Better Care Network

Ghana: Children's Care and Living Arrangements

DHS 2014

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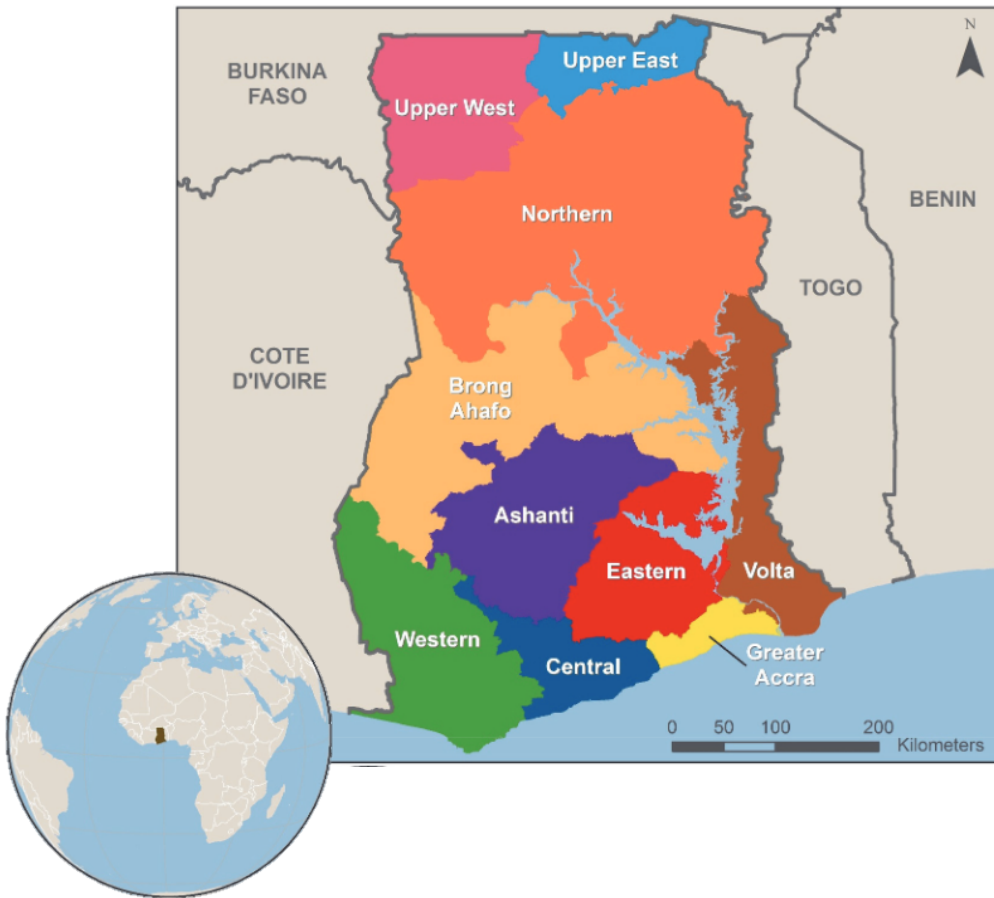
This report was written by Garazi Zulaika and Florence Martin.

This series of country briefs aims to provide an analysis of children's living and care arrangements according to the latest available data from **Demographic and Health Surveys (DHS)** *or* **Multiple Indicators Cluster Surveys (MICS)** *at the time of publication.*

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly **Demographic and Health Surveys (DHS)** *and* **Multiple Indicators Cluster Surveys (MICS)**, *to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out, to be able to do so as part of the Technical Working Group on Children and Care under the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The content of these papers will evolve as a result, and feedback and suggestions are welcome on the content of the briefs as well as how they can be improved. Communications should be sent to* Florence.martin@bettercarenetwork.org

The briefs are targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels. In order to enable researchers and policy makers in the countries and regions to conduct further analysis, tables with the data extracted for the purpose of this brief have been included at the end of this report.

The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

EXECUTIVE SUMMARY:

Children's Living Arrangements:

PERCENT DISTRIBUTION OF
LIVING ARRANGEMENTS AMONG
CHILDREN 0-17 IN GHANA, 2014
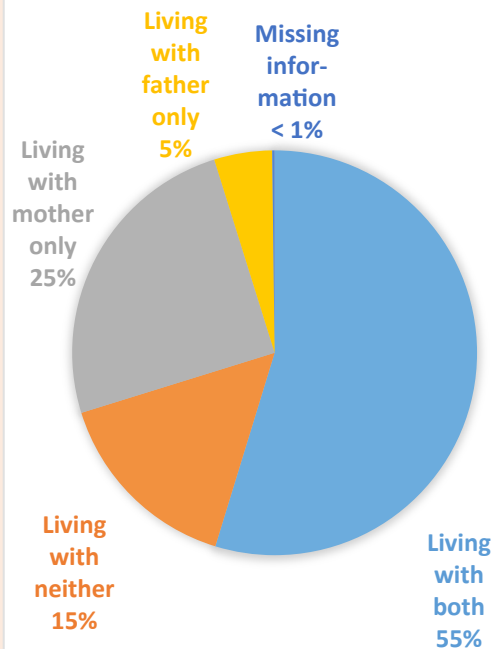
- In Ghana, 55% of children aged 0-17 and 56% of children aged 0-14 are living with both biological parents. Of children aged 0-17, another 24% are living with only their mother and 5% are living with only their father. Nearly one in every four children in Ghana (16%) does not live with either biological parent.

- Large variations in living arrangement are seen according to gender, age group, wealth quintile, rural-urban, and regional background characteristics.

  o Boys have a higher likelihood of living with both biological parents (56% vs. 53%). Girls are more likely to live with neither biological parent relative to boys (18% vs. 14%).

  o At an early age, over half of all children still live with both biological parents; this declines with age for children 0-17 (from 70% at the youngest age to 42% at age 15-17). In Ghana, 30% of all children live with a single biological parent, and this arrangement is most common for children in the oldest age group (34%).

  o While only 1.1% of infants 0-1 live with neither biological parent, before reaching 5 years of age this proportion jumps to 10% for children 2-4, 16% for children 5-9, 21% for children 10-14 and 23% for the oldest cohort of children, age 15-17.

  o Wealth quintiles do not appear to clearly predict living arrangements for children in Ghana. It appears that households in wealthier quintiles more commonly have children living with neither biological parent and children in the poorest wealth quintile have a higher likelihood of living with both parents. The middle quintile households see the highest percentage of children living with a single biological parent (39%).

- Geographic areas with large urban centers and higher concentrations of wealth see higher rates of children living without a biological parent, and lower rates of children living with both parents when compared to more rural areas of the country.

- With 56% of children 0-14 living with both biological parents in the Western African Regional context, Ghana has the third lowest percentage of children living with both their mother and their father after neighboring Liberia and Sierra Leone. Ghana also ranks third in the region for having the largest proportion of children living with a single biological parent, with 28% of all children living with only their mother or father.

Parent Survivorship:

PERCENT DISTRIBUTION OF PARENTAL SURVIVAL STATUS ACCORDING TO AGE GROUP OF CHILD, GHANA 2014
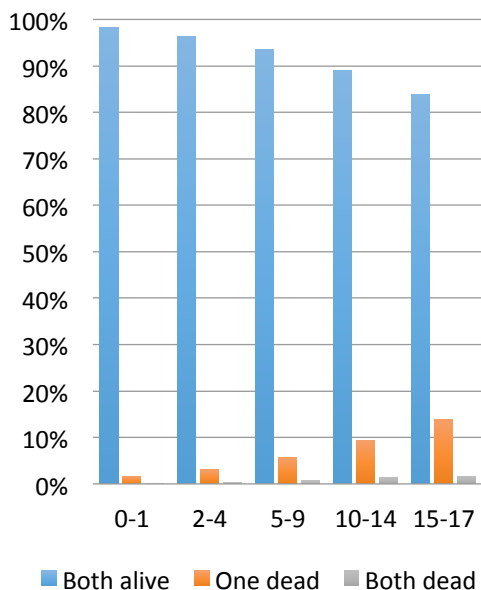
- By age 18, 7% of children in Ghana have lost one biological parent and 0.8% have lost both. Between birth and age 15, 6% of children have lost one biological parent and 0.7% have lost both.

  o Substantial diversity is seen in the regional distribution of parental death for children under the age of 18 within Ghana. The Upper East region, an urban region in the far northeast of the county, has the highest percentage of children who have experienced orphaning at 1.4%. Notably, 7 in every 10 Ghanaians residing in Upper East Region belong to the poorest of the wealth quintiles.

  o Household wealth does not appear to be associated with parent survivorship for children in Ghana.

- Between the 2008 DHS and the 2014 DHS in Ghana, there has been a slight increase in double parent death from 0.5% to 0.7% among children 0-14. The rate of single parent death has stayed fairly constant at 6% for children under 15 in Ghana.

- Regionally, Ghana has a similar prevalence of parental death and orphanhood as those of neighboring states. Ghana's prevalence of 0.7% double parent deaths (for children 0-14) is similar to most countries in the West African region which have double parent death below 1% for children 0-14.

- In Ghana, nearly 1 in every 6 children age 0-17 lives with neither biological parent (16%). Of these, 81% have two living biological parents and another 14% have one. Only 5% of children who do not live with a biological parent have no surviving parent.

Living Arrangements of Children Living with Neither Biological Parent:

- The rate of living outside of parental care appears to be decreasing in Ghana. In 2014, 15% of children 0-14 reported living with neither their mother nor their father, down from 18% in 2008.

- The large majority of these children living with neither biological parent - 96% - live in households headed by a relative.

  o In the regional context, Ghana's prevalence of children 0-14 who live in households in which they are related to the household head is comparable to other Western African countries at 96% among children 0-14. Cote d'Ivoire is an outlier in the region with 11% of children under age 15 reportedly living outside of family care.

PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN GHANA, 2014

Legend:
- Missing
- Brother/ sister
- Adopted/ fostered
- Grandchild
- Other relative
- Not related

- Among children living with neither biological parent, the child's age is a clear determinant of who children are most likely to live with. In the youngest age groups the prevalence of living in households headed by grandparents is 87% for children aged 0-1 and 79% for children aged 2-4, while only 32% for the oldest age group of 15-17. Conversely, the youngest age group has a smaller proportion of children living in households headed by other relatives, while in the older age group the likelihood of living with these relatives becomes more common than living with grandparents (36% vs. 32%).

- Differences across gender can be observed when looking at living arrangements in Ghana. Boys are more likely to live with their grandparents than girls (59% vs. 51%), while girls are more likely to live with other relatives (33% to 29% among boys 0-17). A higher proportion of girls live outside of family care compared to boys (7% to 3%).

- Only 5% of surveyed households report hosting a child 0-17 unrelated to the head of the household.

- Households in wealthier quintiles have a higher likelihood of hosting unrelated children and these children are generally in the older age groups.

- The Greater Accra region sees a strikingly high proportion of children living in unrelated care (9.4%), nearly double the country-wide average.

"The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."

– The Guidelines for the Alternative Care of Children (2009) II.A.3

Over the last 30 years there has been a growing understanding of the critical importance of the family and a family environment for children in terms of their development and well-being. This realization is at the core of the *United Nations Convention on the Rights of the Child* adopted in 1989, and more recently, of the *Guidelines for the Alternative Care of Children* welcomed by the United Nations General Assembly in 2009.[1]

A major body of empirical research in psychology, neuroscience, social work, and other disciplines has demonstrated the importance of investing in children's early years to support this critical period of child development.[2] Findings about the negative impact of emotional deprivation and institutionalization for younger children have further reinforced the critical importance of parental care and a family environment.[3] As a result, reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, have been ongoing in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.[4]

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.[5] As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the number of institutions and removing children from these institutions, but also about establishing better preventive and family support services to reduce child-family separation and stop children from going into alternative care in the first place.

Understanding better the situation of children in 'care vulnerable situations', including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A number of organizations and initiatives have drawn attention to the need for more systematic data on

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[1] UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at: http://www.bettercarenetwork.org/docs/Guidelines-English.pdf

[2] National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

[3] For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023

[4] For documentation of these reforms, go to Better Care Network online Library of Documents at: www.bettercarenetwork.org

[5] Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023;

children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being.

National household surveys provide critical data to monitor population-level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally representative sample of households. Initial analysis of this data for a small number of countries has shown how critical this data can be to understand the care situations of these children, but also to highlight potential indicators of vulnerability associated with different care and living arrangements. [6]

Demographic and Health Surveys (DHS) have been conducted in low- and middle-income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. The DHS has now entered its Phase 7 (2013-2018). The survey includes three main questionnaires (household, woman's, and man's questionnaires) and provides nationally-representative data on health and population, including fertility, maternal and child survival, immunization, water and sanitation, education, and living arrangements, among others. In addition, the DHS has included questionnaire modules on a range of topics such as domestic violence, female genital mutilation (FGM), fistula, and out of pocket expenditures.

Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s in more than 100 countries, tracking progress and trends on more than 20 indictors relating to the Millennium Development Goals (MDGs) and other major international commitments relevant to the situation of women and children. MICS has entered its fifth phase, MICS 5 (2012-2014). The survey includes a household questionnaire, a questionnaire for women 15-49 years of age with or without birth history, a questionnaire on children under 5 years of age administered to the mothers or caretaker of these children, and a questionnaire for men 15-49 years of age. The questionnaires cover a wide range of issues, including education, child labor, child discipline, water and sanitation, maternal and newborn health, marriage and union, FGM, birth registration, early childhood development, breastfeeding, sexual behavior, fertility, and tobacco and alcohol use, among others.

Both DHS and MICS have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV/AIDS, domestic violence, and child discipline.

Better Care Network is working with partner organizations to support more systematic use of existing household-level data sets, particularly DHS and MICS data, to provide a fuller picture of the patterns and trends relating to children in households and their living and care arrangements. In collaboration with members of the Child Protection Monitoring, Evaluation Reference Group (CP MERG) and its Technical Working Group on Children Without Adequate Care, and with support from Save the Children, Better Care Network is developing a series of country briefs using the latest available data set from DHS or

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[6] See for examples, Family For Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

MICS for the country and presenting the data and analysis of the trends, when data is available, regarding children's living arrangements and care situations. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out to be able to do so and the content of these papers will evolve as a result. This brief is targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels.

The DHS and MICS core questionnaires contain a number of indicators in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data is collected in some countries for children under 15 years of age in a household, and in other countries for children under 18 years of age. The data on survival status of parents is collected under the HIV/AIDS section of the questionnaire and while it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement as well as a number of outcome indicators.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of relationships provided as possible responses, there is general consistency as far as the key categories are concerned (grandchild, niece/nephew, foster child, and unrelated, for example). This data is systematically collected but rarely extracted and analyzed in the national reports, despite its clear relevance to children's care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, as it does not provide actual information as to who the legal or *de facto* caregiver for a particular child is in that household, it is nonetheless a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country. This is critical to inform policies seeking to strengthen parental care, prevent harmful separation, and support adequate family care and family-based alternative care.

The DHS and MICS data has huge potential to inform child protection policy and programming; however, currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as data on children's care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data among child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families. It is hoped that these country briefs can contribute to this.

GHANA 2014 DHS:

The data presented in this report come from the 2014 Ghana Demographic and Health Survey[7] (DHS) that was carried out by the Ghana Statistical Service (GSS), the Ghana Health Service (GHS), and the National Public Health Reference Laboratory (NPHRL) of the GHS. MEASURE DHS is a USAID-funded project that provides technical support in the implementation of country-wide surveys across the world. Funding for this effort came from the United States Agency for International Development (USAID), the Global Fund, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the International Labour Organization (ILO), the Danish International Development Agency (DANIDA), and the Government of Ghana.

The primary objective for this data collection effort is to provide country-wide information on demographic characteristics, health conditions and behaviors, and indicators around mortality. The child well-being indicators reported here come from the DHS Household Questionnaire. This questionnaire is used to list all individuals who spent the previous night in a selected household. It collects basic information of each member listed, including name, sex, age, education, relationship to the head of household, and disability status. Additionally, for children under the age of 18, survival status of parents is also recorded.

During the 2014 Ghana DHS data collection effort, a total of 11,835 households were interviewed and 40,337 household members were listed. Of these, 19,074 individuals were under the age of 18 and 16,881 children were under the age of 15. The household questionnaire retained a response rate of 99%. All figures reported here have accounted for sample weights; none are unweighted. No exclusion criteria has been applied – the data presented below represent the entire sample of individuals present in the dataset. As a result, the total counts used are slightly larger than the figures reported in the 2014 Ghana DHS country report. Data were analyzed using the statistical software package SAS 9.4. To measure statistically significant levels of association, chi-squared tests and t-tests were run using a 5% alpha level.

To understand Ghana in its regional context and compare across other Western African states, data was pulled from nationally-representative DHS surveys that were most recently run in these neighboring countries. The Western Africa Region is defined by the DHS as including the following countries: Benin[8], Burkina Faso[9], Code d'Ivoire[10], Ghana[7], Guinea[11], Liberia[12], Mali[13], Mauritania[14], Niger[15], Senegal[16], Sierra

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[7] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. 2015. Ghana Demographic and Health Survey 2014. Rockville, Maryland, USA: GSS, GHS, and ICF International.

[8] Institut National de la Statistique et de l'Analyse Économique (INSAE) et ICF International, 2013. Enquête Démographique et de Santé du Bénin 2011-2012. Calverton, Maryland, USA : INSAE et ICF International.

[9] Institut National de la Statistique et de la Démographie (INSD) et ICF International, 2012. Enquête Démographique et de Santé et à Indicateurs Multiples du Burkina Faso 2010. Calverton, Maryland, USA : INSD et ICF International.

[10] Institut National de la Statistique (INS) et ICF International. 2012. Enquête Démographique et de Santé et à Indicateurs Multiples de Côte d'Ivoire 2011-2012. Calverton, Maryland, SA : INS et ICF International.

[11] Institut National de la Statistique (INS) et ICF International. 2012. Enquête Démographique et de Santé et à Indicateurs Multiples de Guinee 2011-2012. Calverton, Maryland, SA : INS et ICF International.

[12] Liberia Institute of Statistics and Geo-Information Services (LISGIS), Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberia], and ICF International. 2014. Liberia Demographic and Health Survey 2013. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and ICF International

[13] Cellule de Planification et de Statistique (CPS/SSDSPF),Institut National de la Statistique (INSTAT/MPATP), INFO-STAT et ICF International, 2014. Enquête Démographique et de Santé au Mali 2012-2013. Rockville, Maryland, USA : CPS, INSTAT, INFO-STAT et ICF International

[14] Office National de la Statistique (O NS) [Mauritanie] et ORC M acro. 2001. Enquête Démographique et de Santé Mauritanie 2000-2001.Calverton, Maryland, USA : ONS et ORC Macro.

[15] National Population Commission (NPC) [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

Leone[7], and Togo. Given that many of these countries collected data for the 0-14 age range until recently, for cross-country comparisons, under 15 age groups will be used. The previous DHS surveys conducted in Ghana are also represented in this report to look at any significant changes that have occurred within the country over the last decade. Lastly, all country-level development statistics were pulled from the Human Development Report 2014[17].

[16] Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF International. 2015. Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2012-14), Rapport Régional. Rockville, Maryland, USA : ANSD et ICF International.
[17] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

BASIC STATISTICS:[18, 19]

Country
- Total population (2013): 25,900,000
- Gross Domestic Product per capita (2011): $3,638.47
- Human Development Index: .573 (Rank – 138)
- Population living below $1.25 a day: 28.59%
- Life expectancy at birth: 61.13 years
- Median age: 20.91 years
- Urban vs. rural distribution: 53% of the population is urban, 47% rural
- **Under-5 mortality rate: 72 per 1,000 under five children.**
- HIV/AIDS prevalence: 1.4%
- Birth registration of children (% under age 5): 71% (DHS).
- Child labor (age 5-14): 34%

Households
- Mean household composition: 3.5 members
  - This is nearly identical to what was reported in the 2008 DHS
- Nearly half of all individuals in Ghana (42%) are under the age of 15.
- Female-headed households: 34%; many more urban households are female-headed vs. rural households (37% vs. 30%)
- Urban vs. rural distribution: 55% of sampled households were urban; 45% rural
- Educational attainment is **low** in Ghana: 26% of women and 18% of men have no education, and 31% of women and 31% of men have attended only primary school. As a result, 33% of women and 18% of men are illiterate.

Marriage:

- Median age at first marriage: 21 years for women; 26 years for men
  - Women in rural households marry on average 4 years earlier than women in urban households (19 years vs. 23 years).
  - Early marriage: 2% of all young women age 15-19 are married.
- Sixteen percent of all married women are married to men who are in a polygamous union; 7% of currently married men reported having more than one wife.

Fertility
- Total Fertility Rate: 4.2 children
  - Fertility for women living in rural households is nearly double those living in urban areas (5.1 vs. 3.4), with the lowest fertility rate being in the Greater Accra area (2.8 children per woman).
  - The TFR increases with each decrease in wealth quintile, ranging from 2.8 children per woman in the highest wealth quintile to 6.3 children per woman in the lowest wealth quintile.
  - Adolescent fertility: 76 births per 1,000 girls age 15-19. **(HDI reports 58/1000).**
  - 14% of women age 15-19 are already mothers or currently pregnant with their first child.
  - 22% of all Ghanaian women report having given birth prior to age 18 and 39% by age 20.
  - 13% of births occur within 24 months of a previous birth.

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[18] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.
[19] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. 2015. Ghana Demographic and Health Survey 2014. Rockville, Maryland, USA: GSS, GHS, and ICF International.

CHILDREN'S LIVING ARRANGEMENTS:

In Ghana, 56% of children under the age of 15 live in households with both biological parents. While they represent the largest group of children living in households, Ghana's proportion of children living with both parents is among the lowest found in the Western Africa region. For instance, in Guinea, 63% of all children under the age of 15 live with both biological parents, as do 76% in both Niger and Nigeria, and 80% of children age 0-14 in Burkina Faso.

As shown in Figure 1, among children age 0-17 in Ghana, 55% live with both biological parents, 25% live with only their mother, and 5% live with only their father. Nearly one in every six children under 18 years of age in Ghana - 16% - lives with neither biological parent.

When disaggregated by background characteristics, factors such as gender, age, and geographic region appear to significantly influence living arrangements among children in Ghana. Girls in Ghana are slightly more likely to live with neither biological parent (18%) as compared to boys (14%). Conversely, boys more commonly live with both biological parents compared to girls (56% vs. 53%).

Variations in living arrangements across age groups are evident in Ghana. At an early age the majority of children still live with both biological parents; this proportion declines with age. Where only 42% of children in the oldest age group live with both of their biological parents, 61% of children ages two to four and 70% of children under two live with both biological parents. As children age, proportionally fewer children live with their mother only, while more live

FIGURE 1: PERCENT DISTRIBUTION OF LIVING ARRANGEMENTS AMONG CHILDREN 0-17 IN GHANA, 2014

FIGURE 2: PERCENT DISTRIBUTION OF CHILDREN LIVING WITH AT LEAST ONE BIOLOGICAL PARENT VS NEITHER BIOLOGICAL PARENT AMONG CHILDREN 0-17 IN GHANA, ACCORDING TO AGE GROUP

■ Living with at least one biological parent

■ Living with neither biological parent

with their biological father only. Part of this can be explained by the death of a biological parent. Since more children experience the loss of a parent as they get older, the proportion of children living with their only surviving parent increases with age; only 1.5% of children in the youngest age group live with
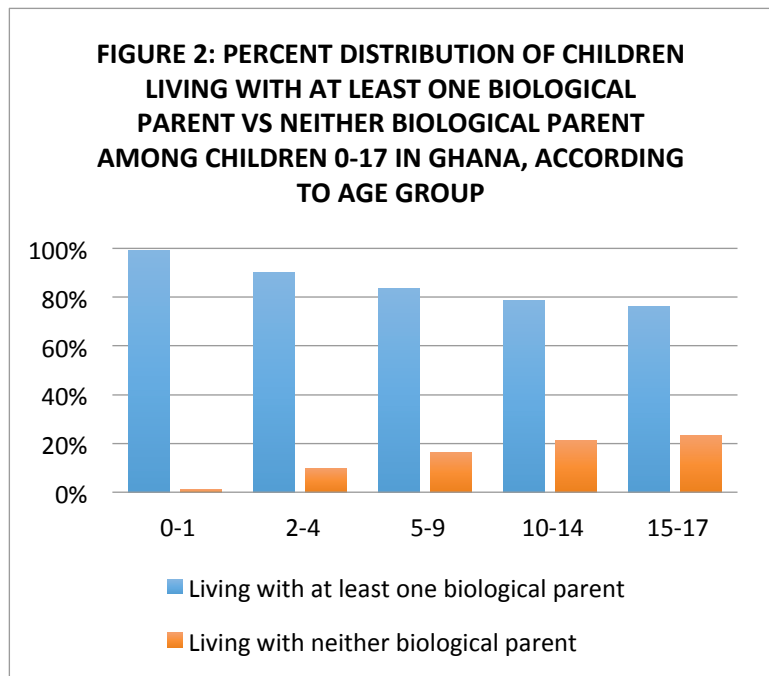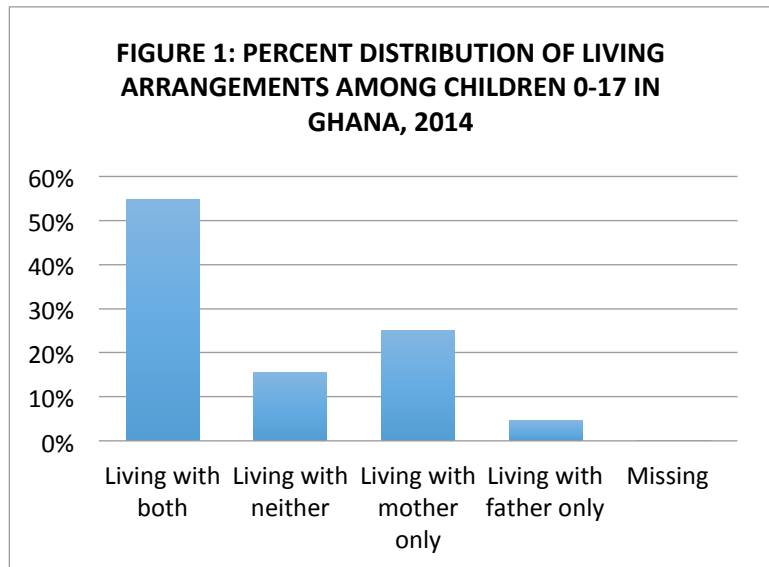
their mother only after their father has died, while 7% of children age 15-17 do the same. A similar but less pronounced trend is seen for children living with only their father after their mother has passed. However, among children living with a single biological parent when their other parent is still living, the proportion living with their mother only decreases with age, while the proportion living only with their father increases during this same time. While fewer than 1% of children under age 2 live with only their father, 2% of children age 2-4, and 4% of children age 5-9 live with only their father when their mother is still living. Conversely, while 27% of children under age 2 live with only their mother when they have a living biological father, 14% of children age 2-4 and 20% of children age 5-9 maintain this living arrangement. More research is needed to understand why this decreasing trend occurs.

Simultaneously, the likelihood that a child will live with neither biological parent increases with the child's age. While 1% of children under age 2 live with neither biological parent, there is an exponential increase in children living with neither biological parent, reaching 16% for children age 5-9 and 23% for children age 15-17 (as seen in Figure 2 above).

Children in rural regions of Ghana more commonly live with both biological parents compared to children living in urban households (60% vs. 49%). Conversely, among those under 18 years of age, more children living in urban areas (18%) live with neither biological parent compared to children living in rural households (13%) – nearly one in every five children living in urban centers lives without either biological parent.

The 2014 DHS covers Ghana's regions defined as: Western, Central, Greater Accra, Volta, Eastern, Ashanti, Brong Ahafo, Upper East, Upper West, and Northern. Regional data is presented here to understand the regional diversity found within the country. As Figure 3 shows, children living in the more urban Eastern region are much less likely to live with both biological parents compared to the rest of the country. The Northern region sees the highest proportion of children living with both biological parents at 77% - just over three quarters of the children living in this province.

FIGURE 3: PERCENT OF CHILDREN 0-17 LIVING WITH BOTH BIOLOGICAL PARENTS BY REGION
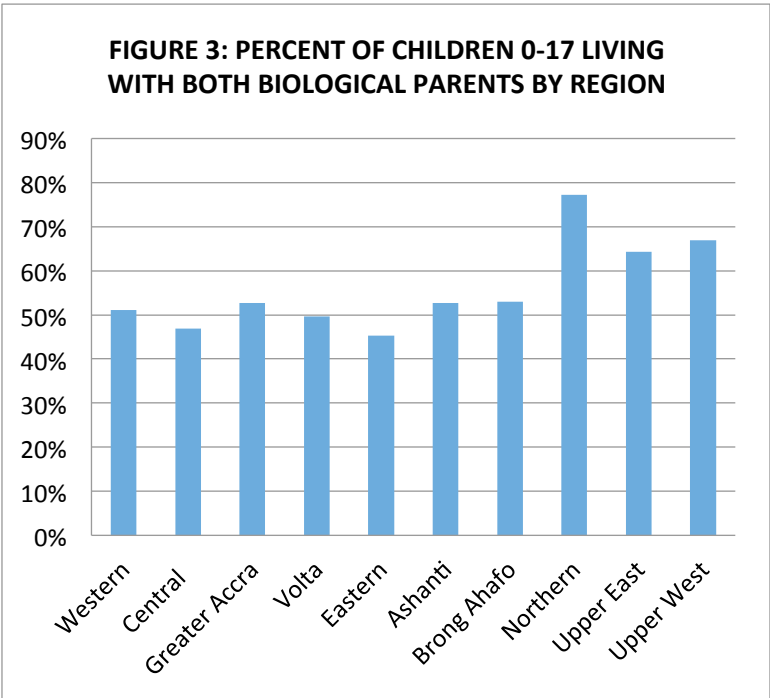
Higher household wealth quintile appears to be positively associated with the likelihood of children living with neither biological parent. This may be due to richer households wielding more resources to support unrelated children or being more likely to employ domestic workers. In the poorest households, proportionally more children were found to live with at least one biological parent (88%) when compared to households in the richest quintile (84%). In Ghana, slightly

more children appear to be hosted by wealthier households when living away from both biological parents.

**FIGURE 4: PERCENT OF CHILDREN 0-17 LIVING WITH ONE BIOLOGICAL PARENT BY REGION**
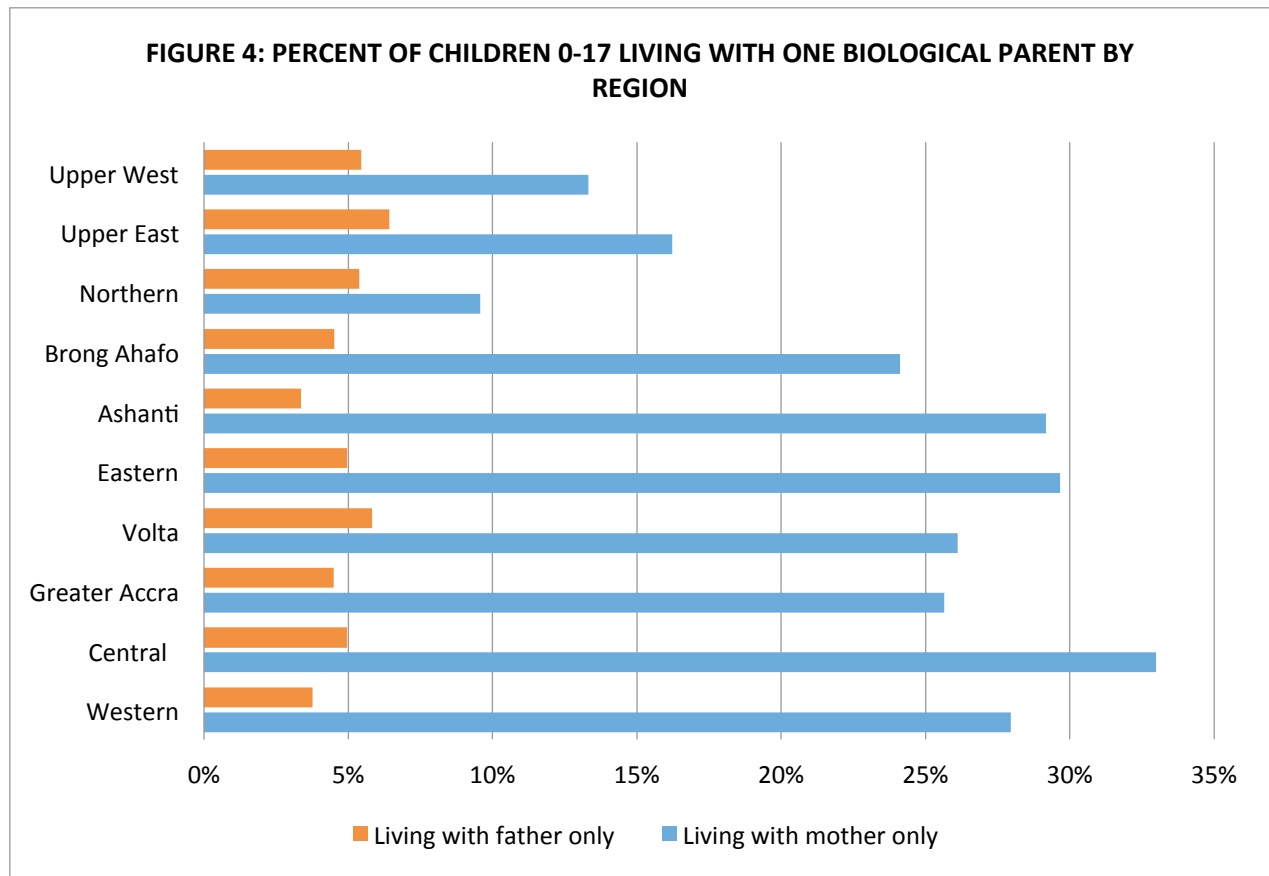
When it comes to children living with only one biological parent, however, a varied regional landscape is seen across Ghana. The Central region sees the highest percentage of children living with only one biological parent in the country (38%). This region also has the second lowest percentage of children living with both biological parents in Ghana. The Northern region, meanwhile, has the lowest proportion of children living with at least one biological parent (15%) across the nation but enjoys the highest percentage of children 0-17 living with at least one biological parent at 92%.

Regionally, Ghana has the third-highest percentage of children living in households with a single biological parent (28%) after Senegal (30%) and Liberia (31%) among the thirteen countries in the Western Africa region with recent DHS data. As seen in Figure 5 below, over one in five children in Ghana lives with only their mother even when their father is still living.

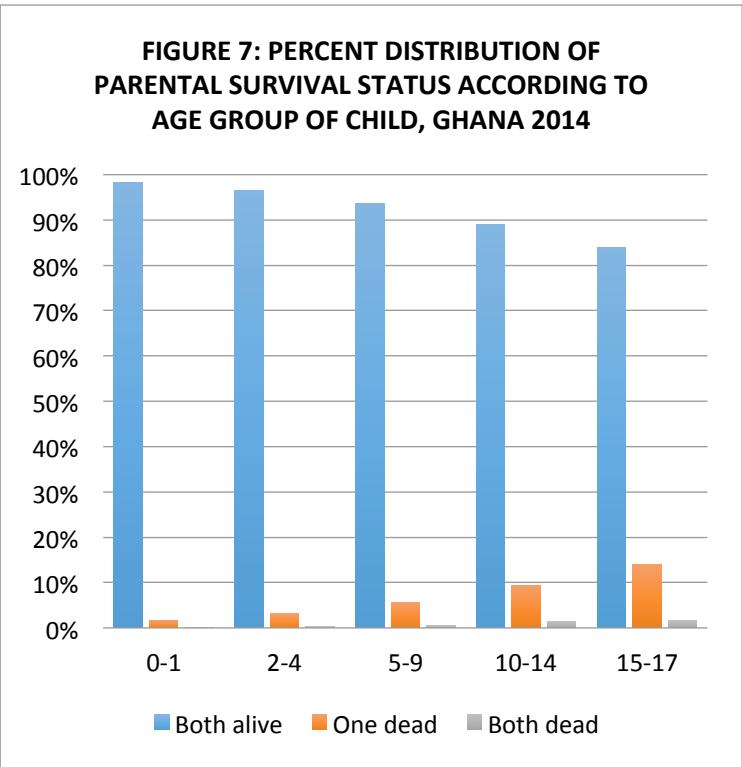**FIGURE 5: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY COUNTRY, DHS WESTERN AFRICA REGION**
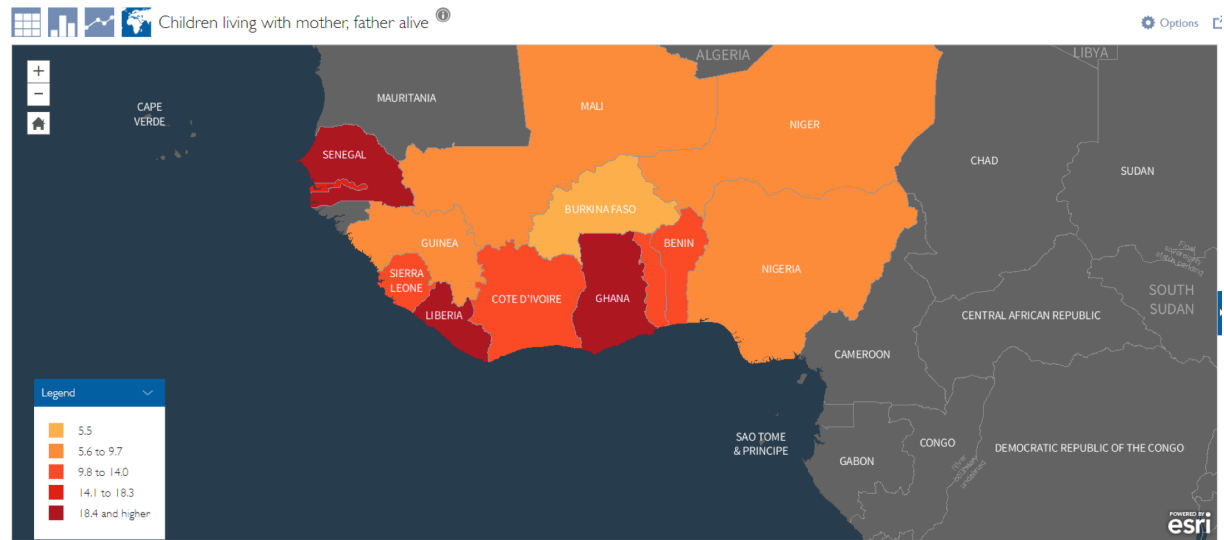
FIGURE 6: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH, ONE OR NEITHER BIOLOGICAL PARENT BY COUNTRY, DHS WESTERN AFRICA REGION
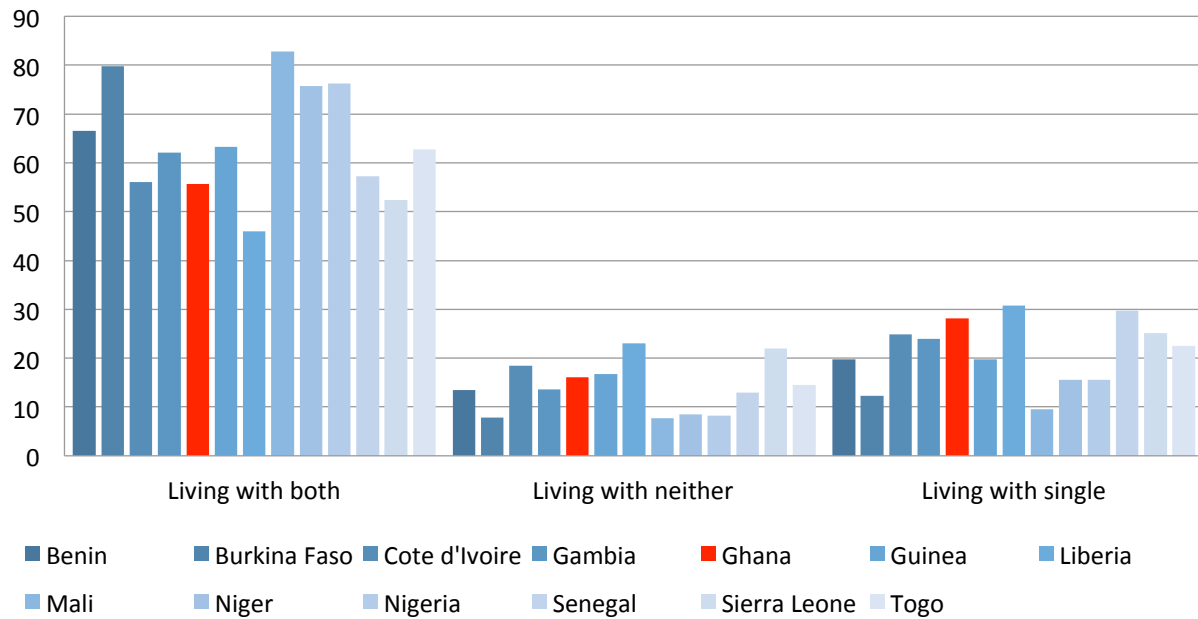
DEATH OF A PARENT (SINGLE AND DOUBLE "ORPHANHOOD"):

In Ghana, orphanhood is experienced by 0.8% of all children age 0-17, and 0.7% of all children age 0-14. As can be expected, loss of a single parent is more frequent: 5.8% of children lose one parent before age 15 and 6.7% of children lose one parent by age 18. Parental loss is positively associated with age: almost all children living in households under the age of two have two living parents (98%), while 14% of children age 15-17 have lost one biological parent and 1.5% have lost both (as seen in Figure 7.) The overall percentage of double parental death has stayed fairly stable in Ghana since the 2008 DHS, from 0.7% in 2008 to 0.8% in 2014 (among children 0-18); however, this represents an increase in the last two decades compared to a low of 0.3% in 1998 and 2003.

FIGURE 7: PERCENT DISTRIBUTION OF PARENTAL SURVIVAL STATUS ACCORDING TO AGE GROUP OF CHILD, GHANA 2014


Gender, wealth quintile of the household, and rural-urban distributions do not clearly correlate with the likelihood of losing a parent among children in Ghana. However, when disaggregated by geographic region, distinct regional variations are seen in orphanhood. The Upper East region has the highest percentage of orphanhood, with a proportion of children who have lost both parents (1.4%) which is double that of the national average. Additionally, 12% of children living in the Upper East region have lost one parent before age 18. Greater Accra, the major urban center and capital of Ghana, has a comparatively low rate of parental death with 1.1% of children double-orphaned and 5.6% who have lost one parent. More research is needed to understand if underlying urban-rural differences may characterize the distribution of parent survival in Ghana, or if these living arrangements might shift after experiencing the death of a parent.

In the Western Africa context, Ghana is comparable to its regional neighbors in the level of both single parent loss (6%) and double parent loss/orphaning (0.5%) among children age 0-14, ranking seventh of the thirteen countries. Ghana's orphaning percentages are considerably lower than what is found in Sierra Leone, where 1.4% of all children are orphaned before age 15 and 7.5% of all children age 0-14 have lost one biological parent.
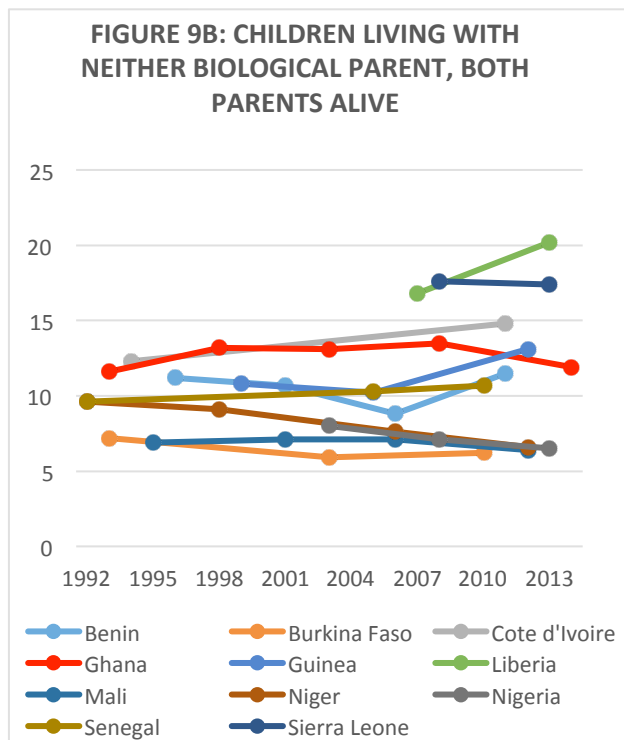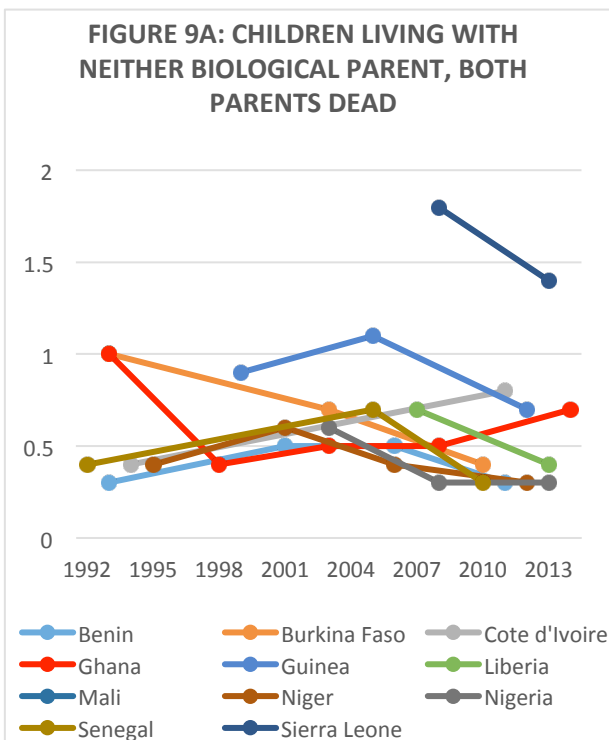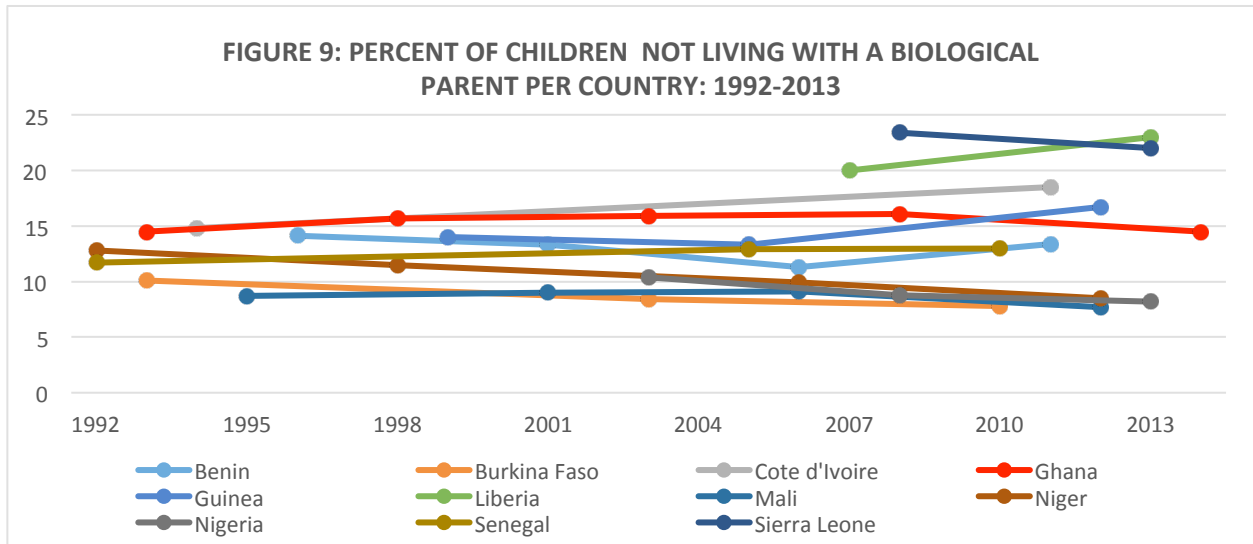
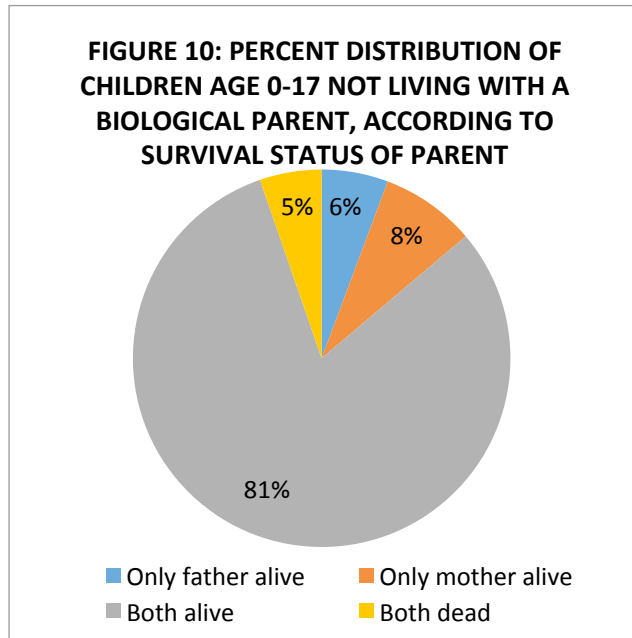**FIGURE 8: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-14 BY COUNTRY, DHS WESTERN AFRICA REGION**
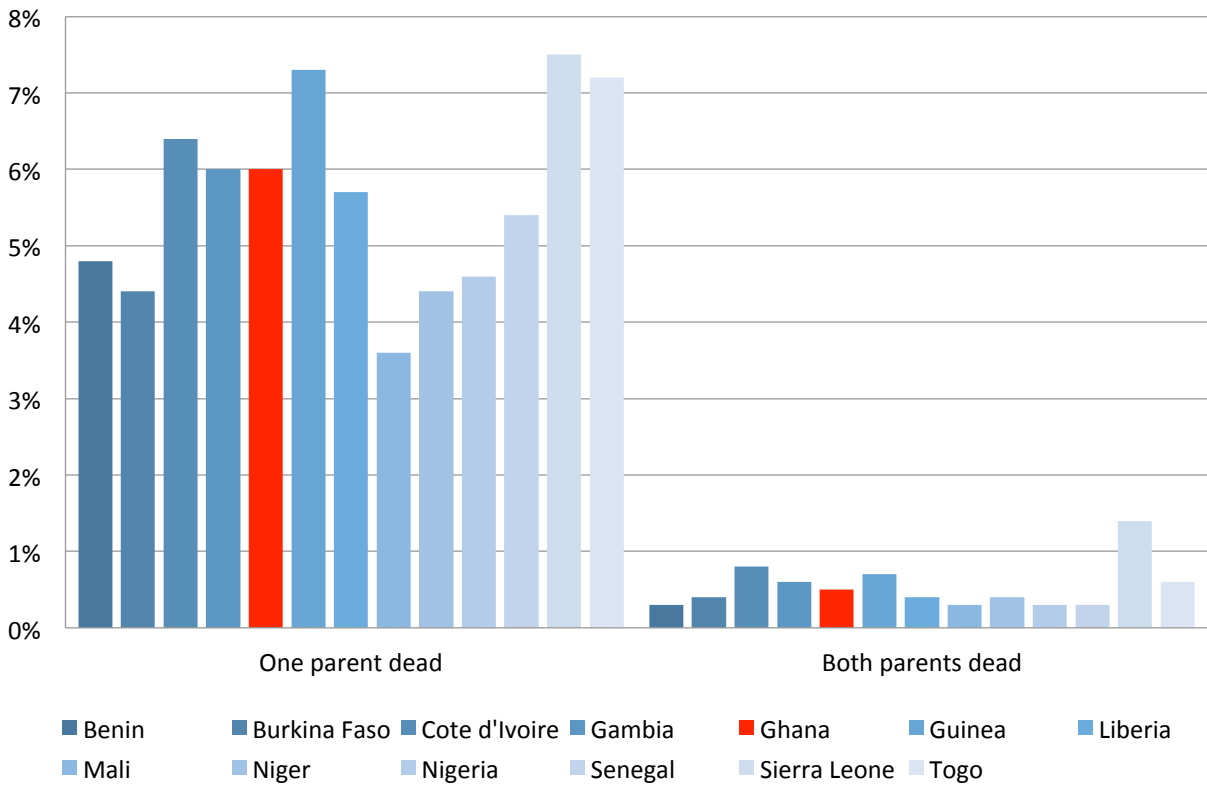
CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT:

As stated previously, nearly one in every six Ghanaian children under the age of 18 lives with neither biological parent. In the last two decades, different trends have been observed in the Western Africa region among children living with neither biological parent. As seen in Figure 9, the prevalence of children living outside of parental care in most countries has stayed fairly stable in the Western African region, with few notable exceptions. Sierra Leone is one such exception, with a sharp decrease in the proportion of children living with neither biological parent in the last half decade. Conversely, Liberia saw an increase in the percentage of children living with neither parent during that same period.

FIGURE 9: PERCENT OF CHILDREN NOT LIVING WITH A BIOLOGICAL PARENT PER COUNTRY: 1992-2013

FIGURE 9A: CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT, BOTH PARENTS DEAD

FIGURE 9B: CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT, BOTH PARENTS ALIVE

In Ghana, as seen in Figure 9A, the prevalence of orphanhood has declined since the early 1990's. Subsequently, the prevalence of orphanhood in Ghana has been steadily increasing.

While the overall prevalence of children living with neither biological parent appears to be fairly stable in the region, as seen in Figure 9A, the prevalence of orphanhood has declined in the Western Africa region (with the exception of Cote d'Ivoire.) Because the vast majority of children living with neither biological parent still have both parents living, the effect of events such as civil war, the HIV/AIDS epidemic, and access to anti-retro viral therapy for HIV can remain hidden. Therefore, variations in the proportions of children who have lost both biological parents are largely unseen because of the large percentage of children living outside of parental care who continue to have living biological parents.

FIGURE 10: PERCENT DISTRIBUTION OF CHILDREN AGE 0-17 NOT LIVING WITH A BIOLOGICAL PARENT, ACCORDING TO SURVIVAL STATUS OF PARENT

Legend: ■ Only father alive ■ Only mother alive ■ Both alive ■ Both dead

Values shown: 5%, 6%, 8%, 81%

According to the 2014 DHS, the vast majority of children in Ghana living with neither biological parent (92%) had both biological parents still living, while 5% had a living mother, 2% had a living father, and only 1% had lost both parents[20]. This reality underlines that orphanhood is *not* the primary factor explaining children not living with their biological parents, and highlights the need to better understand the true drivers behind children not living with their parents.
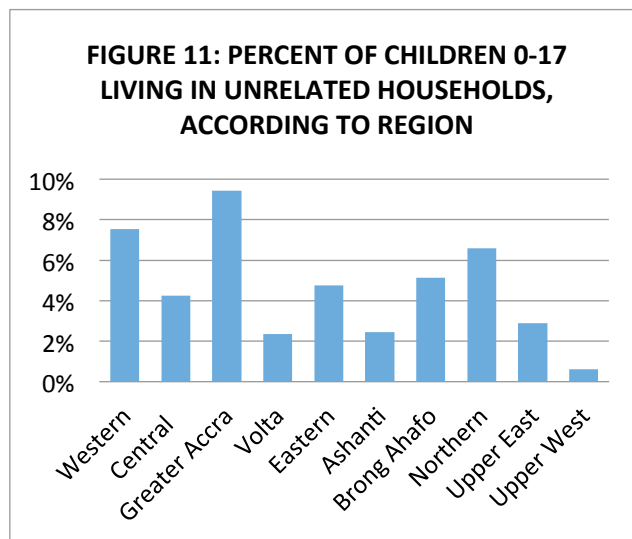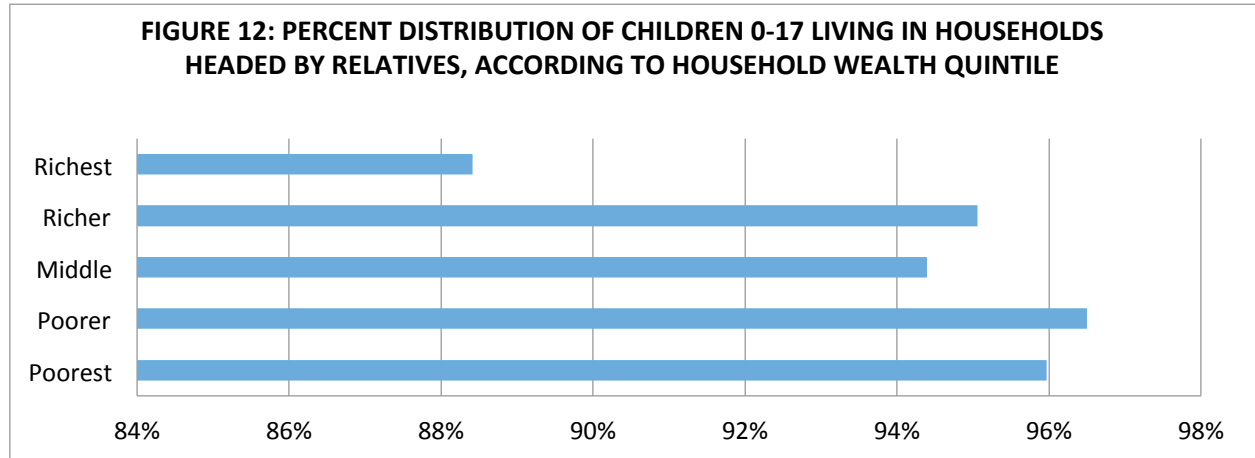
The overwhelming majority of children in Ghana under the age of 18 who are not living with a biological parent remain in family care, residing instead in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, 94% of children aged 0-17 live in family care, with only 5% of children living in households headed by an unrelated person. The likelihood of a child living in family care does not seem to be substantially related to gender (96% of boys vs. 93% of girls) or urban-rural differences (95% of rural children vs. 94% of urban children). As can be expected, differences in household work contribution, child migration for education, or work opportunities impact the age at which children move out of living in family care. Living in family care seems to be negatively associated with age, with the oldest age group of children having a higher likelihood of living in a household headed by a non-relative. Nonetheless, given the small sample size in the

FIGURE 11: PERCENT OF CHILDREN 0-17 LIVING IN UNRELATED HOUSEHOLDS, ACCORDING TO REGION

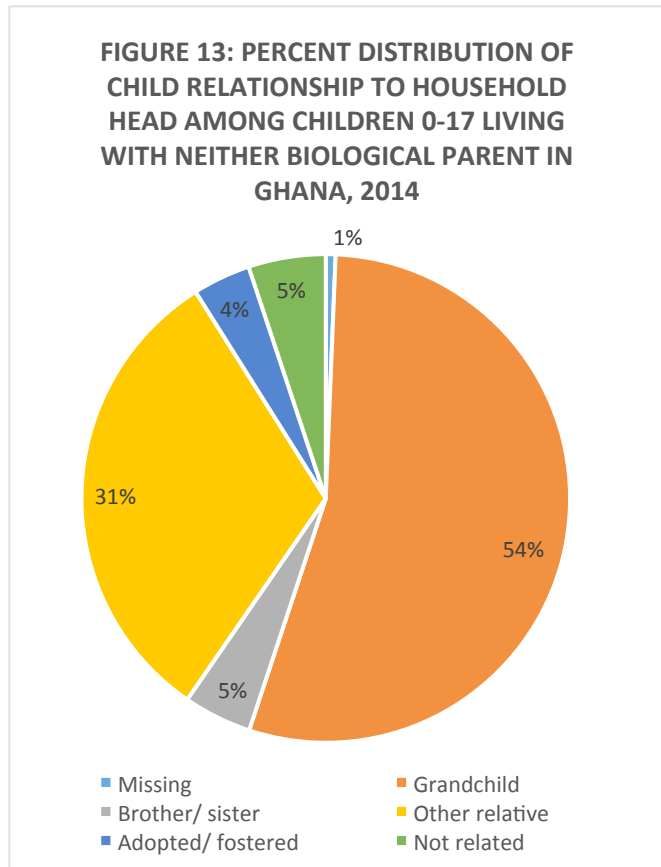youngest age categories, caution must be employed in interpreting these findings.

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[20] According to the World Bank, in 2014 39% of the total population in Ghana was between the ages of 0-14. Therefore, approximately 1.6 million children under the age of 15 live with neither biological parent, of which an estimated 83,500 children have lost both biological parents.

In Ghana, marked regional differences are seen in the distribution of children living outside of family care. The Greater Accra region has nearly twice the prevalence of children living in households where they are unrelated to the household head, compared to the national average (9.4% vs. 5.1%). The Upper West region has the lowest percentage of children living outside family care at less than 1%. More research is needed to disentangle these regional differences.

FIGURE 12: PERCENT DISTRIBUTION OF CHILDREN 0-17 LIVING IN HOUSEHOLDS HEADED BY RELATIVES, ACCORDING TO HOUSEHOLD WEALTH QUINTILE
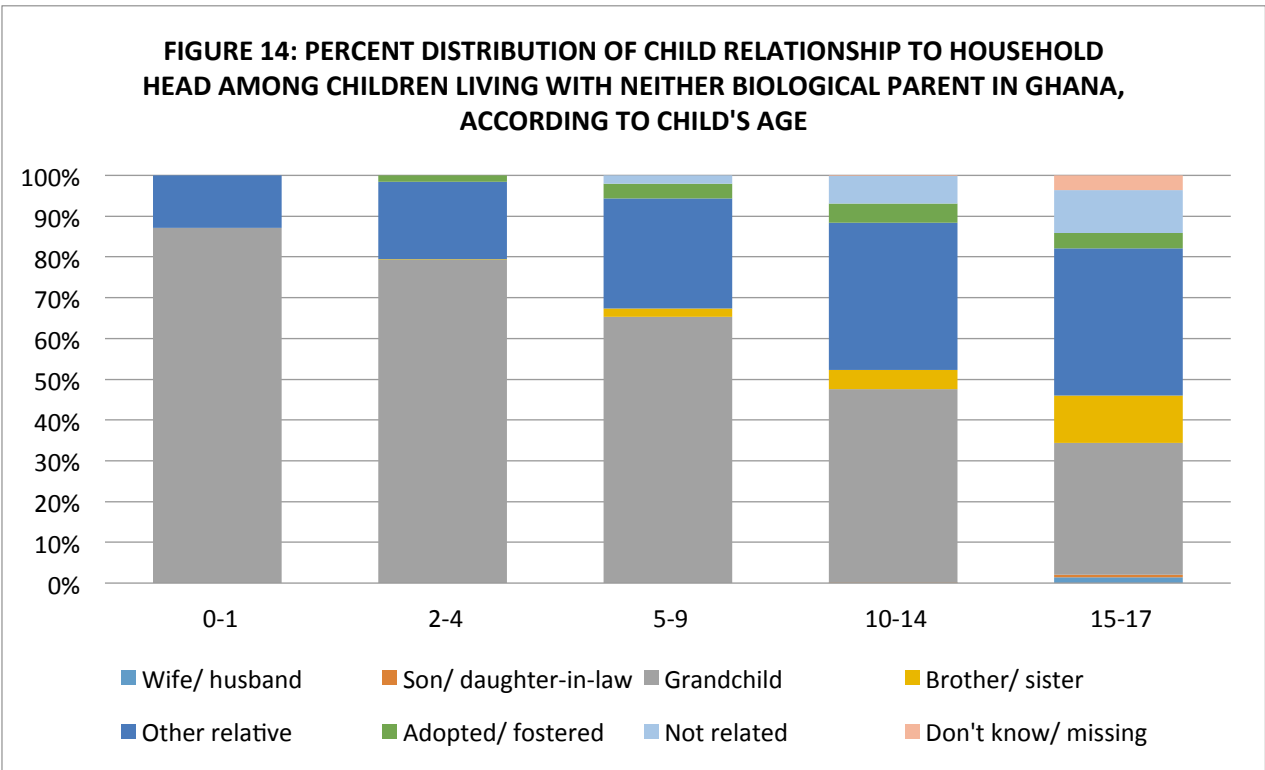

In Ghana, there is a positive association between wealth index and households hosting unrelated children. While only 4% of children living in households in the poorest wealth quintile report being unrelated to the household head, in households belonging to the richest quintiles, the percentage is 11%. It is possible that wealthier households managing more resources are both concentrated in urban centers and more likely to provide opportunities such as boarding for school or employment for domestic work to unrelated youth. Further research is needed in this area to better understand these dynamics.

In Ghana, among children age 0-17 living with neither biological parent, 54% live with their grandparents, 31% live in households headed by other relatives, 5% live with siblings, 5% live with unrelated household heads, and 4% live with adopting or fostering families. Less than 1% of children age 0-17 live with their spouses or in-laws.

FIGURE 13: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN GHANA, 2014

- Missing
- Grandchild
- Brother/ sister
- Other relative
- Adopted/ fostered
- Not related

Children ages 0-17 have a higher likelihood of living with their grandparents at 54%, rather than with other relatives. However, living with grandparents seems to be negatively associated with the age of the child, becoming less likely as children get older, while living with other relatives and with unrelated household heads becomes more common as children age. Children under age 2 have the highest likelihood of living with their grandparents, with 87% of all children under 2 who live with neither biological parent living in households headed by their grandmother or grandfather. An incremental decrease is seen in this proportion as children age, with a prevalence of only 32% for children age 15-17. In the oldest age cohort, there is nearly the same likelihood that a child age 15-17 living with neither biological parent will live in a household headed by another relative compared to a grandparent (36% vs. 32%).

FIGURE 14: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT IN GHANA, ACCORDING TO CHILD'S AGE
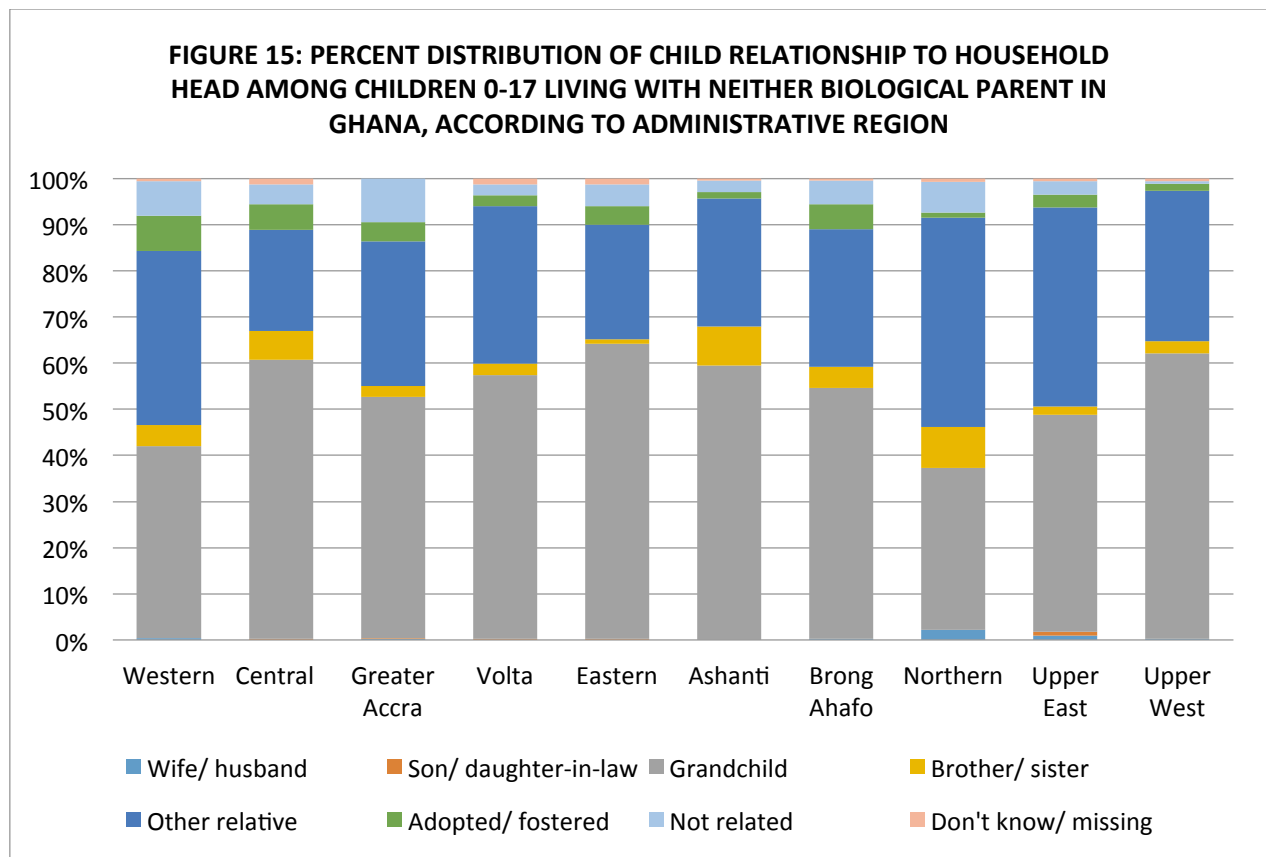
Gender also seems to play a role in determining whom children living outside of parental care live with. More boys age 0-17 live with their grandparents compared to girls (59% vs. 51%). Conversely, more girls live with "other" relatives compared to boys (33% vs. 29%). Possible explanations might include different reproductive and economic life phases of older and younger generation family members and how these realities intersect with the need for assistance in the house, for example with childcare or manual labor. Girls have a higher likelihood of living in households in which they are unrelated to the head (6.7%) compared to boys (3.1%). Additionally, among girls age 0-17 not living with a biological parent, 0.5% of girls are living with their husband or their husband's parents. This is congruent with the differences seen in the median age at marriage between girls and boys where, on average, girls marry approximately six years earlier than boys.

When disaggregated by geographical characteristics, it appears that significantly more children age 0-17 in rural areas live in households headed by their grandparents compared to children living in urban centers (59% vs. 51%). The opposite is true for children living in households headed by "other" relatives

(34% of children in urban areas vs. 29% of children in rural areas.) Given that children living with other relatives also tend to be older, as stated previously, it is possible that these children move to live with their relatives in urban centers in order to access education, employment, or better services. More research is needed to understand fully the mechanisms behind these living arrangements and their implications in terms of child well-being.

Clear differences are again seen among Ghana's different regions. As seen in Figure 15, The Northern region maintains the lowest proportion of children not living with a parent who are in households headed by the grandparents at 35%, and the highest proportion of children living with other relatives (45%). Conversely, the Eastern region has the highest prevalence of children age 0-17 living in grandparent-headed households at 64%. In the Western region, one in every thirteen children (7.7%) lives in adopting and fostering households, the highest in the region.

FIGURE 15: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN GHANA, ACCORDING TO ADMINISTRATIVE REGION

Adoption and fostering appears to be weakly related to gender in Ghana, with slightly more girls (4.3%) being adopted or fostered compared with boys (3.2%). However, it appears that as children get older the likelihood of adoption and fostering increases. While nearly no children under the age of 2 are adopted or fostered, between age 5 and 9, 3.6% of children are found in this living arrangement, and by 14 years old 4.8% of children in Ghana are reported as adopted or fostered. However, sample size limitations do not allow for any significant findings in this subgroup. Additionally, caution must be employed when analyzing figures in these categories given the ambiguous definition of fostering within the DHS program. The DHS program defines fostering as "children under age 18 living in households with neither their mother nor their father present." Nonetheless, as seen throughout this report, most

children living with neither biological parent are not categorized as "fostered." Therefore, it is difficult to ascertain which children would be classified as "fostered" in the field. Additionally, in many of these settings formal adoption and fostering is quite limited; therefore, these categories may capture some children in informal foster care and adoption arrangements, but the data might be a significant underestimation of the total population of children in those care situations.

Regionally, Ghana's prevalence of children age 0-17 who are not living with either parent but live in households in which they are related to the household head (family household) is high compared to other Western African countries. In Ghana, 4% of all children age 0-14 live in households headed by an unrelated person, while 96% live in family care. Only Niger (98%) and Togo (99.5%) see a higher prevalence of children living in related households among children under age 15 not living with either biological parent. Meanwhile, Mali has the lowest percentage of children living with neither biological parent living in related care (78%).

FIGURE 16: PERCENT OF CHILDREN 0-14 LIVING IN RELATED HOUSEHOLDS PER COUNTRY
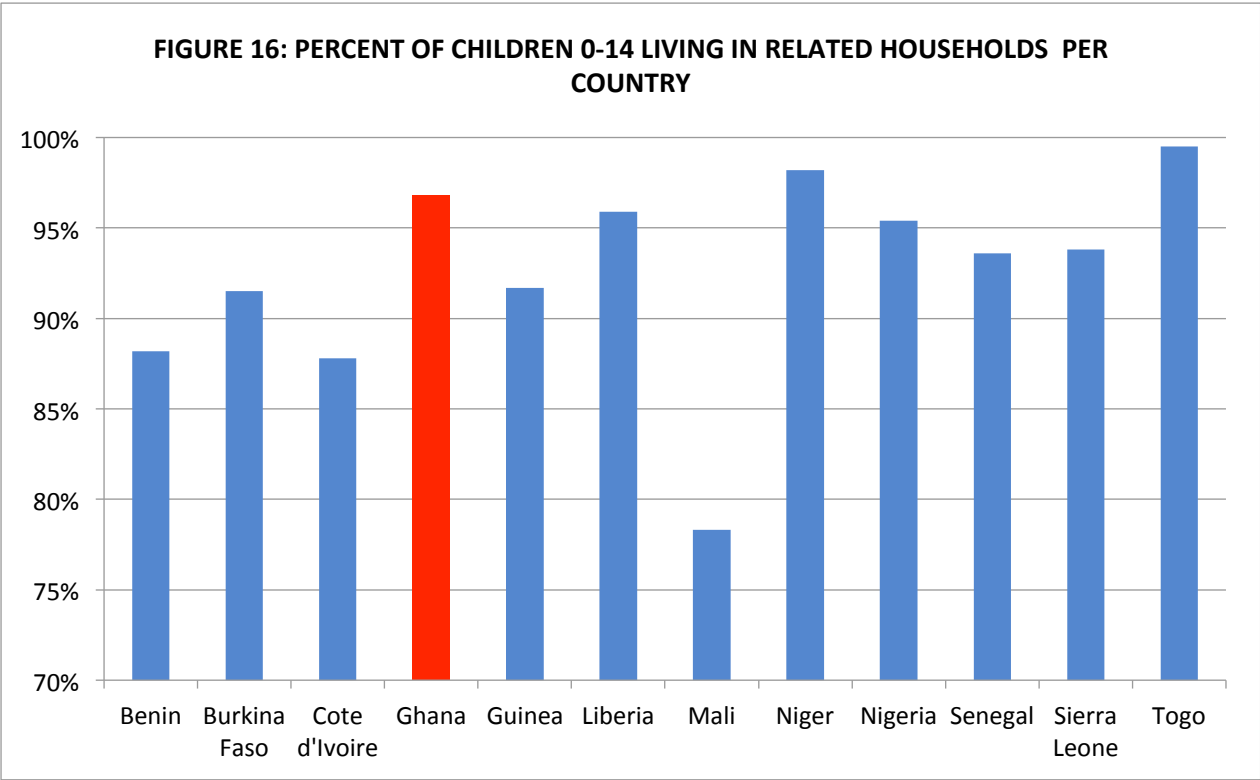
LIMITATIONS:

The data presented here represent children who were residing in households at the time of data collection. This analysis does not include the most vulnerable cohort of children ages 0-17 who are not living in households. These data look at the relationship between the child and the head of the household; they do not provide information on the primary caregiver of the child. Moreover, it does not capture multigenerational households among children not living with a biological parent; therefore, it is possible that a child who is reported as the grandchild of the household head is also cohabitating with an aunt or uncle, sibling, or other relative. In addition, the available questionnaire categories that capture a child's relationships to household head do not distinguish between maternal and paternal relatives, an area that may warrant closer attention in further data collection efforts.

Another limitation found in this report is the inflexibility of the structured household survey. Flows of communication, individuals, and funding that build the networks of each individual household remain hidden. The data cannot uncover whether children living with neither biological parent who have living biological parents communicate with them, are visited by them, or are supported financially by them. It does not capture the stability of the household composition, leaving unknown the timing of when a parent left or whether the parent comes and goes routinely. These limitations highlight areas of study that require additional data in order to uncover children's care structures in Ghana.