

GHANA

If an award were given for the country with the friendliest people in West Africa, Ghana would be a strong contender. Spend a few hours in the breezy capital at Accra, and you'll swear the wind and waves off the Gulf of Guinea have infused the land and people alike with equatorial warmth.

For a country that's borne the brutality of colonisation – from the stripping of its mineral wealth to the enslaving of its people – Ghana retains a remarkable sense of self. Its craftspeople have a long, rich cultural history to draw from, and their work is thick with that tradition – be it the colourful kente cloth of the Ashanti or any of the stools, icons, beads or baskets you'll find in the major markets. Even the leftover forts and castles, recalling five centuries of European influence, today seem less like Ghana's ghosts than players in her narrative.

Geography

Ghana is located on West Africa's Gulf of Guinea and is bordered to the east by Togo, to the west by the Ivory Coast, to the south by the Atlantic Ocean and to the north and northwest by Burkina Faso. The topography of Ghana shows that it is generally a low-lying country – the highest point is 883 m. The only range of hills lies on the eastern border with the Republic of Togo and the west of the Volta River along the Akwapim-Kwahu area.

Along the coast – 537 km – is savannah grassland that is criss-crossed by several rivers and streams, most of which are navigable only by canoe. In the west and central parts of the Country is heavily forested terrain that is subdivided by hills, rivers and streams. North of the forest lies the undulating savannah drained by the Black and White Volta rivers.

The climate is tropical. The eastern coastal belt is warm and comparatively dry; the southwest corner hot and humid; and the north hot and dry. The rainy season in the northern parts of Ghana begins in March and lasts until September, while two rainy seasons are recorded in the southern half of the country – April to July and September to October.

The average annual temperature is about 26°C.

The manmade Volta Lake extends from the Akosombo Dam in southeastern Ghana to the town of Yapei. 520 km to the north. The lake generates electricity, provides inland transportation, and is a potentially valuable resource for irrigation and fish farming.

History

Medieval Ghana (4th – 13th Century): The Republic of Ghana is named after the medieval Ghana Empire of West Africa. The actual name of the Empire was Wagadugu. Ghana was the title of the kings who ruled the kingdom. It was controlled by Sundiata in 1240 AD, and absorbed into the larger Mali Empire which reached its peak of success under Mansa Musa around 1307.

Geographically the old Ghana is 500 miles north of the present Ghana, and occupied the area between Rivers Senegal and Niger.

Some inhabitants of present Ghana had ancestors linked with the medieval Ghana. This can be traced down to the Mande and Voltaic people of Northern Ghana – Mamprussi, Dagomba and the Gonja.

Anecdotal evidence connected the Akans to this great Empire. The evidence lies in names like Danso shared by the Akans of present Ghana and Mandikas of Senegal/Gambia who have strong links with the Empire.

Gold Coast & European Exploration: Until 1957 the country was called the Gold Coast. The Portuguese who came to Ghana in the 15th Century found so much gold between the rivers Ankobra and the Volta that they named the place Mina – meaning Mine.

In 1482, the Portuguese built a castle in Elmina. Their aim was to trade in gold, ivory and slaves. In 1482 King John II of Portugal sent Diego d’Azambuja to build this castle.

In 1598 the Dutch joined them, and built fort at Komenda and Kormantsil. In 1637 they captured the castle from the Portuguese and that of Axim in 1642 (Fort St. Antony).

English, Danes and Swedes joined in by the mid 18th Century. The coastline were dotted by forts built by the Dutch, British and the Dane merchants.

Republic of Ghana

Due to the belief of ties between the people of this country and the ancient empire of Ghana which was situated in the Sahelian region of Senegal, Mauritania and Mali, the country was given the name of Ghana when it gained independence from the British on 6th March 1957.

It became a republic in the British Commonwealth of Nations on 1st July 1960.

Ghana has had its share of political turbulence with the military taking over the reigns of power on four occasions over the four decades of independence. Today, Ghana is one of the most politically stable and peaceful countries in Africa, having successfully gone through a transition from military rule to multiparty democracy in 1993.

Economy

The primary sector continues to dominate in terms of its contribution to output, employment, revenue and foreign exchange earnings. Agriculture is the main economic activity, and currently accounts for about 51 percent of the Gross Domestic Product (GDP) and employs about 60 percent of the labour force (Ghana 1994) Tourism is however fast becoming a very important foreign exchange earner.

Demographic Profile

When Ghana gained independence in March 1957, its population was barely 6 million. Nowadays its population is estimated at 20 million.

With a substantial proportion of its population below fifteen years of age, Ghana’s population is relatively young.

Although fertility has been declining, it is still considered rather high. (4.6 children/woman in 1998)

Also the death rate has been steadily declining over the years thanks to improvement in public Health, sanitation, increasing education etc. Life expectancy has increased to 57 years in 1998 with wide variations between urban and rural populations.

The pattern of morbidity has virtually remained unchanged over the years: malaria, upper respiratory infections and waterborne diseases persist and their cause is poor nutrition, poverty, inadequate housing, and lack of access to potable water in many communities.

Ghana’s population is predominantly rural. 34% is currently living in urban areas, the remaining 66% reside in rural communities and are mainly employed in primary production.

SUMMARY OF FINDINGS
carried out by
1998 GHANA DEMOGRAPHIC AND HEALTH SURVEY

Fertility

Fertility has fallen recently in every age group, with rural women having two and half more children than urban women. Fertility is highest in the Northern Region (7.0 births per women, and lowest in the Greater Accra Region (2.7 births per women)

Several factors could account for this decline in fertility in Ghana.

Among them

- a noticeable trend towards later marriage
- a markedly lower sexual activity
- a long interval between births - 38 months after a previous birth
- Ghanaian women continue to revise downward the number of children wished. Thirty-five percent of women either want no more children or have been sterilised. If all unwanted births were prevented, the total fertility rate would fall to 3.7 births per woman.
- Pregnancy losses: Twelve percent of all pregnancies that occurred in the ten years preceding the survey did not end in a live birth, and one in four pregnancies to women in the 15-19 age group was lost before term. Pregnancy losses are especially high among urban women age 15-19, with about two in five having experienced a pregnancy loss.

Family Planning

Through mass media knowledge of family planning has become very high in Ghana (93%). Nevertheless, the use of contraception is very low, only 22 percent of married women and thirty-two percent of men are using a method. Much of the male-female difference in current use is due to the higher reporting of condom use by men. Even though traditional methods are not actively promoted, their use is relatively high. Nine percent of women and twelve percent of men report that they are currently using periodic abstinence and withdrawal.

The most widely used modern method is the pill (4 percent), followed closely by injectables and condoms (3 percent each.) The public sector, government hospitals are the most important source, supplying 29 percent of contraceptives, while within the private sector, drug stores are an important source, supplying 32 percent of current users.

The two most important reasons for non-use of contraception among currently married women are the desire for more children (19 percent) and the fear of side effects (18 percent) Even though contraceptive use has not increased significantly in the last five years, there continues to be considerable scope for increased use of family planning.

Childhood Mortality

One in nine children born in Ghana dies before the first birthday. Approximately half of all deaths to children under five occurs during the first year of life. Infant mortality is 57 deaths per 1000

births. The risk of neonatal death is 30 per 1000 births and the risk of postneonatal death is 27 per 1000 births.

There has been a 43 percent decline in infant and under-five mortality in the last two decades. Mortality is consistently lower in urban than rural areas, and infant mortality is lowest in the Greater Accra Region and highest in the Upper East Region. Mother's education displays a strong negative relationship with infant and child mortality, with children born to mothers with little or no education suffering the highest mortality. Maternity care also has significant impacts on infant and child survival, with mothers who receive neither antenatal nor delivery care experiencing the highest mortality rates.

Maternity Care

Antenatal care utilisation is high in Ghana, with mothers receiving care from a doctor, nurse or midwife for 87 percent of births. Three in five women who received antenatal care have four or more visits. Mothers of about three in four births were weighed and measured, had their blood pressure taken, their urine tested, and given folic/folate acid tablets during their pregnancy. For 52 percent of births, mothers received two or more tetanus toxoid injections.

Institutional deliveries are not common in Ghana. Only two in five births were delivered in a medical facility. Non-institutional deliveries are more likely to be attended by someone other than a doctor, nurse or midwife.

Postnatal care: only four percent of births that occurred outside a health facility received postnatal care within the first two days. Even more troubling is the fact that one in two non-institutional deliveries did not receive any postnatal care. The most providers of postnatal care for non institutional deliveries were nurses or midwives (39 percent).

Child Health

In 1998 children fully immunised by age one, were 51 percent. Around nine in ten received the BCG, and first dose of DPT and polio vaccines before age one. However, the coverage for the third dose of DPT and polio fell to 67 percent. Sixty-one percent of children received the measles vaccine before age one and 39 percent have been vaccinated against yellow fever. One in four children also received Vitamin A in the six months prior to the survey.

The prevalence of symptoms of acute respiratory infection (ARI) among children under five years of age was 14 percent. Only one in four was taken to a health facility. Advice or treatment for symptoms of ARI is commonly sought from government health facilities.

Twenty-seven percent of children under five were reported to have had fever, a major manifestation of malaria, in the two weeks before the survey. Antimalarial treatment is the most commonly prescribed treatment for fever, with three in five children receiving it, mostly from a government facility.

Eighteen percent of children experienced diarrhoea at some time in the two weeks before the survey, and 4 percent had bloody diarrhoea, a symptom of dysentery. Twenty-one percent of children were treated at a government facility, and pharmacies/drugstores/chemists provided treatment or advice for 23 percent of children.

Breastfeeding and Nutrition

Breastfeeding is nearly universal in Ghana, and the median duration of breastfeeding lasts 22 months. However, exclusive breastfeeding is relatively short and three in five children less than two months of age are given water, water-based liquids like juice, and other types of complementary food. The use of a bottle with a nipple is common, with 15 percent of children under 36 months using it, and bottle feeding starting as early as 0-1 month.

Undernutrition is significant in Ghana, with one in four Ghanaian children under five years short for their age, 10 percent thin, and 25 percent underweight. In general, rural children, children residing in the Northern, Upper West and Upper East and children of uneducated mothers are more likely to be stunted, wasted and underweight.

The 1998 GDHS survey results on mother's nutritional status show that the level of chronic energy deficiency in Ghana is relatively high. Only three percent of women had a mid-upper arm circumference, an index of nutritional status, of less than 23 cm, the recommended cut-off point.

HIV/AIDS and STDS

97% of women and 99 percent of men have heard of AIDS. Information of it is mostly obtained from the radio, the workplace and television. However, the depth of their knowledge of AIDS is somewhat more limited.

44% of women and 58% of men believe that they have no chance of contracting HIV/AIDS. Respondents who believe that they have no risk or have a small risk are less likely to change their behaviour than those who believe that they have a moderate or great risk of contracting the disease. About two in five women and men believe that the government should provide free medical treatment for persons with HIV/AIDS. Condoms play an important role in preventing the transmission of HIV/AIDS and they are used by young, never married, urban and more educated people for this purpose than as a method of family planning.

Apart from HIV/AIDS, gonorrhoea is the most commonly heard of sexually transmitted disease (STD), with 61 percent of women and 73 percent of men having heard of it. Thirteen percent of women and 21 percent of men have heard of syphilis. Nearly all women and men who have heard of other STDs know a source of treatment.

Women's Status

The 1998 GDHS also sheds some light on the status of women in Ghana. Twenty-three percent of currently married women are in a polygynous union, with older women more likely to be one of several wives to a man than younger women. However, polygyny among married women appears to be declining from 28% in 1993.

Women in Ghana are generally less educated than men, with a median number of years of schooling at 2,3 years compared to 4,9 years among males. Much of the female-male difference in educational attainment is at the secondary school level or higher. However, this gap in gender has narrowed in recent years. The net attendance ratio, which indicates participation in primary schooling among those age 6-11 years, and secondary schooling among those age 12-18 years, is nearly identical for females and males.

Female employment is high in Ghana with three in four women employed at the time of the survey. However, only two in three women work fulltime, 9 percent work seasonally, and 2 percent work occasionally. Surprisingly, the more educated a woman, the less likely she is to be currently employed. Nine out of ten women currently employed earn cash for their work. Self-employment which is more common among less educated women is very high, with three in four women in this category. One in two women is engaged in sales and services. Most Ghanaian women enjoy a high degree of autonomy with regards to spending their cash earnings.

54 percent of working mothers have a child under six years. 48 percent of these mothers look after their own children while they are working, 22 percent have relatives other than their husband/partner to look after the child, and 14 percent have the child in school or other institutional care. Less than 3 percent of women have husbands/partners to look after the child while they are at work.