

# Ghana - Multiple Indicator Cluster Survey 2011

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## Overview

### Identification

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ID NUMBER  
DDI-GHA-GSS-MICS-2011-v1.0

### Version

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VERSION DESCRIPTION  
Version 1.1 Edited

PRODUCTION DATE  
2012-07-09

#### NOTES

MICS 2011 had a module for Anaemia and Malaria Testing for Children Under Five. Children were tested for anaemia and malaria after seeking the consent of the parents. The malaria esting was done using the malaria rapid test. Those who tested positive for malaria were given malaria treatment while those whose results showed that they had severe anaemia or severe malaria were advised to seek treatment from a health facility.

There wa also a module on National Health Insurance to find out if households members had subscribed to the scheme and if not, why they were not holding a health insurance card to enable them access health facilities when ill.

## Overview

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#### ABSTRACT

The Ghana Statistical Service, in collaboration with the National Malaria Control Programme (NMCP) and the Navrongo Health Research Centre of the Ghana Health Service, conducted the fourth round of the Multiple Indicator Cluster Survey (MICS 2011), with funding and technical support from UNICEF, USAID, US President's Malaria Initiative (PMI) and ICF Macro in Calverton, Maryland, USA. The main objective of the survey was to provide up-to-date information for assessing the health situation of the population, particularly women and children in Ghana.

MICS 2011 is a nationally representative household sample survey of 12,150 households in 810 enumeration areas (EAs). The survey is expected to provide estimates of all key health indicators at the national and regional levels, as well as for urban and rural areas. Moreover, four of the 10 regions that are of particular importance for UNICEF's programmes will be disproportionately oversampled so as to provide some data at the district level. The four oversampled regions are Central, Northern, Upper East, and Upper West.

MICS 2011 uses four main questionnaires: a Household Questionnaire, a Woman's Questionnaire for women age 15-49, a Man's Questionnaire for men age 15-59, and a Child's Questionnaire for children under five year (with questions posed to the child's primary caretaker). Major topics covered in these questionnaires include household characteristics, characteristics of respondents, child mortality, child nutritional status, breastfeeding, Vitamin A supplementation, birth registration, birth weight, immunization, salt iodization, oral rehydration treatment, care seeking and antibiotic treatment of pneumonia, , the proportion of households with insecticide treated nets (ITNs), the proportion of the population that sleep under ITNs, solid fuel use, water and sanitation, contraception, antenatal care, delivery and postnatal care, child ,school attendance, literacy, child discipline, female genital mutilation/cutting (FGM/C), domestic violence (DV), sexual behaviour, HIV/AIDS and the prevalence of malaria parasites and anaemia among children aged 6-59 months. Consequently, blood samples of all children age 6-59 months will be collected for the malaria and anaemia tests. Although malaria indicators (e.g., bednet ownership and use, coverage of intermittent preventive treatment and treatment of childhood fever) will be collected in all households, the malaria and anaemia testing components will be implemented in all households in six regions, but confined to every second household in the four over-sampled regions.

It is hoped that the findings from MICS 2011 would provide up-to-date information on progress made towards targets set by the Ghana Poverty Reduction Strategy (GPRS II), the Millennium Development Goals (MDGs) and other national and international programmes aimed at promoting the welfare of women and children. The results are also expected to help

policy planners improve on access and quality of health-related services in the country.

The MICS 2011 data collection was carried out over a period of three months (September 15 -December 14, 2011) by 20 field teams spread across the country. In order to help achieve the objectives of the survey, enumeration areas (EAs) were selected in some towns and communities within the various districts. In each of these EAs, 15 households were visited and interviewed by a field team comprising of a Supervisor (team leader), 1 Field Editor, 3 Interviewers, 1 Biomarker Technician, and a driver.

#### KIND OF DATA

Sample survey data [ssd]

#### UNITS OF ANALYSIS

Households and Individuals

## Scope

#### NOTES

The survey collected a wide range of information about households and the individual members of the household. These information include:

1. Household information: Individual members, head of household, sex, age, marital status, relation to head of household, education, water and sanitation, working children, child discipline,

disability and salt iodization

2. Children under 5 years: breastfeeding, care of illness, malaria, immunization, anthropometry, test for anaemia and malaria

3. Women 15-49 years: infant/child mortality, tetanus toxoid, maternal and newborn health, marriage/union, contraception, female genital mutilation, attitude towards domestic violence, sexual

behavior, and HIV/AIDS

4. Men 15-49 years: reproduction, marriage, sexual behavior, HIV/AIDS, sexually transmitted infections and attitudes toward domestic violence

#### TOPICS

Topic	Vocabulary	URI
DEMOGRAPHY AND POPULATION [14]		
HEALTH [8]		
SOCIETY AND CULTURE [13]		
EDUCATION [6]		
employment [3.1]		
fertility [14.2]		
censuses [14.1]		
morbidity and mortality [14.4]		
PSYCHOLOGY [17]		
LABOUR AND EMPLOYMENT [3]		

#### KEYWORDS

Employment, Health, Education, Fertility, Mortality, HIV/AIDS, AIDS Virus, Malaria, Infant Mortality, Child Mortality, Tetanus

Toxoid, Maternal and newborn health, Marriage, Union, Contraception, Female genital mutilation, Cutting, Domestic Violence, Sexually Transmitted Infections, Water and Sanitation, Household, Mosquito Nets, Working Children, Child Discipline, Disability, Salt Iodization, Breastfeeding, Care of illness, Immunization

## Coverage

### GEOGRAPHIC COVERAGE

National

Regional

### UNIVERSE

The survey covered 810 enumeration areas and 12,150 households across the country. In terms of eligibility, it covered the following households members:

1. All women age 15-49 years
2. All men age 15-49 years
3. All children under 5 years
4. All household members

## Producers and Sponsors

### PRIMARY INVESTIGATOR(S)

Name	Affiliation
Ghana Statistical Service	Autonomous

### OTHER PRODUCER(S)

Name	Affiliation	Role
Ministry of Health		Collaborating institution

### FUNDING

Name	Abbreviation	Role
United Nations Children's Fund	UNICEF	Funding agency
United States Agency for International Development	USAID	Funding agency
US) President's Emergency Plan for AIDS Relief		Provided funding
ICF Macro		Provided funding

## Metadata Production

### METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Ghana Statistical Service	GSS		Lead documenting institution

### DATE OF METADATA PRODUCTION

2012-07-09

### DDI DOCUMENT VERSION

Version 1.1 (January 2013)

DDI DOCUMENT ID  
DDI-GHA-GSS-MICS-2011-v1.1.1

## Sampling

### **Sampling Procedure**

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The sample for the MICS 2006 was designed to provide estimates on a large number of indicators on the health status of women, men, and children at the national level, for urban and rural areas, as well as for the 10 administrative regions in the country.

The list of enumeration areas (EAs) from the 2010 Ghana Population and Housing Census (PHC) served as a frame for the MICS sample. The frame was first stratified into the 10 administrative regions in the country, then into urban and rural EAs.

### **Deviations from Sample Design**

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No deviation from the original sample design was made

# Questionnaires

## Overview

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Four main questionnaires were used for the MICS 2011 data collection:

1. Household information: Individual members, head of household, sex, age, marital status, relation to head of household, education, water and sanitation, working children, child discipline, disability and salt iodization
2. Children under 5 years: breastfeeding, care of illness, malaria, immunization, anthropometry, anaemia and malaria testing
3. Women 15-49 years: infant/child mortality, tetanus toxoid, maternal and newborn health, marriage/union, contraception, female genital mutilation, attitude towards domestic violence, sexual behavior, and HIV/AIDS
4. Men 15-49 years: reproduction, marriage, sexual behavior, HIV/AIDS, sexually transmitted infections and attitudes toward domestic violence

## Data Collection

### Data Collection Dates

Start	End	Cycle
2011-10-17	2011-12-02	5 years

### Data Collection Mode

Face-to-face [f2f]

### Data Collection Notes

Twenty (20) field teams were formed for the data collection. Each team was made up of a supervisor, an editor, three interviewers, a health personnel (malaria biomarker) and a driver. There were a series of field monitoring visits during which completed questionnaires were verified to ensure consistency and completeness.

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### Data Collectors

Name	Abbreviation	Affiliation
Ghana Statistical Service	GSS	

### Supervision

Field supervisors, played a vital role in the survey field operations. They mediated between the Field Interviewers who collected the required information and the Survey Secretariat where the MICS 2011 was managed from.

Supervisors worked with three (3) Field Interviewers, One (1) Field Editor and One (1) Health Technician (Malaria Biomarker).

Supervisors were to oversee the work of interviewers and assist them with the identification of selected households and carry out any protocols needed to solicit the cooperation of respondents. Interviewers were to administer the questionnaires (Household, Women, Children under five and Men) to selected households assigned to them.

Supervisors were also to assist interviewers with the estimation of the ages of respondents who could not readily recall their ages but who could recall some historical events to guide the estimation of their ages.

To ensure good quality data from the field, the editor was to review all completed questionnaires to ensure consistency and completeness.

There were field monitoring/supervisory visits by personnel from the survey secretariat to verify the work of the teams in the



field. This was also to ensure the collection of quality data.

## Data Processing

### Data Editing

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Data editing is a very important measure to enhance data quality. In the MICS survey, data editing occurred at three levels:

1. Field editing by editors and supervisors - In all the clusters that data were collected, editors and supervisors revisited households and collected information which was either left out, uncompleted or responses which were not clear. Thus, data were validated in the field
2. Office editing-The purpose of office editing which was carried out under the MICS survey was to ensure that field data collection had conformed to the laid-down principles and procedures. Necessary codes, names, values were provided
3. Data cleaning and imputation - This stage offered the data processing personnel the opportunity to run further checks that ensured consistency. In a situation where inconsistencies were huge, field monitors were sent back to the field for verification of data that had been collected and thereafter, the necessary corrections made
4. Individual data files were also checked for completeness and consistency.

### Other Processing

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Data from the questionnaires were captured using the CSPro software. The data were entered on 10 computers by 10 data entry operators and two data entry supervisors. In order to ensure quality control, all questionnaires were double entered and 4 secondary editors complemented the efforts of entry supervisors to perform internal consistency checks. Procedures and standard programmes developed under the global MICS Project and adapted to the Ghana questionnaire were used throughout the processing. Data processing began shortly after the commencement of fieldwork on 14th August, 2011 and lasted for three months.

Data were analyzed using the Statistical Package for Social Sciences (SPSS) software program and the model syntax and tabulation plans developed by UNICEF.

The data capture at GSS takes the following forms:

1. Manual data entry
2. Scanning

Data editing of the captured data usually consisted of:

1. Verification or double entry
2. Consistency checks
3. Structure edits
4. Quality Control

## Data Appraisal

### **Other forms of Data Appraisal**

Using SPSS software, basic data consistency checks were made and the necessary gaps were filled.

