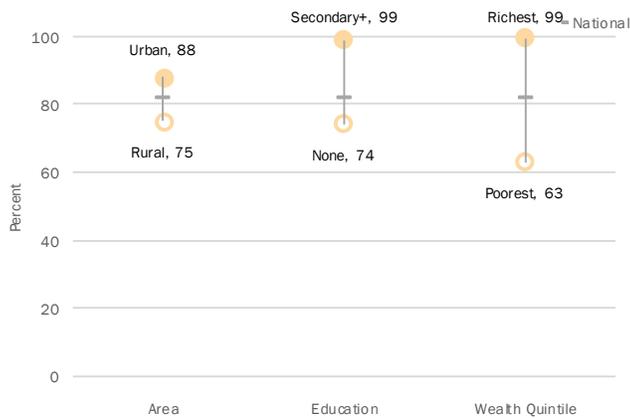
Percentage of women age 15-49 years who during the last 3 months used a mobile phone

Disparities in Mobile Phone Use among Men
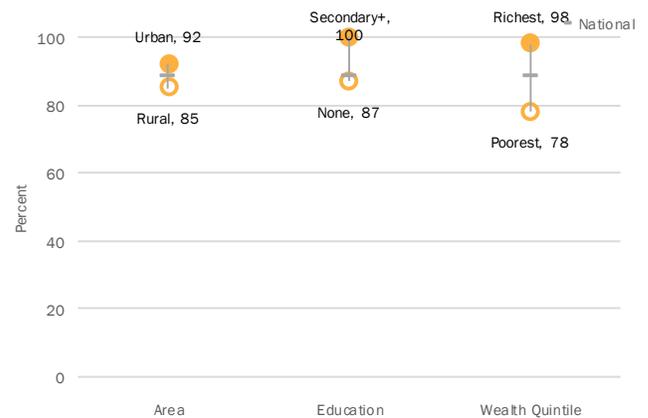
Percentage of men age 15-49 years who during the last 3 months used a mobile phone

Disparities in Internet Use among Women: SDG17.8.1
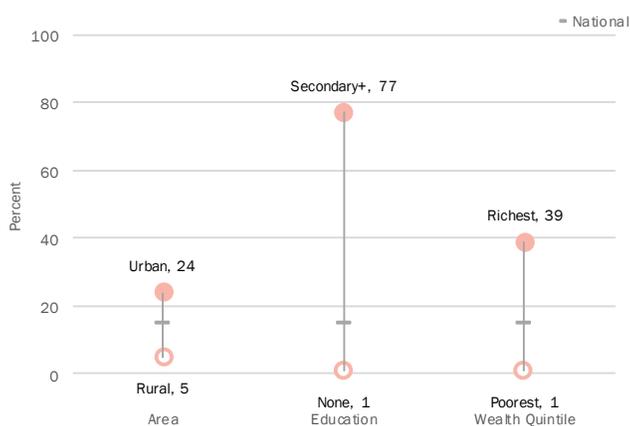
Percentage of women age 15-49 years who used the internet in the last 3 months

Disparities in Internet Use among Men: SDG17.8.1
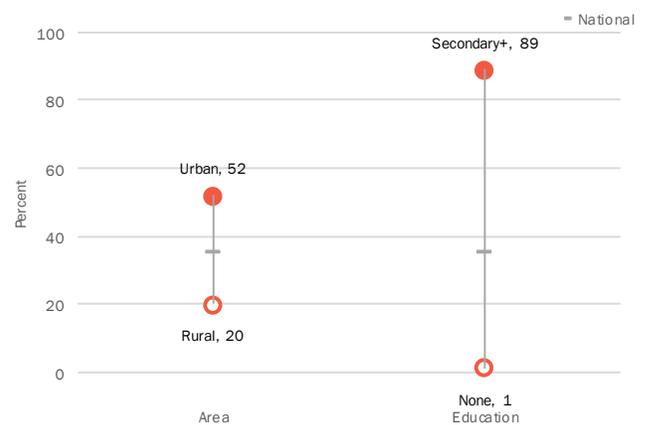
Percentage of men age 15-49 years who used the internet in the last 3 months

Information & Communication Technology (ICT) Skills

Specific Computer Skills

	Men	Women
At least one of the 9 activities	20	5.9
Wrote a computer program in any programming language		0.4
Transfered a file between a computer and other device	14	3.1
Created an electronic presentation with presentation software, including text, images, sound, video or charts	4	1.7
Found, downloaded, installed & configured software	12	2.7
Connected & installed a new device, such as a modem, camera or printer	10	2.8
Used a basic arithmetic formula in a spreadsheet	5	2
Sent e-mail with a file (e.g. document, picture or video)	10	3.3
Used copy & paste duplicate or move information in document	14	3.9
Copied or moved a file/folder	17	4.1

Percentage of women and men age 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

Regional Data on ICT Use & Skills

| Region	Computer Use		Mobile Phone Use		Internet Use		Performed at Least 1 ICT activity	
	Women	Men	Women	Men	Women	Men	Women	Men
Ghana								
Western	5.6	17.1	77.7	90.4	12.0	31.8	5.0	16.5
Central	5.0	18.1	86.1	92.5	10.2	28.8	4.1	15.9
Greater Accra	14.3	39.2	91.9	94.0	32.0	58.9	12.2	35.6
Volta	3.6	13.3	73.5	86.6	7.0	20.9	3.2	11.0
Eastern	5.7	27.9	80.7	89.7	15.6	41.5	5.2	24.0
Ashanti	7.5	24.9	86.6	88.1	16.3	42.2	6.8	24.9
Brong Ahafo	6.4	14.7	74.2	84.7	14.8	33.5	5.7	14.3
Northern	2.7	6.9	79.4	82.5	3.4	13.4	2.4	6.2
Upper East	6.0	9.0	76.8	78.5	8.4	13.8	4.7	9.0
Upper West	3.8	5.5	54.7	84.0	4.5	8.7	3.4	5.4

Percentage of women and men age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

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## Child Functioning

Multiple Indicator Cluster Surveys

Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group
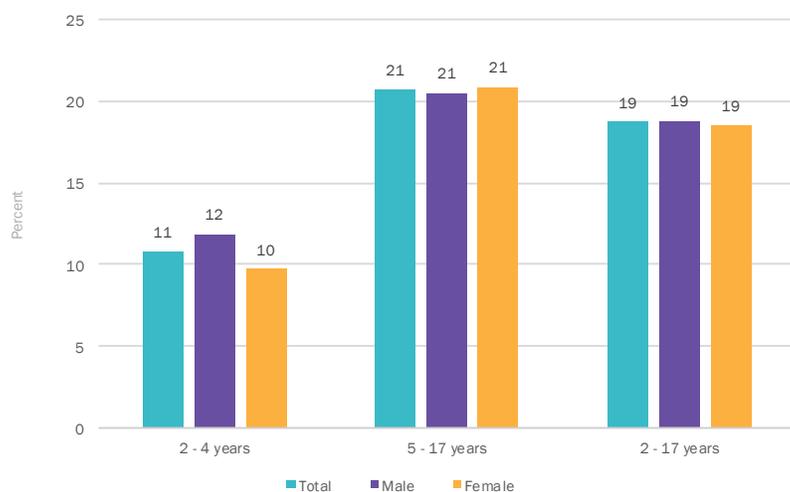
Children with disabilities are among the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, children with disabilities are effectively barred from realizing their rights to health, education, and even survival. Children with disabilities are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the more recent Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children.

These Conventions focus on the disparities faced by children with disabilities and call for improvements in their access to services, and in their participation in all aspects of life. In order to achieve these goals, there is a need for cross-nationally comparable, reliable data.

Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
National															
2-4 years	0.1	0.1	0.2	0.7	1.9	3.9	0.3	5.3	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	0.5	0.3	1.0	N/A	0.7	5.3	N/A	5.6	1.1	4.1	2.0	3.1	2.1	4.2	2.9
2-17 years	0.3	0.2	0.6	N/A	N/A	N/A	N/A	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Percentage of children aged 2–17 years with functional difficulty in at least one domain, by domain of difficulty

N/A- Not Applicable

Key Messages

- About one in every five children 2-17 years have a functioning difficulty.

- Functional difficulties are more prevalent in the 5-17 years age group when compared to children 2-4 years .

- The highest proportions of children with functioning difficulties were found in Volta, Eastern and Upper West regions while the least were reported from Northern and Greater Accra regions.

Child Functioning: Inequalities
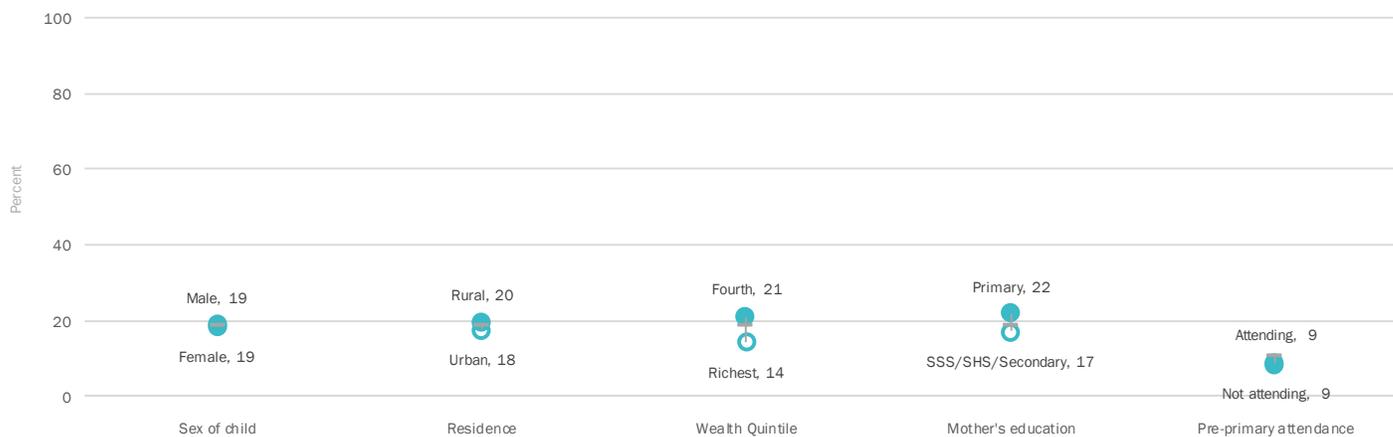
Regional Data on Child Functioning

Region	2-4 years	5-17 years	2-17 years
National	11	21	19
Western	16	21	20
Central	14	18	17
Greater Accra	8	15	13
Volta	13	32	29
Eastern	8	30	26
Ashanti	12	21	19
Brong Ahafo	10	20	18
Northern	6	8	8
Upper East	9	16	15
Upper West	10	22	20

Percentage of children aged 2–17 years with functional difficulty in at least one domain, by region

Child Functioning & the Use of Assistive Devices
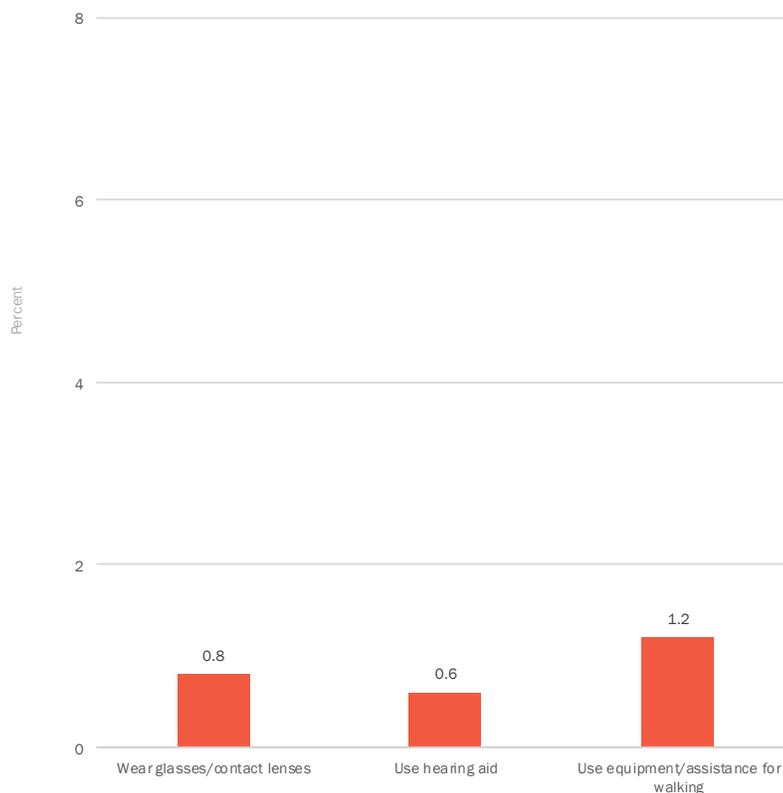
Percentage of children aged 2-17 years who use assistive devices and have functional difficulty within domain of assistive device

Ghana 2017/18

Child Mortality

Multiple Indicator Cluster Surveys

Mortality Rates among Children Under-5
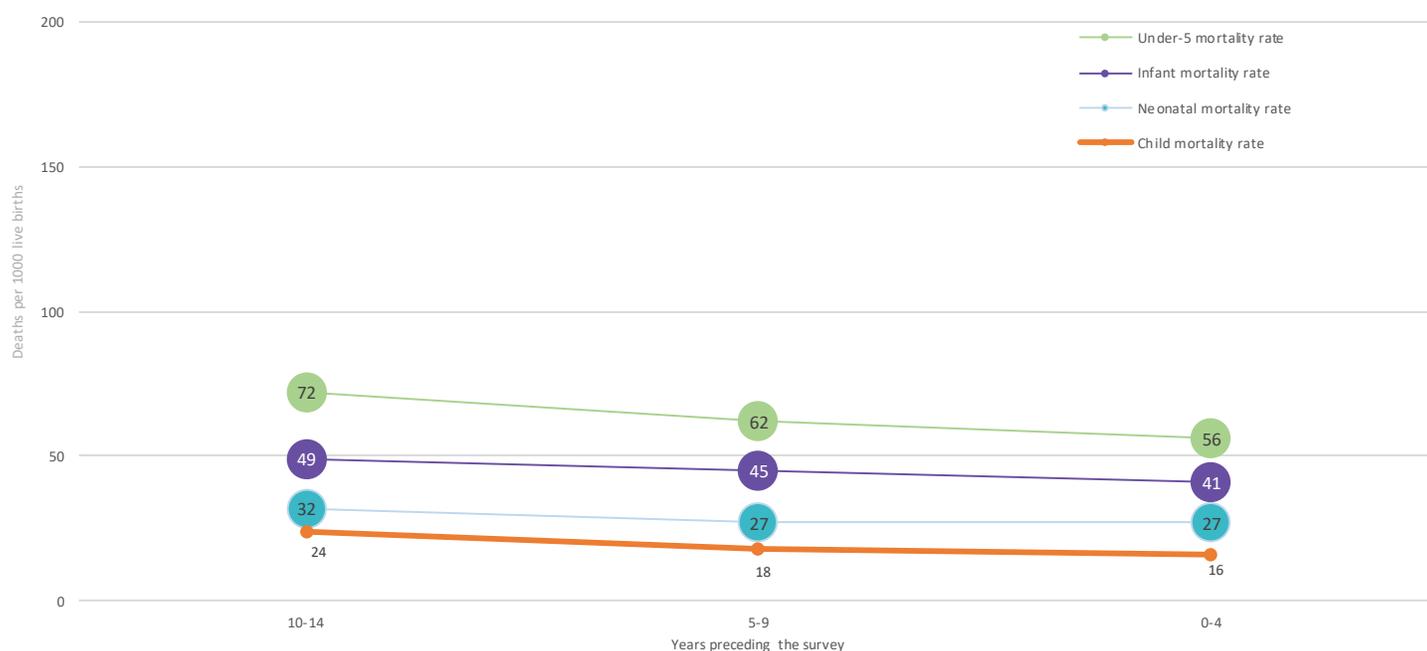
Years preceeding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	27	14	41	16	56
5-9	27	18	45	18	62
10-14	32	17	49	24	72

Neonatal mortality (NN): probability of dying within the first month of life
Post-neonatal mortality: calculated as difference between infant and neonatal mortality rates
Infant mortality ($_1q_0$): probability of dying between birth and first birthday
Child mortality ($_4q_1$): probability of dying between the first and fifth birthday
Under-5 mortality ($_5q_0$): probability of dying between birth and fifth birthday

Key Messages

- Under-5 mortality rates continue to reduce from 72 to 56 over the past 14 years preceding the survey.

- Infant mortality rates have reduced from 49 to 41 over the past 14 years prior to the survey

- Over the past 4 years prior to the survey, reductions in mortality are reported on all forms of mortality except neonatal mortality rates that remained the same.

Child Mortality Disparities

Under-5 mortality rate by socio-economic characteristics & area

- Urban, 62
- Rural, 52
- Poorest, 53
- Richest, 46
- No education, 79
- Secondary+, 53

National

Deaths per 1000 live births

Residence | Wealth Quintile | Mother's Education
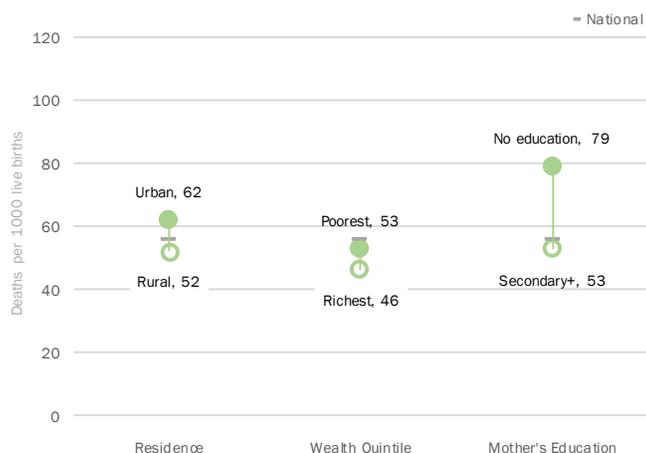
Under-5 mortality rate by demographic risk factors

- Female, 58
- Male, 54
- <20 years, 65
- 20-34 years, 52
- 7 years+, 79
- 2 - 3 years, 38
- <2 years, 84
- 4 years+, 49

National

Deaths per 1000 live births

Sex | Mother's Age at Birth | Birth Order | Previous Birth Interval
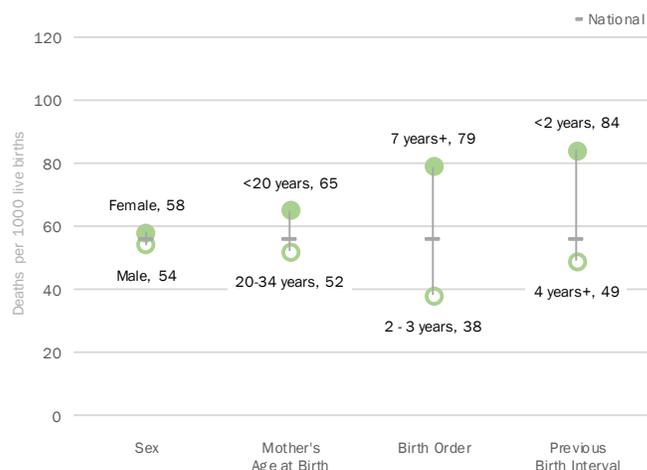
Under-five mortality rates for the five year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

Neonatal & under-5 mortality rates by region

Region	Neonatal mortality	Under-5 mortality
National	27	56
Western	12	37
Central	22	46
Greater Accra	19	31
Volta	14	39
Eastern	27	63
Ashanti	52	79
Brong Ahafo	16	39
Northern	19	76
Upper East	21	43
Upper West	28	63

Neonatal mortality and under-5 mortality rates (deaths per 1000 live births) for the five year period preceding the survey, by region

Trends in under-5 mortality rates

Per 1,000 live births

- 108
- 98
- 72
- 62
- 56

DHS 2014   MICS 2011   MICS 2017-18
DHS 2008   IGME (2016)   MHS 2017
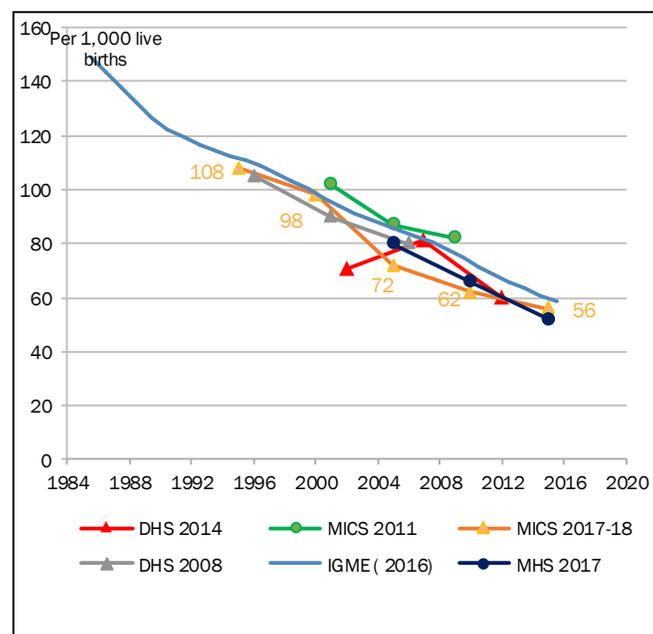
The source data used in the above graph is taken from the final reports of MICS 2017/18, MIS 2017, DHS 2014, MICS 2011 and DHS 2008, with the exception of IGME (2016) which is downloaded from the UN IGME web portal. Child mortality source data and child mortality estimates are published on www.childmortality.org the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Data from the same source may differ between a report and UN IGME web portal as UN IGME recalculates estimates using smaller intervals and/or calendar years (if data are available).

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2017/18

Fertility & Family Planning

Multiple Indicator
Cluster Surveys

Fertility

Age Specific Fertility Rates
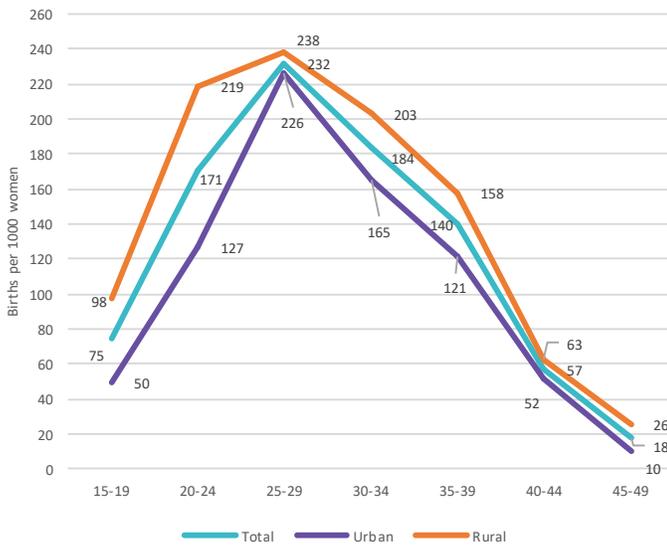
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate
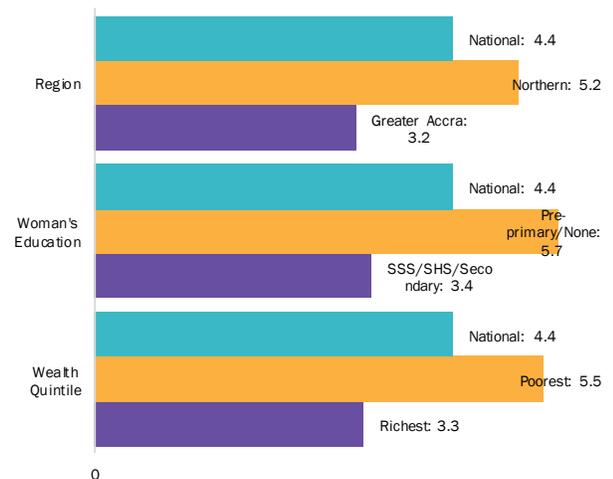
The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

Adolescent Birth Rate: SDG indicator 3.7.2
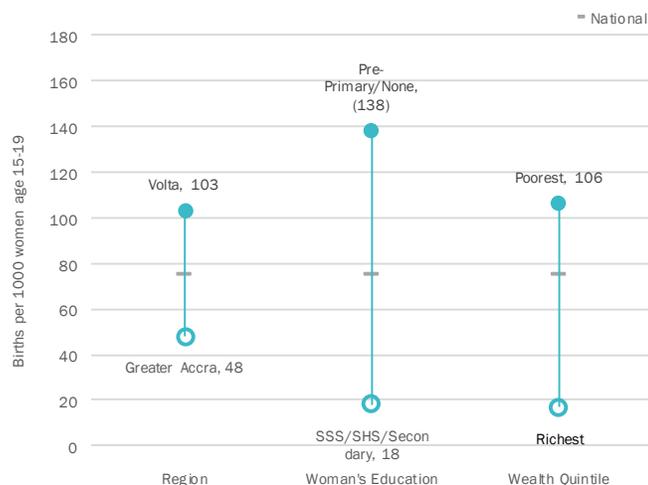
Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

( ) Figures in parentheses are based on 250 - 499 unweighted cases.

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Child Bearing - by Age 18
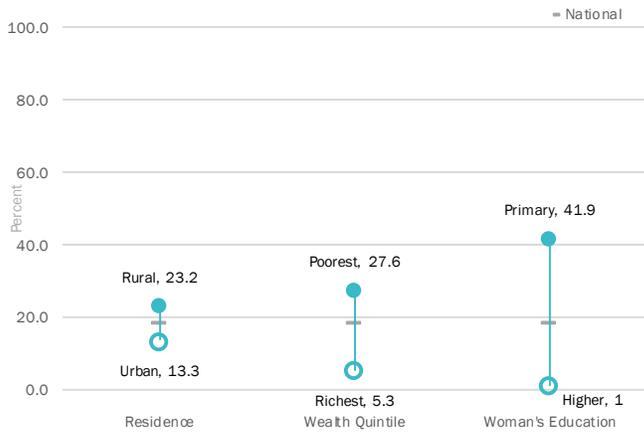
Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics

Trends in Early Child Bearing - by Age 18
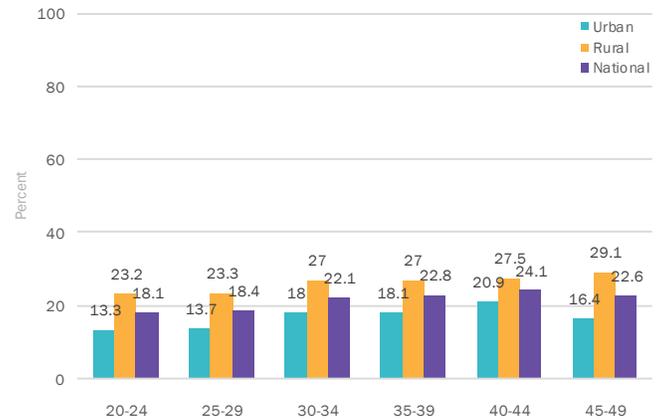
Percentage of women age 20-24 years who have had a live birth before age 18

Family Planning

Method of Family Planning by Various Characteristics

Type of method*
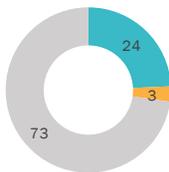
By Residence
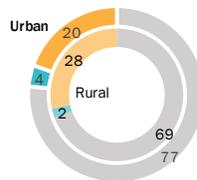
By Age
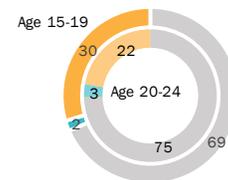
By Woman's Education

By Wealth Quintile

Legend:
- No Method
- Any Modern Method
- Any Traditional Method
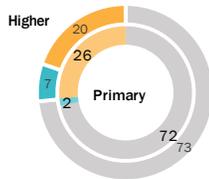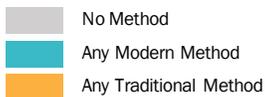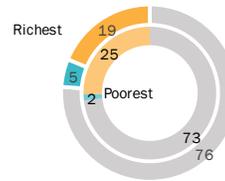
Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method
*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and contraceptive patch
Traditional methods refer to periodic abstinence and withdrawal

Met Need for Family Planning

Met Need for Family Planning - Spacing

Percentage of women age 15-49 years currently married or in union with met need for family planning for spacing, by background characteristics

Met Need for Family Planning – Limiting
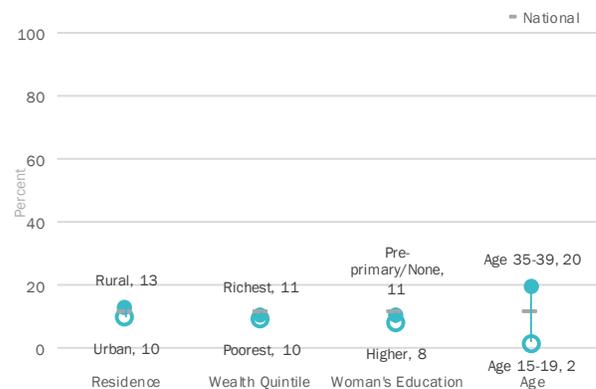
Percentage of women age 15-49 years currently married or in union with met need for family planning for limiting, by background characteristics

18

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1

Residence   Wealth Quintile   Woman's Education #   Age

Rural, 47   Poorest, 44   Pre-primary/None, 42   Age 30-34, 45

Urban, 36   Richest, 36   Higher, 40   Age 40-44, 35

= National

On the woman's education, the lowest findings was from SSS/SHS/Secondary level at 32.6 percent

The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies , which are at higher risk for poor obstetrical outcomes.

Regional Data on Fertility & Family Planning

Region	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15 among 15-19 years women	Child bearing before 18 among 20-24 years women	Contraception Use of modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning & satisfaction with modern methods among married / in-union women
National	75	4.4	0.7	18	24	27	42
Western	102	5.0	0.0	25	28	32	43
Central	88	4.7	0.5	18	26	29	40
Greater Accra	48	3.2	0.8	10	20	27	39
Volta	103	4.6	1.3	20	24	24	38
Eastern	100	4.1	1.3	30	27	34	44
Ashanti	58	4.3	0.6	16	24	27	43
Brong Ahafo	75	4.4	0.6	13	29	32	46
Northern	57	5.2	0.4	17	14	14	29
Upper East	64	4.5	0.2	21	36	37	64
Upper West	56	4.7	0.5	14	29	29	54

Key Messages

• Greater Accra region has the lowest fertility rate for adolescent girls 15-19 years at 48 per 1000 adolescent girls of the same age group compared to Volta region with the highest (103 per 1000 adolescent girls).

Northern region has the highest TFR with 5.2 whilst Greater Accra has the lowest TFR 3.2

• Eastern region has the highest percentage (30%) of women age 20-24 years who have had a live birth before age 18,

• Women in Northern region have the lowest modern contraceptive use (14%) when compared to the Upper East region (36%)

Two in every five women demanded for family planning and are satisfied with modern methods of family planning.

Ghana
2017/18

Adolescents

MICS

Multiple Indicator
Cluster Surveys

unicef

The Adolescent Population: Age 10-19

Age & Sex Distribution of Household Population
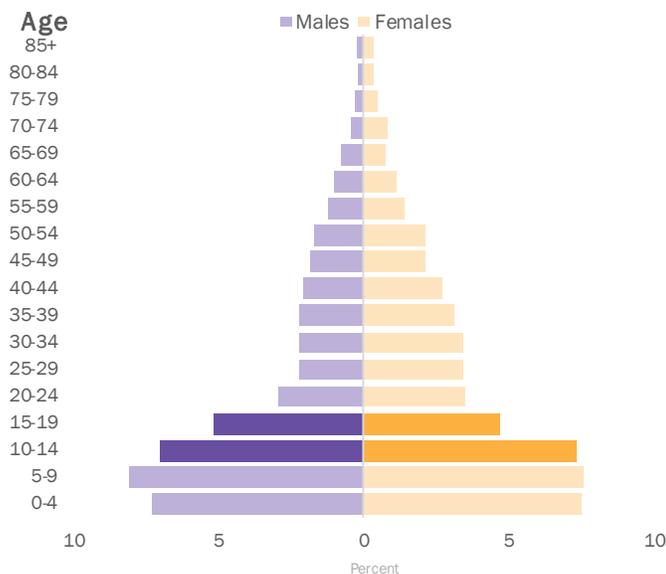
This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

Every Adolescent Survives & Thrives

Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behaviour, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

Adolescent Birth Rate: SDG 3.7.2
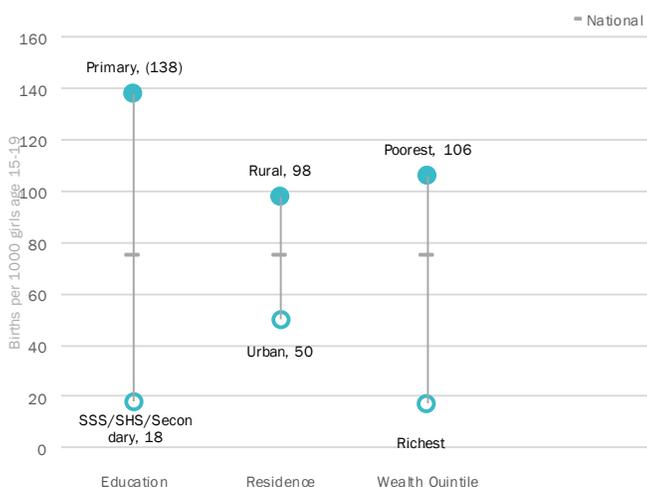
Age-specific fertility rate for girls age 15-19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women
( ) Figures that are based on 250-499 unweighted cases

Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1
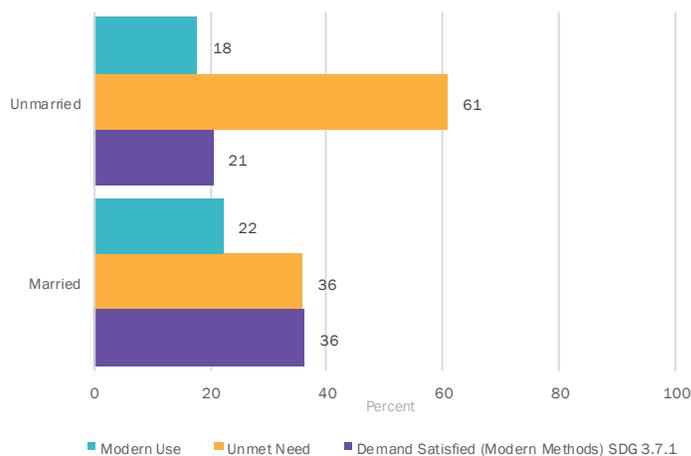
Percentage of girls age 15-19 years who are using (or whose partner is using) a contraceptive method, percentage with an unmet need for contraception and percent of demand for modern methods of family planning satisfied, by marital status

20

Every Adolescent Survives & Thrives

Tobacco* & Alcohol Use

Legend: Girls (orange), Boys (purple)

Category	Girls	Boys
Ever-use of tobacco	1	6
Ever-use of alcohol	19	22
Used tobacco during last month	0	1
Used alcohol during last month	5	9

Percentage of adolescent girls and boys age 15-19 who have ever used tobacco or alcohol
Percentage of adolescent girls and boys age 15-19 who have used tobacco or alcohol in the last 1 month
*Tobacco use in last month among adolescents is an age disaggregate of SDG 3.a.1

Alcohol and tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. Adolescence is a time of heightened risk-taking, independence seeking and experimentation. Adolescents are at increased risk of substance use due to social, genetic, psychological or cultural reasons. Yet adolescence is also an opportune time for education on the negative consequences of substance use, and promote healthy behaviours that will last into adulthood.

Every Adolescent Learns

Foundational Reading Skills
SDG 4.1.1.(a) (i: reading)
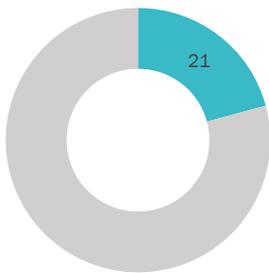
21

Percentage of children age 7-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

Foundational Numeracy Skills
SDG 4.1.1.(a) (ii: numeracy)
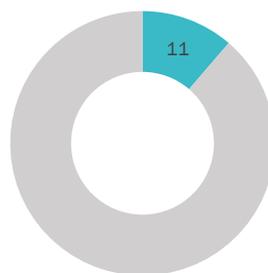
11

Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and mathematics at the level of Grade 2 in primary education.

MICS indicators LN.22a –22c on Foundational reading and number skills - reading, age 7-14; reading, age for grade 2/3; and reading, attending grade 2/3 (SDG indicator 4.1.1) . References for detailed literal and inferential questions can be found in the Ghana MICS 2017/18 main report questionnaire 5-17 years, Questions FL10A – FL27

School Attendance Ratios
(Adjusted net attendance ratio)

Legend: Boys (orange), Girls (purple)

Level	Boys	Girls
Primary	80	82
JSS/JHS/Middle	37	43
SSS/SHS/Secondary	20	19
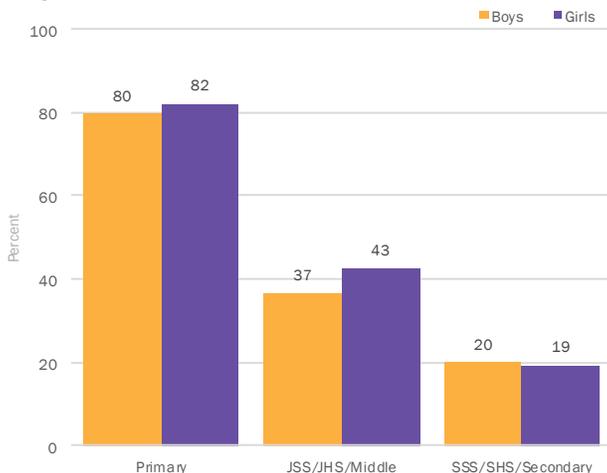
Adjusted net attendance ratio, by level of education and by gender

Information & Communications Technology (ICT) Skills*

Girls

7

Boys

17
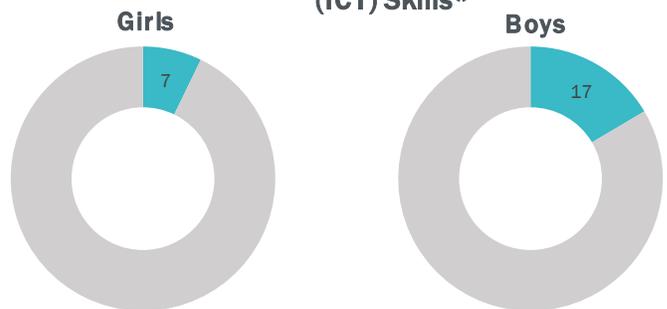
Percentage of girls age 15-19 who can perform at least one of the nine listed computer related activities
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Percentage of boys age 15-19 who can perform at least one of the nine listed computer related activities
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Note: Tables SR.9.4W and SR.9.4M in the main report provide details on the nine computer related activities

Every Adolescent is Protected from Violence & Exploitation

Child Marriage: SDG 5.3.1
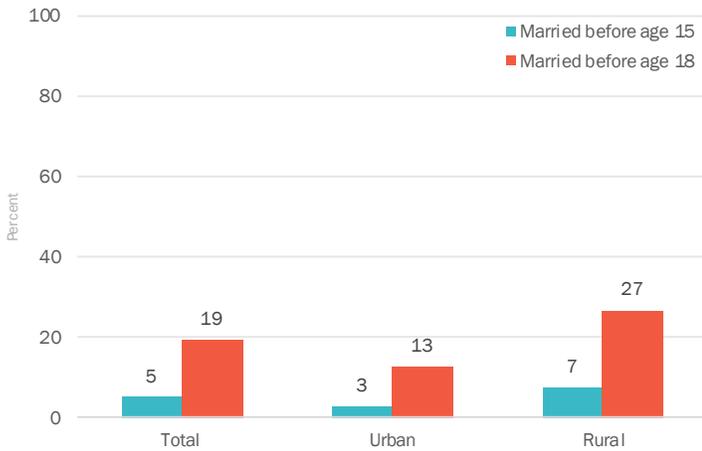
Legend:
- Married before age 15
- Married before age 18

Area	Married before age 15	Married before age 18
Total	5	19
Urban	3	13
Rural	7	27

Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by area

Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation/cutting and child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

Female Genital Mutilation: SDG 5.3.2 Age Disaggregate

Age in years	Percent
15-19	1
18-19	1
15-17	1
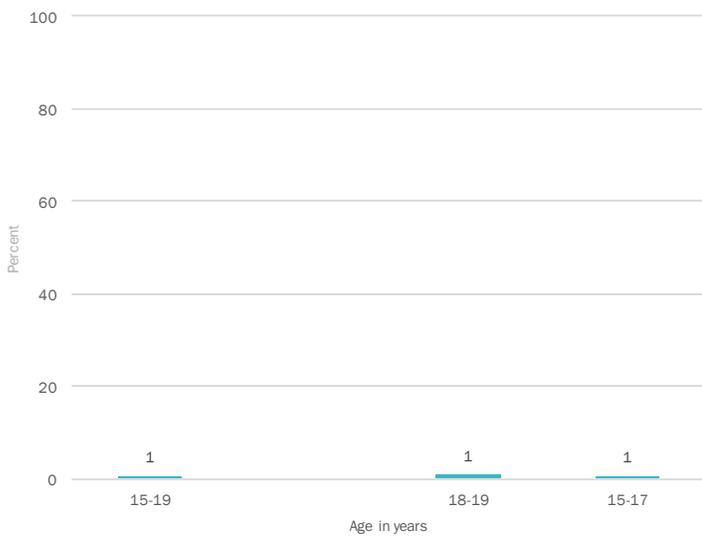
Percentage of girls age 15 to 19 years who have undergone FGM/C, by age group
*Age disaggregate of SDG 5.3.2: Prevalence of FGM/C among women age 15-49

Attitudes towards Female Genital Mutilation

Girls: 4 | 93 | 12

Legend:
- Think FGM should continue
- Think FGM should stop
- Say it depends/not sure
- Don't know/missing
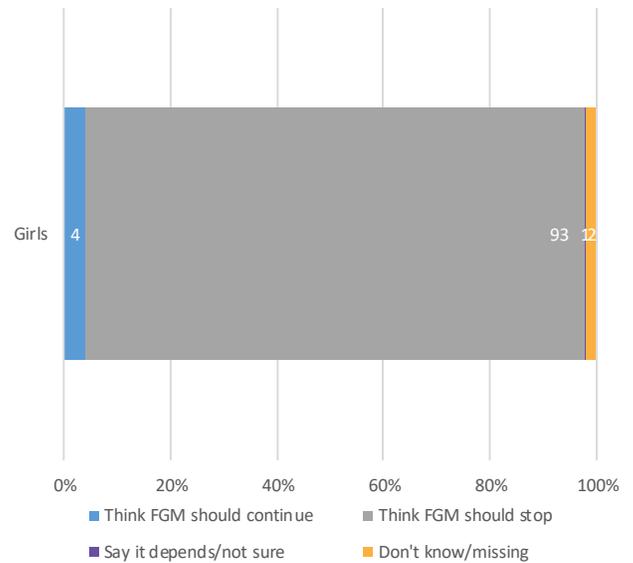
Percentage of boys and girls age 15-19 who have heard about FGM/C, by their attitudes on if the practice should continue

Child Discipline
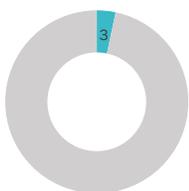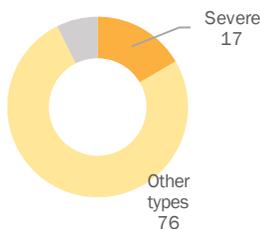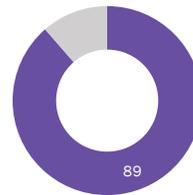
Only non-violent

3

Physical punishment

Severe 17
Other types 76

Psychological aggression

89

Any violent discipline*

94
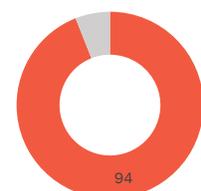
Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type
*Age disaggregate of SDG 16.2.1

Every Adolescent is Protected from Violence & Exploitation

Child Labour: SDG 8.7.1 *

Legend:
- Hazardous working conditions
- Economic activities for 43 hours or more
- Household chores for 28 hours or more

Age 15-17 years: 29, 1, 9
Age 12-14 years: 25, 8, 11
Age 5-11 years: 12, 22, 5
Age 5-17 years: 21, 15, 7

Percent

Percentage of adolescents age 5-17 years engaged in child labour, by type of activity and by age
*Estimates from MICS of child labour are different from those in the SDG database for SDG 8.7.1, as the database excludes hazardous work & applies a threshold of 21 hours for household chores for children age 5-14 and no threshold for household chores for children age 15-17

Definition of Child Labour

Age 5-11 years: At least 1 hour of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 12-14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15-17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water.

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use

National

Percent of household members

Basic Water: Urban, 93; Rural, 68
Basic Sanitation: Urban, 25; Rural, 17
Use of Clean Fuels & technologies for cooking: Urban, 27; Rural, 5
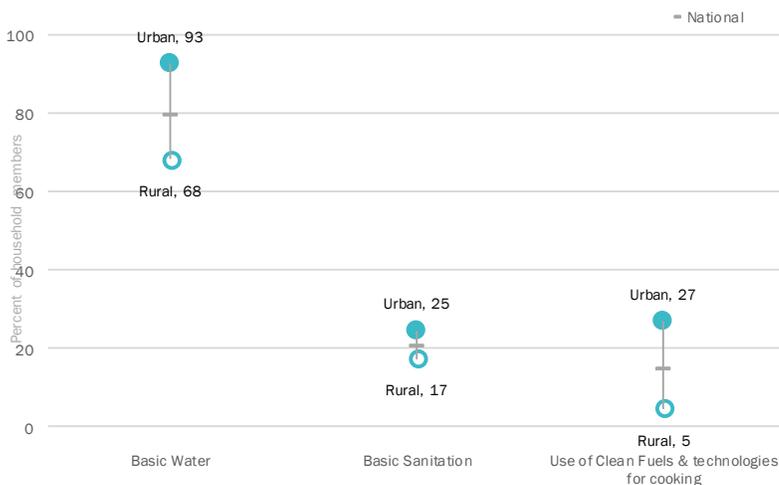
The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1 : Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Clean Fuels SDG 7.2.1: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

23

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents
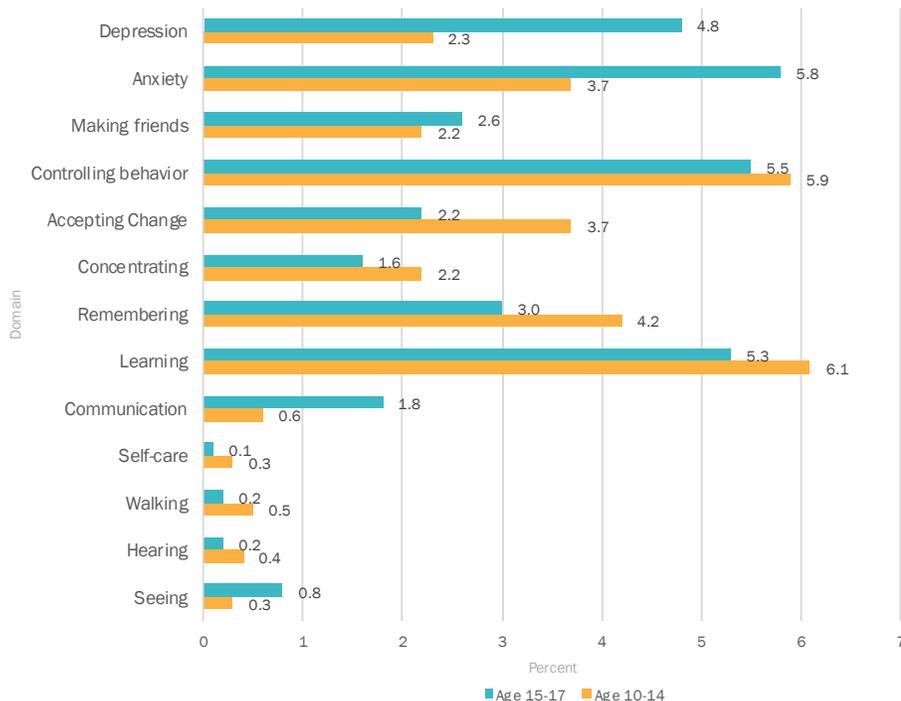
Percentage of adolescents who have a functioning difficulty, by domain and age

Domain	Age 15-17	Age 10-14
Depression	4.8	2.3
Anxiety	5.8	3.7
Making friends	2.6	2.2
Controlling behavior	5.5	5.9
Accepting Change	2.2	3.7
Concentrating	1.6	2.2
Remembering	3.0	4.2
Learning	5.3	6.1
Communication	1.8	0.6
Self-care	0.1	0.3
Walking	0.2	0.5
Hearing	0.2	0.4
Seeing	0.8	0.3

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- The unmet need for family planning is highest among unmarried adolescents while modern use of family planning methods is higher among marrieds than unmarried adolescents.

- More than a third of married adolescents compared to one in every ten unmarried adolescents reported demand for modern methods of family planning satisfied.

- Adolescent girls in rural areas and those among the poorest and less educated are at a higher risk of early child bearing.

- One in every five women age 20-24 years were first married before age 18 years. This remains lower at one in every 20 women of the same age group married for the first time before age 15 years.

- Female genital mutilation is of very rare occurrence in Ghana and almost all respondents do not support this practice.

- Almost all of children aged 1 to 14 years were reported experiencing any form of violent discipline. Among age groups, any physical punishment is highest among children 3-4 years and lowest among children 10-14 years.

- Three in every ten children 5-17 years is involved in child labour

- Child labour is mostly practiced in rural areas, among the poorest and those not attending school. There were no huge disparities related to sex of the child.

- One in every five of the children 5-17 years are engaged in hazardous working conditions. This is more than their engagement with household chores and economic activities.

- Close to one third of children 15-17 years are engaged in hazardous working conditions and this reduces with lower age groups.

- One in every five adolescents has ever used alcohol. Alcohol use is more prevalent among adolescents when compared to tobacco. Adolescent boys are more prone to tobacco and alcohol use than the girls.

- The adjusted net attendance ratio for education is highest among primary school adolescents when compared to junior and upper secondary school adolescents. It is also highest among female adolescents except for those in upper secondary school (SSS/SHS/Secondary) level.

- Learning, controlling behaviour, anxiety and depression are the highest forms of functioning difficulty faced by adolescents

Ghana
2017/18

HIV & Sexual Behaviours

MICS

Multiple Indicator
Cluster Surveys

STATISTICAL SERVICE GHANA

unicef

HIV indicators

Women   **Men**

Comprehensive Knowledge

Percent who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions, and any other local misconception

Age 15-49 14
Age 15-24 17

Age 15-49 23
Age 15-24 20

Stigma

Percent of those who report discriminatory attitudes towards people living with HIV, including 1) would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive and 2) think children living with HIV should not be allowed to attend school with children who do not have HIV

Age 15-49
Age 15-24
82
80

Age 15-49
Age 15-24
79
74
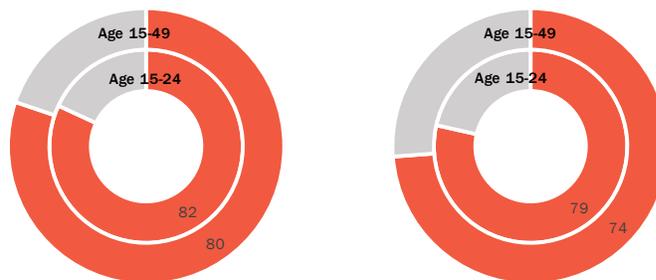
Testing

Percent who have been tested for HIV in the last 12 months and know the result

Age 15-49 15
Aged 15-24 11

Age 15-49 7
Aged 15-24

Testing during Antenatal Care

Percent of women who during their antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

Age 15-49 33
Age 15-24 30
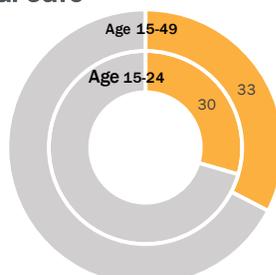
Key Messages

- Overall, there is low HIV comprehensive knowledge. However, men aged 15-49 years are more knowledgeable (23%) when compared to 14% women of the same age group.

- Additionally, low HIV comprehensive knowledge exists among adolescents and young people (only 20% of males and 17% of females aged 15-24 years).

- About eight in every ten women reported discriminatory attitudes towards people living with HIV, and this was lower for men at 74%

- HIV testing is low among adults 15-49 years in the last 12 months prior to the survey (about one in every ten had tested), however, uptake of HIV testing is twice higher among females when compared to males.

- A third of pregnant women were offered an HIV test, accepted, received results and post-test health information or counselling related to HIV during their last pregnancy.

HIV Indicators by Key Characteristics

Knowledge among Adolescent Girls & Young Women (15-24)*
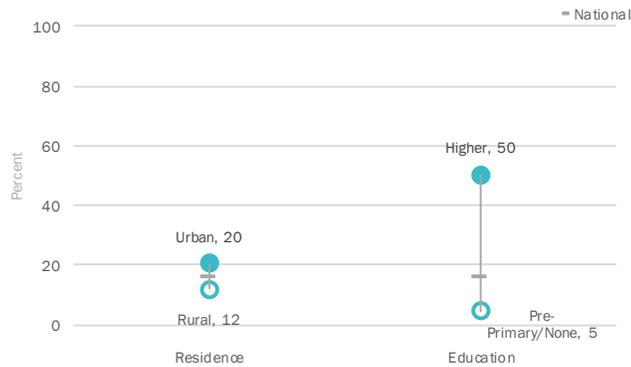
Knowledge among Adolescent Boys & Young Men (15-24)*
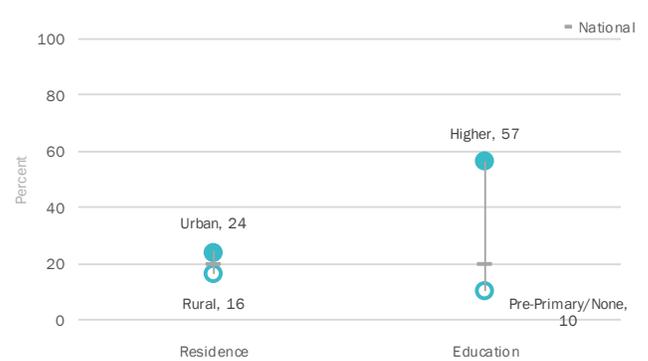
*Percent age 15-24 who know two ways of HIV prevention, who know that a healthy looking person can be HIV-positive, and who reject two most common misconceptions.

Tested for HIV in last 12 months
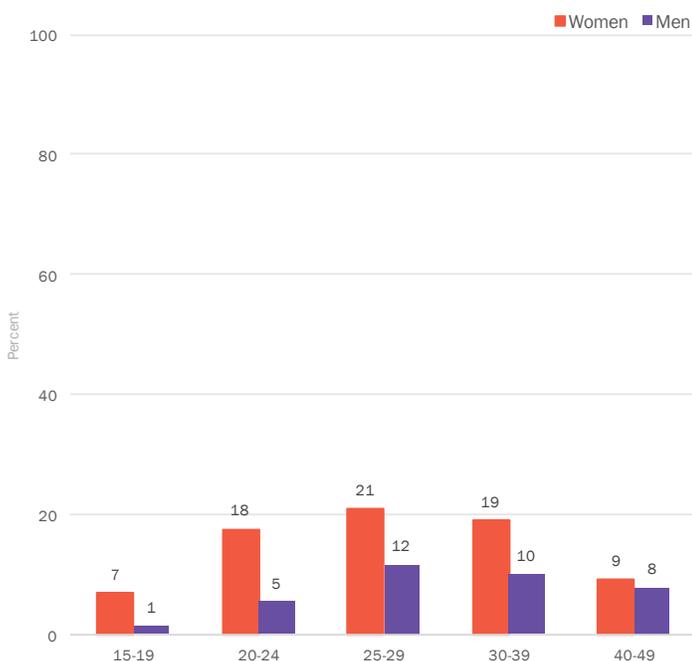
Percent age 15-49 who have been tested for HIV in the last 12 months and know the result

Regional Data on HIV Testing

National / Regional	Tested in last 12 months and know their results		Women testing at ANC
	Men	**Women**	
National	7	15	33
Western	4	12	32
Central	8	12	28
Greater Accra	8	17	43
Volta	8	13	18
Eastern	10	16	33
Ashanti	6	17	38
Brong Ahafo	5	15	39
Northern	3	8	20
Upper East	8	15	42
Upper West	7	15	34

Tested in last 12 months: percent age 15-49 who have been tested in the last 12 months and know the result
**HIV testing during ANC:** percent of women age 15-49 who during their last antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

Key Messages

- Among adolescent girls and young women (15-24 years), having a post secondary (higher) education offers a ten-fold increment of having comprehensive knowledge of HIV when compared to women with Pre-Primary Education or none

- Variations exist in the uptake of HIV testing across regions, gender, age groups and pregnancy status. Across all regions, HIV testing is higher for women than men

- For women and men among age groups, HIV testing is highest among adults 25-29 years and lowest in the 15-19 years age group

- In the Northern Region only 3% of men aged 15-49 years reported having been tested in the last 12 months prior to the survey, in contrast to 10% in Eastern region and 8% in Greater Accra

- For pregnant women attending ANC, HIV testing is lowest in Volta Region (18%) and highest in Greater Accra at 43%

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Sexual Behaviour by Key Characteristics

Sexually Active
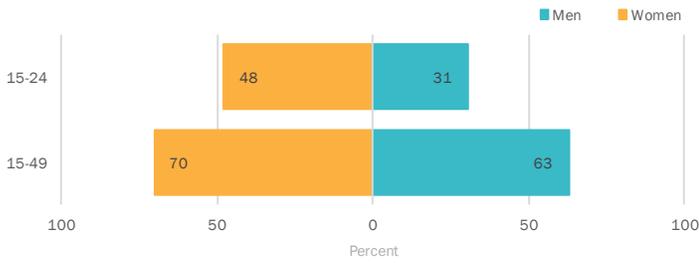
Percent of women and men age 15-49 and 15-24 years who had sexual intercourse within the last 12 months

Multiple Partners

Percent of women and men age 15-49 and 15-24 years who had sex with more than one partner in last 12 months

Condom Use

Percent of women and men age 15-24 and 15-49 who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

In many settings, sexual behaviour can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease prevention and health promotion programmes.

Young People who had Sex Before Age 15

Adolescent boys & young men 15-24 years
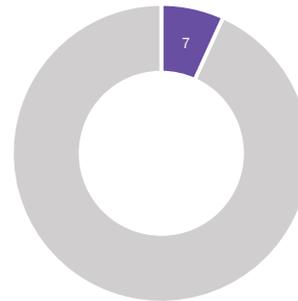
Adolescent girls & young women 15-24 years

Percent of women and men age 15-24 who had sex before age 15

Girls 15-19 who Report Sex with Partner 10 years or Older
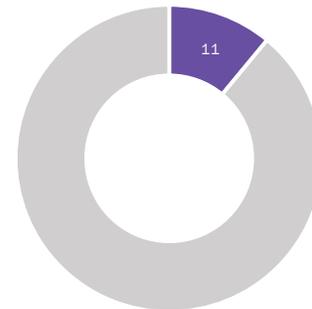
Percent of adolescent girls age 15-19 who had sex in the last 12 months who report having had sex with a man 10 or more years older in the last 12 months

Key Messages

- One in every ten of adolescent girls and young women aged 15-24 years began having sex before their 15th birthday. This is lower at 7% for adolescent boys in the same age group.

- One in every ten of adolescent girls aged 15-19 years who had sex in the last 12 months reported having sex with a man who was ten or more years older.

- Sex debut before 15 years among young girls is more reported in the Western, Eastern, Volta, Northern, Upper East & Upper West Regions with regional figures above the national average

- Girls with no education or Pre-Primary education, residing in rural areas and from poorest households are far more likely to begin having sex before age 15 than girls

- with secondary education and from wealthier urban settings

- Urban girls/boys and young men/women aged 15-24 years with multiple sexual partners in the last 12 months reported more condom use during their last sexual encounter than rural young people of the same age group

Sexual Behavior by Key Characteristics

Condom Use among Young People

Adolescent boys 15-19

(50)

Adolescent girls 15-19

(35)

Young men 20-24

28

Young women 20-24

24
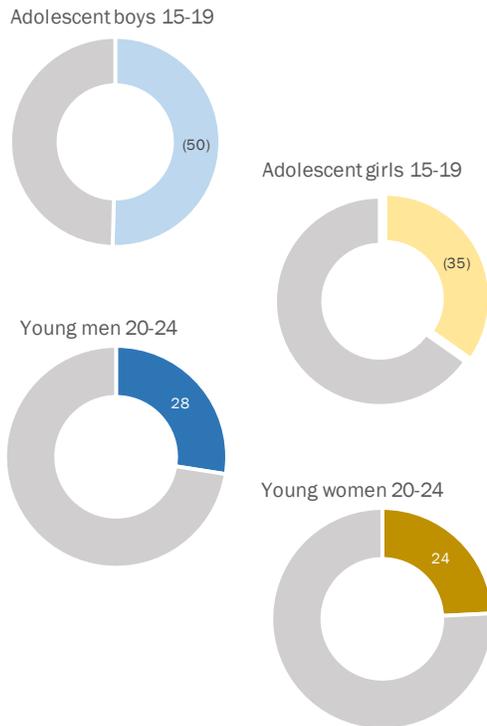
Percent of adolescents and young people age 15-24 who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

Condom use among Young People (with non-marital/ cohabiting partner)

Adolescent boys and young men age 15-24

- Urban, 42
- Rural, 35
- Higher, (54)
- Pre-Primary/None, (10)

Adolescent girls and young women age 15-24

■ National

- Urban, 32
- Rural, 22
- Higher, 50
- Pre-Primary/None, 20
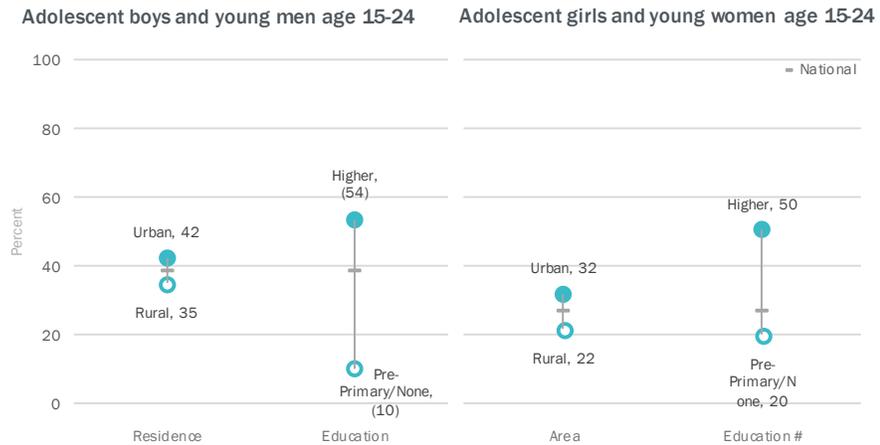
Percentage of adolescents 15-24 years reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting partner in the last 12 months

young women age 15-24 Primary level was the lowest with 15.4 percent

Sex before Age 15 among Adolescent Girls & Young Women 15-24

■ National

- Rural, 13
- Urban, 8
- Poorest, 17
- Richest, 4
- Pre-primary/None, 30
- Higher, 1

Residence | Wealth Quintile | Education
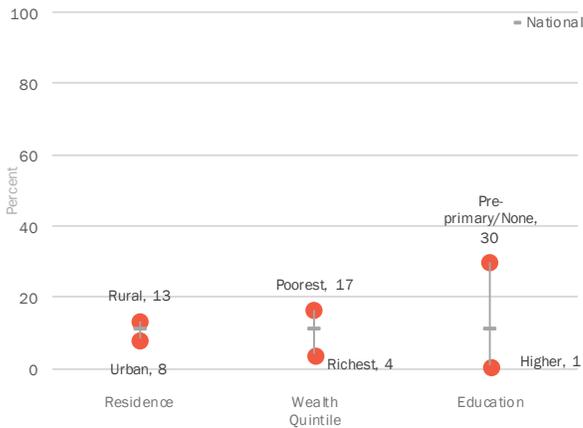
Percent of adolescent girls and young women age 15-24 who had sex before age 15

Regional Data on Sexual Behaviour

Region	Men 15-24	Women 15-24
	Sex before 15	Sex before 15
National	7	11
Western	2	12
Central	7	9
Greater Accra	9	5
Volta	5	17
Eastern	11	15
Ashanti	11	9
Brong Ahafo	2	8
Northern	2	17
Upper East	4	13
Upper West	3	12

( ) Figures that are based on 25-49 unweighted cases

Ghana
2017/18

Maternal & Newborn Health

MICS

Multiple Indicator Cluster Surveys

unicef

Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area
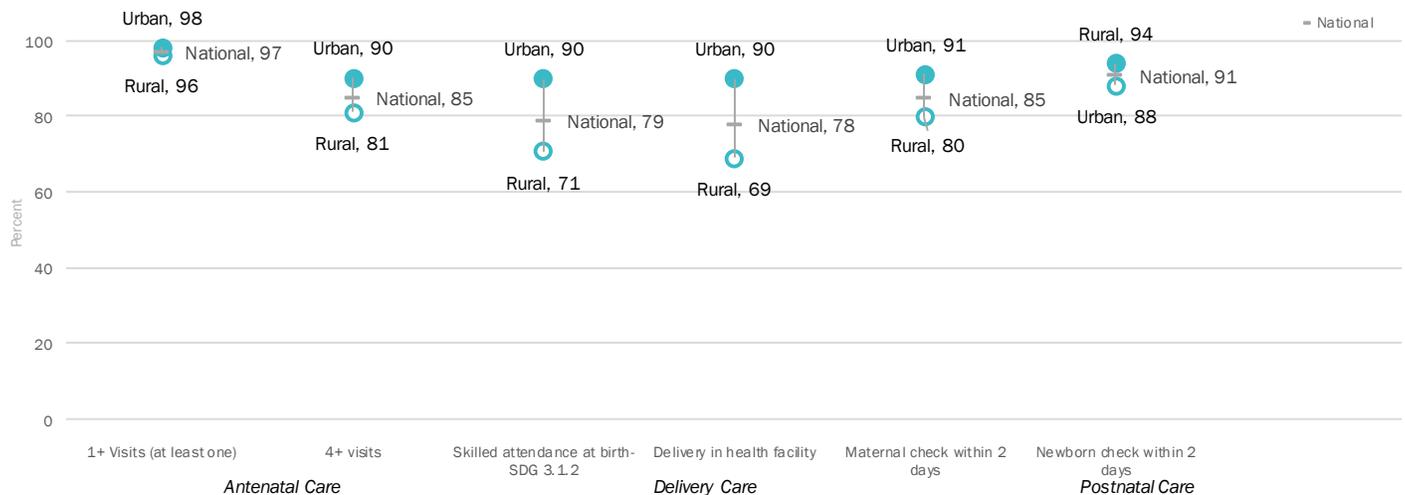
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (**SDG 3.1.2**), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

Timing of First Antenatal Care Visit
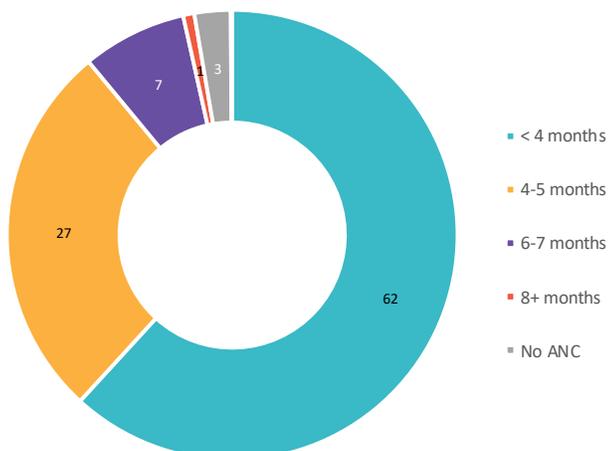
- < 4 months
- 4-5 months
- 6-7 months
- 8+ months
- No ANC

Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services

Indicator	Percent
Blood pressure measured	95
Urine sample taken	95
Blood sample taken	95
All 3 taken	93
Neonatal tetanus protection	69
IPTp for malaria (3 or more doses)	52
HIV counselling	54
Tested & received results for HIV	55
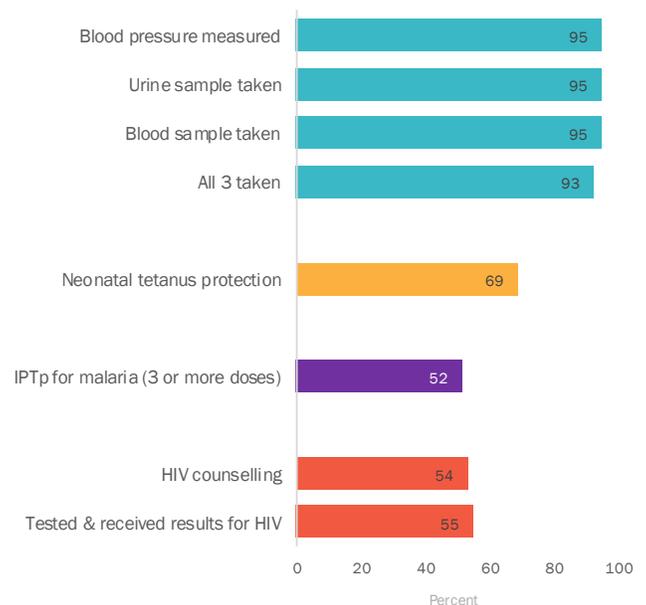
Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given neonatal tetanus protection, took three or more doses of SP/Fansidar to prevent malaria, reported that during an ANC visit they received information or counselling on HIV, and reported that they were offered and accepted an HIV test during antenatal care and received their results during the last pregnancy that led to a live birth

29

Coverage of Antenatal Care by Various Characteristics

Legend: ■ 1+ ANC visits- any skilled provider ■ 4+ ANC visits- any provider
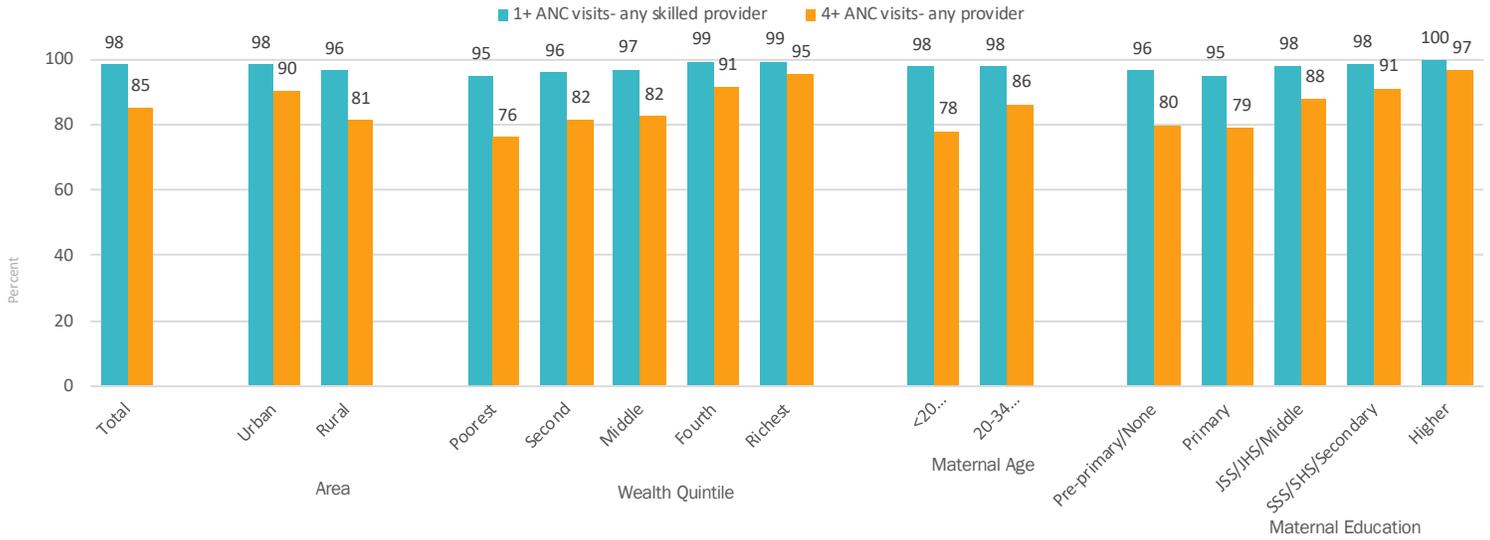
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended to during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

Skilled Attendance at Birth
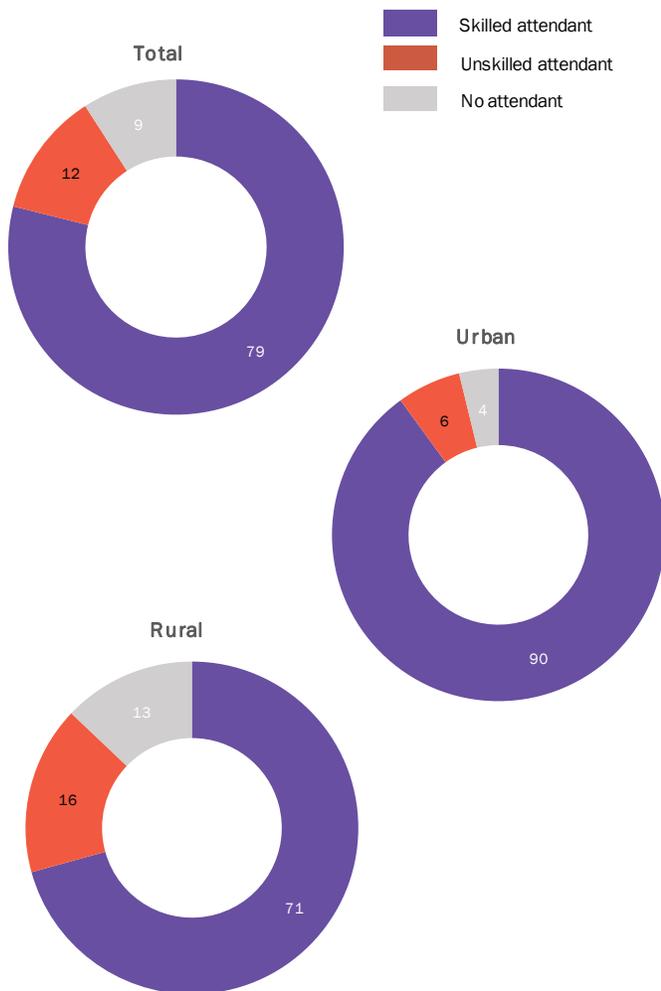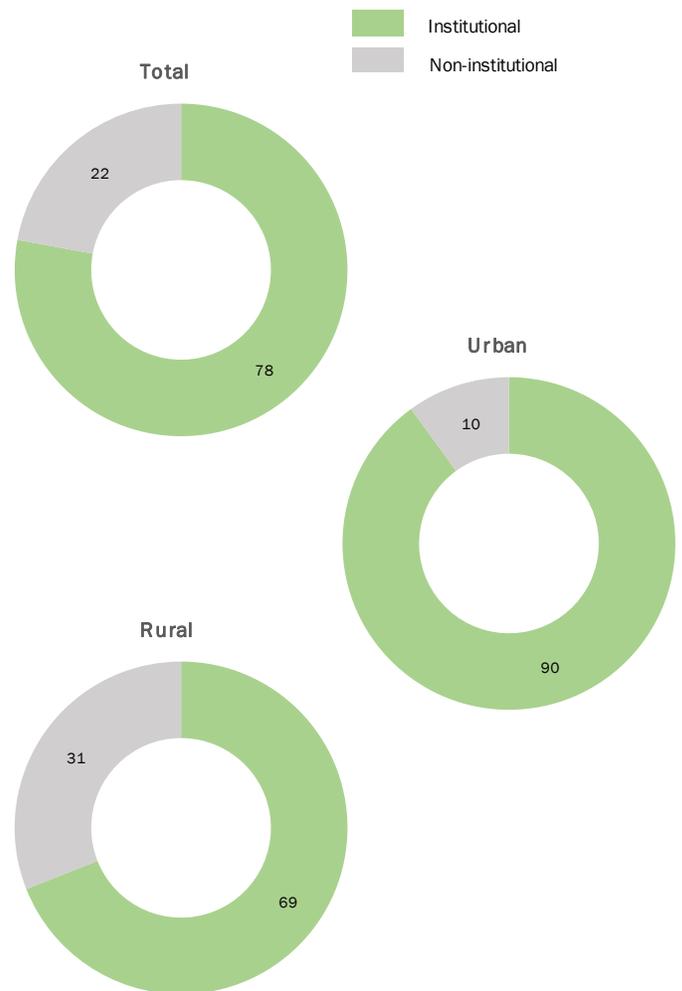
Legend: ■ Skilled attendant ■ Unskilled attendant ■ No attendant

Institutional Delivery

Legend: ■ Institutional ■ Non-institutional

Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics
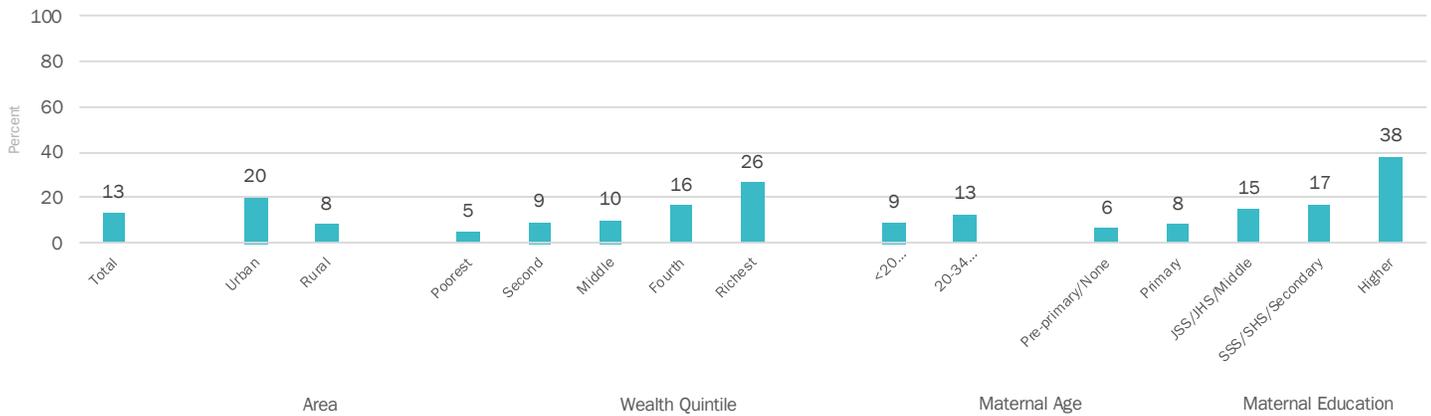
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

Postnatal Care within 2 Days of Birth by Various Characteristics
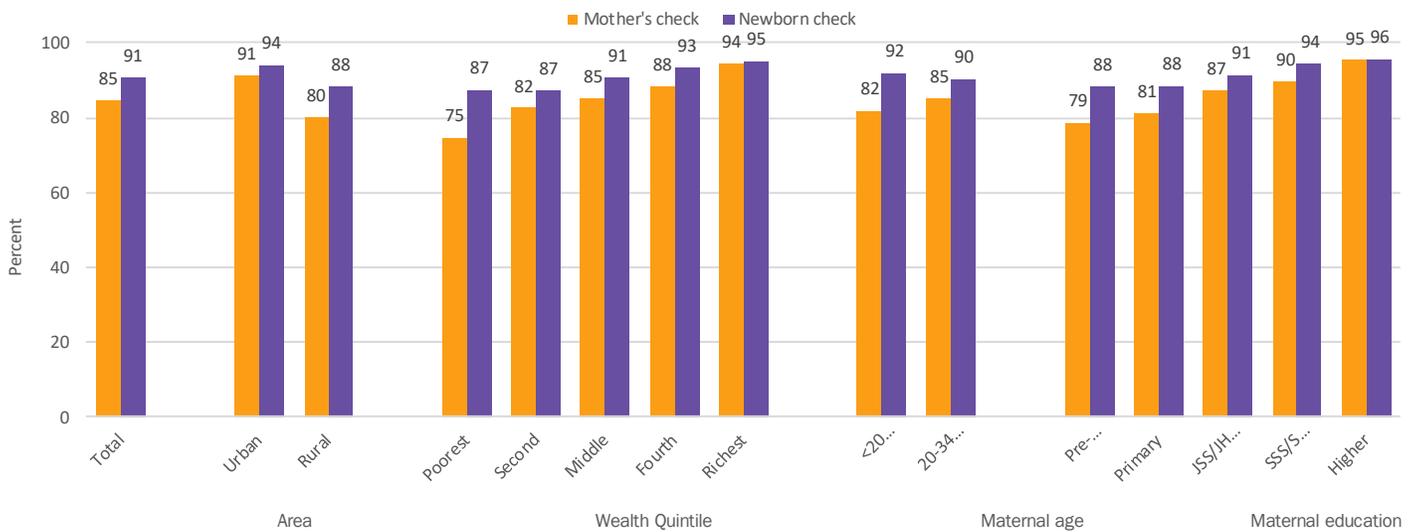
Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

Coverage of Newborn Care
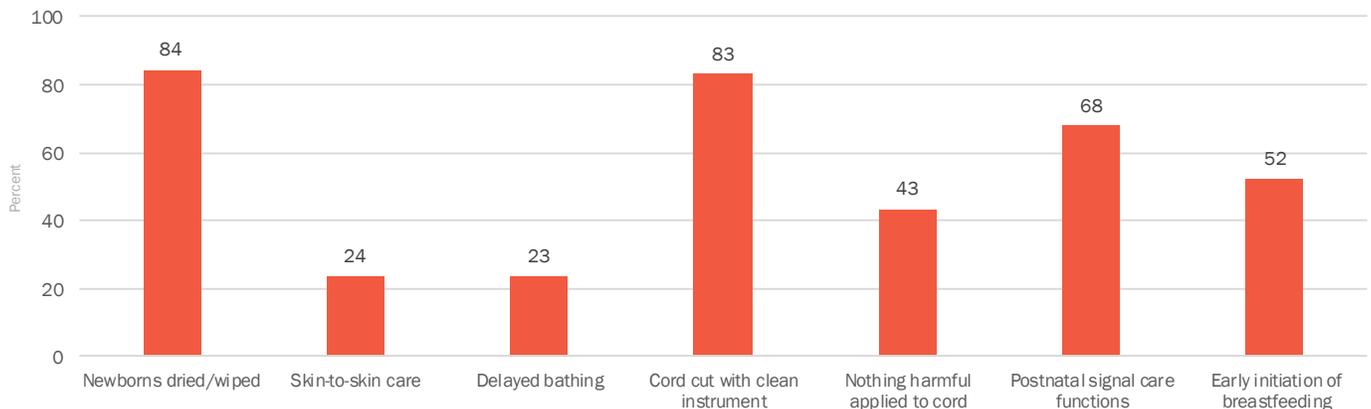
Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument; percentage where nothing harmful was applied to the cord; percentage where the newborn received a least 2 postnatal signal care functions within 2 days after birth; and percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth, by various characteristics

Regional Data on Maternal and Newborn Cascade

Region	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother within 2 days	Postnatal Care for Newborn within 2 days
National	97	85	79	78	85	91
Western	98	88	80	78	86	90
Central	97	85	73	74	81	87
Greater Accra	97	90	93	92	93	93
Volta	96	75	69	67	81	88
Eastern	94	81	79	78	88	93
Ashanti	99	87	82	82	86	94
Brong Ahafo	96	86	86	86	85	91
Northern	97	82	60	57	75	86
Upper East	100	95	94	94	91	93
Upper West	97	85	83	80	81	88

For indicator definitions, please see earlier charts

Key Messages

- Antenatal care (4+ visit) is high among women in urban areas (90%) compared to women in rural areas (81%)

- Six in every ten of pregnant women attend first antenatal visit in during the first 4 months of pregnancy

- Eight in every ten pregnant women are attended to by skilled personnel during child birth

- There is high coverage of both postnatal care for mothers within 2 days and newborns (about nine in every ten)

- While some interventions such as checking of blood pressure, urine and blood tests are provided for more than nine in every ten of pregnant women, about half of pregnant women do not receive IPT for malaria and do not receive HIV counselling nor testing

- A third of pregnant women do not receive vaccination to prevent neonatal tetanus.

- One in every ten pregnant women gave birth through caesarean section. Birth through caesarean section was more than double in urban than in rural areas, and it increases with wealth and education of pregnant woman.

- One quarter of newborns received skin to skin contact immediately after birth

- Bathing was delayed for nearly a quarter of the newborns, and less than half received cord care without application of harmful substances.

Ghana
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Child Health & Care of Illness

Diarrhoea

Care-seeking for Diarrhoea
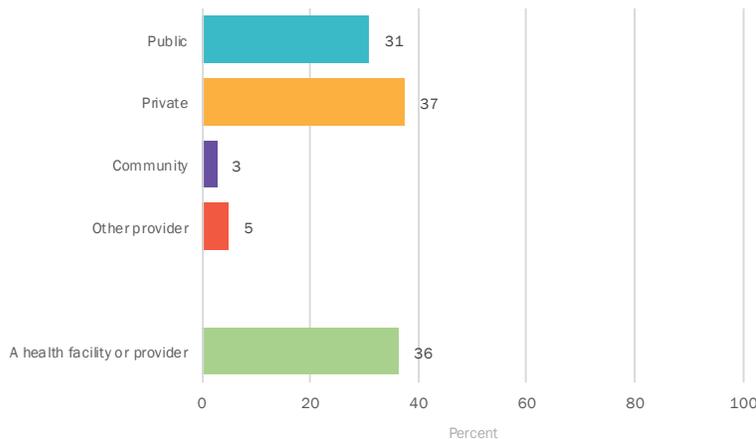
Source	Percent
Public	31
Private	37
Community	3
Other provider	5
A health facility or provider	36

Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

Disparities in Care-seeking for Diarrhoea
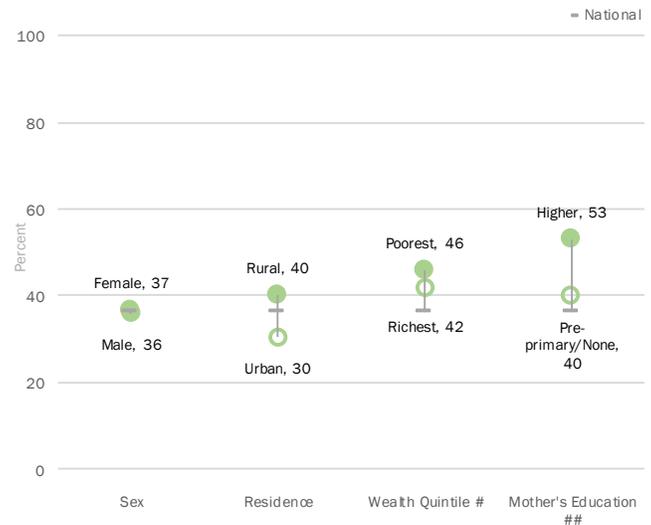
National

- Female, 37
- Male, 36
- Rural, 40
- Urban, 30
- Poorest, 46
- Richest, 42
- Higher, 53
- Pre-primary/None, 40

Sex · Residence · Wealth Quintile # · Mother's Education ##

Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

On wealth quintiles, the Middle quintile was the lowest with 25 percent
On Mother's Education, Primary level was lowest with 32 percent

Feeding during Diarrhoea

Legend: ■ Much less ■ Somewhat less ■ About the same ■ More

	Much less	Somewhat less	About the same	More
Eating	24	28	34	5
Drinking	16	20	35	22
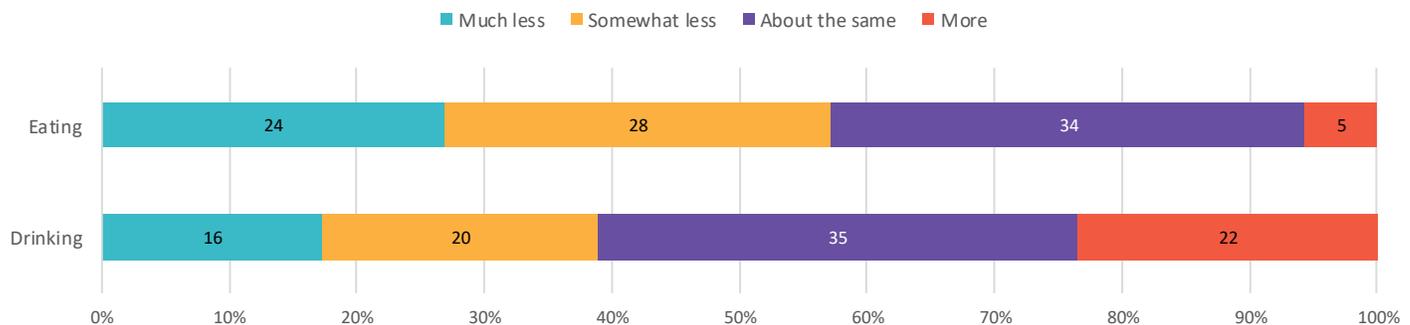
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

ORS Treatment for Diarrhoea
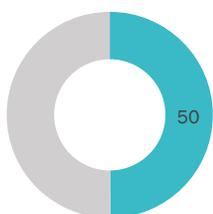
50

Percentage of children age 0-59 months with diarrhoea in the last two weeks prior to the interview treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea
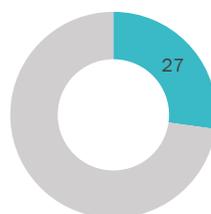
27

Percentage of children age 0-59 months with diarrhoea in the last two weeks prior to the interview treated with oral rehydration salt solution (ORS) and zinc

ORT + Continued Feeding for Diarrhoea
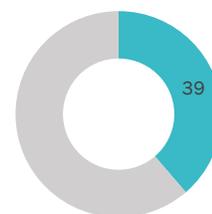
39

Percentage of children age 0-59 months with diarrhoea in the last two weeks prior to the interview who were given oral rehydration therapy (ORT) with continued feeding

33

Malaria

Household Availability of Insecticide Treated Nets (ITNs)

57
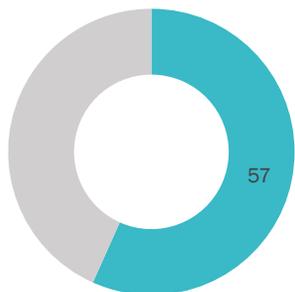
Percentage of households with at least one insecticide-treated net (ITN)

Children Under-Five who slept under an ITN

49
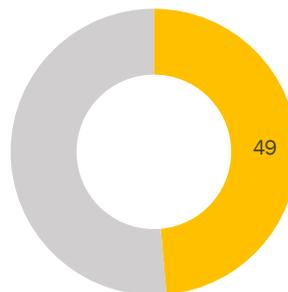
Percentage of children age 0-59 months who slept under an ITN last night

Care-seeking during Fever
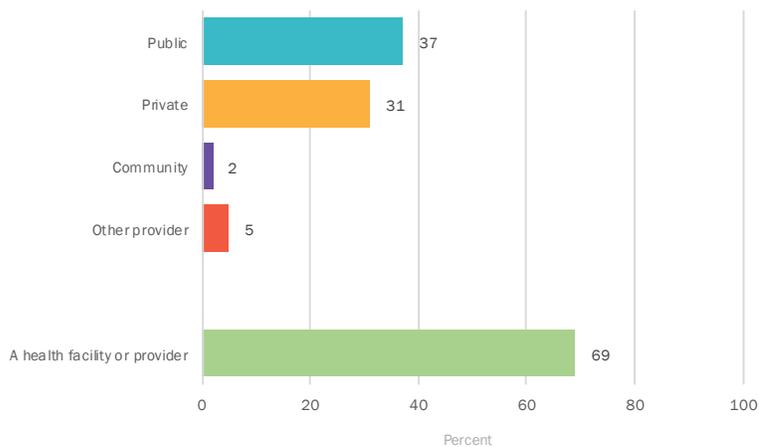
Source	Percent
Public	37
Private	31
Community	2
Other provider	5
A health facility or provider	69

Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking during Fever

= National

Male, 70
Female, 68
Urban, 70
Rural, 68
Richest, 71
Poorest, 67
Higher, 77
Pre-primary/None, 63

Sex   Residence   Wealth Quintile   Mother's Education
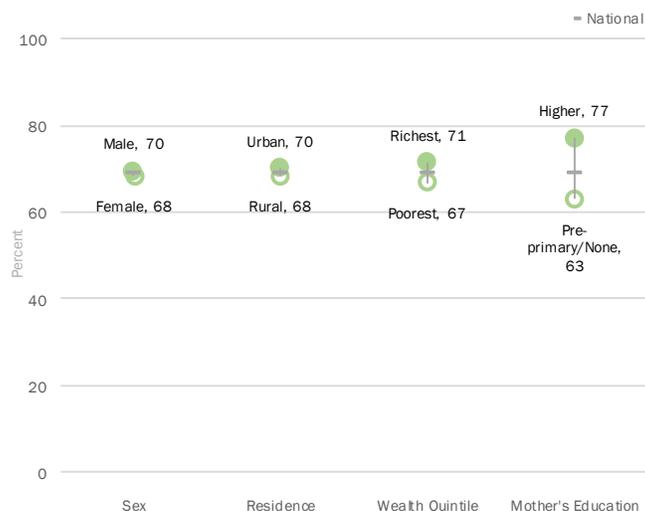
Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought at a health facility or provider

Malaria Diagnosis Usage

32
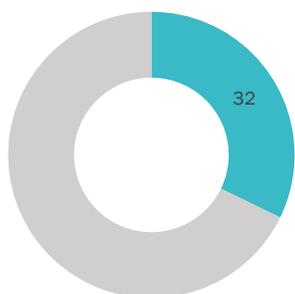
Percentage of children with fever who had blood taken from a finger or heel for testing

ACT Treatment among Children who Received Treatment

10
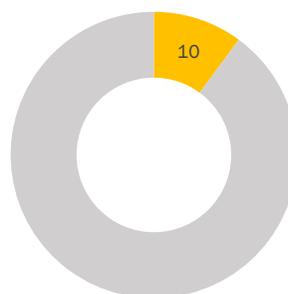
Among children with fever who received anti-malarial treatment, percent treated with Artemisinin-based Combination Therapy (ACT)

Symptoms of Acute Respiratory Infection (ARI)

Care-seeking for Symptoms of ARI
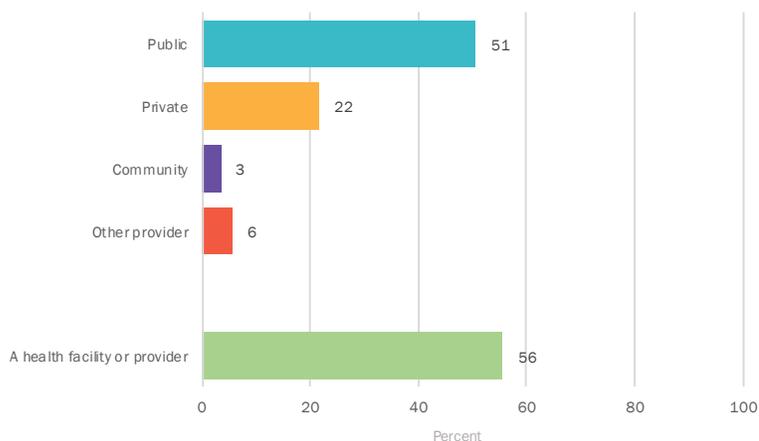
Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking for Symptoms of ARI
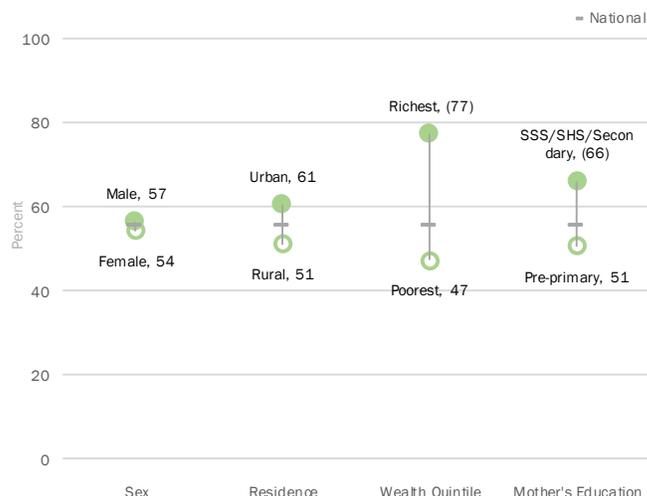


Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought at a health facility or provider
( ) Figures in parentheses are based on 25-49 unweighted cases.

Regional Data on Care-Seeking for Childhood Illness

Region	Care-Seeking at a health facility or provider for:		
	Diarrhoea	Fever	Symptoms of ARI
National	36	69	56
Western	37	66	*
Central	32	62	*
Greater Accra	18	81	*
Volta	38	68	(19)
Eastern	36	75	(54)
Ashanti	30	67	(79)
Brong Ahafo	51	68	*
Northern	39	68	56
Upper East	51	89	*
Upper West	59	73	*

* Figures that are fewer than 25 unweighted cases and have been suppressed
() Figures in parentheses are based on 25-49 unweighted cases.

Key Messages

- Overall, more than a third of children 0-59 months who had diarrhea sought treatment from a health facility or provider while at the same time findings indicate more care seeking for malaria at seven in every ten children.

- Among regions, more than half (59%) of children in Upper West region who had diarrhea received care from a health facility or provider compared to 18% in Greater Accra region as the lowest finding.

- Eighty nine percent of children who had fever in the Upper East region received care from a health facility or provider when compared to 62% in the Central region (the lowest finding among regions).

Ghana 2017/18

Infant & Young Child Feeding (IYCF)

Infant & Young Child Feeding

Start Breastfeeding within one hour of birth | Breastfeed exclusively for the first 6 months of life | Provide nutritionally adequate, age appropriate and safely prepared **complementary foods** starting at 6 months; and **continue breastfeeding** until age 2 or longer

| <1 hour **Early initiation of breastfeeding** | 0-5 months **Exclusive breastfeeding** | 6-8 months **Introduction of solid, semi-solid or soft food** | 6-23 months **Minimum meal frequency** | 6-23 months **Minimum diet diversity** | 6-23 months **Minimum acceptable diet** | 12-15 months **Continued breastfeeding at 1 year** | 20-23 months **Continued breastfeeding at 2 years** |

Early initiation of breastfeeding: 52
Exclusive breastfeeding: 43
Introduction of solid, semi-solid or soft foods: 79
Minimum meal frequency: 41
Minimum diet diversity: 23
Minimum acceptable diet: 12
Continued breastfeeding at 1 year: 90
Continued breastfeeding at 2 years: 42

Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5months receiving only breastmilk; **Introduction to solids:** percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk; **Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

Key Messages

- Half of newborns are put to breast within 1 hour of birth.

- Early initiation of breast feeding is more practiced among mothers who gave birth through vaginal means and those who gave birth from a health facility than those with a caesarean section or home birth

- About two in every five babies are exclusively breastfed

- One in every five babies are not introduced to solid or semi-solid foods from 6 - 8 months and this contributes to slow growth in babies

- Young children 6-23 months are not fed often enough and their diet lacks variety. Only 12 percent of these children meet the recommended minimum acceptable diet

- Nine in every ten babies continue with breast feeding at 1 year while only four in every ten do the same at 2 years

- Early initiation of breast feeding is practiced most in Central Region and least in the Eastern region.

- Disparities on minimum diet diversity exist and are highest among the richest, most educated and urban babies than they are among the poorest, least educated and rural babies.

- Among regions, minimum diet diversity is highest in Central and Ashanti, and lowest in the Upper West and Brong-Ahafo regions

Early Initiation of Breastfeeding

Percent of newborns put to the breast within one hour of birth, by background characteristics

Minimum Diet Diversity
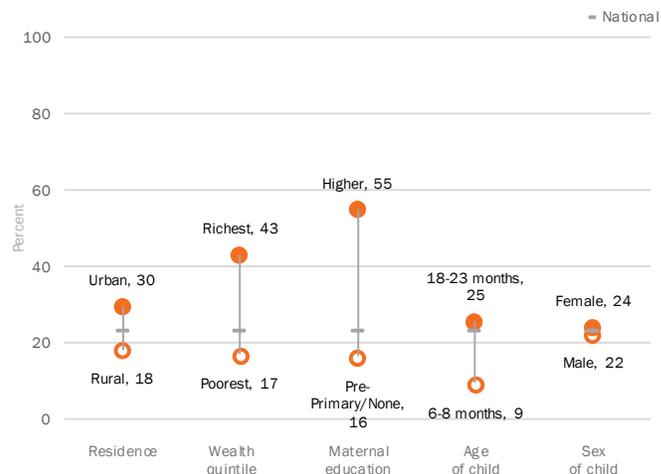
Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

Regional Data

Region	Early Initiation of breastfeeding	Minimum Diet Diversity
National	52	23
Western	51	23
Central	65	30
Greater Accra	46	28
Volta	47	14
Eastern	40	18
Ashanti	49	30
Brong Ahafo	60	15
Northern	58	21
Upper East	56	19
Upper West	62	13

Percent of newborns put to the breast within one hour of birth, and per cent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by geographic region

Ghana
2017/18

Nutritional Status of Children

Multiple Indicator Cluster Surveys

MICS

UNICEF

Anthropometric Malnutrition Indicators

Stunting: SDG 2.2.1

Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.

18
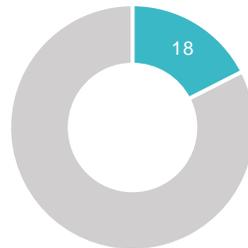
Percentage children under-5 who are stunted

Wasting: SDG 2.2.2

Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

7

Percentage children under-5 who are wasted

Overweight: SDG 2.2.2

Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.
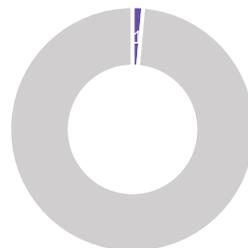
Percentage children under-5 who are overweight

Underweight

Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).

13
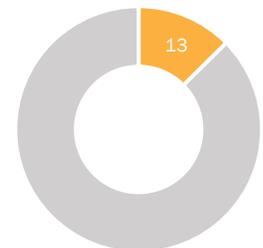
Percentage children under-5 who are underweight

Anthropometric Malnutrition Indicators by Age
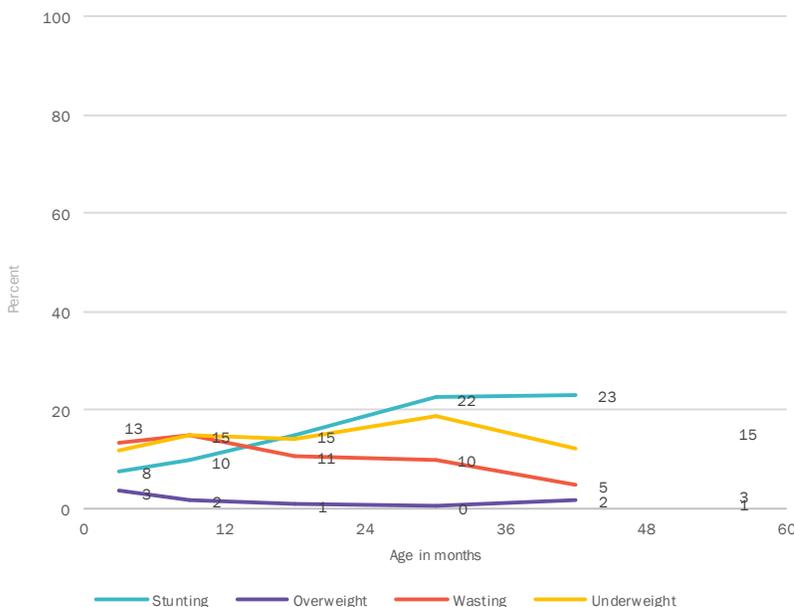
Percentage children who are underweight, stunted, wasted and overweight, by age in months

Legend: Stunting — Overweight — Wasting — Underweight

Key Messages

- Close to one in every five children under 5 years is stunted while one in every ten children under 5 is underweight

- Close to one in every ten children (7%) experiences wasting while the proportion of overweight children is low at 1%

- Stunting is highest in the Northern Region and lowest in Greater Accra region

- Large disparities exist between the poorest / least educated on one hand, and the richest / most educated with the former presenting the highest stunted children.

- Less disparities exist among wasted children except for the 0-5 months age group that present more wasting compared to the 48-59 months age group.

Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1
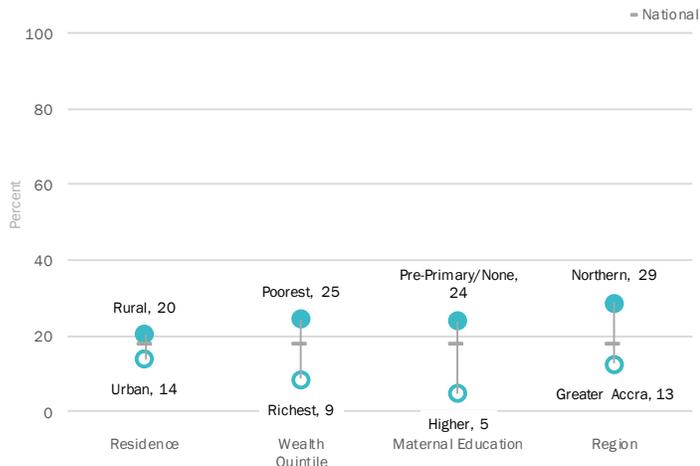
Percentage of under 5 children who are stunted, by background characteristics

Wasting: SDG 2.2.2
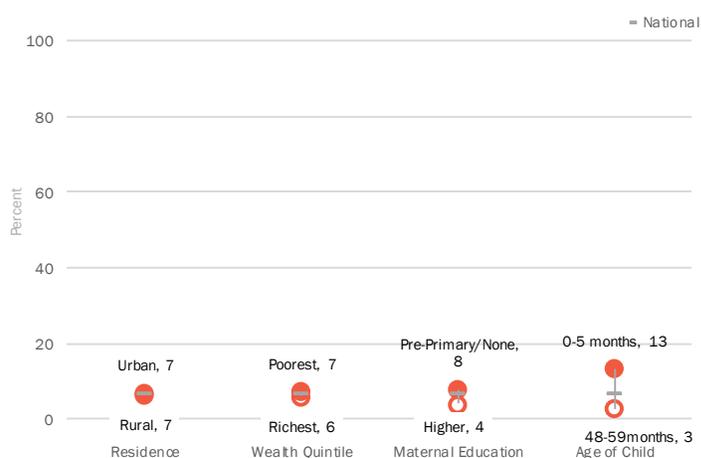
Percentage of under 5 children who are wasted, by background characteristics

Regional Data on Stunting, Overweight & Wasting

| National / Regional	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
National	18	1	7	1
Western	16	1	7	2
Central	18	1	7	1
Greater Accra	13	2	6	1
Volta	21	1	8	3
Eastern	16	2	5	0
Ashanti	16	1	6	0
Brong Ahafo	14	2	7	1
Northern	29	1	9	2
Upper East	18	1	7	3
Upper West	15	1	6	1

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Early Childhood Development

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Support for Learning

#### Early Stimulation & Responsive Care
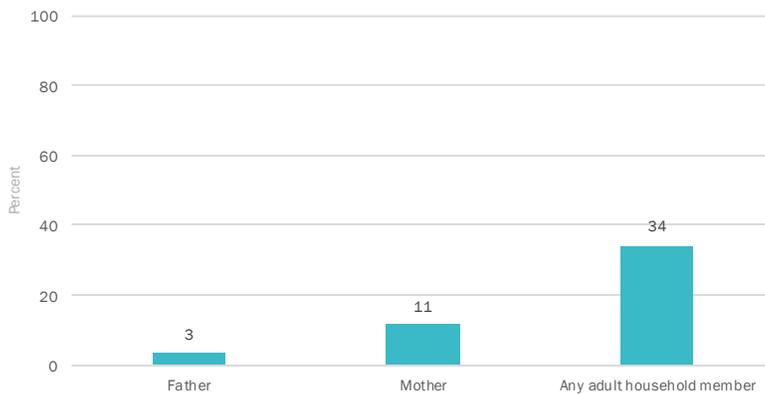
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

Attendance at Early Childhood Education Programmes
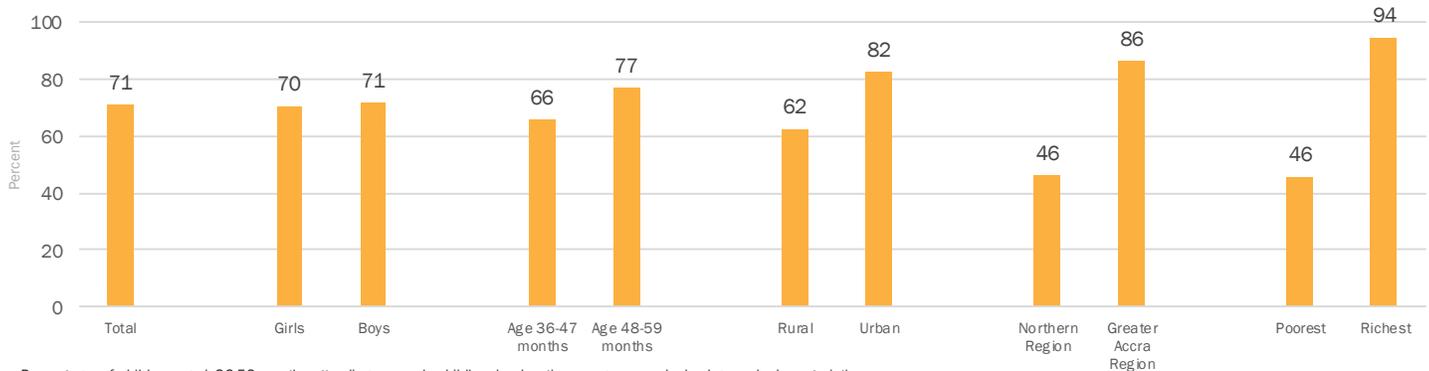
Percentage of children aged 36-59 months attending an early childhood education programme, by background characteristics

Key Messages

- Overall, seven in every ten children 36-59 months attend early childhood education programs

- Mothers play a more critical role compared to fathers in engaging children on learning and readiness activities (11% vs 3% respectively); and this is much higher (34%) when other adult household members are involved

- Less than half of the poorest population have their children attending early childhood programmes when compared to nearly all children from the richest quintile.

- More proportions of children in urban areas attend early childhood education when compared to those from rural areas. There were no large disparities when comparing sex of the child

- Ghana's Early Childhood Development Index (ECDI) indicates that nearly seven out of every ten children - age 3-4 years - are developmentally on track in literacy-

numeracy, physical, social-emotional, and learning domains.

- ECDI varies, and is higher among girls, children born to an educated mother, belonging to a rich household, living in an urban area and those attending early childhood education.

- Early childhood education is highest in Greater Accra region and lowest in Northern Region

Learning Materials & Child Supervision

Access to Play & Learning Materials

Material	Percent
3 or more children's books	7
2 or more types of playthings	50
Household objects/objects found outside	75
Toys from shop/manufactured toys	45
Homemade toys	38
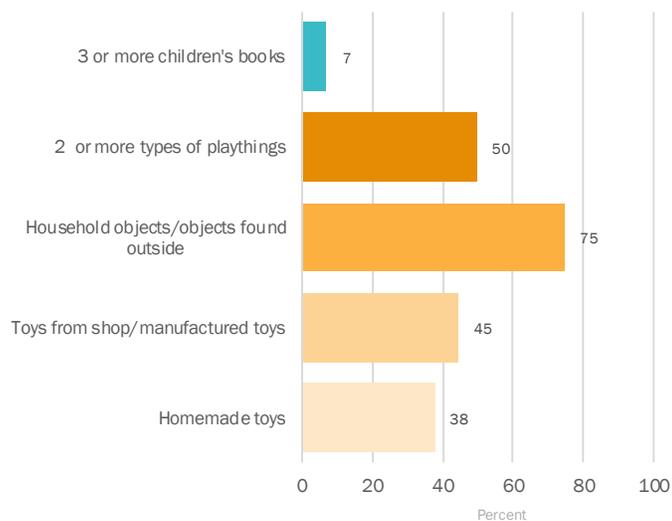
Percentage of children under age five according to their access to play and learning materials

Inadequate supervision of children

Region	Left in inadequate supervision
National	**30**
Western	30
Central	28
Greater Accra	21
Volta	26
Eastern	25
Ashanti	27
Brong Ahafo	26
Northern	53
Upper East	35
Upper West	35

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by region

Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1

Domain	Percent
ECDI	68
Physical	93
Learning	85
Social-emotional	67
Literacy-numeracy	44
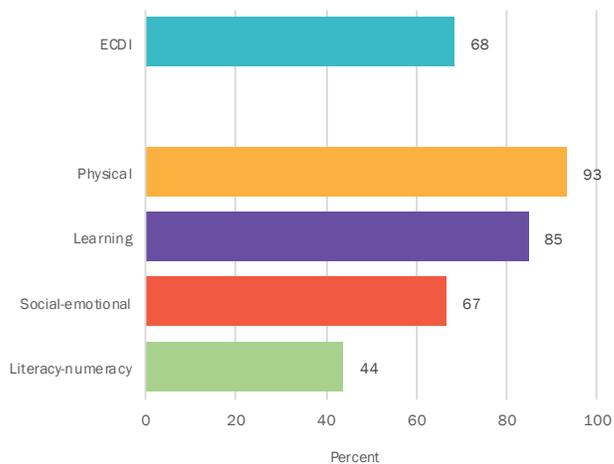
ECDI: Early Childhood Development Index; percentage of children age 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains

ECDI: Disaggregates

National

Characteristic	High	Low
Residence	Urban, 79	Rural, 61
Wealth Quintile	Richest, 87	Poorest, 55
Mothers education	Higher, 89	Pre-primary/None, 60
Sex of child	Female, 72	Male, 65
Age of child	4 years, 75	3 years, 62
Attendance to Pre-primary/None	Attending, 74	Not attending, 54
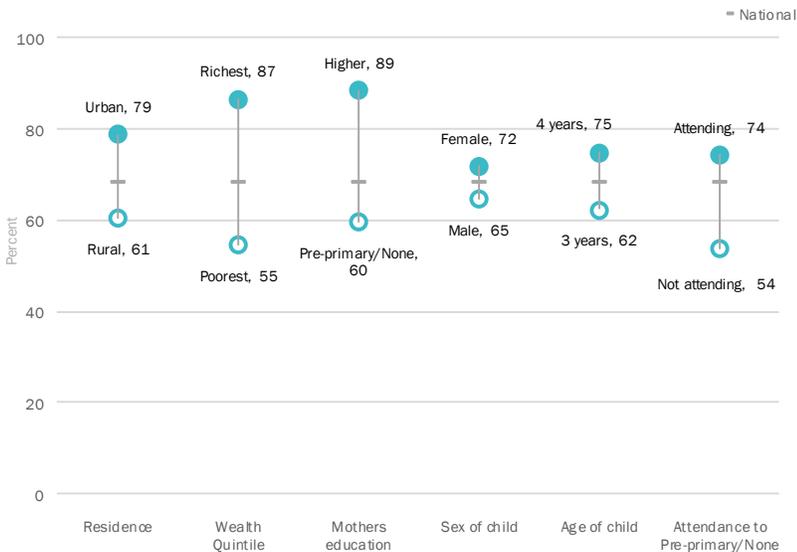
ECDI by various characteristics
ECE = early childhood education

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Education

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Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)

Category	Percent
Early Childhood Education (36-59 months)	71
1 year prior to primary school entry age	88
Primary	81
JSS/JHS/Middle	40
SSS/SHS/Secondary	20
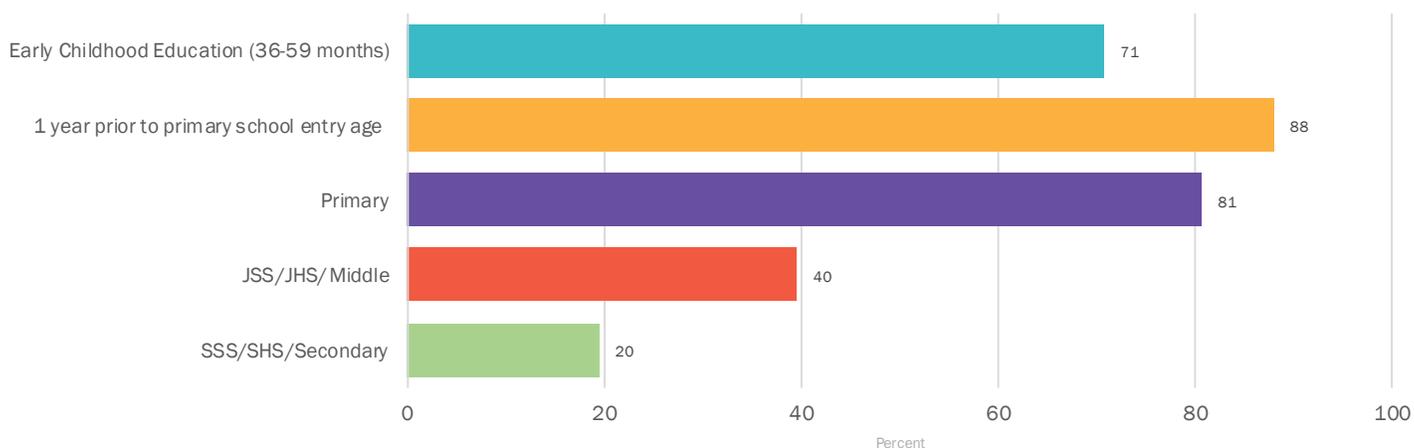
Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Net Attendance Rate for Early Childhood Education

- National
- Richest, 94
- Urban, 82
- Male, 71
- Female, 70
- Rural, 62
- Poorest, 46

Sex   Residence   Wealth Quintile

Percentage of children age 36-59 months who are attending early childhood education

Participation Rate in Organized Learning (1 Year Prior to Primary Entry Age): SDG 4.2.2

- National
- Female, 90
- Urban, 94
- Richest, 97
- Male, 86
- Rural, 83
- Poorest, 72

Sex   Residence   Wealth Quintile
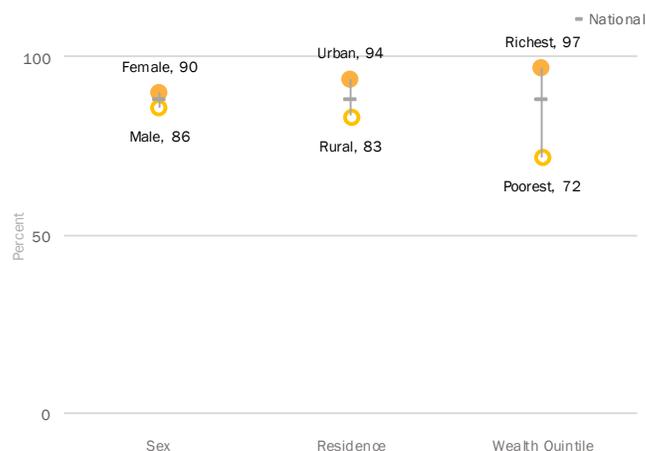
Percentage of children attending an early childhood education programme, or primary education (adjusted net attendance ratio), who are one year younger than the official primary school entry age at the beginning of the school year

Inequalities in Attendance Rates

Adjusted Primary School Net Attendance Rate

Female, 82
Male, 80
Urban, 87
Rural, 77
Richest, 94
Poorest, 67

Sex · Residence · Wealth Quintile
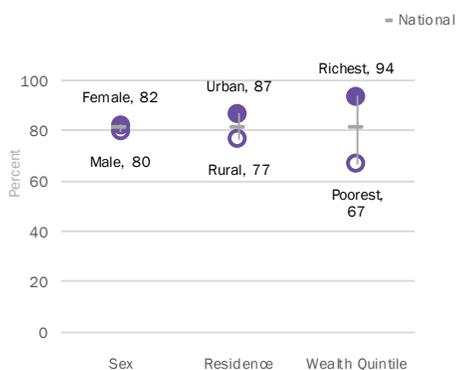
Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

Adjusted Junior Secondary (JSS/JHS/Middle) School Net Attendance Rate

Female, 43
Male, 37
Urban, 49
Rural, 33
Richest, 69
Poorest, 23

Sex · Residence · Wealth Quintile
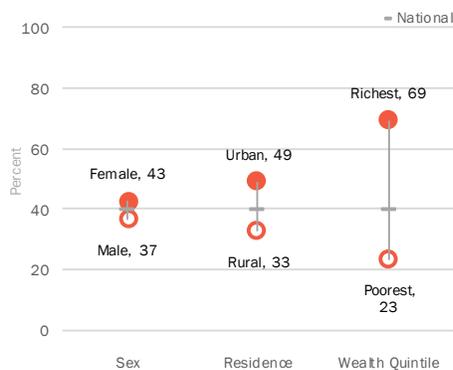
Percentage of children of Junior secondary school age (as of the beginning of the current or most recent school year) who are attending junior secondary school or higher

Adjusted Senior Secondary School (SSS/SHS/Secondary) Net Attendance Rate

Male, 20
Female, 19
Urban, 30
Rural, 12
Richest, 44
Poorest, 7

Sex · Residence · Wealth Quintile
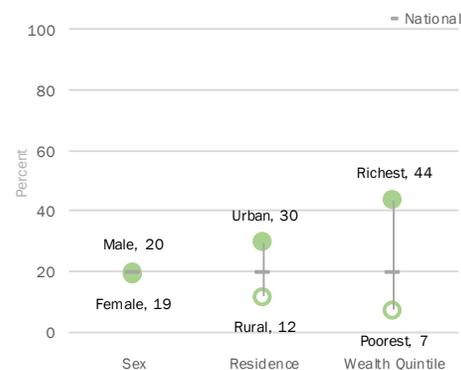
Percentage of children of senior secondary school age (as of the beginning of the current or most recent school year) who are attending senior secondary school or higher

Regional Data for Net Attendance Rates (adjusted)

Region	Early Childhood Education	Participation rate in organized learning	Primary	Junior Secondary (JSS/JHS/Middle)	Senior Secondary (SSS/SHS/Secondary)
National	**71**	**88**	**81**	**40**	**20**
Western	75	90	81	42	18
Central	86	95	82	41	16
Greater Accra	86	95	89	57	30
Volta	50	79	75	27	13
Eastern	74	89	84	44	24
Ashanti	81	96	86	49	27
Brong Ahafo	63	84	78	36	14
Northern	46	72	67	24	12
Upper East	65	86	81	25	9
Upper West	63	71	76	23	4

Key Messages

- Attendance rates for early childhood and pre-primary education are high (71%); and every four out of every five children of five years of age are attending early childhood or primary education (organized learning).

- Similar rates of attendance are maintained at the primary level (81%). However, there is a sharp decrease at JHS where only two out of every five children continue to attend.

- Net attendance rate further shrinks at SHS, where only 1 out of 5 children attend.

- Girls' net attendance rates are marginally higher than boys' at primary and JHS levels but SHS.

- School attendance rates vary significantly according to wealth and residence, and children most likely to attend through the levels of education are those who belong to richer households and live in urban areas.

- While attendance rates vary across regions, Volta, Brong Ahafo, Northern, Upper East and Upper West regions are consistently represented in the bottom five – across all levels of education.

- Greater Accra has the highest attendance rates in primary, JHS and SHS with 89%, 57% and 30% respectively.

Completion Rates
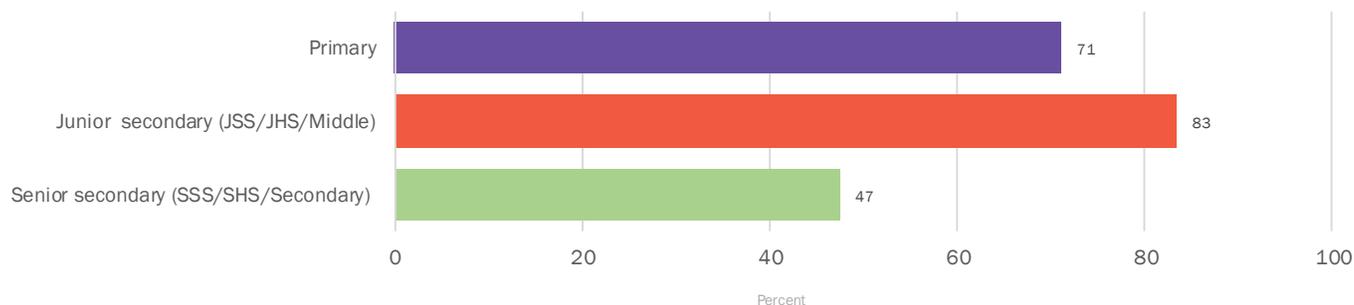
Inequalities in Completion Rates

Primary School

Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Junior Secondary
(JSS/JHS/Middle)
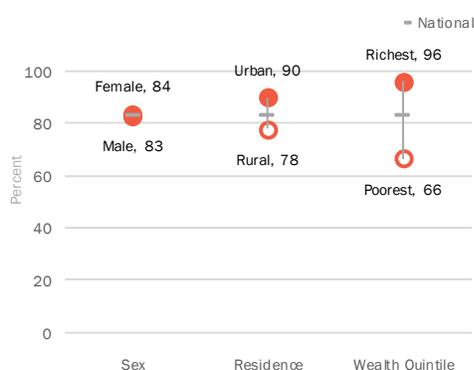
Percentage of children age 3 to 5 years above the intended age for the last grade of junior secondary school who have completed junior secondary education

Senior Secondary
(SSS/SHS/Secondary)

Percentage of children or youth age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed senior secondary education

Regional Data in Completion Rates

Region	Primary	Junior Secondary (JSS/JHS/Middle)	Senior Secondary (SSS/SHS/Secondary)
National	71	83	47
Western	74	89	46
Central	76	88	41
Greater Accra	77	89	71
Volta	63	77	27
Eastern	74	84	47
Ashanti	79	89	49
Brong Ahafo	68	84	46
Northern	54	66	39
Upper East	55	76	37
Upper West	53	65	43

Out of School Rates

Out of School Dimensions for Levels of Education

	Female	Male
DE1	6	7
DE2	18	20
DE3	7	8
DE4	15	17
DE5	29	40

Percent (axis: 0, 20, 40, 60, 80, 100)

■ Female ■ Male
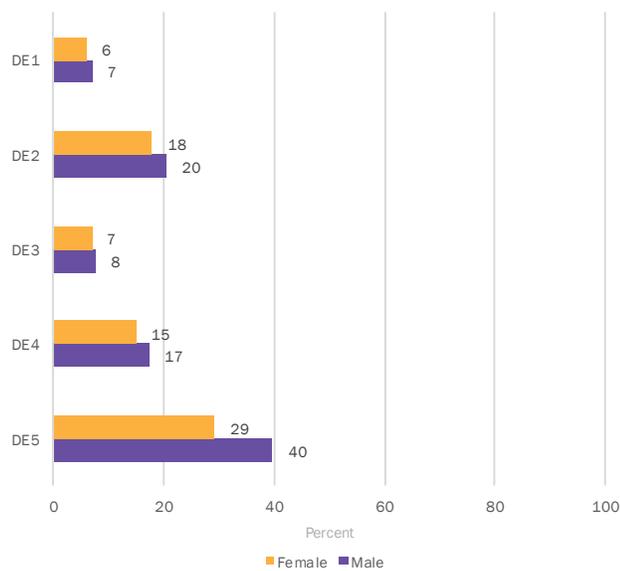
Dimension 1: Children not attending an early childhood education programme or primary education

Dimension 2: Children of primary school age who are not in primary or secondary school

Dimension 3: Children of junior secondary school age who are not in primary or secondary school

Dimension 4: Children who are in primary school but at risk of dropping out (overage by 2 or more years)

Dimension 5: Children who are in junior secondary school but at risk of dropping out (overage by 2 or more years)

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Values
4.1.4	LN.8 a,b,c	Completion rate (primary education, Junior secondary, Senior secondary education)	71.%, 83%, 47%
4.1.5	LN.6 a,b,c	Out-of-school rate (primary education, Junior and Senior secondary education)	19%, 7%, 25%
4.1.6	LN.10 a,b,	Percentage of children over-age for grade (primary education, Junior secondary education)	16%, 35%
4.5.1	LN.5 a	Parity indices (female/male, rural/urban, bottom/top wealth quintiles) for primary adjusted net attendance rate	1.0, 0.9, 0.7
4.5.1	LN.5 b	Parity indices (female/male, rural/urban, bottom/top wealth quintiles) for junior/lower secondary (JSS/JHS/Middle) adjusted net attendance rate	1.2, 0.7, 0.3

Key Messages

- Completion rates at primary and junior high schools are high (71% and 83% respectively).

- Less than half of children complete higher secondary education.

- Disparities continue to persist across all levels of education by wealth quintile and residence; completion rate is higher for urban dwellers and the rich as compared to their rural and poor counterparts respectively.

- Girls perform better than boys on completion at primary and JHS.

- About eight in every ten of children in Ashanti region have completed primary school while this is lowest in Upper West at about half.

- Out-of-school children of primary school age remains high at 19 percent and relatively lower in JHS at 7 percent. It is highest in SHS at 25 percent.
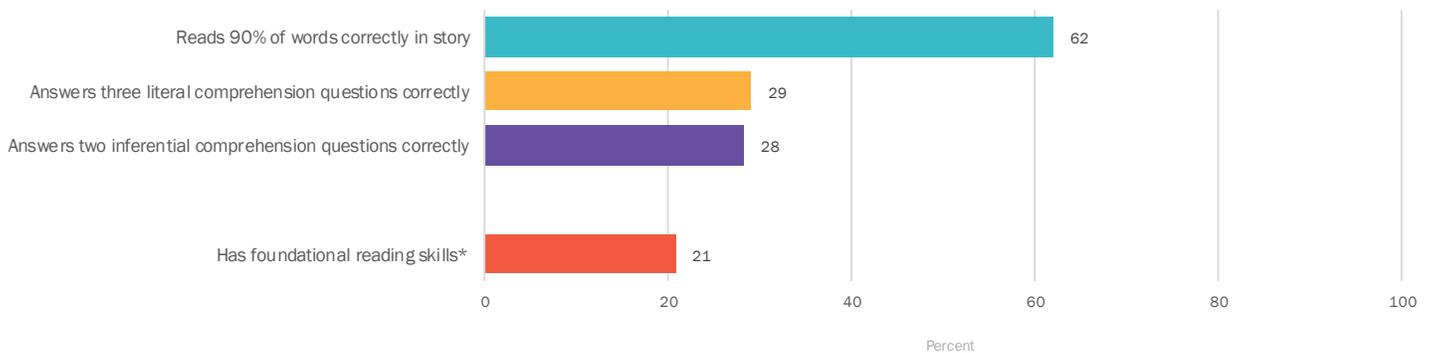
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Early Grade Learning & Parental Involvement

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Early Grade Learning

Foundational Reading Skills: SDG 4.1.1 (a) (i: reading)

	Percent
Reads 90% of words correctly in story	62
Answers three literal comprehension questions correctly	29
Answers two inferential comprehension questions correctly	28
Has foundational reading skills*	21

*Percentage of children age 7-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

Disaggregates in Foundational Reading Skills

National

Girls, 22
Boys, 20
Urban, 32
Rural, 12
Richest, 49
Poorest, 5

Sex | Residence | Wealth Quintile
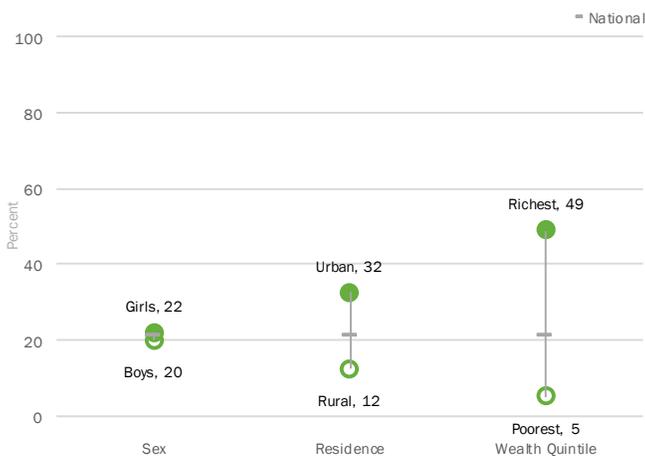
Regional Data on Foundational Reading Skills

Region	Boys	Girls	Total
National	20	22	21
Western	22	34	28
Central	19	19	19
Greater Accra	48	48	48
Volta	15	22	18
Eastern	24	20	22
Ashanti	21	21	21
Brong Ahafo	15	15	15
Northern	4	8	6
Upper East	8	18	12
Upper West	6	12	9

Key Messages

- Only one out of every five children between age 7- 14 years has foundational reading skills

- Numeracy skills are lower since only one in every ten children age 7-14 years is able to demonstrate the required skills.

- Greater Accra is the highest performer in both reading and numeracy while Northern and Upper West regions are the least respectively.

- Overall, girls perform better in reading skills while boys outperform girls in numeracy skills.

- Children in urban areas and those in richest households outperform their counterparts in rural and poorest households respectively in both literacy and numeracy skills.

- Parental involvement in school management is relatively high (with 77% for meetings called by a school governing body).

Early Grade Learning

Foundational Numeracy Skills: SDG 4.1.1.(a) (ii: numeracy)
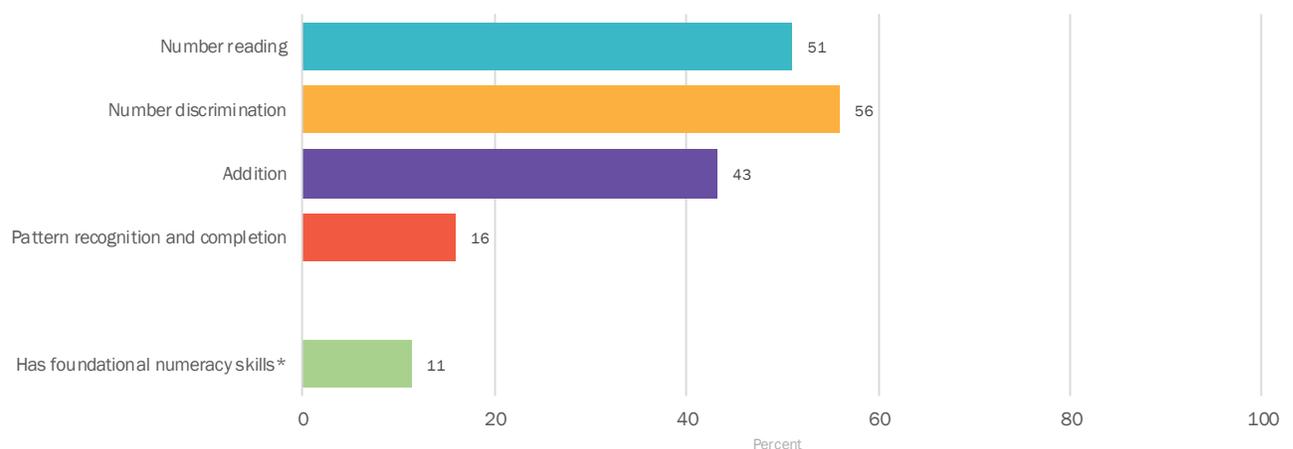
Category	Percent
Number reading	51
Number discrimination	56
Addition	43
Pattern recognition and completion	16
Has foundational numeracy skills*	11

*Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Disaggregates in Foundational Numeracy Skills

- National
- Male, 13
- Female, 10
- Urban, 16
- Rural, 8
- Richest, 21
- Poorest, 4
- Sex
- Residence
- Wealth Quintile
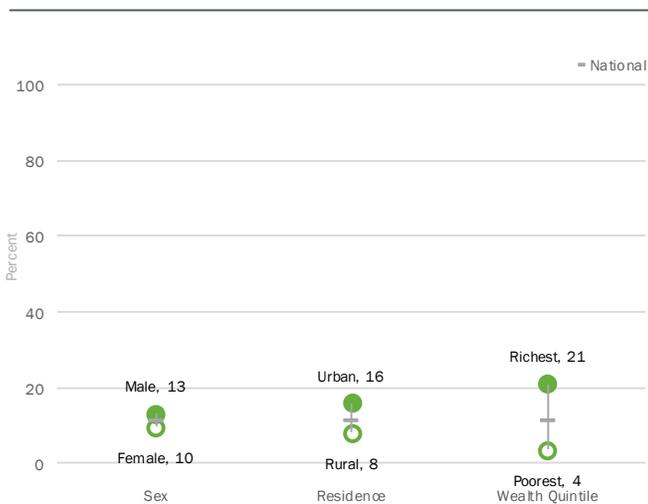
Regional Data on Foundational Numeracy Skills

| Region	Boys	Girls	Total
National	13	10	11
Western	18	13	15
Central	11	6	8
Greater Accra	22	16	19
Volta	6	3	5
Eastern	13	12	12
Ashanti	19	13	16
Brong Ahafo	10	8	9
Northern	6	3	5
Upper East	5	6	6
Upper West	4	5	4

Reading & Numeracy Skills Data in MICS

- The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG4.1.1.(a) Global Indicator.
- For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.

- The content of reading assessment is customized in each country, ensuring that the vocabulary used are part of the Grade 2 reading textbook. This ensures national question relevance in terms of vocabulary and cultural appropriateness). The questions on mathematics are based on universal skills needed for that grade level.
- As MICS also collects data on school

attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes

Parental Involvement: Learning Environment at Home

Children with 3 or more books to read at home

- National
- Female, 23
- Male, 22
- Urban, 32
- Rural, 15
- Richest, 51
- Poorest, 6

Axis: Percent (0–100)
Categories: Sex, Residence, Wealth Quintile
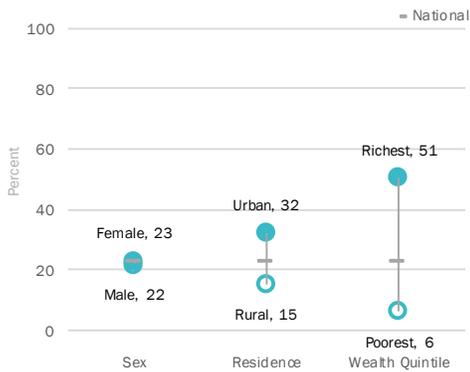
Children who read books or are read to at home

- National
- Female, 65
- Male, 63
- Urban, 73
- Rural, 58
- Richest, 89
- Poorest, 45

Axis: Percent (0–100)
Categories: Sex, Residence, Wealth Quintile

Children who receive help with homework

- National
- Female, 67
- Male, 62
- Rural, 65
- Urban, 64
- Richest, 70
- Poorest, 58

Axis: Percent (0–100)
Categories: Sex, Residence, Wealth Quintile
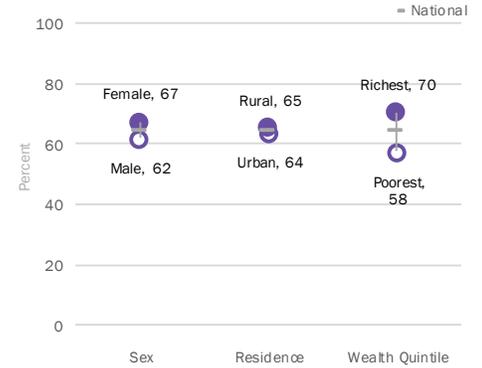
Parental Involvement: Support for learning at School

- Children for whom an adult household member in the last year received a report card for the child: 80
- School has a governing body open to parents: 95
- Attended meeting called by governing body: 77
- A meeting discussed key education/ financial issues: 73
- Attended school celebration or sport event: 36
- Met with teachers to discuss child's progress: 55

Involvement by adult in school management in last year

Involvement by adult in school activities in last year

48

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Birth Registration

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Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1
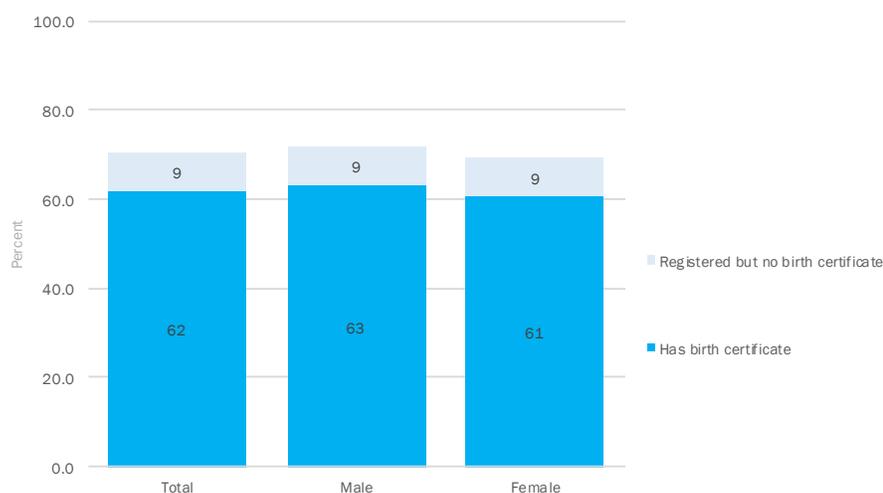
Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

Birth registration by Age
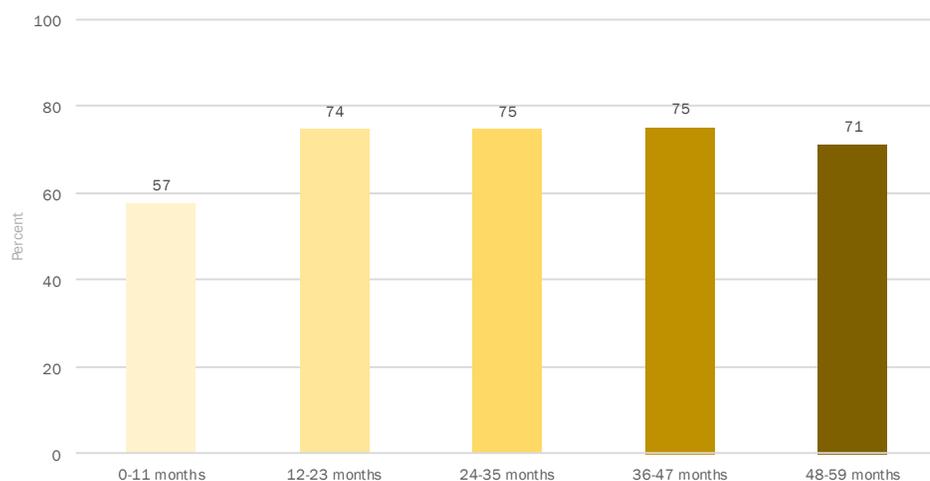
Percentage of children under age 5 whose births are registered, by age in months

Key Messages

- Seven in every ten children under 5 years had their births registered

- More male than female children are registered

- Among age groups, children 0-11 months (over half) have the lowest registered proportions

- Birth registration proportions are highest in Upper East , Greater Accra and Ashanti regions while the lowest are reported from Brong Ahafo and Eastern region

- Birth registration increases with level of education and wealth and is more prevalent in urban than rural areas.

Birth Registration: Inequalities

Percentage of children under age 5 whose births are registered, by background characteristics

Regional Data on Birth Registration

Region	Total registered
National	**71**
Western	69
Central	74
Greater Accra	79
Volta	67
Eastern	60
Ashanti	75
Brong Ahafo	58
Northern	71
Upper East	81
Upper West	74

Percentage of children under age 5 whose births are registered, by region

Mother's (or Caregiver's) Knowledge of How to Register

- Unregistered children whose mothers do not know how to register them
- Unregistered children whose mothers know how to register them
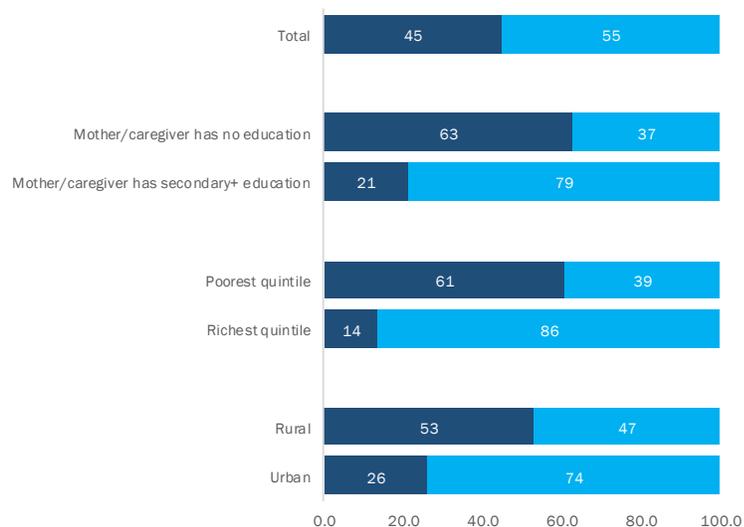
Percentage of children under age 5 whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child

50

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2017/18

Child Discipline

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Child Discipline

Types of Child Discipline
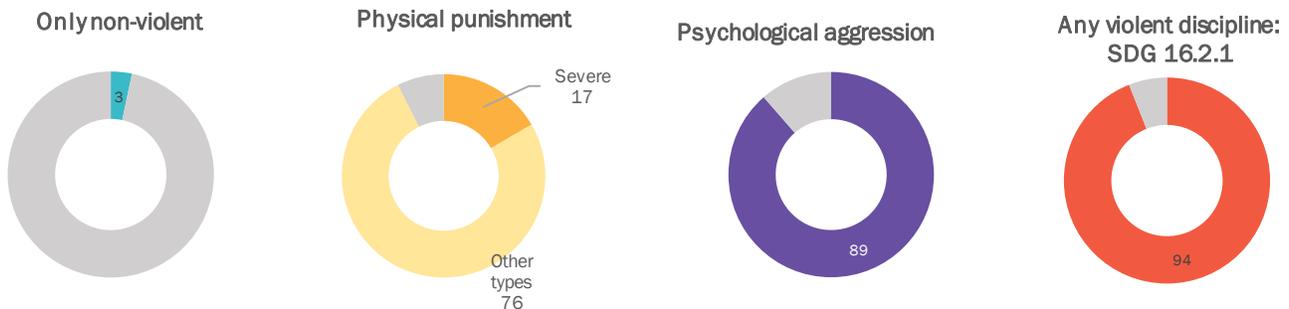
Only non-violent	Physical punishment	Psychological aggression	Any violent discipline: SDG 16.2.1
3	Severe 17 / Other types 76	89	94

Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

Violent Discipline: Inequalities

— National

Rural, 94
Urban, 94

Richest, 94
Poorest, 93

Higher, 95
Pre-Primary/None, 94

Male, 94
Female, 94

Percent

| Residence | Wealth Quintile | Mother's education | Sex of child |

Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.
Violent discipline: Any physical punishment and/or psychological aggression.

Key Messages

- Almost all of children (94%) aged 1 to 14 years were reported to experience any form of violent discipline.

- Among age groups, any physical punishment is highest among children 3-4 years and lowest among children 10-14 years.

- There were no large differences in coverage or disparities in relation to violent discipline and residence, sex, wealth or education of mother or child.

- Less males (less than half) compared to six in every ten females feel that physical punishment is necessary in bringing up a child. Additionally, the more educated respondents are, the less they feel or think that physical punishment is necessary to raise or educate children

Violent Discipline: Age Patterns
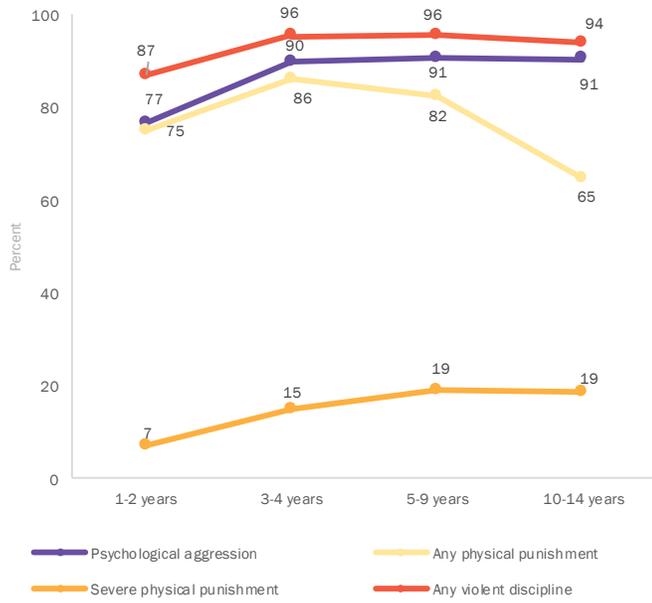
Legend:
- Psychological aggression
- Any physical punishment
- Severe physical punishment
- Any violent discipline

Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences

Percentage of respondents who think that physical punishment is necessary — 59

Percentage of children age 1-14 years who experienced any physical punishment — 94
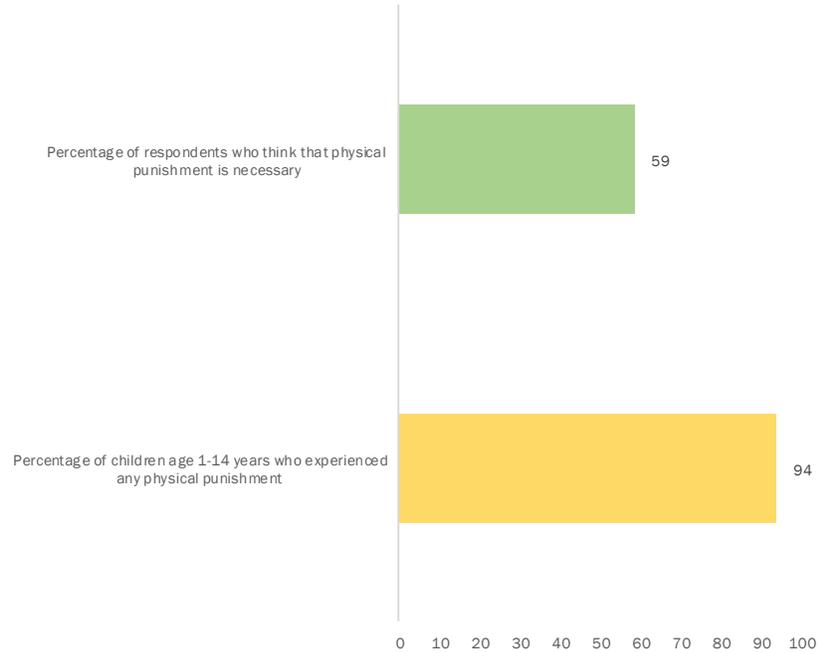
Attitudes to Physical Punishment

Category	Percent
Total	59
Female	59
Male	48
Urban	58
Rural	59
Below age 25 years	60
Age 25-34 years	59
Age 35-49 years	58
Age 50 years and above	58
No education	60
Secondary education	57
Higher education	48
Richest quintile	55
Poorest quintile	58
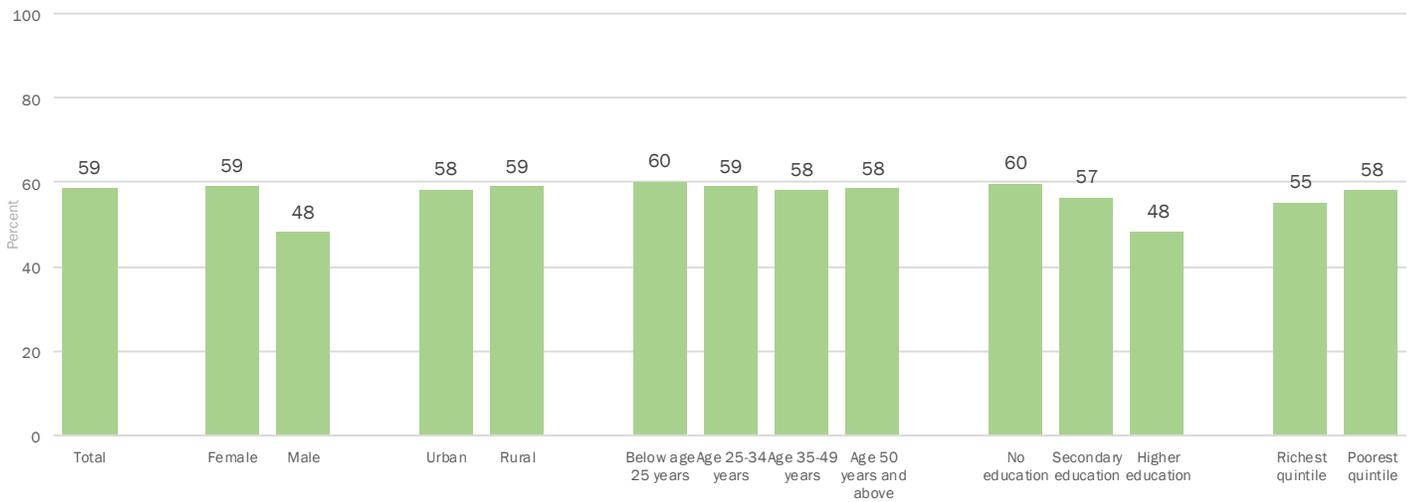
Percentage of respondents to the child discipline module who think that physical punishment is necessary to raise or educate children, by their background characteristics

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Child Labour

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Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1*
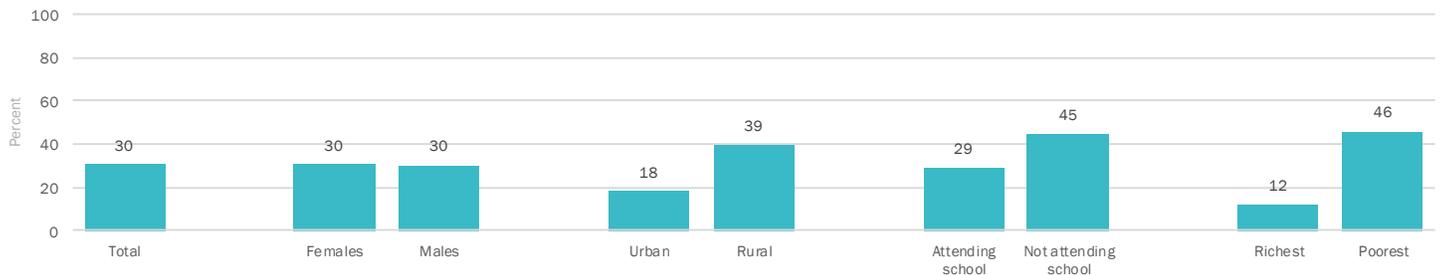
Percentage of children age 5 to 17 years engaged in child labour, by background characteristics

*Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children age 5-14 and no threshold for household chores for children age 15-17

Types of Child Labour
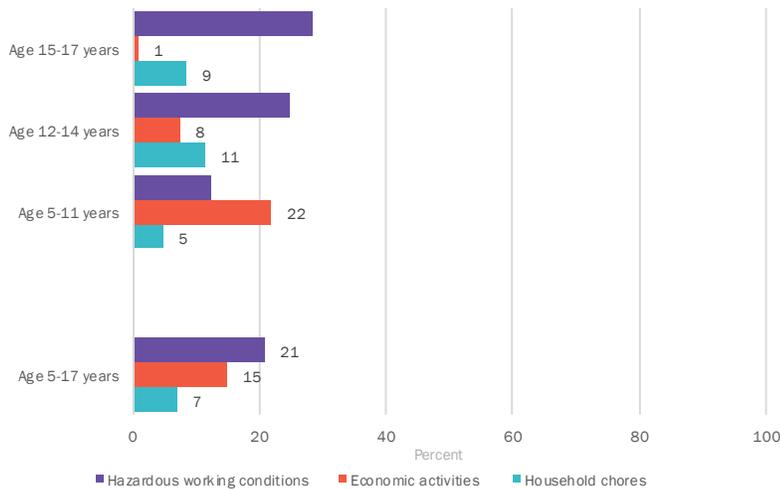
■ Hazardous working conditions ■ Economic activities ■ Household chores

Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 12 to 14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15 to 17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water.

Key Messages

- About one in every three children age 5 to 17 years is engaged in child labour.

- One in every five children 5-17 years is engaged in hazardous working conditions.

- Children 5-17 years are more engaged in economic activities than household chores, particularly the 5-11 years age group.

- Children 5-17 years involved in hazardous working conditions are mostly found in rural areas, among the poorest and among those not attending school. There were no huge disparities related to sex of the child.

- Northern, Upper West and Upper East Regions had the highest proportions of children involved in child labour while the least were found in Greater Accra and Ashanti regions.

Inequalities in Child Labour & Hazardous Conditions

Child Labour Inequalities
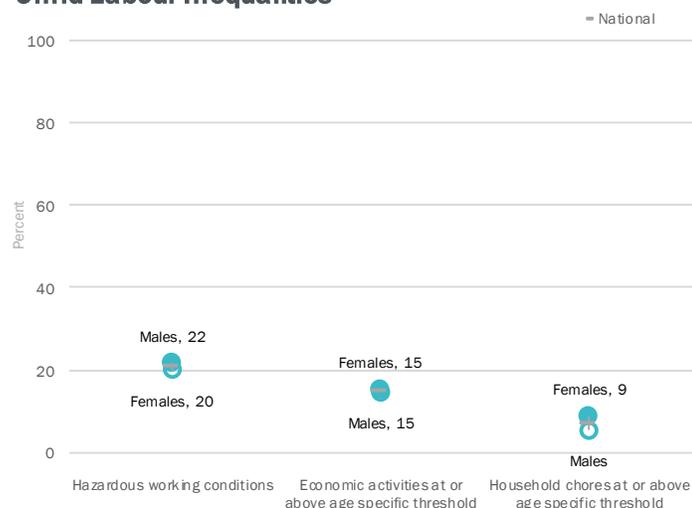
Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by sex

Hazardous Conditions Inequalities
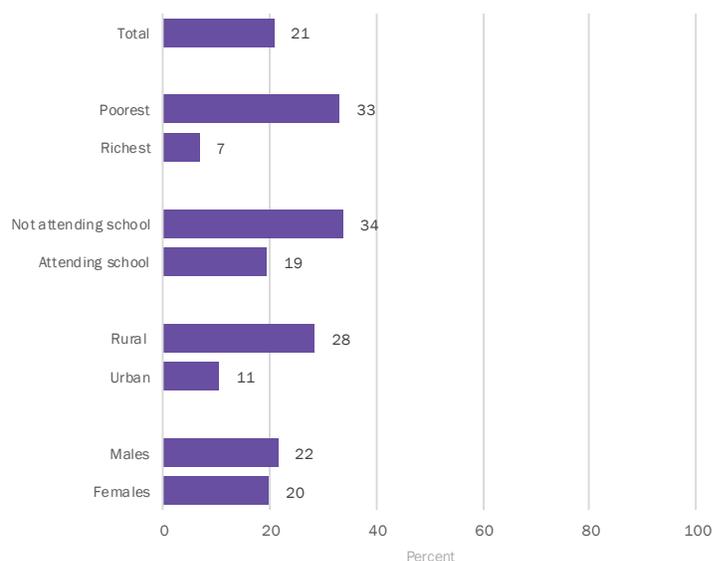
Percentage of children age 5 to 17 years working under hazardous conditions, by background characteristics

Regional Data on Child Labour

Region	Total Child Labour
National	30
Western	28
Central	30
Greater Accra	11
Volta	32
Eastern	30
Ashanti	22
Brong Ahafo	34
Northern	54
Upper East	42
Upper West	45

Percentage of children age 5 to 17 years engaged in child labour, by region

Ghana 2017/18

Child Marriage

MICS

Multiple Indicator Cluster Surveys

unicef

Child Marriage: Levels & Disaggregates

Marriage before Age 15 & Age 18: SDG 5.3.1

Total	19.3 / 5.0
Rural	26.6 / 7.3
Urban	12.5 / 2.8

Percent

■ Married by 18   ■ Married by 15

Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18*, by residence

Disaggregates in Marriage before Age 18
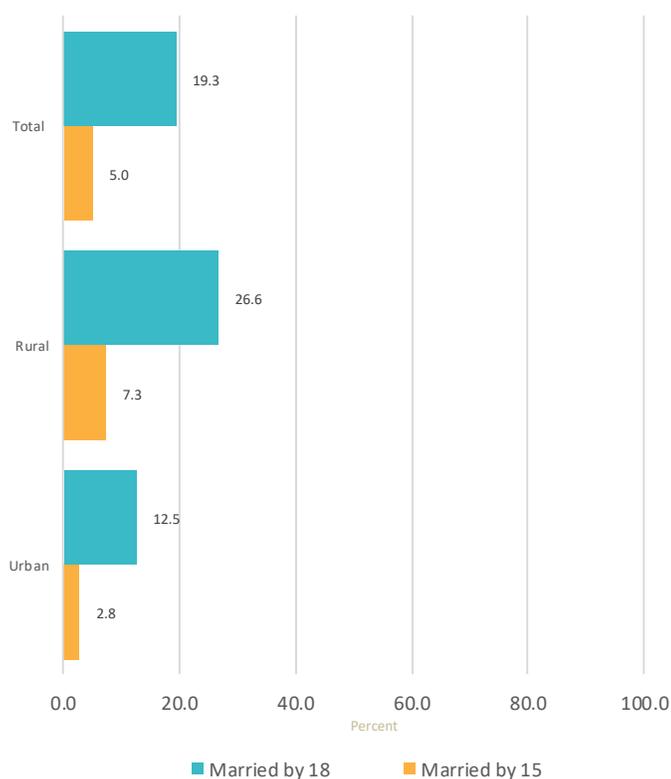
Total	19
Pre-primary or no education	43
Primary	43
JSS/JHS/Middle	23
SSS/SHS/Secondary	5
Higher	0
Poorest	33
Second	28
Middle	21
Fourth	15
Richest	5
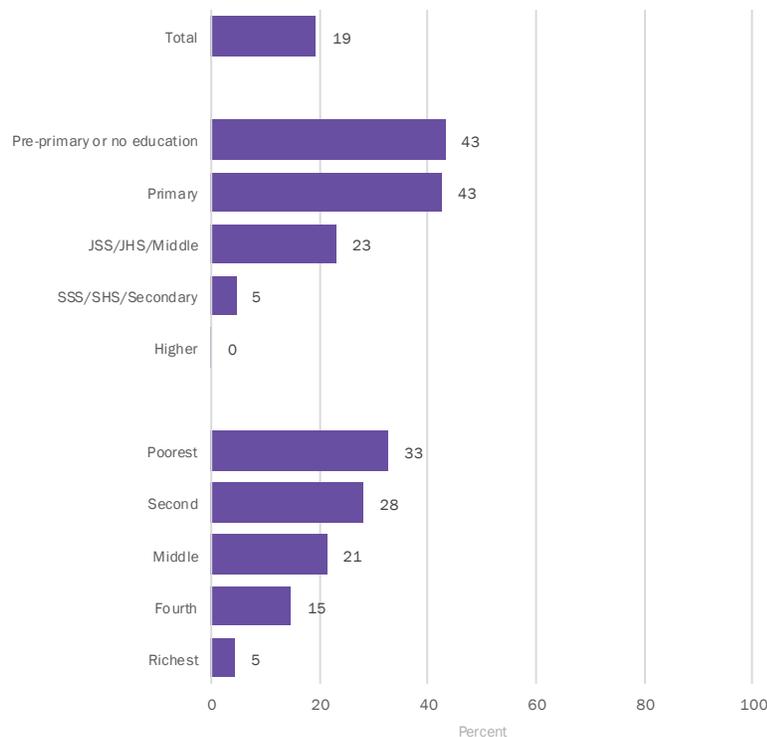
Percent

Percentage of women age 20-24 years who were first married or in union before age 18, by wealth quintile and education

Key Messages

- One in every five women age 20-24 years were first married before age 18 years. This remains lower, at one in every 20 women for the same age group, married for the first time before age 15 years.

- Marriage before age 15 and 18 years is lowest among the age cohort 20-24 years

- Among the different age cohorts, marriage before ages 18 and 15 years is highest among the 35-39 and 40-44 years age groups respectively.

- More proportions of persons in rural than urban areas practice child marriage

- Child Marriage is highest in Northern, Upper East and Volta regions, and lowest in Greater Accra, Ashanti and Brong-Ahafo regions

- Child marriage increases with less wealth and less education.

55

Regional Data on Child Marriage

Region	Marriage by age 18
National	19
Western	23
Central	22
Greater Accra	8
Volta	24
Eastern	23
Ashanti	17
Brong Ahafo	17
Northern	28
Upper East	28
Upper West	22

Percentage of women aged 20 to 24 years who were first married or in union before age 18, by region

Trends in Child Marriage
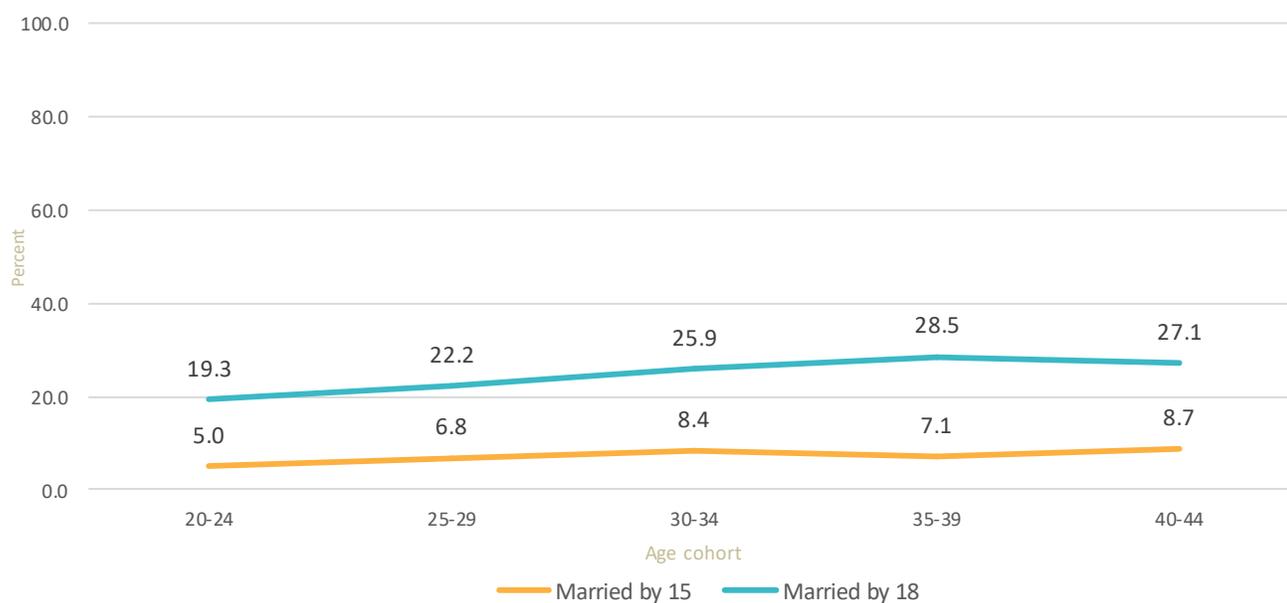
Percentage of women age 20-49 years who were first married or in union before age 15 and before age 18, by age cohort

Ghana
2017/18

**MICS**

Female Genital Mutilation (FGM)

Multiple Indicator
Cluster Surveys

Female Genital Mutilation

UNICEF

### Level & Disaggregates of FGM Among Women 15-49
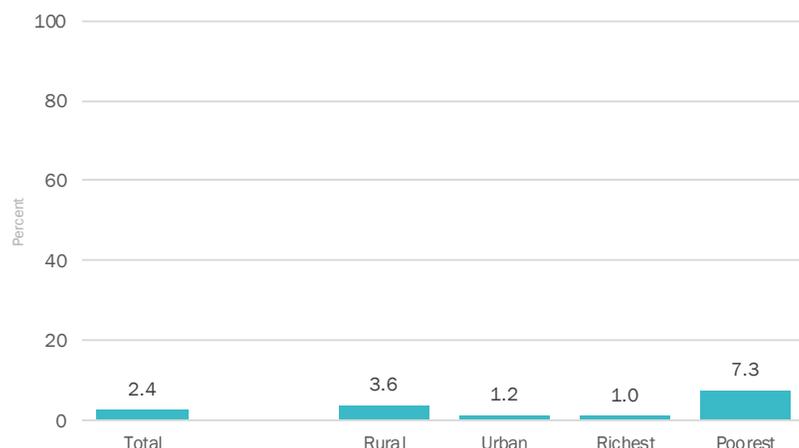
Percentage of girls and women age 15 to 49 years who have undergone FGM/C*, by residence and wealth quintile
*SDG 5.3.2

Female genital mutilation (FGM) refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons."[1] FGM is a violation of girls' and women's human rights and is condemned by many international treaties and conventions, as well as by national legislation in many countries. Yet, where it is practised FGM is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family. UNICEF works with government and civil society partners towards the elimination of FGM in countries where it is still practised.

1. World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4.

Disaggregates of FGM Among Daughters 0-14 years
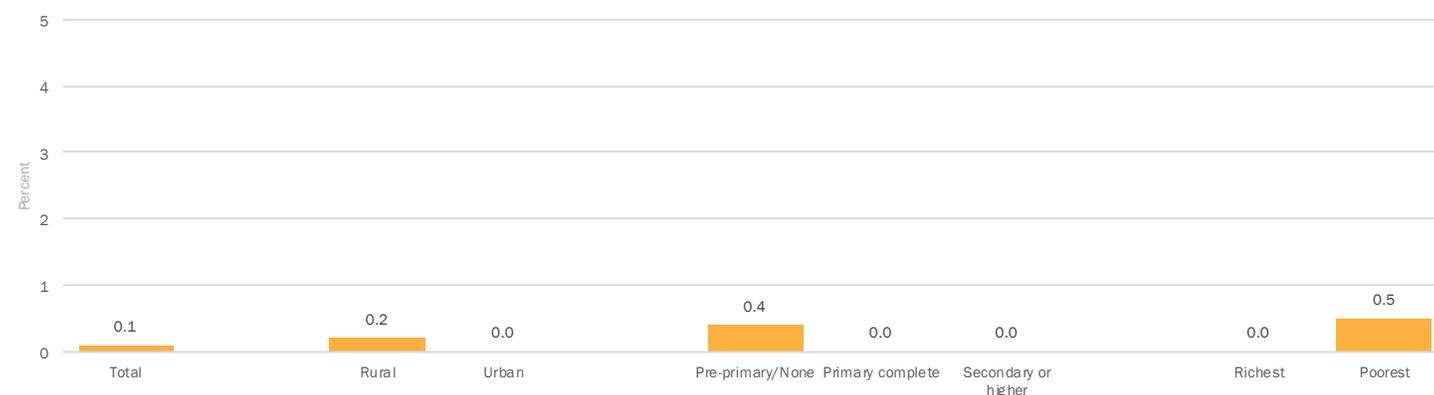
Percentage of daughters age 0 to 14 years who have undergone FGM/C (as reported by their mothers), by residence, mother's education and wealth quintile

Key Messages

- Overall, the practice of female genital mutilation (FGM) is low in the country, however women in the rural areas (3.6%) perform FGM 3 times more than women in urban areas (1.2%).

- Similarly, women in the poorest quintile perform FGM 7 times more compared to women in the richest quintile.

- Female genital mutilation decreases with age, and the most common type of FGM reported was one that involved the removal of flesh.

- More than nine in every ten of those who have heard about FGM do not agree with the continuity of this practice.

- **NOTE**: Prevalence data for girls aged 0 to 14 reflect their current, but not final, FGM/C status since some girls who have not been mutilated may still be at risk of experiencing the practice once they reach the customary age for cutting. Therefore, the data on prevalence for girls under age 15 is actually an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation also varies and this should be kept in mind when interpreting all FGM/C prevalence data for this age group.

Female Genital Mutilation

Trends in FGM
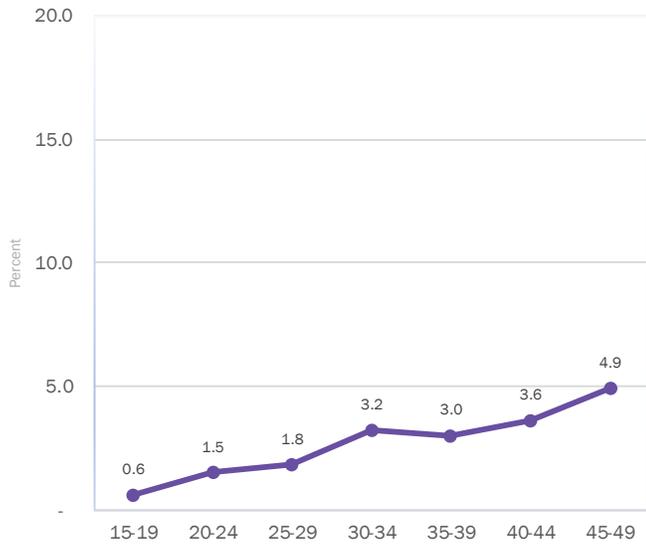
Percentage of girls and women age 15 to 49 years who have undergone FGM/C, by age cohort

Type of FGM
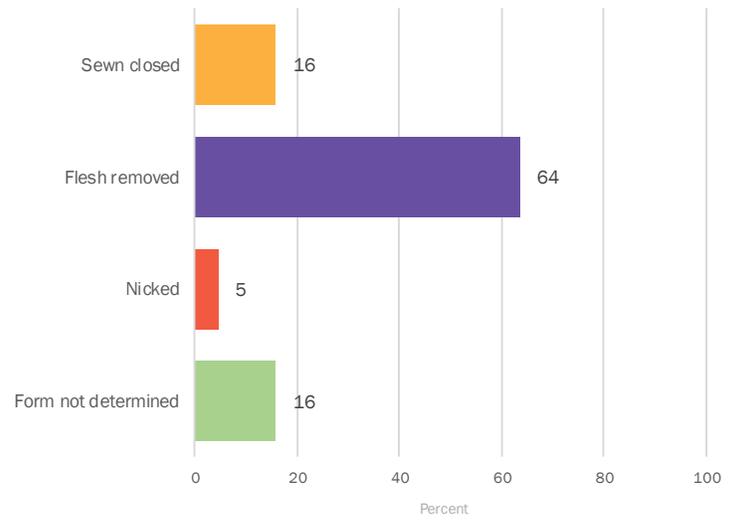
Percentage distribution of girls and women age 15 to 49 years who have undergone FGM/C, by type

Attitudes to FGM
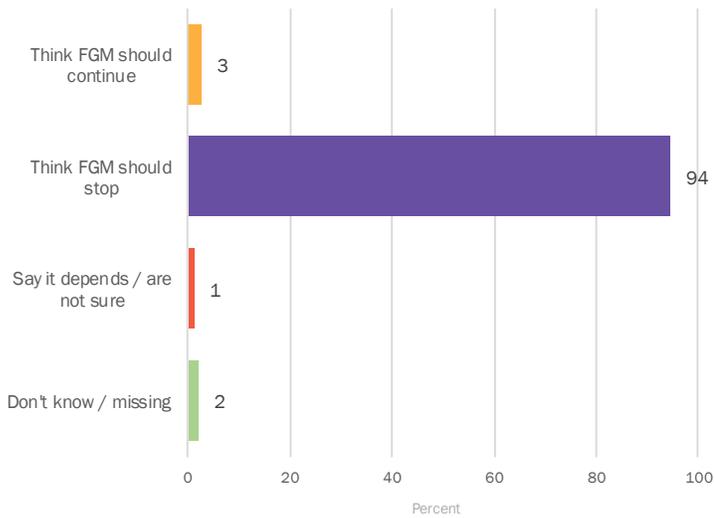
Percentage distribution of girls and women age 15 to 49 years who have heard about FGM/C, by their attitudes about whether the practice should continue
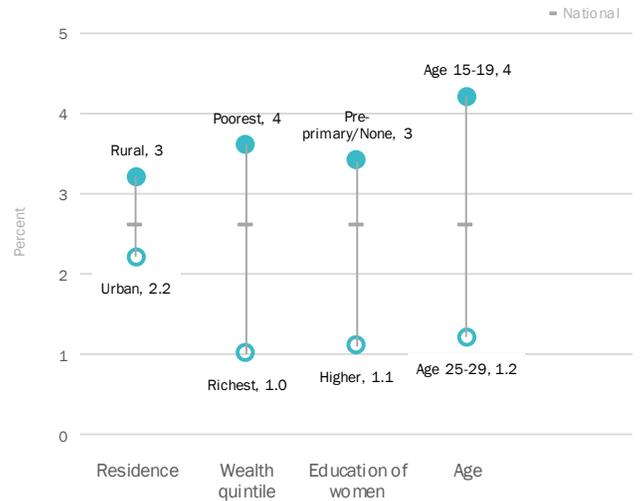
Percentage of girls and women age 15 to 49 years who have heard about FGM and think the practice should continue, by wealth quintile, education, residence and age

Ghana
2017/18

Drinking Water, Sanitation & Hygiene - WASH

MICS

Multiple Indicator
Cluster Surveys

unicef

Basic Drinking Water, Sanitation & Hygiene Services

Basic drinking water

	Basic service	Limited	Unimproved	Surface water
National	79	7	5	9
Urban	93	3	3	1
Rural	68	9	6	16

Legend:
- Basic service
- Limited
- Unimproved
- Surface water

Basic sanitation

	Basic Service	Limited	Unimproved	Open defecation
National	21	45	13	22
Urban	25	56	8	11
Rural	17	35	18	31

Legend:
- Basic Service
- Limited
- Unimproved
- Open defecation

Basic hygiene (hand washing)

	Basic facility	Limited	No facility
National	48	24	28
Urban	56	19	24
Rural	42	27	31

Legend:
- Basic facility
- Limited
- No facility

Percent of population by drinking water, sanitation and hygiene coverage

Drinking water ladder: **Basic service (at least basic** drinking water services) - (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **Surface Water (No service)** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: At least **basic (Basic Service)** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **Open defecation** refers to **No service**.

Hygiene ladder: A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

Key Messages

- Eight in every ten household populations are using basic drinking water services
- Regions that are hydrologically challenged, such as the Northern, Upper East and Upper West regions, are now clearly noticeable as having lower than national average access to basic water (improved water within 30 minutes).
- E-coli is highest in household drinking water than at source. Close to eight in every ten households had E-coli in their drinking water while close to half of water sources were affected

- There is a clear wealth disparity on basic water access, with the wealthy nearly twice as likely to have access than the poor.
- Additionally, urban dwellers are more likely to have basic access than those from rural areas
- Only one in every five households in Ghana have an improved sanitation facility for their household
- More than one in every five still practice open defecation
- Nearly half of the poorest quintile household population practices open defecation and this practice significantly decreases with increase

in wealth. Open defecation is more prevalent in rural areas
- Sharing of sanitation remains prevalent, and one in every four household populations use public facilities
- Nearly half of the population have access to a handwashing with soap facility (mobile or fixed) with soap and water present
- About one in every five of the women feel excluded from social activities during menstruation

Basic Drinking Water
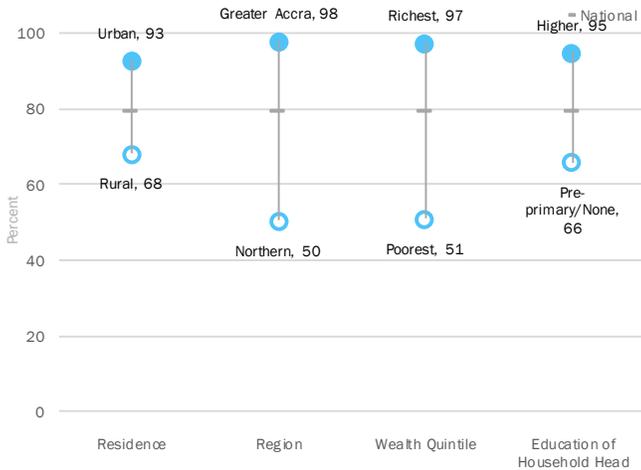

Percent of population using basic drinking water services by background characteristics

Basic Sanitation

Percent of population using basic sanitation services by background characteristics
 # The highest disparity on Education was found among the JSS/JHS/Middle level at 27.4%

Basic Hygiene (Hand washing)
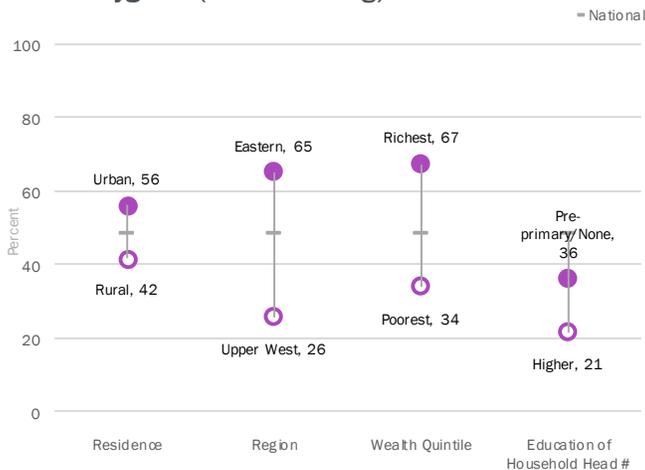
Percent of population using basic hygiene services by background characteristics
 # The highest disparity on Education was found among the SSS/SHS/Senior level at 65.3%

Regional Data on Basic Services

| Region	Basic Drinking Water	Basic Sanitation	Basic Hygiene
National	79	21	48
Western	77	21	58
Central	88	19	58
Greater Accra	98	25	50
Volta	59	14	37
Eastern	78	30	65
Ashanti	89	23	52
Brong Ahafo	84	20	39
Northern	50	12	31
Upper East	71	8	34
Upper West	76	15	26

Percent of population using basic drinking water, sanitation and hygiene services by region

Accessibility of Water & Sanitation Facilities

Time Spent Each Day Collecting Water

Legend:
- DK/Missing
- Over 3 hours
- Over 1 hour to 3 hours
- 31 mins to 1 hour
- Up to 30 minutes

|	National	Urban	Rural
DK/Missing	1	1	1
Over 3 hours	5	2	7
Over 1 hour to 3 hours	20	11	25
31 mins to 1 hour	18	16	20
Up to 30 minutes	56	71	47
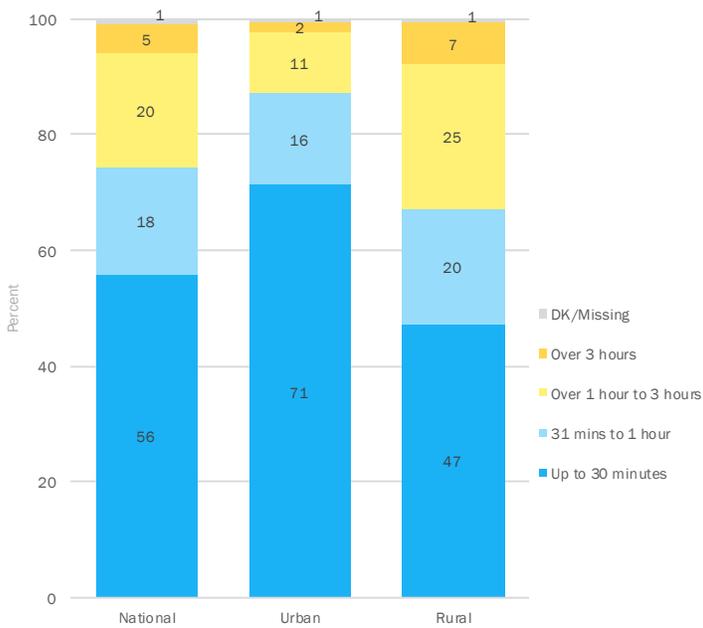
Percent of population by mean time person primarily responsible for water collection spends collecting water each day in households without water on premises

Who Primarily Collects Water for the Household

Women 15+ years	Men 15+ years	Girls <15 years	Boys <15 years	DK/Missing/ Members do not collect
61	12	15	9	3
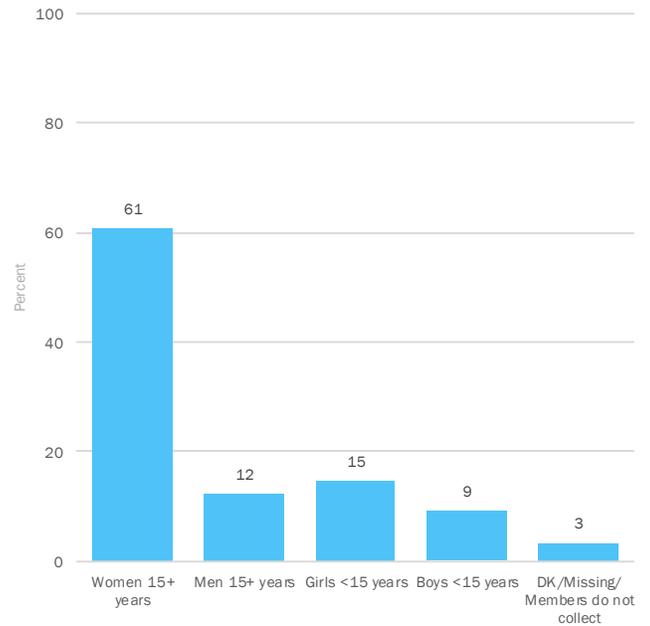
Percent of population by gender and age of person primarily responsible for collecting drinking water in households without water on premises

Sanitation Accessibility & Privacy


Legend:
- 5 households or less
- >5 households
- Public facility

	Improved facilities	In own dwelling	In own plot/yard	Elsewhere
Public facility	25	1	1	62
>5 households	6	3	14	4
5 households or less	14	9	33	9
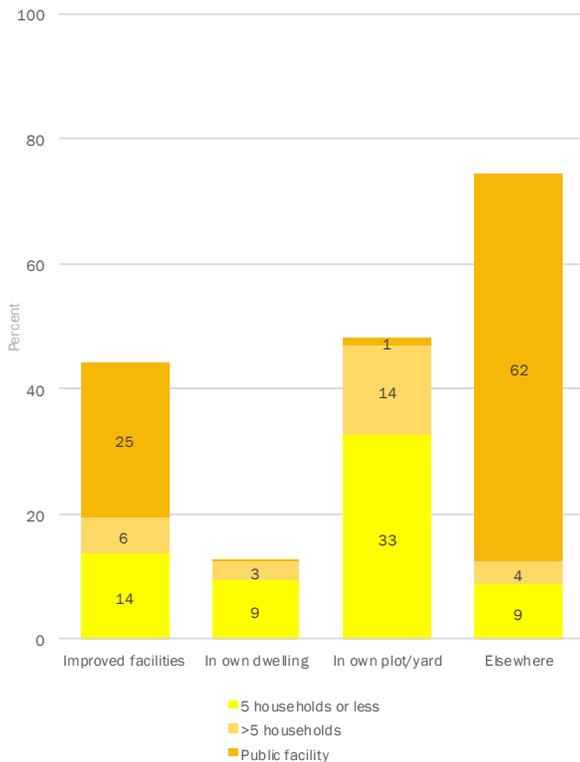
Percent of the population sharing improved sanitation facilities, by location of sanitation facility

Open Defecation

- National

Residence	Region	Wealth Quintile	Education of household head
Rural, 31	Upper East, 67	Poorest, 48	Pre-primary/None, 42
Urban, 11	Eastern, 7	Richest, 2	Higher, 6
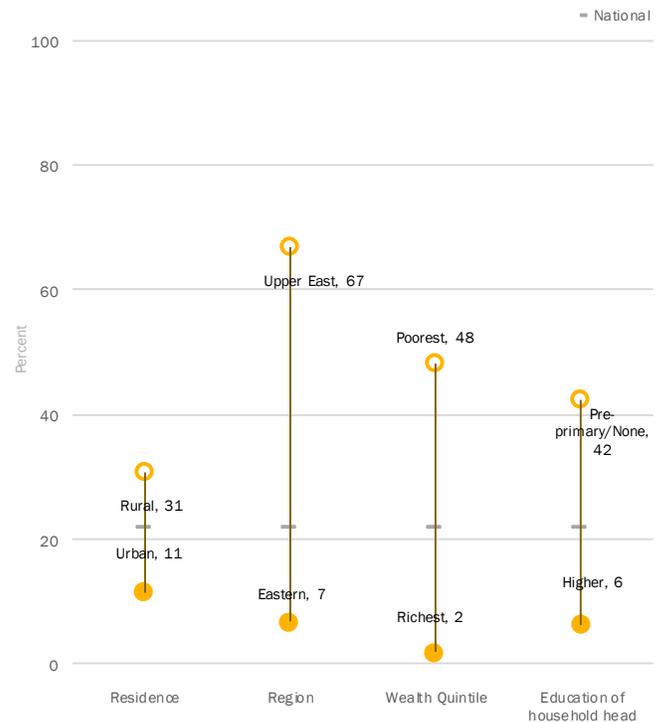
Percent of the population practising open defecation, by background characteristics

Safely Managed Drinking Water Services: SDG 6.1.1

Improved, basic & safely managed drinking water

Percent of population using improved, basic and safely managed drinking water services

Safely managed (SDG 6.1) are improved sources: accessible on premises, available when needed, free from contamination
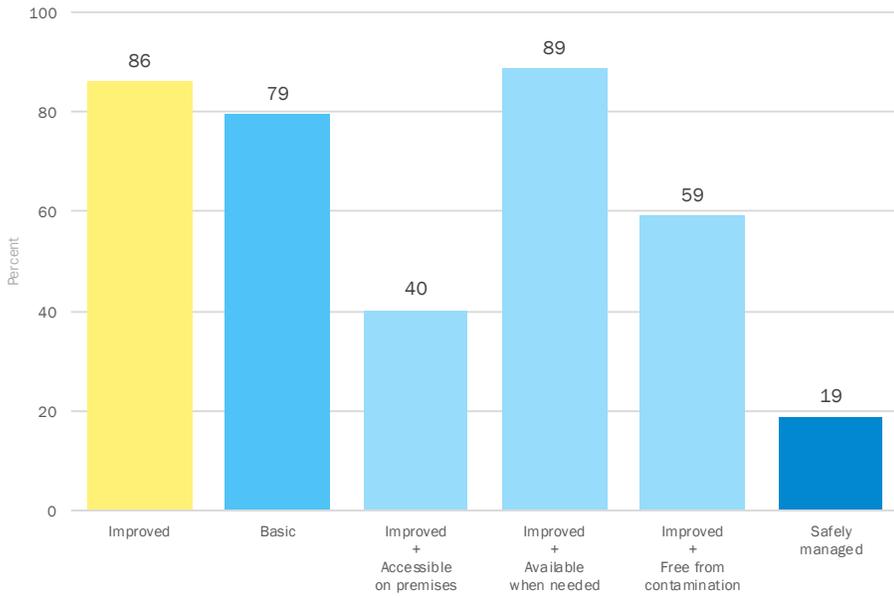
Drinking water coverage: National, urban & rural

- Surface water/ No service
- Unimproved
- Limited
- Basic
- Safely managed

Percent of population by drinking water coverage

Drinking Water Quality at Source & Home

Source: ○ Low ● High
Household: ○ Low ● High

= National
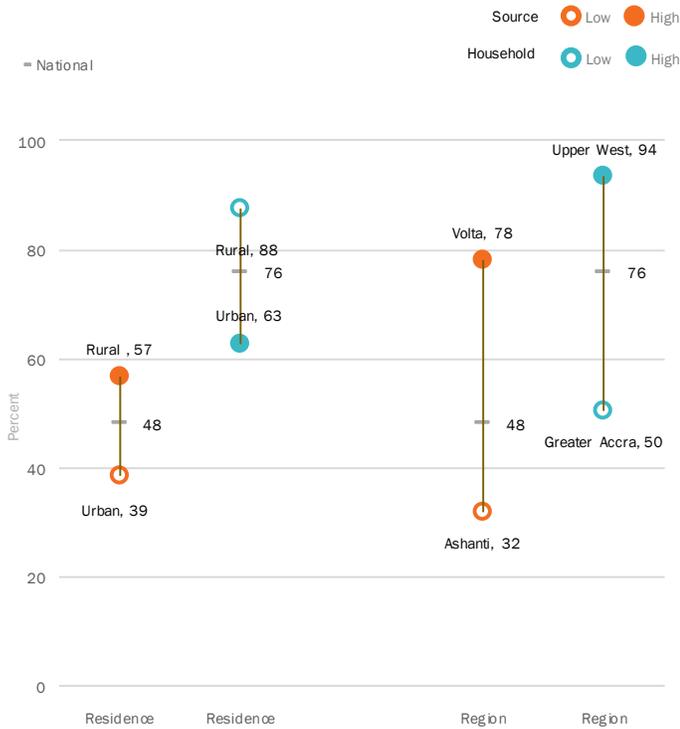
Percent of population using drinking water sources with *E. coli* (orange) and proportion with *E. coli* in glass of drinking water in household drinking water (teal)

Water Quality Testing response rates for Household and Source testing are 97.5% and 95.8% respectively

Availability of Drinking Water

= National

Percentage of household population with drinking water available in sufficient quantities

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility
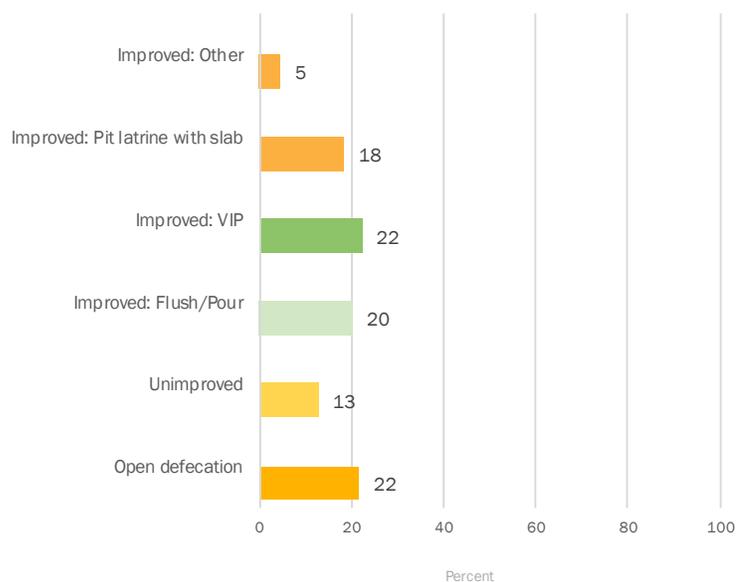
Percent of population by type of sanitation facility, grouped by type of disposal

- Improved: Other — 5
- Improved: Pit latrine with slab — 18
- Improved: VIP — 22
- Improved: Flush/Pour — 20
- Unimproved — 13
- Open defecation — 22

Types of Sanitation Facility by Region

Region	Sewer connection	Safe disposal in situ of excreta from on-site sanitation facilities	Open defecation
National	2	43	22
Western	1	50	16
Central	1	47	17
Greater Accra	9	21	8
Volta	1	37	38
Eastern	3	62	7
Ashanti	4	48	11
Brong Ahafo	0	63	17
Northern	0	24	57
Upper East	0	19	67
Upper West	0	24	52

Percent of population using sewer connections, onsite sanitation and open defecation , by region

## Management of Sanitation Services

Disposal of excreta

- Safely disposed in situ — 43
- Unsafe disposal of excreta — 1
- Removal for treatment — 19
- Connected to sewer — 2
- Using unimproved sanitation facilities — 13
- Practising open defecation — 22
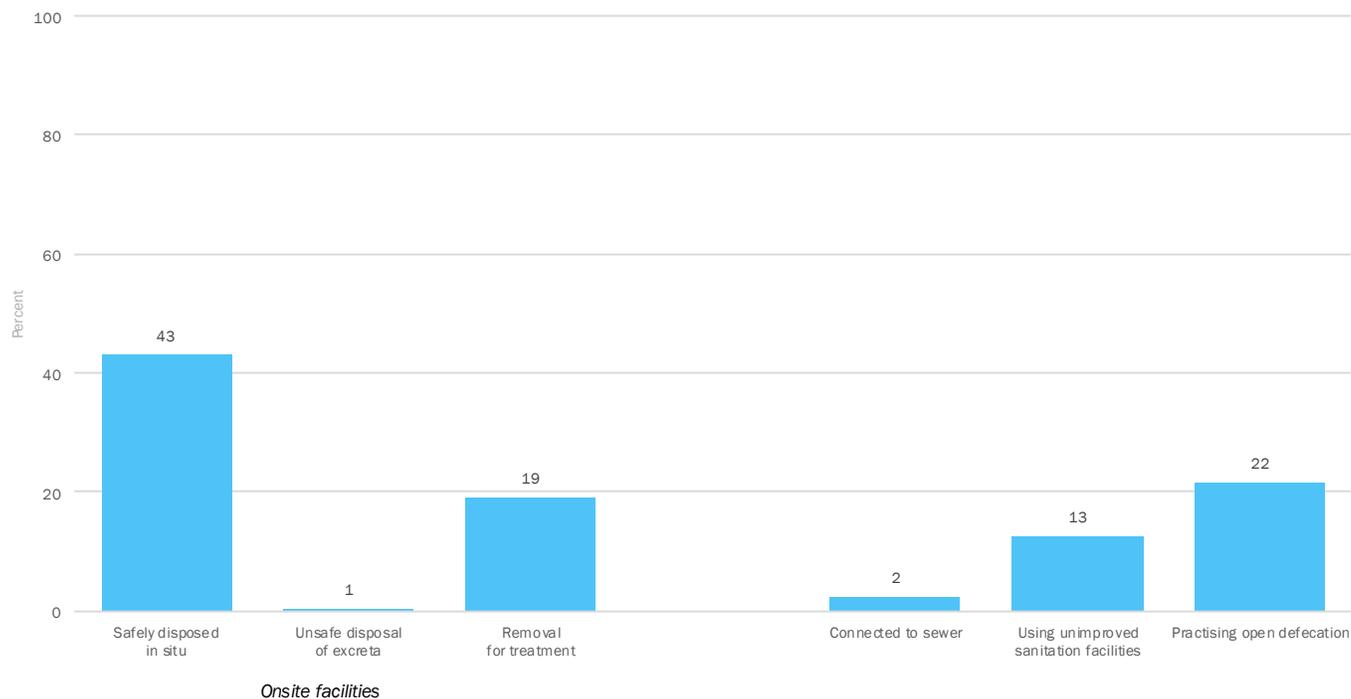
Onsite facilities

Percent of population using onsite improved sanitation facilities, by final disposal of excreta

Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

Menstrual Hygiene Management
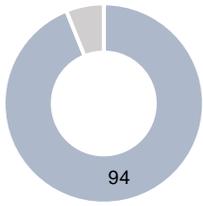

Women with a private place to wash & change at home

94
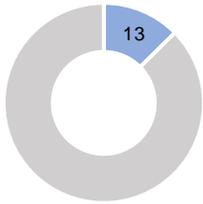
Women using reusable materials

13
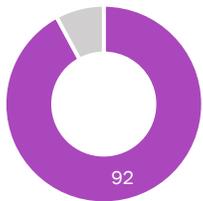
Women with appropriate materials & a private place to wash & change at home

92

Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home
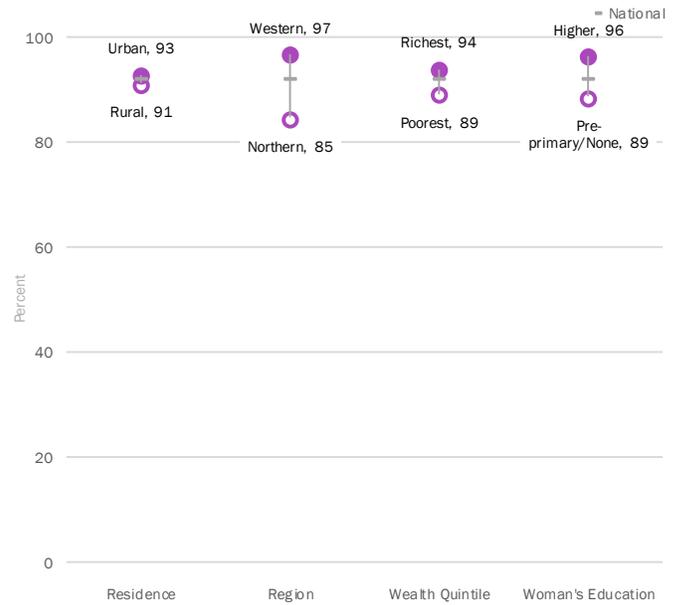

Percent of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation
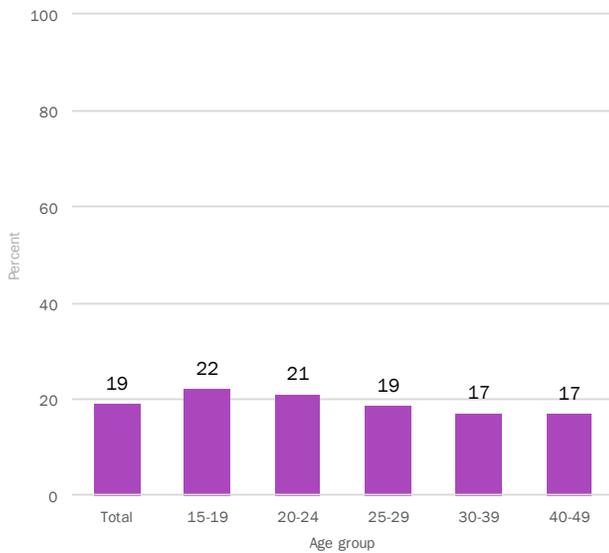
Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation by Various Characteristics
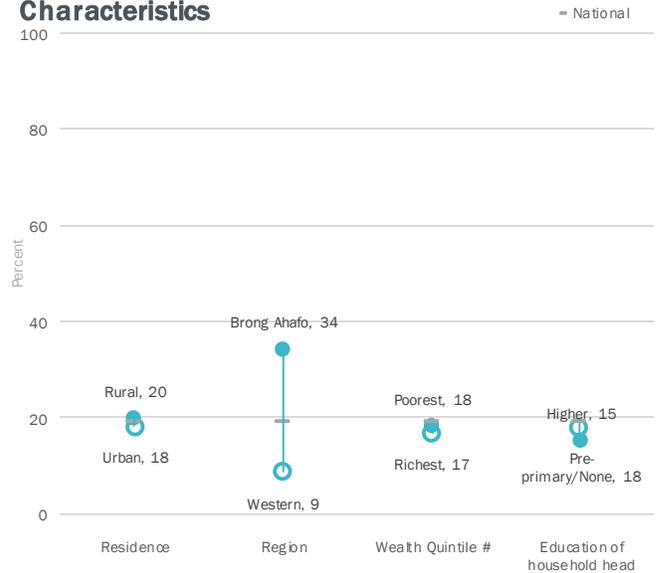
Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months

Among wealth quintiles, the highest proportions were reported from the Second and Middle quintiles at 23.5% and 19.2%

Ghana
2017/18

Gender Equality

MICS

Multiple Indicator
Cluster Surveys

Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

## Every Girl & Boy Survives & Thrives: The First Decade of Life

Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one's sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate
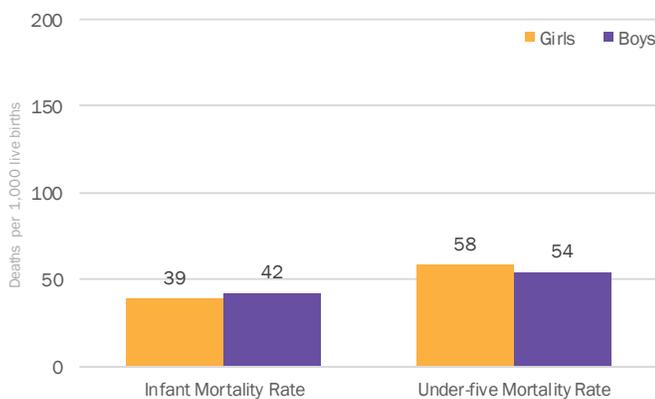
Infant mortality: probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

### Malnutrition: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1
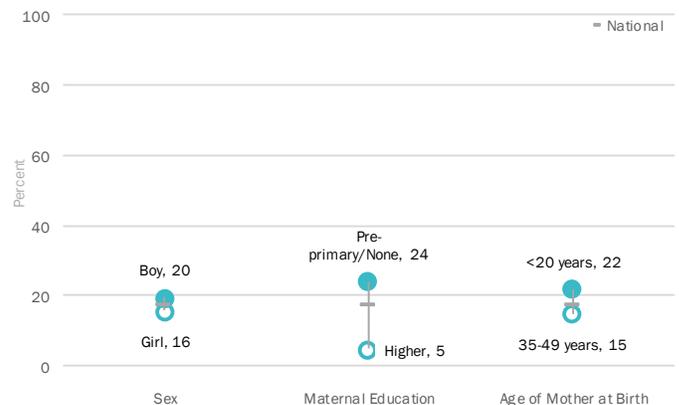

Stunting refers to a child too short for his or her age

Malnutrition: Wasting (Moderate & Severe) among Children Under-5, SDG 2.2.2
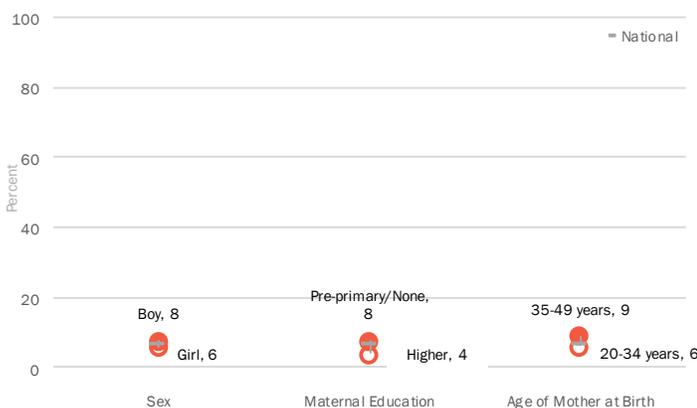
Wasting refers to a child who is too thin for his or her height

Malnutrition: Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2
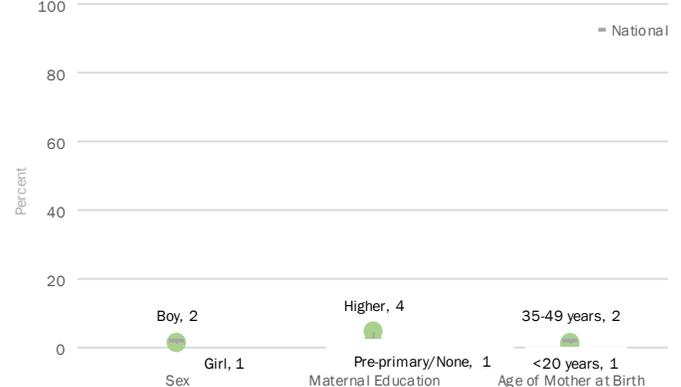
Overweight refers to a child who is too heavy for his or her height

65

# Every Girl & Boy Survives & Thrives: The First Decade of Life

Early Stimulation & Responsive Care by Adults
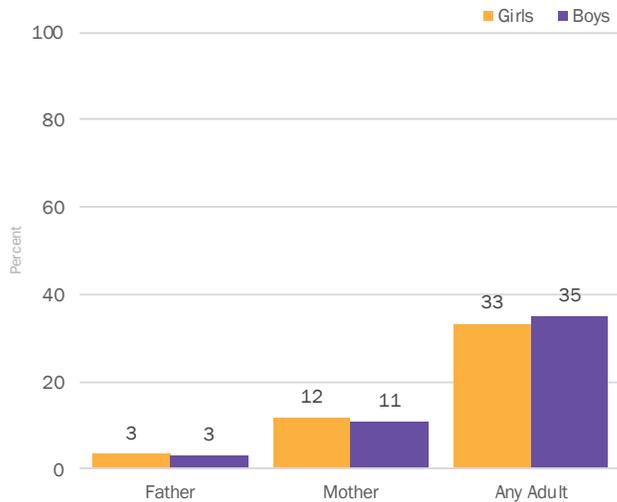
Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

## Early Childhood Development Index, SDG 4.2.1
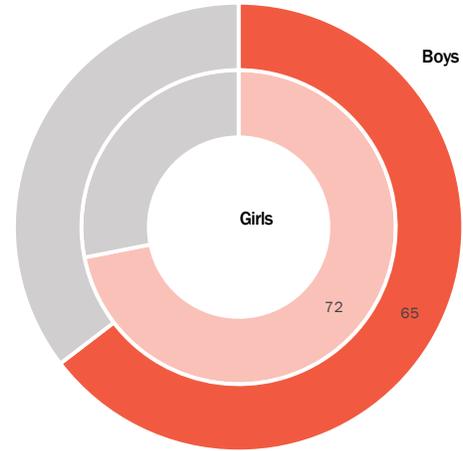
Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

# Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficki ng. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registere d. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

Birth Registration, SDG 16.9.1 Sex Disaggregate
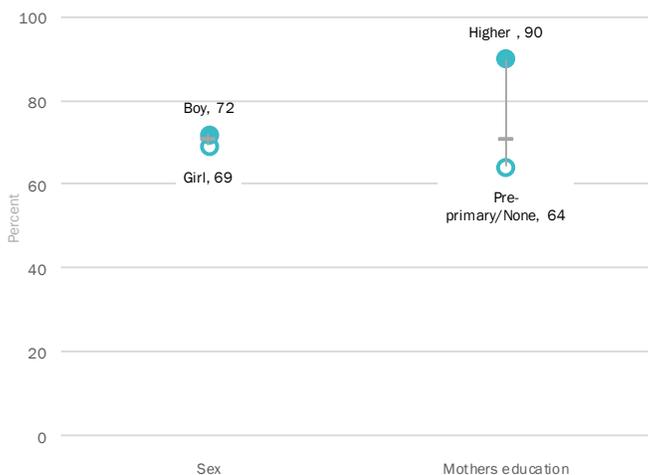
Percentage of children under age 5 whose births are registered, by sex and maternal education level

## Violent Discipline, SDG 16.2.1 Sex & Age Disaggregate
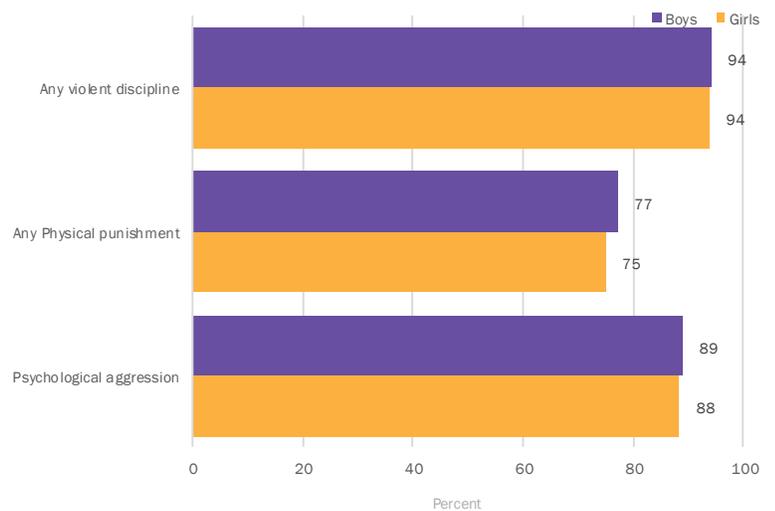
Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex
Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population.
Note: Because children of primary school age range from 6-14 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2
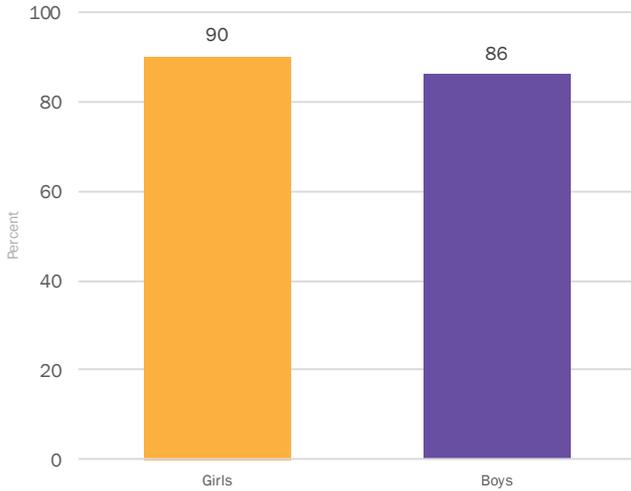
Percent distribution of children age one year younger than the official primary school entry age at the beginning of the school year, by attendance to education, and attendance to an early childhood education programme or primary education (adjusted net attendance ratio), by sex

Primary School Attendance
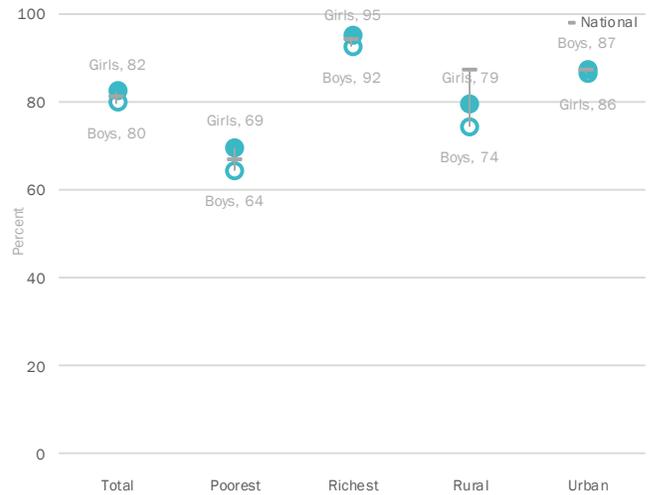
Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth quintile and urban/rural residence

Children of Primary School Age Out of School


Percentage of children of primary school age not attending either primary or secondary school, by wealth quintile and area

Primary Completion
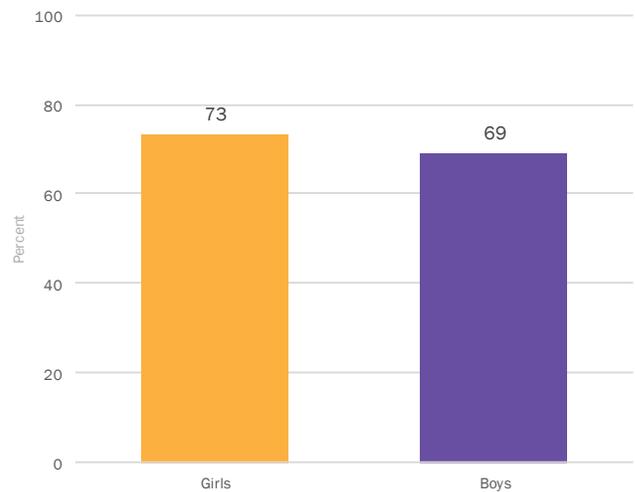
Percentage of children who age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex

Key Messages

- While more girls than boys live to celebrate their first birthday (39 and 42 deaths per 1000 livebirths respectively), more boys live to celebrate their fifth birthday than girls (54 and 58 deaths per 1000 livebirths).

- The percentage of boys who are too short for their ages (stunted) is higher than that of their girls counterparts (20% and 16% respectively).

- Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains is more for girls (73%) than (65%).

- The probability of suffering psychological aggression, physical and violent discipline is higher for boys than girls.

- There are more girls than boys attending (82 % and 80% respectively) and completing (73% and 69% respectively) Primary education than their boys counterparts.

# Every Adolescent Girl & Boy Survives & Thrives: The Second Decade of Life

While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys' use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

Contraceptive Use & Demand Satisfied
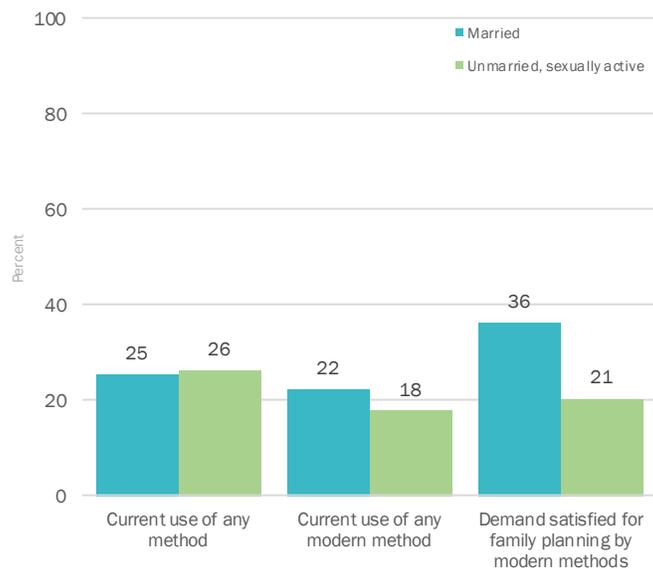
Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls age 15-19, by marital status

Early Childbearing - by Age 18
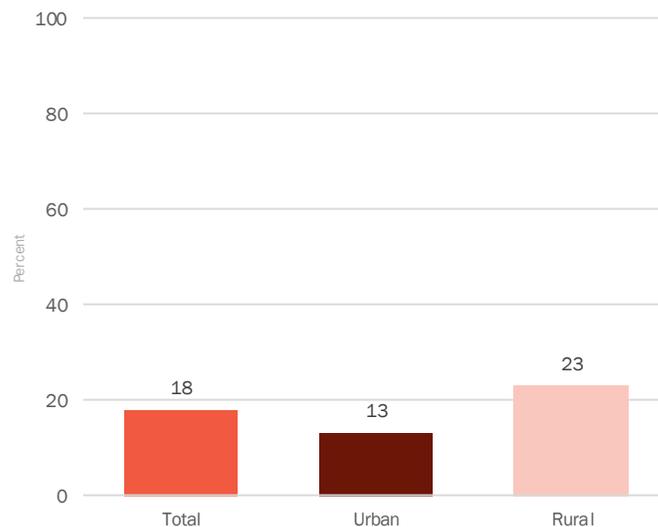
Percentage of women age 20-24 years who had a live birth by age 18, by urban/rural residence

Comprehensive Knowledge of HIV
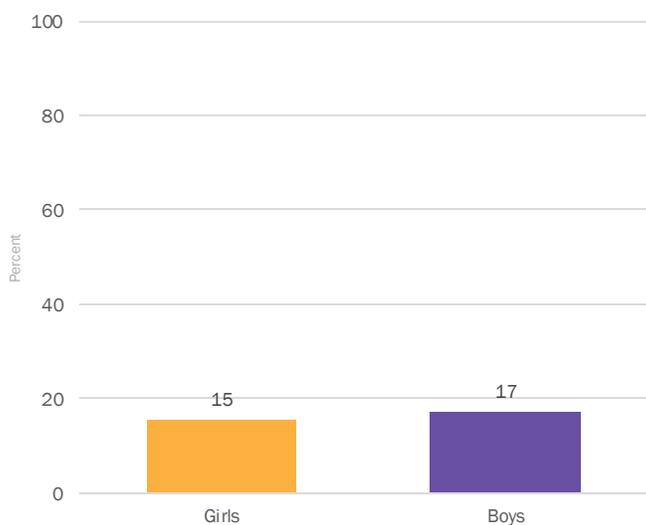
Percent of girls and boys age 15-19 who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions, and any other local misconception.

Tobacco* & Alcohol Use
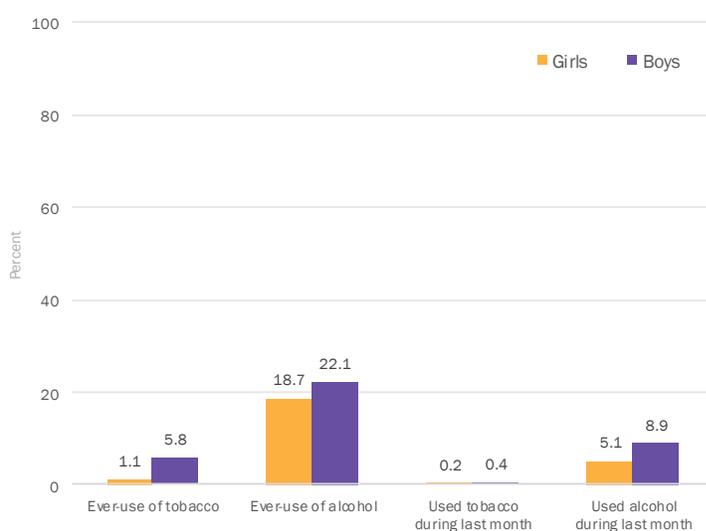
Tobacco and alcohol use among adolescents age 15-19, by sex
*Includes an age and sex disaggregate of SDG 3.a.1: use of tobacco

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Child Marriage, SDG 5.3.1

Legend: ■ Married by 18 ■ Married by 15
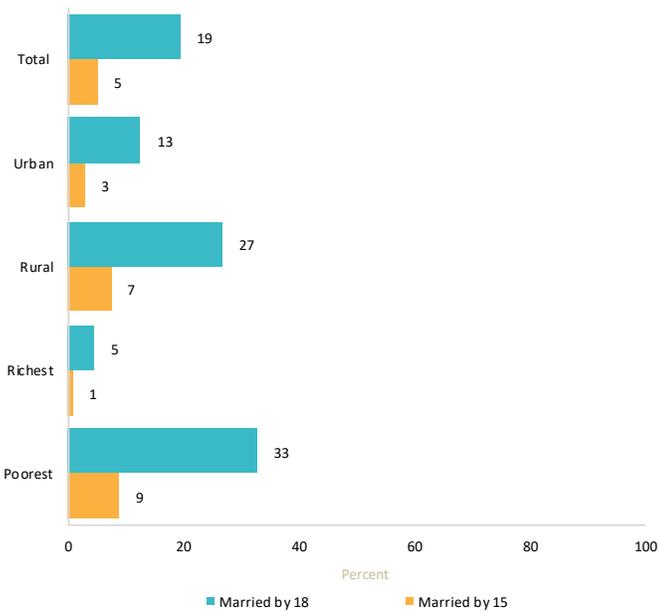
Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18*, by residence

Spousal Age Difference

Legend: ■ Younger ■ 0-4 years ■ 5-9 years ■ 10+ years ■ Age unknown
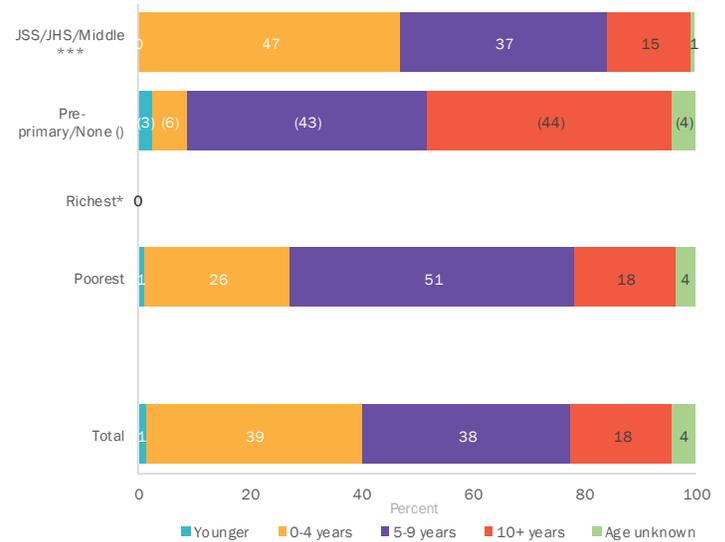
Percent distribution of adolescent girls age 15-19 currently married or in union by age difference with their partner education level and wealth quintile

() Figures in parentheses are based on 25-49 unweighted cases.
* Figures that are fewer than 25 unweighted cases and have been suppressed
*** Under Education, figures for SSS/SHS/Secondary and Higher could not be reported as they were fewer than 25 unweighted cases and have been suppressed. Therefore only JSS/JHS/Middle could be shared.

Attitudes toward Domestic Violence

Legend: ■ Girls ■ Boys #
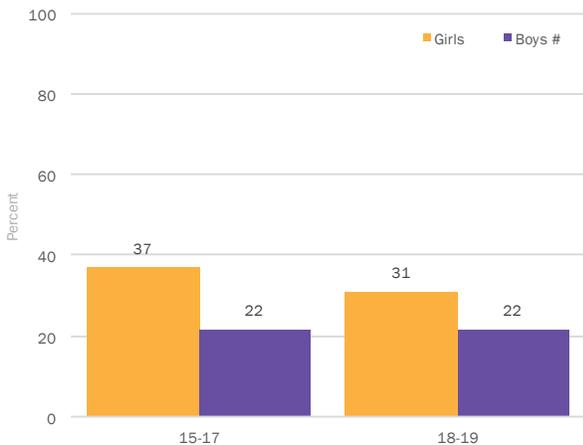
Percentage of adolescents age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex and age group

Proportions based on data for boys 15-19 years

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

Female Genital Mutilation (FGM), SDG 5.3.2 Age Disaggregate

FGM among girls 10-14 (mother's report)[a]

FGM among adolescent girls 15-19 (self-report)[b]
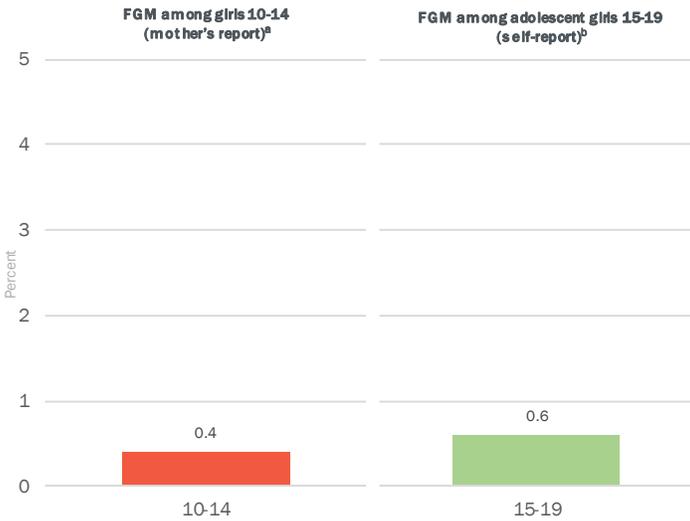
a Percentage of girls age 10-14 whose mothers report they have undergone FGM
b Percentage of adolescent girls age 15-19 who report having undergone FGM

FGM refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Child Labour, SDG 8.7.1
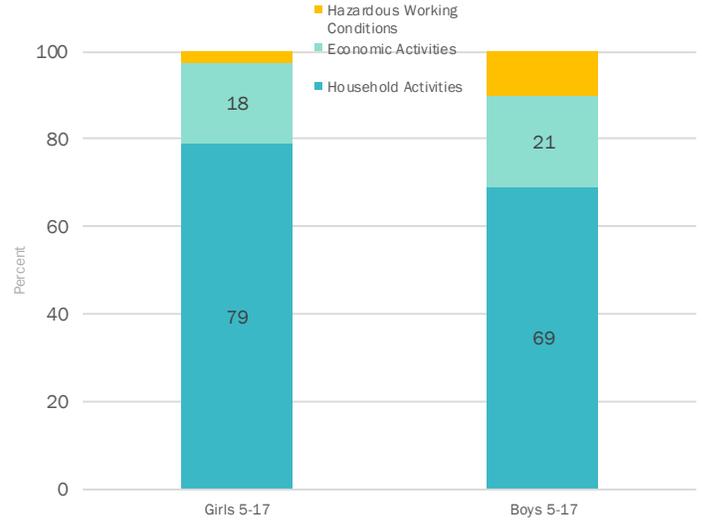
Percentage of children age 5 to 17 years engaged in child labour, by sex, age group and type of activity

* Note: Indicator includes children in the first & second decade of life
**Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children aged 5-14 and no threshold for household chores for children aged 15-17

Every Adolescent Girl & Boy has an Equitable Chance in Life: The Second Decade of Life

Life satisfaction measures an individual's perceived level of well-being or how an individual feels about their life as a whole. Measuring adolescent girls' and boy's satisfaction with their lives can provide important insights into their mental health during a stage of life when gender norms consolidate and girls and boys experience different risk factors for mental health disorders.

Life Satisfaction
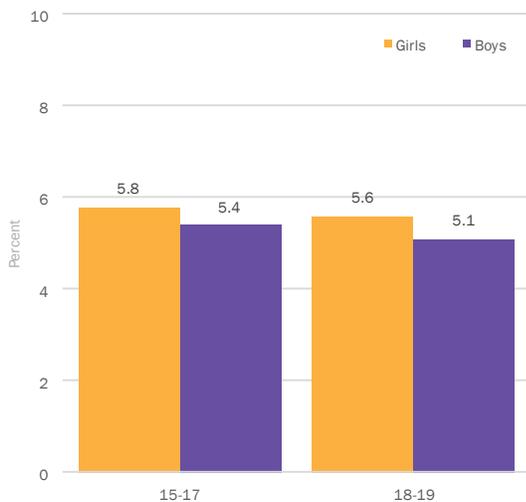
Among adolescents age 15-19, average life satisfaction score on a scale of 0 to 10, by sex and age group

# Every Adolescent Girl & Boy Learns: The Second Decade of Life

While participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

Lower/Junior Secondary Attendance
## Net Attendance Rate

Percentage of children of lower/Junior secondary school age attending Junior secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Senior / upper Secondary Attendance
## Net Attendance Rate
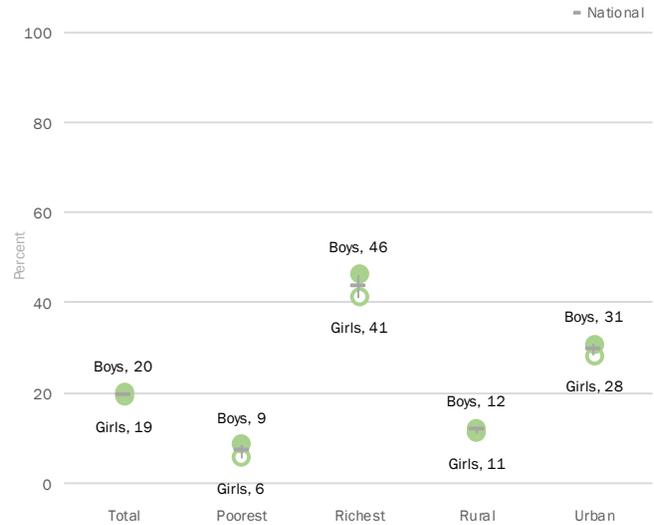
Percentage of children of senior/upper secondary school age attending Senior secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Junior / Lower Secondary Completion
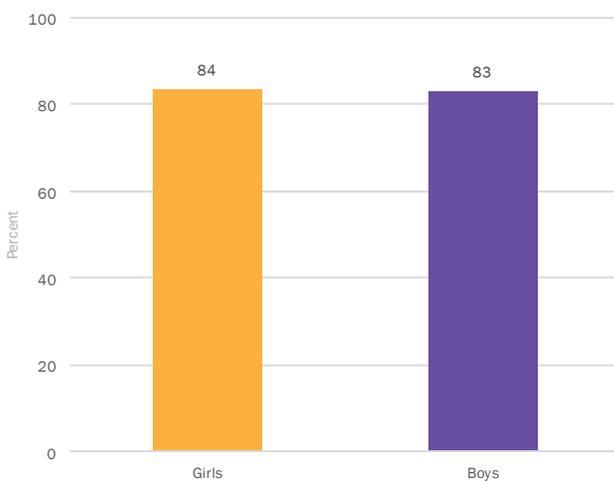
Percentage of children who age 3 to 5 years above the intended age for the last grade of junior / lower secondary school who have completed lower secondary education, by sex

Senior / Upper Secondary Completion
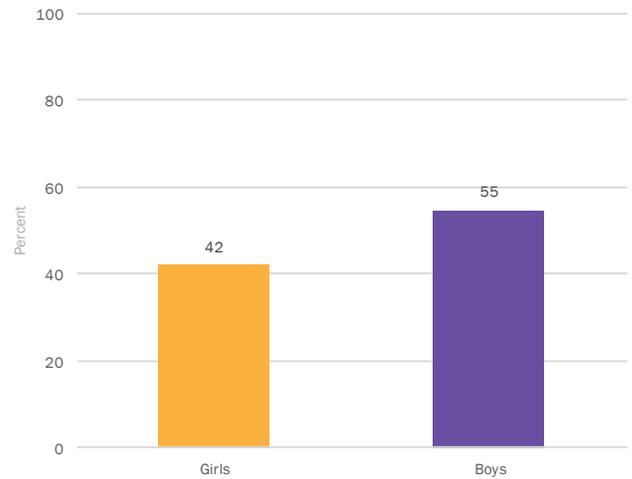
Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of Senior / upper secondary school who have completed upper secondary education, by sex

# Every Adolescent Girl & Boy Learns: The Second Decade of Life

Children of Lower Secondary School Age Out of School
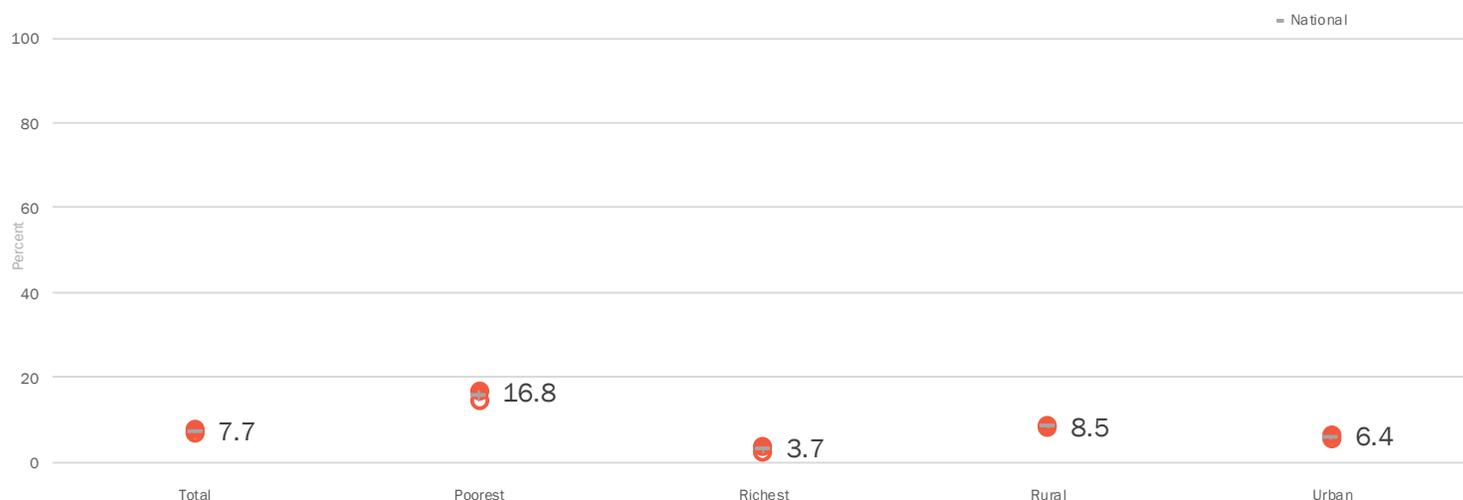
Percentage of children of lower /junior secondary age not attending either primary or secondary school, by wealth quintile and area

Every Adolescent Girl & Boy Lives in a Safe & Clean Environment: The Second Decade of Life

Menstrual Hygiene Management
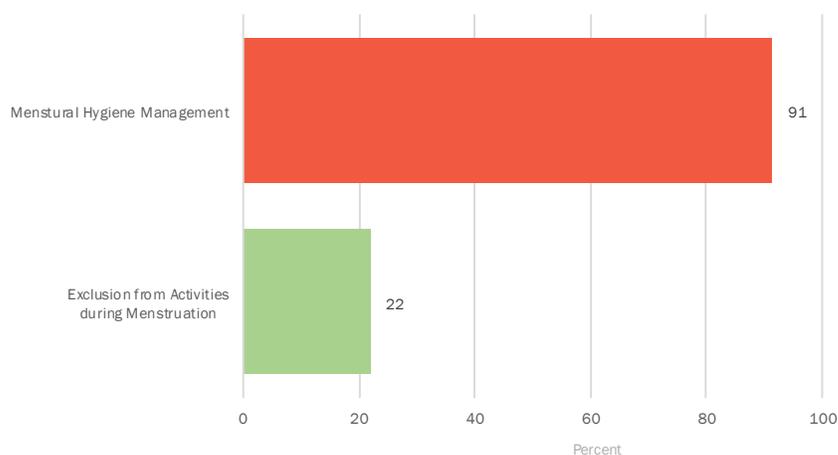
The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

Menstrual Hygiene Management: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home

Exclusion from Activities during Menstruation: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months

Key Messages

- Child bearing among young women by age 18 years is higher for rural (23%) than urban (13%) folks.

- Only 15 percent and 17 percent of adolescent girls and boys respectively have comprehensive knowledge of HIV.

- While the proportion of adolescents 15-19 years who have ever-used tobacco is 1% and 6% among girls and boys respectively; those who have ever-used alcohol is higher at 19% and 22% for girls and boys respectively.

- One out of every five young women 20-24 years was married before age 18 while this is much higher at one out of every four among rural dwellers and one out of every three among those in the poorest quintile.

- Close to one in every five for adolescent girls age 15-19 years currently married or in union has a spouse that is 10 years or older

- Child labour on household activities is higher among girls than boys (79% and 69% respectively) while child labour in economic activities is higher among boys than girls (21% and 18% respectively).

- Nine out of every ten adolescent girls use appropriate menstrual hygiene materials with a private place to wash and change at home; 1 out of every 5 however did not participate in social activities, school or work due to their last menstruation.

Gender Equality in Adulthood

To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

Access to Knowledge, Information & Technology

Literacy
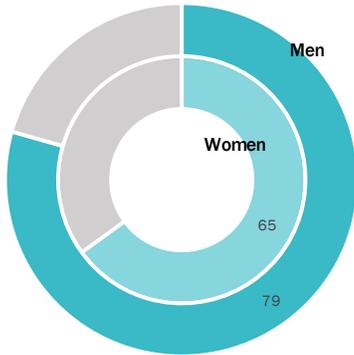
Percentage of adults age 15-49 who are literate, by sex

Media Access
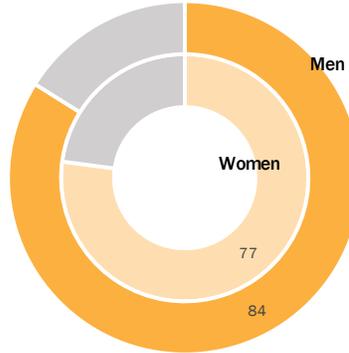
Percentage of adults age 15-49 who read a newspaper, listen to the radio, or watch television (any media) at least once a week

Internet Use: SDG17.8.1
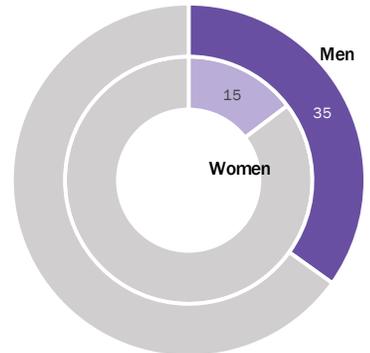
Percentage of adults age 15-49 using the internet at least once in the past 3 months, by sex

Access to Resources

Mobile Phone Ownership, SDG 5.b.1
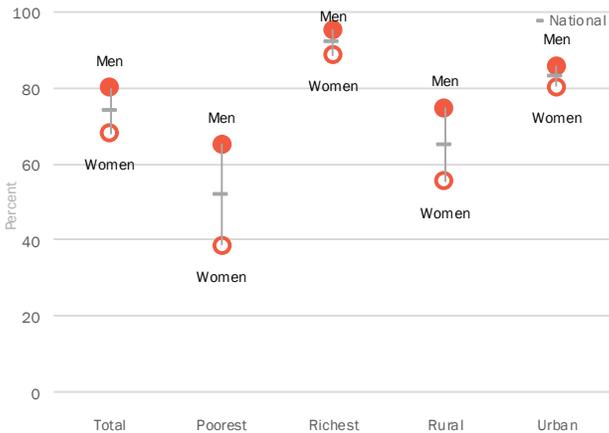
Percentage of adults age 15-49 who own a mobile phone, by sex, wealth quintile and area

Health Insurance Coverage
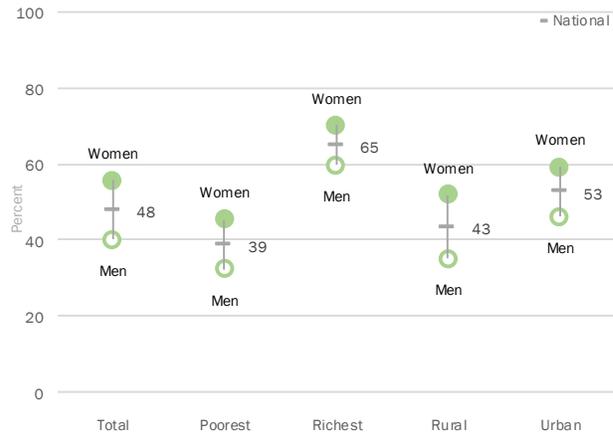
Percentage of adults age 15-49 with health insurance,, by sex, wealth quintile and area

Time on Household Chores: Water Collection

Who collects water?

Women 15+
Girls <15
Men 15+
Boys <15
DK/Missing/Members do not collect
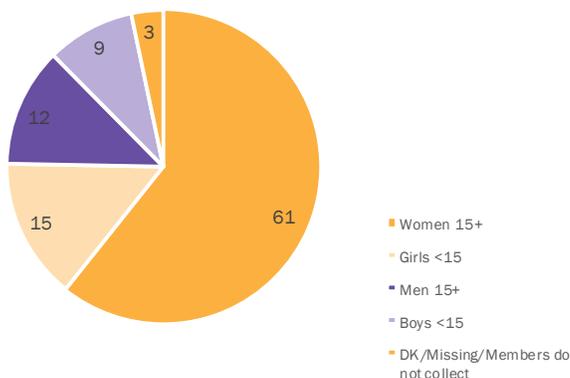
Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household

Time spent on water collection

DK/Missing
Over 3 hours
Over 1 hour to 3 hours
31 mins to 1 hour
Up to 30 minutes
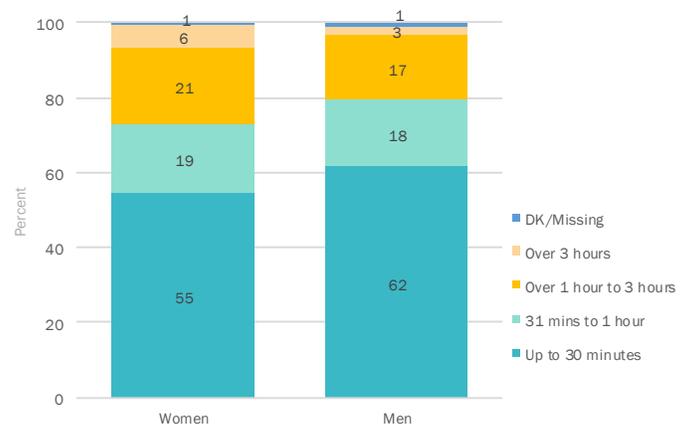
Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

Feminine & masculine attitudes & expectations

## Attitudes toward domestic violence
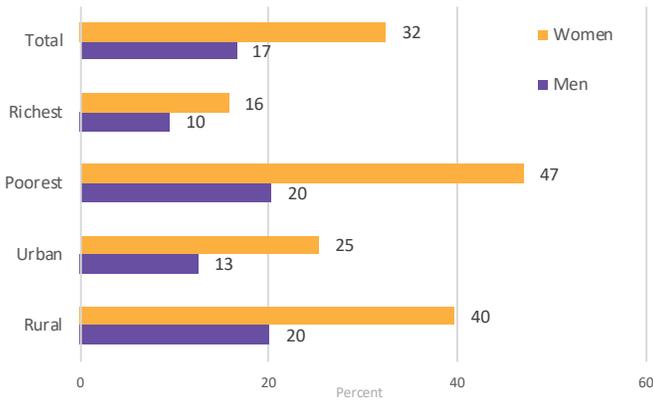
Percentage of adults age 15-49 who justify wife beating for <u>any</u> of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

Attitudes toward physical punishment
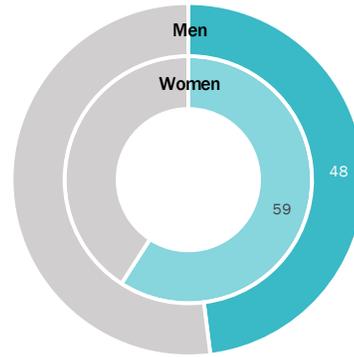
Percentage of caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

Life satisfaction
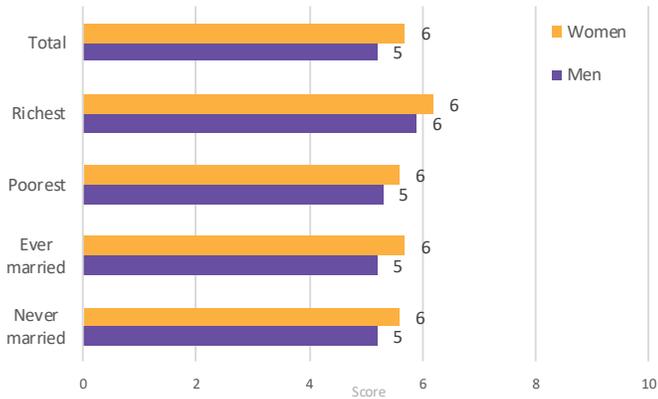
Among adults age 15-49, average life satisfaction score on a scale of 0 to 10, by sex, wealth quintile and marital status. Higher scores indicate higher satisfaction levels.

Perceptions of a better life
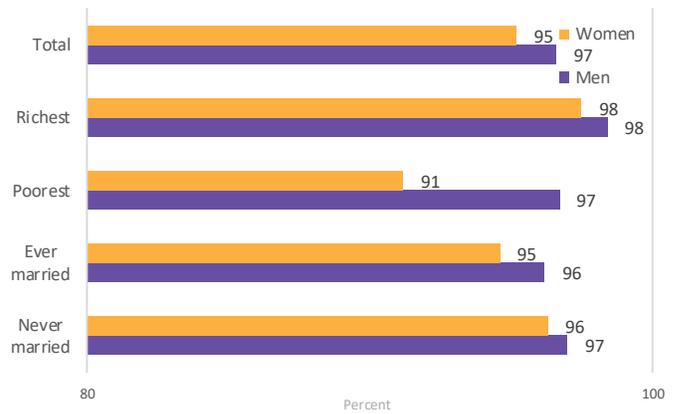
Percentage of adults age 15-49 who expect that their lives will get better in one year, by sex, wealth quintile and marital status

Key Messages

- Literacy rate for men is higher than women (79% and 65% respectively).

- While one out of every three men uses the internet, one out of every seven women uses it.

- Percentage of men with access to mass media (84%) is higher than that of women (77%).

- Among the poorest, richest, urban and rural households, there are more men who own a mobile phone than women; 79 percent and 68 percent of men and women respectively own a mobile phone.

- Among the poorest, richest, urban and rural households, there are more women with health insurance than men; 56 percent and 40 percent of women and men respectively have health insurance.