

WITTGENSTEIN CENTRE CONFERENCE

DEMOGRAPHIC ASPECTS OF HUMAN WELLBEING

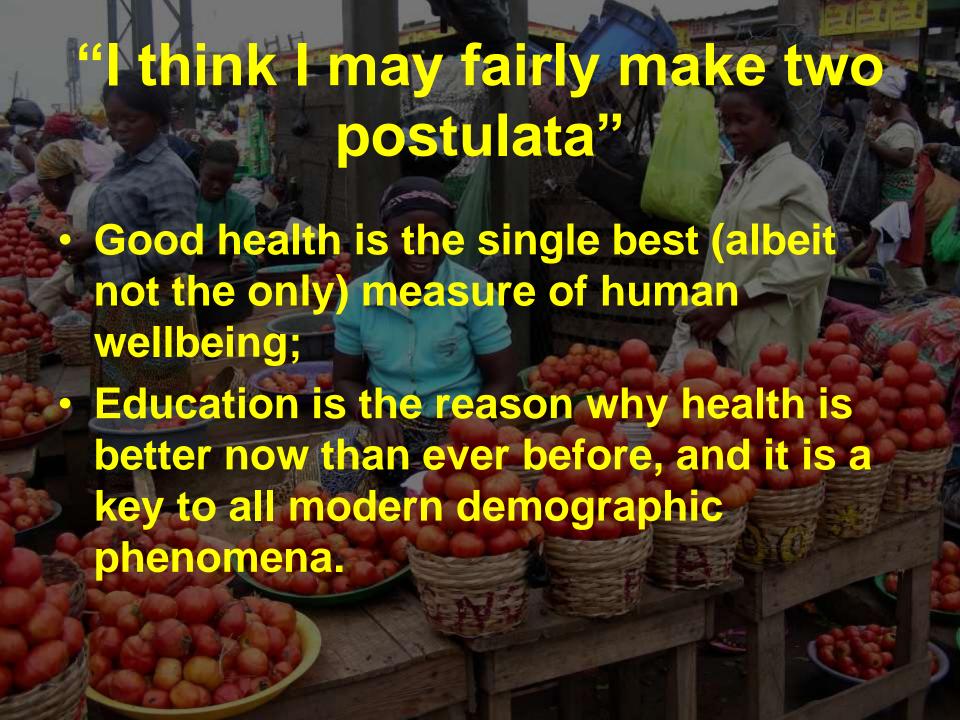


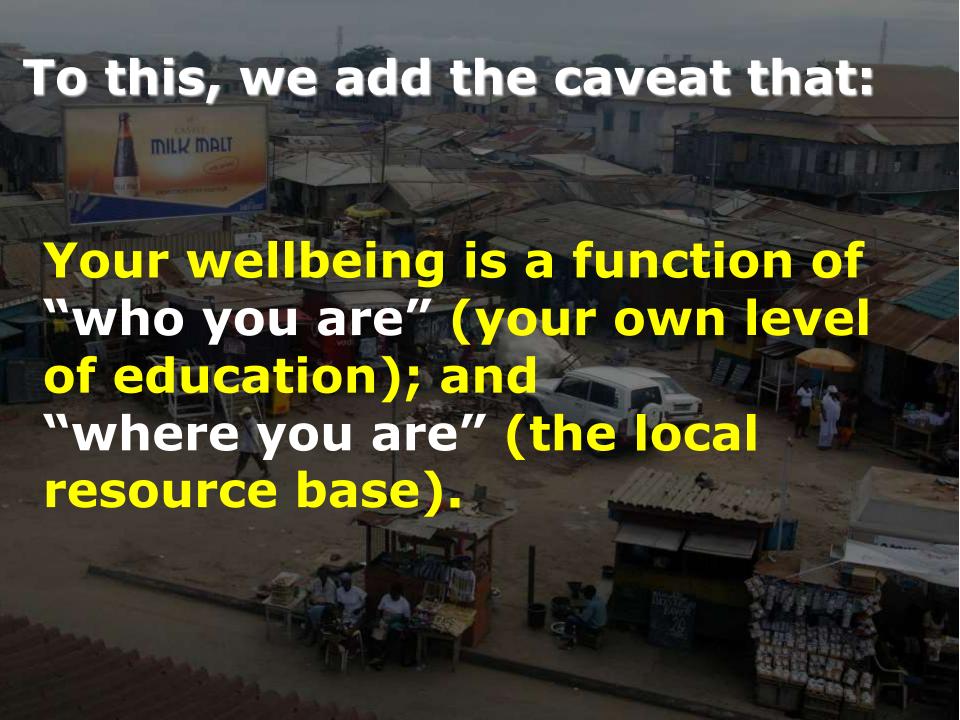
November 2019



Acknowledgments:

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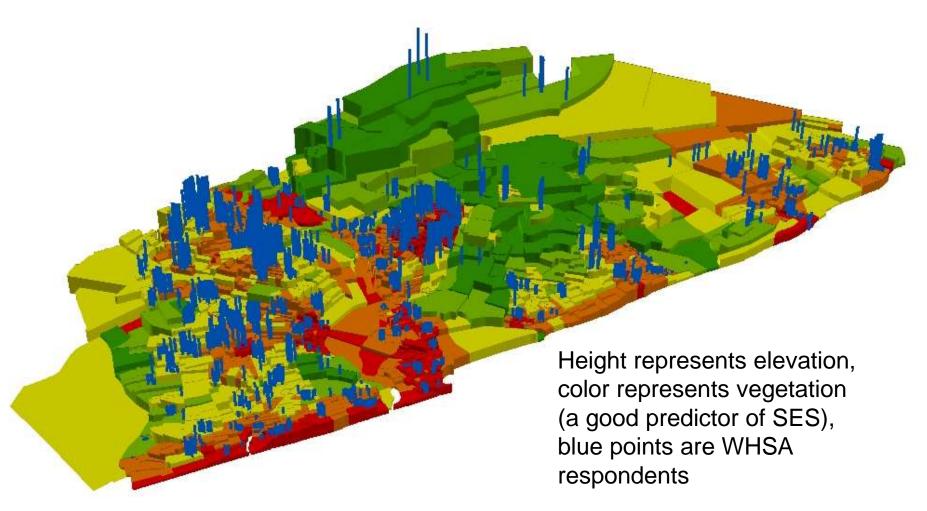
A person's wellbeing is apt to be lower in this location...

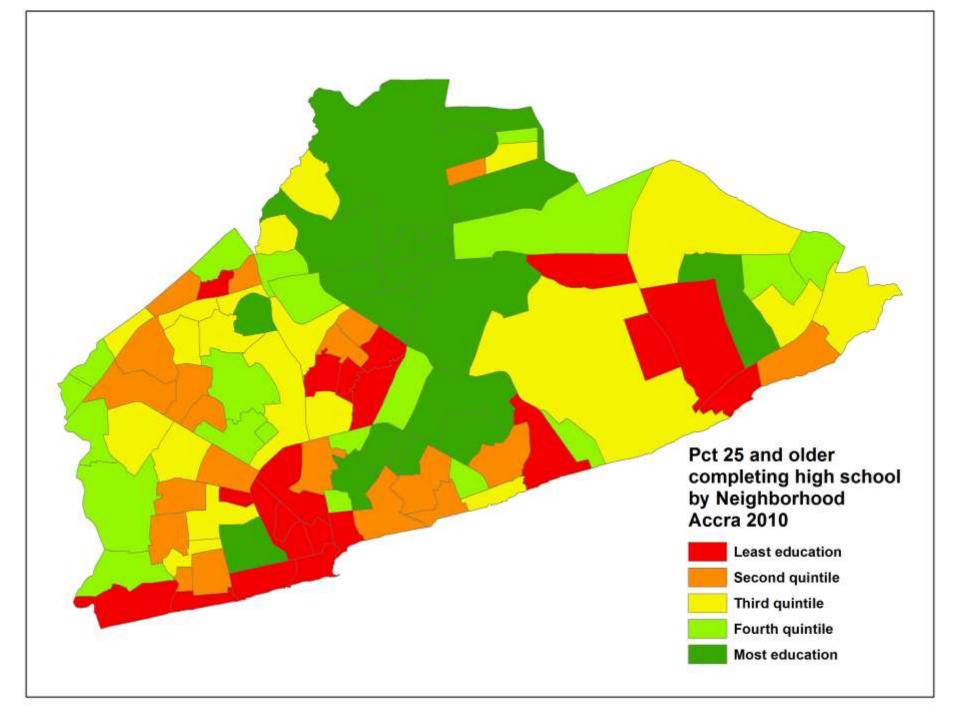
...than in this location, even if levels of education are identical



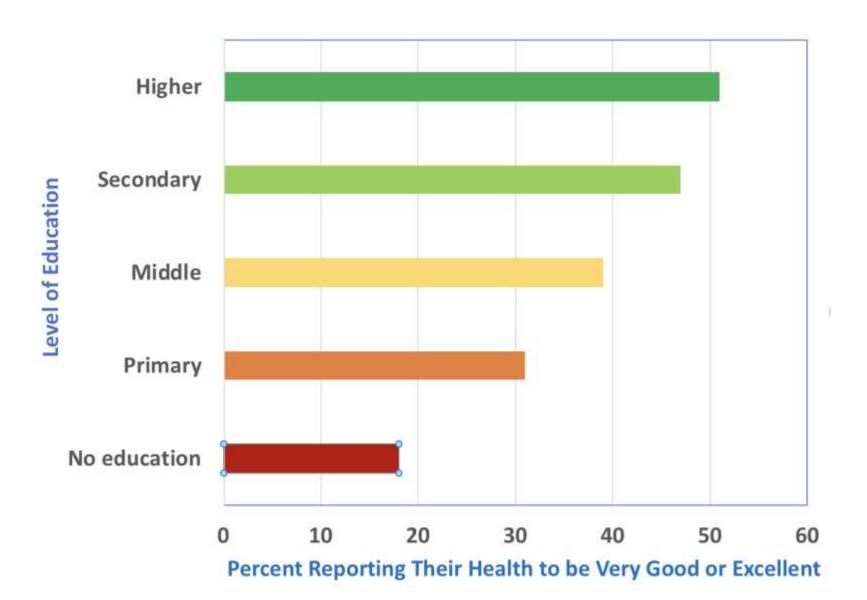


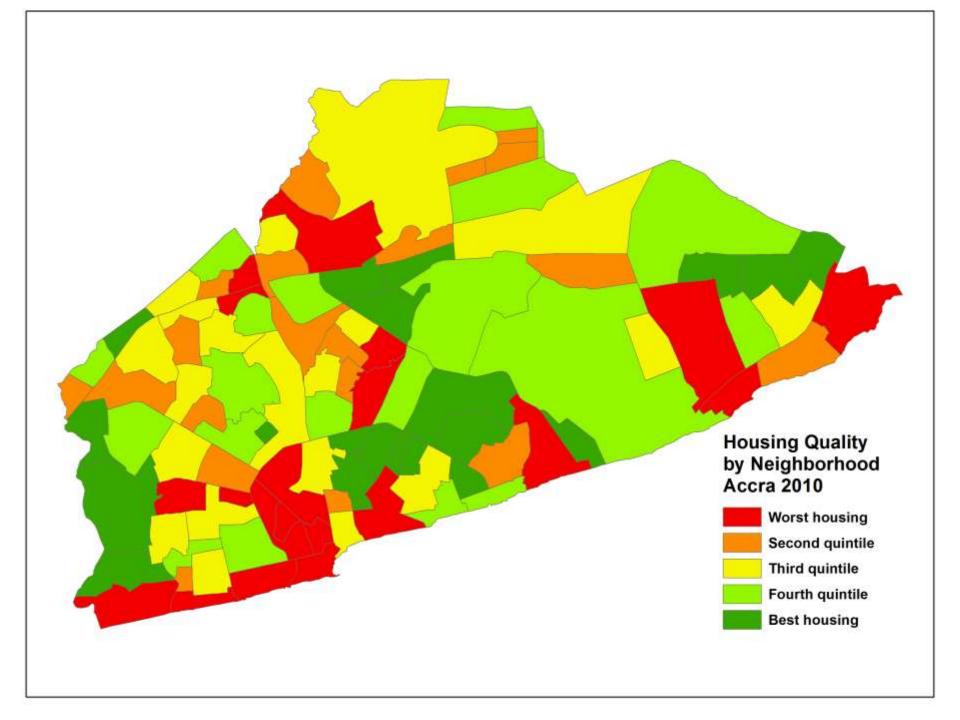
We interviewed 2,800 women selected in a multi-stage cluster probability sample--Women's Health Survey of Accra (WHSA)--to obtain data about their health



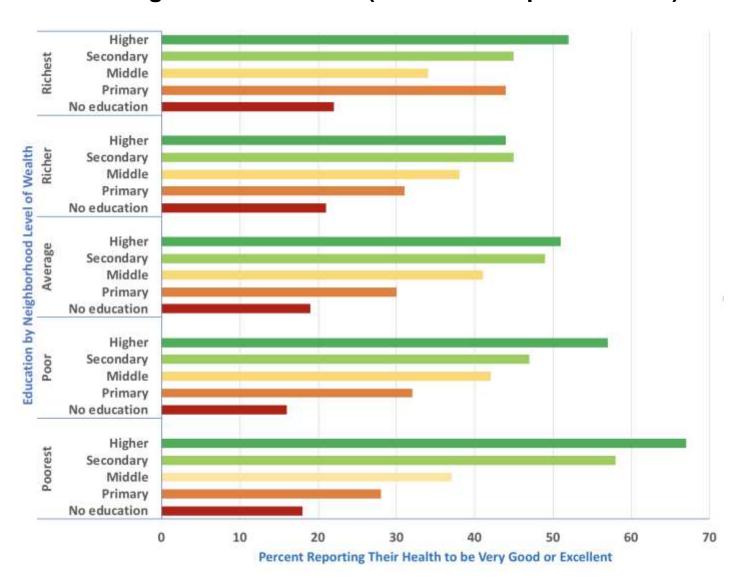


Self-Reported Health by Educational Level, WHSA II (2008-2009)

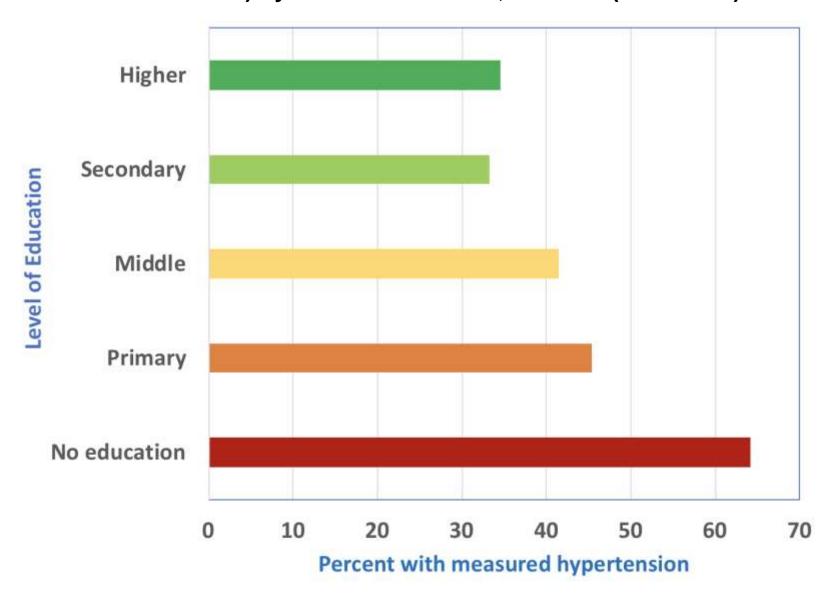




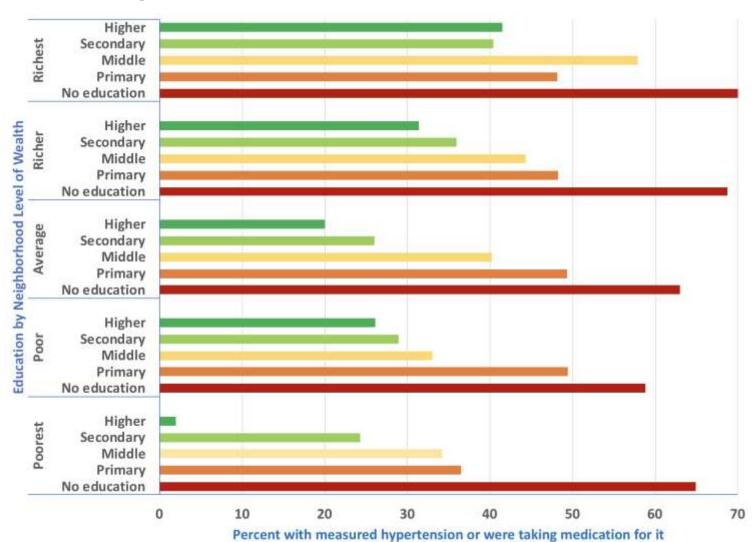
Self-Reported Health by Educational Level (WHSA II), by Level of Neighborhood Wealth (from data on possessions)

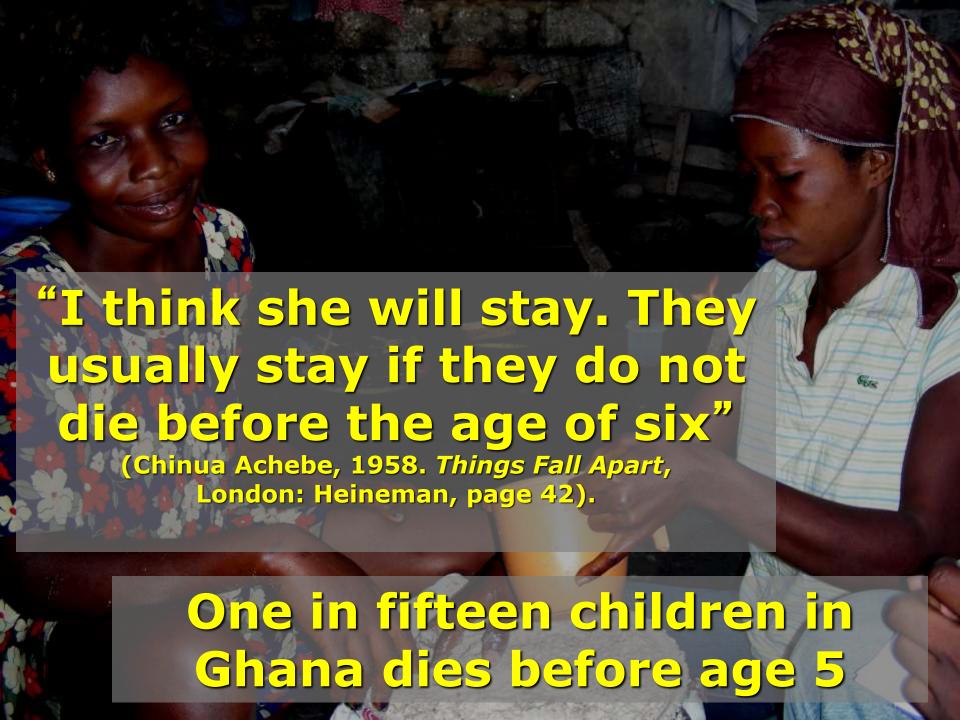


Hypertension (measured directly or evidenced by taking medication) by Educational Level, WHSA II (2008-2009)

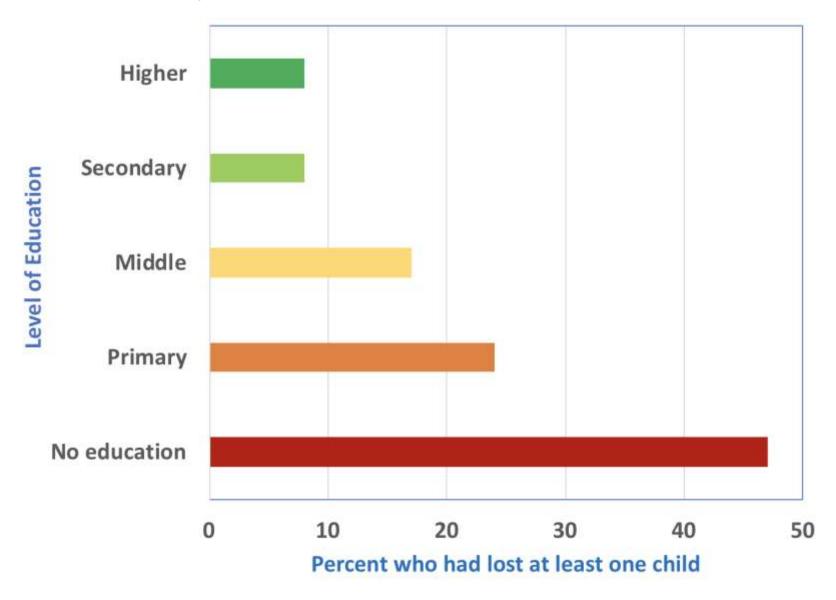


Hypertension (measured directly or evidenced by taking medication) by Educational Level (WHSA II), by Level of Neighborhood Wealth (from data on possessions)

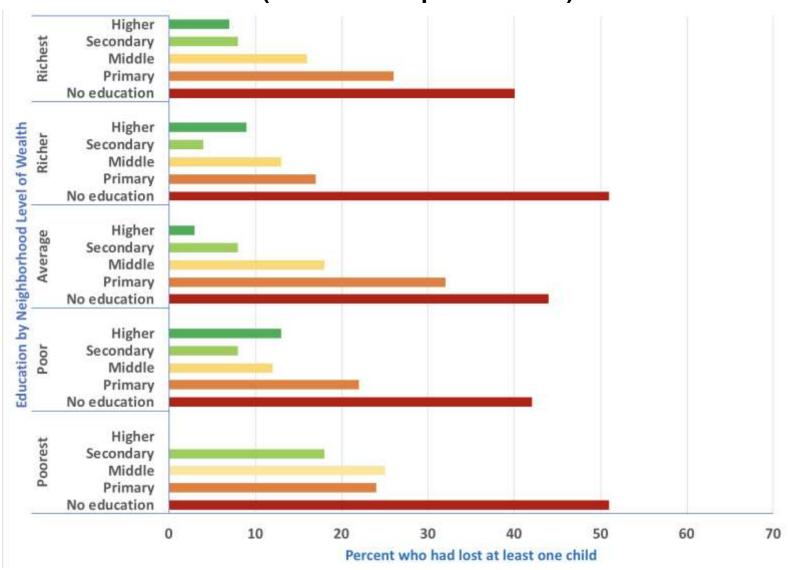




Percent of Women Who Had Lost at Least One Child, by Educational Level, WHSA II (2008-2009)



Percent of Women Who Had Lost at Least One Child, by Educational Level (WHSA II), by Level of Neighborhood Wealth (from data on possessions)



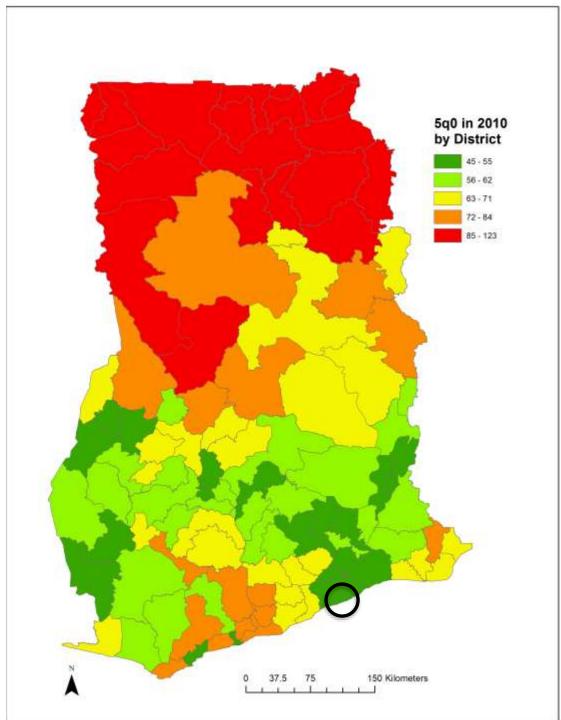
Measuring Child Mortality for the Whole Country:

- We answer the question of who will "stay" by examining data at the district level (2nd administrative level) using census data for 2010.
- The lack of a vital registration registration system means that we must estimate child mortality using indirect methods, in this case basing it on responses that women gave in the census to the number of children ever born and the number surviving as of the census date.
- Our comparison data were drawn from the Demographic and Health Surveys (DHS) conducted in Ghana in 1988, 1993, 1998, 2003, 2008, and 2014. Since these surveys include complete reproductive histories, including data about child deaths, we related the DHS estimates of under-five mortality (5q0 or CMR) to data collected in those surveys on the percentage of mothers of a given age who had lost at least one child.
- Thus, for each region at each survey date we calculated the proportion of mothers aged 25-49 who had lost at least one child, and we calculated the regression equation in which we predict 5q0 based on the proportion of mothers having lost a child.

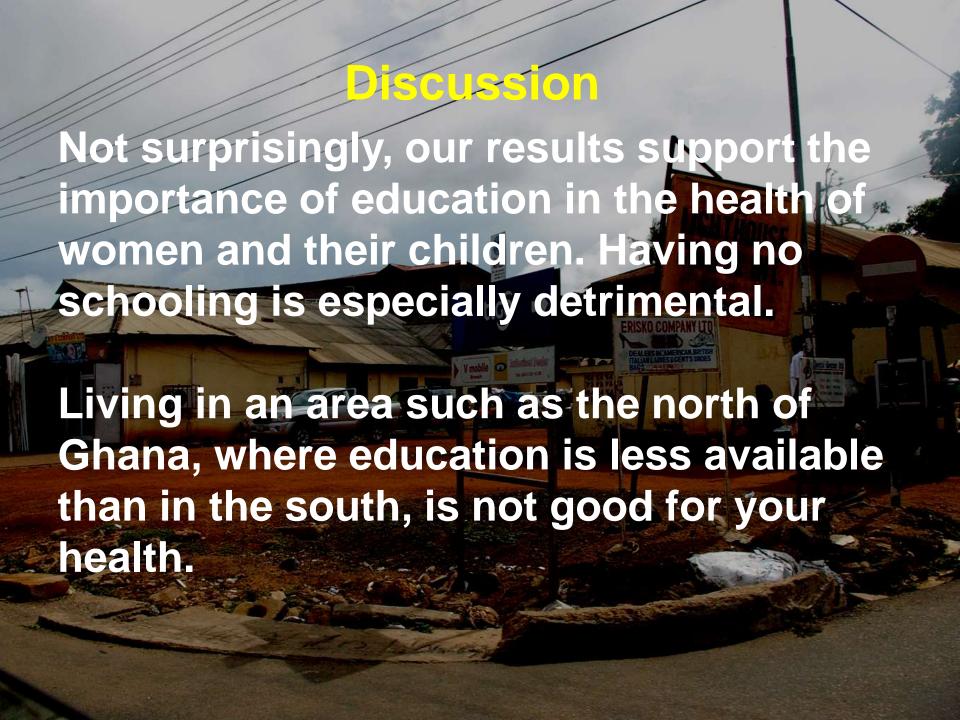
5q0 Predicted by Proportion Who Lost a Child $(R^2=.91)$



Data points refer to regions within Ghana from each DHS survey: 1988, 1993, 1998, 2003, 2008, 2014



The single most important predictor of child mortality at the district level, based on 2010 census data, was the percentage of women aged 25 or older with no education (R = .83), followed by the percentage of men aged 25 or older with no education (R = .80)



At the same time, the location of women was less clearly a factor in Accra. This is at least partly because in Accra the lower-income neighborhoods have higher percentages of young migrants to the city and both health and education are related to age. Younger people are more healthy and better educated, but less able to afford the better neighborhoods.

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Spatial Inequalities

Health, Poverty, and Place in Accra, Ghana

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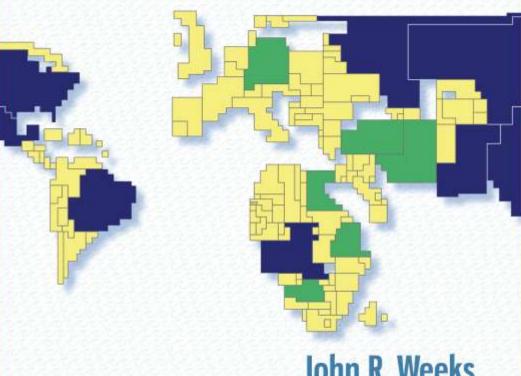
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