



# **GHANA ON THE RISE:** *INVESTING IN POPULATION AND DEVELOPMENT*



A MULTIMEDIA PRESENTATION  
**GUIDELINES**

# Guidelines

## GHANA ON THE RISE: INVESTING IN POPULATION AND DEVELOPMENT

### ACKNOWLEDGMENTS

*Ghana on the Rise: Investing in Population and Development* is a multimedia advocacy tool developed in 2015 by the Ghana ENGAGE task force chaired by the National Population Council in collaboration with the Population Reference Bureau. This tool was made possible by the support of the American people through the United States Agency for International Development (USAID) under the terms of the IDEA project (No. AID-OAA-A-10-00009). The contents are the responsibility of the Ghana ENGAGE task force and the Population Reference Bureau and do not necessarily reflect the views of USAID or the United States Government.

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## TABLE OF CONTENTS

SUPPLEMENTAL MATERIALS .....	3
PRESENTATION GOALS .....	3
OPPORTUNITIES TO GIVE THE PRESENTATION .....	4
PRESENTATION SCRIPT .....	6
DISCUSSION GUIDE .....	19
FREQUENTLY ASKED QUESTIONS .....	20
ADDITIONAL RESOURCES .....	27



## Supplemental Materials

These supplemental materials are designed to help users make the most of *Ghana on the Rise: Investing in Population and Development* in conjunction with the user guide for all PRB ENGAGE presentations. After reviewing these supplemental materials, you will know how to:

- Identify opportunities to use this ENGAGE presentation with various audiences.
- Respond to frequently asked questions about the presentation.
- Foster dialogue with audiences about key messages in the presentation.
- Select appropriate and relevant data for a customized DataFinder handout.

A Key Messages handout that includes visual “snapshots” from the ENGAGE presentation is also available. The handout is intended to be succinct, serving as a good visual aid for the presentation as well as a readable document. We encourage you to use the handout when giving the presentation to an audience.

## Presentation Goals

The goal of *Ghana on the Rise: Investing in Population and Development* is to reposition family planning as a national priority for improving health and well-being, and achieving Ghana’s development goals. The issues of population growth and family planning are central to Ghana’s national development, and impact the well-being of all Ghanaians, but they are often discussed in very technical terms and with little consideration of what it means for the average Ghanaian man or woman. This presentation is a new advocacy tool for Ghana that was developed by the National Population Council and a task force of experts in population, reproductive health and family planning. Through this effort, we wish to support Ghana’s pursuit of its national development goals and improve the health of all Ghanaians by drawing attention to the challenges that the country faces as a result of rapid population growth and increase understanding and support for family planning as an effective strategy for development.

*Ghana on the Rise: Investing in Population and Development* is designed to promote policy dialogue on the critical role of population growth and family planning in achieving development goals. Target policy audiences include government policymakers; health sector leaders; civil society groups working in population and reproductive health; programme officials; journalists, and others.

Specific objectives of the presentation are to:

- Provide clear, accessible evidence of the positive impact of family planning on national sustainable development
- Improve knowledge among target audiences about the impact of high fertility on the nation’s economic, development, and health goals
- Persuade target audiences to take specific actions to reduce rapid population growth and to promote family planning as a national development strategy
- Increase commitment to mobilizing resources for family planning and reproductive health commodity security at the national, regional and district levels
- Generate policy dialogue to ensure that family planning is placed high on the national agenda
- Foster an enabling environment for review and implementation of the National Population Policy and other national policies that support family planning and reproductive health
- Encourage top-level leaders and politicians to actively and publicly promote family planning as a national development strategy
- Learn from success stories in other countries related to the benefits of slower population growth and economic development.

## Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in population, reproductive health, and family planning at all levels—in academic, policy, and community settings. The target audiences for this presentation are:

- **Primary:** Government Ministries and policymakers at all levels, including parliamentarians, who are in a position to allocate resources and advance family planning on the policy agenda.
- **Secondary:** All of those who influence policymakers—news media, traditional chiefs, civic and religious leaders, programme officials, and other community leaders.

### USING THE PRESENTATION WITH DIFFERENT AUDIENCES

The ENGAGE presentation is designed to be used in a variety of settings, especially as countries decide how to prioritize investments for development over the next decade. Some ideas to reach different audiences with the presentation are listed below

#### Policyholders

- Educating policymakers about the importance of investing in family planning to reach development goals, especially at the national level.
- Demonstrating the simple and effective strategies of investing in reproductive health services, especially family planning.

#### Civic and Religious Leaders

- Educating civic and religious leaders about the importance of creating positive environments, eliminating harmful practices, and promoting family planning to produce beneficial results for individuals, families, and communities.
- Communicating better with civic and religious leaders, especially those uncomfortable with family planning.
- Sustaining policy dialogue with local leaders at conferences, seminars, and events.

#### The Media

- Educating the news media on issues of reproductive health and development in Ghana, and the link between family planning, population structure and economic progress, using the ENGAGE presentation as a teaching tool.
- Providing a basis for television and radio talk shows to increase exposure and discussions about population growth, family planning and socio-economic progress.

## ADDITIONAL CONSIDERATIONS

You can make this presentation more interesting to your audience by adding information about local experiences and practices, especially those that apply to your audience. Some areas to consider when analyzing your audience:

- **Size of the Audience.** With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience does not understand any technical terms you might use in the presentation. If you are giving a live presentation, we advise following the script and providing definitions for terms that may be unfamiliar to some audience members. The FAQ section can help address questions that might arise.
- **Language:** *Ghana on the Rise: Investing in Population and Development* is available in English. The key messages handout is also available in English.

## Presentation Script

### ► Slide 1: OPENING SLIDE

In the past few decades, Ghana has made some remarkable achievements...

### ► CLICK: Slide 2

Our economy is growing...with increasing income per person.

We are better educated...with more girls enrolled in school.

We are healthier than ever before...and we are living longer.

We are... a nation on the rise!

### ► CLICK: Slide 3

But these gains are fragile, and not everyone is benefitting yet.

Many families still live in poverty. One in three Ghanaians lives below \$1.25 a day.<sup>1</sup>  
Why is there widespread poverty if our economy is growing?

### ► CLICK: Slide 4

...Because our population is growing faster than our economy.

Today, we have 27 million people.<sup>2</sup>

And every year...

### ► CLICK: Slide 5

...Ghana adds almost 700,000 more, making it one of the fastest growing countries in the world!<sup>3</sup>

### ► CLICK: Slide 6

What would this mean for our future?

Let's explore two scenarios:

### ► CLICK: Slide 7

If we continue to have families with an average of 4 children, our country will grow to 60 million by 2050!<sup>4</sup>

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1 The World Bank, World Development Indicators (2015), accessed at <http://databank.worldbank.org/>, on April 19, 2015.

2 United Nations (UN), Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2012 Revision, DVD Edition* (2013).

3 PRB calculations based on UN, *World Population Prospects*.

4 UN, *World Population Prospects*; and Jean-Pierre Guengant, "Population and Development in Ghana: The Challenge of Harnessing the Demographic Dividend," presentation delivered at the seminar on "Harnessing Ghana's Demographic Dividend for Development," Accra, Ghana, Sept. 24, 2013, accessed at [www.afd.fr/home/pays/afrique/geo-afr/ghana/publications-ghana](http://www.afd.fr/home/pays/afrique/geo-afr/ghana/publications-ghana), on April 19, 2015.

► **CLICK: Slide 8**

But if we start having smaller families and our population grows at a slower rate, we will reach a more manageable 40 million by 2050.<sup>5</sup>

► **CLICK: Slide 9**

That's a difference of 20 million people—which is most of our population today!

► **CLICK: Slide 10**

The effects of a growing population have brought about significant changes, especially to our cities. Here's a photo taken in 1960 in Accra, when the city's population was only half a million and traffic was uncongested.<sup>6</sup>

► **CLICK: Slide 11**

... And here are our roads today—a typical daily commute in Accra that now has a population eight times what it was in 1960!<sup>7</sup>

This is one of the challenges that we face as we struggle to improve our infrastructure to keep pace with the needs of our rapidly growing cities.

► **CLICK: Slide 12**

Let's turn to the Google Earth Satellite map and see what other kinds of impact rapid population growth has had on our cities.

As we zoom in on Ghana, here is a bird's eye view of Accra. Independence Square and the Accra Sports Stadium are on the right side of the screen. Now let's go back in time and watch the transformation of Nii Okaiman—an area located just outside of the city's center.

In 2000, we see a large area of unoccupied land in the Nii Okaiman West neighborhood. However, it doesn't take long before it disappears as the housing needs of a rapidly growing population increase. In just ten years, we see that majority of the area is covered with buildings, houses and roads. And by 2013, no trace of the area's greenery remains.

► **CLICK: Slide 13**

Rapid population growth affects our natural resources, including Ghana's farmlands.

Coupled with the effects of climate change, bigger populations reduce the amount of arable land available to farmers, make it harder to meet family needs and ensure a sustainable livelihood. While population is expanding, land is not. As farmers subdivide their lands among their children, farms will likely get smaller.

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5 UN, *World Population Prospects*; and Guengant, "Population and Development in Ghana."

6 Ghana Statistical Service, *2010 Population and Development Census, National Analytical Report* (Accra: Statistical Service, 2013): table 4.2.

7 Ghana Statistical Service, *2010 Population and Development Census*.

► **CLICK: Slide 14**

Another example of the stress that population growth has on Ghana's resources and infrastructure is in the provision of energy.

► **CLICK: Slide 15**

Over the last decade, as Ghana rapidly urbanized and more and more households connected to the power grid, demand for electricity went up by about six percent each year.<sup>8</sup>

► **CLICK: Slide 16**

Our infrastructure, however, has had a hard time keeping up, and the supply of electricity grew by only three percent per year during the same time period.<sup>9</sup>

We see that the demand for electricity is growing at twice the rate of supply and, we are not generating enough electricity to meet our current needs much less our future needs.

► **CLICK: Slide 17**

Due to this gap between supply and demand, we are currently experiencing frequent blackouts and power outages regularly. As our population size continues to increase and more people move to urban areas, we will need to connect hundreds of thousands of new households to the electrical grid.<sup>10</sup>

► **CLICK: Slide 18**

Managing future population growth is one critical step in helping Ghana manage its long-term energy supply challenges.

► **CLICK: Slide 19**

Growth in both urban and rural areas will increase demand for other social services, such as hospitals and schools.

► **CLICK: Slide 20**

The government will have to use more resources, which will strain the national budget and limit investments in other vital areas. This would slow economic growth with fewer jobs, put more pressure on our natural resources, and lower quality of life.

How will we achieve our national development plan if the population continues to grow so rapidly?

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8 Resource Center for Energy Economics and Regulation, "Guide to Electric Power in Ghana" (Accra: University of Ghana Institute of Statistical, Social and Economic Research, 2005), accessed at [www.beg.utexas.edu/energyecon/IDA/USAID/RC/Guide\\_to\\_Electric%20Power\\_in\\_Ghana.pdf](http://www.beg.utexas.edu/energyecon/IDA/USAID/RC/Guide_to_Electric%20Power_in_Ghana.pdf), on April 20, 2015.

9 Resource Center for Energy Economics and Regulation, "Guide to Electric Power in Ghana"; and Energy Commission, Ghana, "2013 Energy (Supply and Demand) Outlook for Ghana" (Accra: Energy Commission, 2013), accessed at <http://energycom.gov.gh/files/Energy%20Commission%20-%202013%20Energy%20Outlook%20for%20Ghana.pdf>, on April 20, 2015.

10 Resource Center for Energy Economics and Regulation, "Guide to Electric Power in Ghana"; and Energy Commission, Ghana, "2013 Energy (Supply and Demand) Outlook for Ghana."

► **CLICK: Slide 21**

What can we do to ensure families in Ghana have a better future?

► **CLICK: Slide 22**

One way is by addressing the reproductive health needs of families with a special focus on family planning!

► **CLICK: Slide 23**

Research shows that voluntary family planning:

- Improves the health of women and children
- Boosts social and economic growth and development
- And helps to reduce poverty

► **CLICK: Slide 24**

Family planning would help us change the age structure of our population. This is the number of people who are young, middle-aged or old.

When there are more working-age adults to support children and the elderly, this can lead to a more rapid economic growth for the country.

Family planning is a key missing link to achieving our development goals....

► **CLICK: Slide 25**

Let's look at an example of how changing the age structure and lowering fertility affects the economy.

Here is Thailand's population in 1960. Each bar of this diagram shows how many people are a certain age.<sup>11</sup>

It looks like a pyramid because when couples have many children, more people are in the younger age groups at the base of the pyramid.

► **CLICK: Slide 26**

In 1960, more than 40 percent of Thailand's population was under the age of 15, and women had an average of six children. The government recognized that rapid population growth hindered economic development, and established policies aimed at slowing it.<sup>12</sup>

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11 UN, *World Population Prospects*.

12 UN, *World Population Prospects*.

► **CLICK: Slide 27**

During the next 25 years, Thailand's national economic and social development plans centered on lowering fertility rates throughout the country by providing and increasing access to voluntary family planning services.<sup>13</sup>

► **CLICK: Slide 28**

By the 1990s, women were having an average of two children each.<sup>14</sup>

► **CLICK: Slide 29**

And by 2010, we see that the age structure has transformed, with a smaller portion of young people at the base.<sup>15</sup>

► **CLICK: Slide 30**

Now, there are more working-age adults than non-working age people, and they will be part of a productive labor force for many years.

Thailand has been able to achieve what is called a demographic dividend...

► **CLICK: Slide 31**

—when a country's change in *age structure* and investments in key sectors, such as health, education, the economy, and governance speeds economic growth.<sup>16</sup>

► **CLICK: slide 32**

Ghana's age structure today looks like Thailand's in 1960.<sup>17</sup>

► **CLICK: Slide 33**

We have a very young age structure with 40 percent of the population under the age of fifteen, and an average of four children per woman.<sup>18</sup>

► **CLICK: Slide 34**

If fertility remains high, by 2050 the working-age population will have to...

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13 United Nations Population Fund, *Impact of Demographic Change in Thailand* (Bangkok: UNFPA, 2011).

14 UN, *World Population Prospects*.

15 UN, *World Population Prospects*.

16 David E. Bloom, David Canning, and Jaypee Sevilla, *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change* (Santa Monica, CA: RAND, 2003).

17 UN, *World Population Prospects*.

18 UN, *World Population Prospects*.

► **CLICK: Slide 35**

...support more dependents on their income. This restricts the ability to save, reduces purchasing power, and leads to slower economic development.<sup>19</sup>

► **CLICK: Slide 36**

But if couples have smaller families, with a national average of 2 or fewer children, we will see a much different picture in 2050. The age structure will have a higher proportion of working-age adults...<sup>20</sup>

► **CLICK: Slide 37**

...with fewer dependents to support. This means parents will have more resources to invest in their families' health, education and well-being.<sup>21</sup>

► **CLICK: Slide 38**

A side-by-side comparison shows the significant impact we can have on our country's age structure, depending on whether fertility stays high with a wide base as shown on the left, or whether it declines--with a narrowing base on the right.

► **CLICK: Slide 39**

Can rapid population growth increase GDP? It would be tremendously challenging to keep up with the health, education and employment needs of our people. And, we need to keep in mind that we will have to plan for the resources to meet those needs.

► **CLICK: Slide 40**

For instance, if we continue to have large families, in 2050 we will need to<sup>22</sup>:

- Educate 8 million primary school children
- Hire and train 200,000 teachers
- Build 40,000 new school buildings, and
- Create and provide 600,000 new jobs to meet the employment needs of the population.

► **CLICK: Slide 41**

However, if we slow our population growth, there would be lower demand for social services, we would have fewer children to educate, and the government wouldn't have to provide as many teachers, school buildings and jobs.

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19 UN, *World Population Prospects*; and Guengant, "Population and Development in Ghana."

20 UN, *World Population Prospects*; and Guengant, "Population and Development in Ghana."

21 UN, *World Population Prospects*; and Guengant, "Population and Development in Ghana."

22 Futures Group calculations, March 2015.

The savings from spending less on resources could be invested in other sectors, and ensure our continued progress toward becoming a higher-income country.

► **CLICK: Slide 42**

Family planning is not only a missing link to the success of our economy.

It is also a missing link to the health and well-being of our people.

► **CLICK: Slide 43**

Meeting the reproductive health needs of Ghana's women and men will enable us to better plan and space our children.

When parents are able to plan their families, they can better provide for their children and improve their quality of life.

► **CLICK: Slide 44**

And when women are able to decide for themselves when to have children, they can stay in school. They find jobs and contribute to the economy. Today, women represent 44% of the workforce.<sup>23</sup>

► **CLICK: Slide 45**

Data gathered from countries worldwide show a correlation between fertility and economic growth.

Here we have a graph that shows the link between the average number of children per woman and gross national income...

► **CLICK: Slide 46**

On the left axis we have the total fertility rate, or the average number of children a woman has in her lifetime, and it goes from zero up to about 8 children per woman.

► **CLICK: Slide 47**

On the bottom axis we have the Gross National Income per person or GNI. It goes from \$0 to over \$40,000. This is in US dollars, and is adjusted for what a dollar can buy today.

► **CLICK: Slide 48**

Each bubble on the graph represents a country, and each color indicates a different region of the world.

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23 Ghana Statistical Service, *2010 Population and Development Census, National Analytical Report*, Ghana Statistical Service (2013): table 11.5.

► **CLICK: Slide 49**

Starting with the red, we have East Asia and the Pacific...

► **CLICK: Slide 50**

The orange ones are in Central Asia and Europe...Many of these countries are at the bottom right, with few children per woman and high gross national income per person.

► **CLICK: Slide 51**

Yellow is for North and South America...

► **CLICK: Slide 52**

Green is the Middle East and North Africa

► **CLICK: Slide 53**

The Light Blue is for South Asia...

► **CLICK: Slide 54**

The dark blue ones are in Sub-Saharan Africa. These countries are grouped towards the upper left, with high levels of fertility and lower levels of income.

The size of each bubble represents the population size of that country – so the bigger bubbles have bigger populations.

► **CLICK: Slide 55**

This is what the world looked like in 1980. In Ghana, women had an average of about 7 children and the gross national income per person was 470 dollars.

► **CLICK: Slide 56**

As the years go by, fertility decreases in countries throughout the world, and income per person goes up.

In 2011, all countries have moved towards that bottom, right corner where women are having fewer children and income per person is higher.

Now, a Ghanaian woman has an average of 4 children and income per person has risen to over eighteen hundred dollars.<sup>24</sup> Though Ghana has one of the lowest fertility rates in Africa, it trails other lower-middle-income countries such as Lesotho and Cape Verde.

So, why is Ghana growing so quickly?

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<sup>24</sup> The data in the graph was compiled by Gapminder from the 2012 World Bank Development Indicators databank. However, the World Bank recently updated GNI per capita (PPP, current international \$) based on new formulations from the International Comparison Program 2011 Round and Ghana's GNI per capita (PPP, current international \$) for 2011 as \$3,340.

► **CLICK: Slide 57**

Though the average number of children per woman declined from 6.4 to 4.2 in the last 20 years, the sharpest part of the decline...

► **CLICK: Slide 58**

...occurred by 1998, more than 15 years ago.<sup>25</sup>

► **CLICK: Slide 59**

Since then, the decline in fertility has stalled and fertility has remained at an average of 4 children per woman.

► **CLICK: Slide 60**

Our most recent national survey shows that only one in five married women uses modern contraceptive methods.<sup>26</sup>

► **CLICK: Slide 61**

Yet, about one in three women in Ghana wants to delay or prevent another pregnancy, but is not using any method of family planning.<sup>27</sup>

These women have what is called an unmet need for family planning. High rates of unmet need lead to high rates of unplanned pregnancies.

► **CLICK: Slide 62**

In Ghana, more than one in three pregnancies are unplanned.<sup>28</sup>

This is a problem because unplanned pregnancies are more likely to result in unsafe abortions and to be high-risk for both the mother and her baby.

► **CLICK: Slide 63**

Among adolescent girls, the issue is even graver as 3 out of 5 pregnancies are unplanned<sup>29</sup>...

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25 Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF Macro, *2008 Ghana Demographic and Health Survey* (Accra, Ghana: GSS, GHS, and ICF Macro, 2009); and GSS, GHS, and ICF Macro, *2014 Ghana Demographic and Health Survey Key Indicators* (Accra: GSS, GHS, and ICF Macro, 2015).

26 PRB calculations using 22.2% mCPR among married women based on GSS, GHS, and ICF Macro, *2014 Ghana Demographic and Health Survey Key Indicators*.

27 PRB calculations using 29.9% unmet need for FP based on GSS, GHS, and ICF Macro, *2014 Ghana Demographic and Health Survey Key Indicators*.

28 PRB calculations using 37% unplanned pregnancies based on GSS, GHS, and ICF Macro, *2008 Ghana Demographic and Health Survey*.

29 PRB calculations using 38.9% mistimed births and 19.9% unwanted births based on GSS, GHS, and ICF Macro, *2008 Ghana Demographic and Health Survey*.

► **CLICK: Slide 64**

...and 16% of all abortions in Ghana occur among girls ages 15 to 19.<sup>30</sup>

► **CLICK: Slide 65**

Family planning prevents unsafe abortions and can ensure that pregnancies are healthy and well-timed, which increases the chances of a healthy baby.

► **CLICK: Slide 66**

For instance, babies who are born 2 or more years apart are more likely to survive...

► **CLICK: Slide 67**

...compared to babies who are born less than 2 years apart.<sup>31</sup>

► **CLICK: Slide 68**

In Ghana, 10 women die every day from causes related to pregnancy or childbirth.<sup>32</sup>

► **CLICK: Slide 69**

And those deaths represent only the tip of the iceberg, because for every woman who dies from pregnancy or childbirth...

► **CLICK: Slide 70**

...20 to 30 women suffer from complications, such as obstetric fistula and infection.<sup>33</sup>

► **CLICK: Slide 71**

If Ghana's unmet need for family planning was met by 2030, 7,000 maternal deaths would be prevented<sup>34</sup>...

► **CLICK: Slide 72**

...and 380,000 children's deaths would be avoided.<sup>35</sup>

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30 PRB calculations using 38.9% mistimed births and 19.9% unwanted births based on GSS, GHS, and ICF Macro, *2008 Ghana Demographic and Health Survey*.

31 PRB calculations using 38.9% mistimed births and 19.9% unwanted births based on GSS, GHS, and ICF Macro, *2008 Ghana Demographic and Health Survey*.

32 PRB calculation based on *Trends in Maternal Mortality: 1990 to 2013*, estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division.

33 World Health Organization, "Why Do So Many Women Still Die in Pregnancy or Childbirth?" (May 6, 2014), accessed at <http://www.who.int/features/qa/12/en/>, on April 19, 2015.

34 Futures Group calculations, May 2015.

35 Futures Group calculations, May 2015.

► **CLICK: Slide 73**

Family planning saves lives!

► **CLICK: Slide 74**

What will it cost to meet Ghana's unmet need for family planning? It would actually save money overall.

► **CLICK: Slide 75**

For the next 15 years, it would cost \$154 million dollars to meet our needs in family planning.

This translates into savings because as women are having smaller families, the government doesn't have to spend as much money to meet the needs of the population and can save money on costs related to...<sup>36</sup>

► **CLICK: Slide 75**

...education

► **CLICK: Slide 77**

...malaria

► **CLICK: Slide 78**

...immunization

► **CLICK: Slide 79**

...water

► **CLICK: Slide 80**

...and maternal health.

► **CLICK: Slide 81**

By saving money in other areas, investing to meet the unmet need for family planning would actually save Ghana \$349 Million!<sup>37</sup>

► **CLICK: Slide 82**

**Family planning is a best buy!** We would save more than \$2 for every dollar spent on family planning.

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36 Futures Group calculations, May 2015.

37 Futures Group calculations, May 2015.

► **CLICK: Slide 83**

A lot is possible for Ghana's economic future. And many countries that have managed their population growth have enjoyed this type of progress.

► **CLICK: Slide 84**

Research has shown that families who had access to comprehensive family planning services had:

- Larger incomes
- Greater accumulation of wealth and assets
- Higher levels of education

► **CLICK: Slide 85**

Family planning is a key strategy for addressing rapid population growth. Combined with investments in health, education, economy and governance, it can reduce poverty and grow the economy, both at the family level and at the national level.

► **CLICK: Slide 86**

Our national Growth and Development Strategy recognizes that population plays a key role in achieving our developmental goals:

“Maintaining population growth rate at a level capable of supporting and sustaining economic growth and social development is indispensable as the three are intrinsically linked.”

The stage is set for us to increase our efforts...

► **CLICK: Slide 87**

...and we have policies in place, like:

- The National Population Policy
- The Adolescent Reproductive Health Policy, and
- The Roadmap to Reposition Family Planning

► **CLICK: Slide 88**

So what can be done now?

Leaders and policymakers can join together and take action to ...

► **CLICK: Slide 89**

Ensure that family planning is a key component of all national development strategies.

► **CLICK: Slide 90**

Include reproductive health and contraceptives in the National Health Insurance Scheme's benefit package.

► **CLICK: Slide 91**

Increase access to family planning services at the community level by expanding the CHPS programme, and

► **CLICK: Slide 92**

And expand the group of policymakers and leaders who support family planning and mobilize political and community resources.

► **CLICK: Slide 93**

The progress Ghana has made so far shows us that we can achieve even more. We cannot reach our goals if we just bask in our past successes. It is time to step up the pace.

Everyone has a role to play, but most critically, leaders at all levels need to demonstrate their support for family planning as important to help Ghana achieve its development goals.

Investing in family planning today is investing in the future of our country and people.

By recognizing the importance of population growth and taking action now, we can keep the nation on the path to becoming a higher-income country.

**END**

**This is the end of the presentation; let the music play until finished.**

## Discussion Guide

After giving the Ghana ENGAGE presentation, you may have the opportunity to foster discussion among the audience members. We encourage you make the discussion specific to addressing population growth and development within the audience's context or community. Sample discussion questions are listed below:

### DISCUSSION ABOUT THE PRESENTATION

1. Were you aware of the link between rapid population growth, family planning and sustainable development? What did you learn today about this relationship?

### DISCUSSION ABOUT POPULATION GROWTH

2. Some people say that a large population size can lead to a stronger economy because there are more workers. After seeing the presentation, what do you think about that argument? Why might a very large population limit a country's economic growth instead of helping it?
3. After watching the presentation, can you describe how high fertility can contribute to continued poverty for families? For the country?
4. In what other ways do you think high fertility and rapid population growth affects individuals? Families? Communities? The nation?

### DISCUSSION ABOUT POPULATION AGE STRUCTURE

5. What role does family planning play in development? How does family planning make a difference for: (a) families, (b) communities, and (c) nations?
6. In what ways does improving child survival affect a country's population age structure?
7. How does the shift in population age structure open a window of opportunity for accelerated economic growth?

### DISCUSSION ABOUT FAMILY PLANNING AND REPRODUCTIVE HEALTH

8. Many people have diverse views about family planning. Has this presentation affected the way that you think about the issue? Did you learn anything that makes you think differently about family planning based on how it can contribute to economic development?
9. Why are some women, men or couples not using family planning or contraception, even when they know they do not want another pregnancy right away?
10. What are some of the obstacles women, men or couples face when trying to use family planning? What can be done to overcome those obstacles? What are the different roles for the government, the private sector, the health sector, and the NGO sector, in improving access to and use of family planning?
11. How does family planning make a difference for: (a) families, (b) communities, and (c) nations? In what ways can family planning benefit women? Families? The nation?
12. Family planning is often talked about as a woman's issue, but the presentation shows how it can affect everyone, including men. How can men play a positive role in family planning?

### DISCUSSION ABOUT ECONOMIC GROWTH AND SUSTAINABLE DEVELOPMENT

13. How is access to family planning an issue for economic development?
14. What else needs to be done for Ghana to achieve economic growth and other development goals?
15. How does poverty affect a person's ability to access reproductive health care, such as family planning; antenatal, safe delivery, and post-natal care; treatment and care of sexually transmitted infections; information on human sexuality and reproductive health, etc.?

## DISCUSSION ABOUT RECOMMENDATIONS

16. Why is it important to have a National Population Policy?
17. What can we do to increase funding for family planning programmes and services, such as training service providers, providing contraception, etc.?
18. Why is it important for Ghanaian leaders to publicly speak out in support of family planning? What are some ways that we can encourage more leaders to prioritize and advocate for family planning? In what ways can you take an active role in support of family planning?
19. There were several actions that we asked people to take at the end of the presentation. In addition to those actions, what else do you think you can do, in your personal life or in your job, to address family planning? (Encourage people to be very specific and feasible in the actions they suggest.)

## Frequently Asked Questions

Often, audience members have questions about the presentation. Some of these questions may be specific to the actual presentation (data, pictures, figures, sources of information), while other questions may be related to the content of the presentation. If you are unsure about any of the terms used in the presentation, you can find definitions in PRB's online Glossary: [www.prb.org/Publications/Lesson-Plans/Glossary.aspx](http://www.prb.org/Publications/Lesson-Plans/Glossary.aspx)

Below are some frequently asked questions and scripted answers:

### QUESTIONS ABOUT THE PRESENTATION

**Q.** How accurate are your data?

**A.** The data that we have shared in this presentation are the most accurate available for Ghana. The data comes from the Ghana Demographic and Health Survey 2014, Ghana's National Statistical Office surveys, World Population Prospects: The 2010 Revision, and other recent research studies. The data from the moving bubble graph was compiled by Gapminder from the 2012 World Bank Development Indicators databank. However, in 2015, the World Bank updated Ghana's 2011 GNI per capita (PPP, current international \$) to \$3,340 based on new results and formulation from the International Comparison Program 2011 Round.

**Q.** Have the people in the photographs and videos in your presentation given their consent?

**A.** We have the legal right to use every photograph and video that was included in this presentation. The photographs in this presentation are for illustrative purposes only. They do not imply any particular health status or behaviors of the people featured in this presentation.

**Q.** Why are you using Thailand as a country example?

**A.** Over the last 50 years, Thailand has emerged as an economic powerhouse in Southeast Asia. After a period of rapid population growth during the first half of the 20th century, Thailand increased access to and use of voluntary family planning in the 1960s and the decades that followed. Population growth slowed down, and with fewer births Thailand was able to invest more resources per child, leading to more secondary school completion, as well as delayed marriage, and delayed childbearing. By 2010, the age structure of the population had evolved to have fewer children and a productive adult labor force. As a result, Thailand has become one of the biggest family planning success stories in Asia, demonstrating how increased access to reproductive health care combined with investments in health, education, and more can help a country transform their demographic prospects.

**Q.** Why do you focus so much on family planning, when there are so many other, more important, issues to be addressed? Why do you focus on family planning when the real problems are poverty, women's rights, education, governance, etc.?

**A.** Yes, we face many important issues. Ideally, we would address all of these issues together. This presentation is intended to raise awareness of the problem of rapid population growth and how it can negatively impact Ghana's development, and to highlight the most effective steps we can take to address this problem. The presentation focuses on family planning as a "best buy" for addressing the many, inter-related problems that Ghana faces as a result of rapid population growth.

**Q.** Ghanaian women want to have many children. It is our tradition to have large families. So how can you say that Ghanaian women want to have fewer children?

**A.** Each woman can make her own decision about how many children she wants and when to have each child. Being Ghanaian does not automatically mean that a woman wants many children. Some Ghanaian women and men want many children, but many others prefer to have a small family, or no children at all. The data shared in the presentation shows that many Ghanaian women who want to space or limit their births and could benefit from family planning are not using it. Unmet need for family planning can lead to unintended pregnancies, which pose risks for women, their families, and communities, which in turn, can harm economic growth and development for the country. By increasing access to family planning, we can ensure that all women and couples are able to choose the number and timing of their children.

## **QUESTIONS ABOUT POPULATION STRUCTURE**

**Q.** In some countries, like South Africa, fertility dropped but it did not spur economic growth.

**A.** Although it is a necessary first step, decreased fertility will not automatically lead to a demographic dividend. South Africa is a good illustration of this: the country hasn't yet made the necessary investments in other strategic sectors or ensured appropriate policies are in place to stimulate economic growth and achieve the dividend. All the pieces—reduced fertility, investments in health and education, economic policy, and good governance—must be in place to realize the demographic dividend.

**Q.** Isn't it true that some of those large countries, like China, India, and Brazil, are doing so well economically because of their large population size?

**A.** While it is true that countries like China and Brazil have large economies and large populations, the fertility rates, or the number of children per woman, are very low, and have declined over time. When fertility declined in these countries and the right investments were in place, it accelerated the countries' economic growth. At the same time, there are many examples of countries with very small populations who have also made the right investments and were able to spur strong economic growth, like South Korea, Singapore, and Rwanda. As we point out in this presentation, it is factors like the population age structure, health and education systems, economic policy, and governance that together play a much greater role in spurring economic growth than just the population size.

**Q.** You point to Thailand as a success story, but like many other Asian and East Asian countries, their population is aging very quickly and soon they will have more dependent elderly people than their workforce can support. Don't we need to have more children to ensure that we are taken care of in our old age?

**A.** Actually, in addition to the accelerated economic growth that can result from the initial demographic dividend, the social and economic changes brought about by the fertility decline of the "first" demographic transition can also drive a second demographic dividend. With increasing life spans and fewer children to support, people are motivated and able to accumulate greater wealth, as well as increase investments in the health and education of their children.

A country's ability to realize this second dividend is contingent upon implementing appropriate policies and programs early in the population aging process. This includes encouraging and supporting workers to accumulate personal savings and other assets, so those workers are less dependent upon social services for support in their later years. Governments must begin planning for this now and the accumulation of wealth must begin early if the aging population is to be transformed into the drivers of a second demographic dividend.

**Q.** Won't improvements in child survival result in more dependent children?

**A.** No, because as parents see that their children are surviving and thriving, they will start to desire smaller families. When children are healthy and survive, parents begin to make greater investments in their health and education; having fewer children allows parents to invest more in each child. Moreover, investing in child and adolescent health programs will ensure a healthy workforce in the future. Children and adolescents who have adequate nutrition, immunizations and access to comprehensive health services, including reproductive health care, are better able to develop physically and cognitively. They thrive in school and will be better prepared to join the workforce in skilled and high-paying jobs.

## **QUESTIONS ABOUT FAMILY PLANNING**

**Q.** You discussed family planning a lot in this presentation, but you didn't describe anything about family planning. What are the choices for family planning or contraception?

**A.** There is a wide range of contraceptive methods available for both men and women depending on the reproductive needs of each individual. Some methods are more effective than others. Methods such as withdrawal and spermicides have the lowest level of effectiveness while longer-acting or permanent methods such as implants, IUDs, female sterilization, and vasectomy are more effective. Some methods only work one time, such as male condoms or female condoms; while others may last longer but are not permanent, such as injectables, oral contraceptive pills, hormonal patches, and the vaginal ring. Additionally, there are Fertility Awareness Methods such as the Standard Days Method, Basal Body Temperature, and the Two-Day Method. These methods require partners' cooperation as couples must be committed to abstaining or using another method on fertile days. And finally, there is the Lactational Amenorrhea Method, which is a method based on breastfeeding that provides pregnancy protection for the mother and nutrition for the baby during the first six months after childbirth. More information about these methods is available at any health clinic or from the Family Planning Association of Ghana.

**Q.** Is it true that many forms of family planning have negative side effects?

**A.** Some contraceptive methods have known side effects that may affect one family planning user while not affecting another, but these side effects are not life threatening and can be addressed by the medical provider. Each woman or couple needs to find the method that is most suitable for them, and family planning counseling must include information on possible side effects and how to manage them. If the side effects are bothering the client, the provider can switch the client to a different and more suitable contraceptive method. In every case, the minimal side effects have to be weighed against the risks of becoming pregnant and the potential health consequences of an unwanted pregnancy.

**Q.** Why do you focus so much on women? Isn't there a role for men in family planning?

**A.** It is very important that both partners in a couple be involved in decisions about building a family, and we strongly support the involvement of men in both deciding to use contraception and in deciding to have a child. The reproductive health impacts of high fertility, however, fall more directly on women, and that is one reason why there is a strong emphasis on women in this presentation.

**Q.** Some people say [family planning | small family size] is just some Western idea being forced onto African nations by outsiders. What do you think about this statement?

**A.** Women from all countries have a mind and a will of their own and their ability to plan their families should be recognized and respected. The data in the presentation show that 30 percent of Ghanaian women who do not want to become pregnant right now are not currently using any form of family planning. This can lead to unintended pregnancies, which pose risks for women, their families, and societies; in turn, these can harm economic growth and development for Ghana. The Maputo Protocol, which was developed by African countries, through the African Union, includes Article 14: Health and Reproductive Rights, which states that “parties shall ensure that the right to health for women, including sexual and reproductive health is respected and promoted which includes: the right for women to control their fertility, the right for women to decide whether to have children, the number of children and the spacing of children; the right to choose any method of contraception; the right to family planning education and the right to adequate, affordable and accessible health services including information, education and communication programs to women, especially in rural areas.”

**Q.** Some people say that family planning is an instrument of population control to keep poor people from having too many children. What do you think about this statement?

**A.** It is important that women never feel coerced in reproductive health matters. The data in this presentation show that many women and couples in Ghana want to use family planning to delay, space, or limit their pregnancies. By ensuring that women and couples who want to use family planning are able to, women and couples can choose the timing, spacing, and size of their families, leading to better health and well-being for the family, community, and ultimately the entire nation.

**Q.** If young people have access to reproductive health care and family planning, won't it just encourage promiscuity? Won't it encourage youth to have sex before marriage?

**A.** It is not uncommon for societies to disapprove of premarital sex and to worry that reproductive health education and services may be inappropriate and unnecessary for young people. However, with almost half of Ghana's population under age 25, investments in young people are vital to achieve our national development goals and improve social and economic outcomes. These investments include family planning and reproductive health services so young people can avoid unintended pregnancy, protect themselves from HIV and sexually transmitted infections, and avoid reproductive health complications that often result in death. When effective youth-friendly policies exist and are implemented, young women and men can make a healthy transition into adulthood and enjoy full participation in public life. Ultimately, if we want to give young people a good, healthy start on their lives, their right to reproductive health and family planning information and services is essential.

**Q.** How do we change norms about using family planning?

**A.** Changing norms around family planning takes time, but it is possible. To change norms around family planning, it is essential to address gender norms and increase gender equality. In many, women do not have the power to make decisions about their reproductive health choices. Programs must work with traditional decisionmakers such as husbands and mothers-in-law to educate them on the economic, health, and social benefits family planning brings to families and communities. In addition, service providers and community-based institutions need to be trained to overcome biases around family planning. Community health workers need to be aware of and have the skills to challenge and address social and gender barriers to family planning. Family planning interventions must overcome the common exclusion of men, youth, people living with HIV/AIDS, and single women and men. Traditional and community leaders must be included in family planning discussions and, wherever possible, be encouraged to challenge community and gender norms.

## **QUESTIONS ABOUT RAPID POPULATION GROWTH AND DEVELOPMENT**

**Q.** Is there a standard or recommended level of population growth? If you are saying that Ghana's population growth is too high, what should it be?

**A.** There is no standard definition for an ideal population growth rate. What is important is that population growth is manageable for the infrastructure and economy of the country. When population growth is too high, it can act as a constraint on improvements in per capita income and per capita well-being.

**Q.** We see messages all the time about HIV and AIDS—how the disease is destroying our families and nations. Will family planning limit our population in the face of the HIV/AIDS epidemic?

**A.** According to UNAIDS, in sub-Saharan Africa, where 70% of new HIV infections continue to occur, an estimated 1.6 million people became infected in 2012, considerably lower than the estimated 2.6 million in 2001. Ghana has managed to reduce new infections to less than a third of what they were in 2001. This trend reflects a combination of factors, including prevention efforts and the natural course of HIV epidemics. While HIV/AIDS is still prevalent, access to life-saving drugs has dramatically increased over the years and more people are now living with HIV for longer periods of time. In fact, there is a strong demand for family planning methods for HIV-positive women as they are living healthy, productive lives and may wish to prevent future pregnancies. While there are still high levels of mortality due to disease, people are living and surviving longer than ever before, including children under five years of age, which means access to family planning services is important to continue to build healthy families and communities.

**Q.** Why is Ghana's population growth important when thinking about the strength of its economy?

**A.** The youthfulness of Ghana's population—40% of Ghanaians are younger than 15—has several implications for planning and implementation of pro-poor development, particularly in the provision of social services, the management of the environment, and economic empowerment. One consequence of the youthful nature of the Ghanaian population is that the working age population will grow rapidly beyond the rate at which jobs are being created by the economy. Failure to address unemployment might impact negatively both on the stability and sustainability of economic development. Youth are more than a demographic force—they are a force for progress. That is why empowering young people is a major platform for action for the coming years.

**Q.** Isn't it true that some of those large countries, like China, India, and Brazil, are doing so well economically because of their large population size?

**A.** These countries have large domestic economies, but much of their wealth is generated through exports. While these countries do have large populations, the fertility rates, or the number of children per woman, is very low, and has declined over time. In many cases, the fertility declined before the economic growth took off. Because they have low fertility rates, their dependency ratios are also low, meaning that there are more workers in relation to dependents (such as children and the elderly), which can strengthen the economy.

## **QUESTIONS ABOUT FAMILY PLANNING POLICIES AND INTERVENTIONS**

**Q.** How can we make sure there is a sufficient budget to ensure all men and all women have access to family planning?

**A.** In the face of the global economic crisis, it may seem difficult to increase the national budget for family planning. However, the quality and availability of reproductive health services benefits from strong health systems and financing mechanisms. Using evidence-based research to advocate for increased resource allocation from the government and donors can help ensure funding for family planning is targeted and used efficiently. Also, integrating family planning into other key health services, such as maternal and child health and HIV/AIDS, can increase national funding streams for family planning commodities and services. In addition, budgeting for family planning and reproductive health services requires a long-term perspective since using family planning services is not a one-time event for individuals and couples but a need that lasts throughout an individual's reproductive life. Finally, advocates and policymakers who

articulate support for family planning can help put family planning on the national agenda and increase budget support for such services. With greater involvement of NGOs and the private sector, countries can better provide family planning services to all men and women.

**Q.** Giving young people information about their sexuality and reproductive health will confuse them. They are too young to make these types of decisions, and it may encourage them to have sex before marriage.

**A.** Global evidence shows that comprehensive reproductive health education empowers young people to make healthy choices about their behavior. It reduces the frequency of unprotected sex and the number of sexual partners, and increases contraceptive use. Comprehensive sex education is critical if we want to reduce the number of unintended pregnancies, prevent the spread of HIV and AIDS, and ensure a healthier generation of young people today. In addition, comprehensive sex education equips young people with the critical thinking and communications skills they will need to communicate with their partners about contraception and make healthy decisions together.

When effective youth-friendly policies exist and are implemented, young women and men can make a healthy transition into adulthood and enjoy full participation in public life. Ultimately, if we want to give young people a good, healthy start on their lives, their right to reproductive health and family planning information and services is essential.

**Q.** Some religious leaders do not support family planning use. What can I do to change attitudes among religious leaders about family planning?

**A.** Throughout the world, religious leaders are looked to for guidance and advice on all aspects of life. While some may not support family planning, many are supportive of family planning and the benefits for the members of their congregations. Access to contraception and family planning is not just about child spacing; it is also about maintaining optimal health at all stages of life and in all issues related to women's and men's reproductive health. In many religious communities, people are faced with reproductive health challenges such as the illness and death of women during childbirth; health problems associated with pregnancies that are too early in life or too close together; violence against women; and sexually transmitted infections, including HIV/AIDS. In order to win the support of a religious leader, it is helpful to frame the issues within the values, beliefs, and directives of the religion you are addressing. There are examples from around the world of leaders within all major religious groups who do support family planning. Work with them to create messages that show where in the Bible or the Qur'an child spacing is supported and promoted for the health of the mother and child. It is important for programs to partner with these "champions" to design messages and community outreach strategies that support family planning within religious frameworks. Religious leaders can play an important role in explaining how family planning fits within the values, beliefs, and directives of their religion, and can be effective partners for family planning programs.

## **ECONOMIC AND COSTING QUESTIONS**

**Q.** What exactly is GNI? Can you explain it more?

**A.** Gross National Income, or GNI, is the average annual growth or decline as calculated by the World Bank. GNI takes into account both the Gross Domestic Product (GDP) plus the net flows of income (remittances) from abroad, which have become substantial in many countries. We are using GNI because it is a more comparable indicator than GDP across countries and across time. GNI is adjusted by purchasing power parity (PPP), which takes into account differences in the relative prices of goods and services and provides a better overall measure of economic output of one economy in comparison with another. PPP is intended to represent the same purchasing power (standard of living) across countries, and the World Bank uses it to calculate the proportion of people living in poverty (less than \$2 a day)

**Q.** The number of lifetime births per woman (total fertility rate) is not the cause of increasing GNI, which is what it sounds like you are saying here.

**A.** We are only showing an association between family size and per capita GNI across countries. We are not implying that there is a causal relationship, although there is some recent data from Bangladesh, which does suggest that smaller family size leads to greater family income and wealth.

And, as we point out, there are a number of important investments that have to be made in order to ensure economic growth and to reap the benefit of the demographic dividend, which includes investing in family planning and health systems; increasing educational enrollment and retention along with increasing skills; and improving economic conditions so more jobs can be created for the growing numbers of young people entering the labor market.

**Q.** At the end of the Trendalyzer/bubble graph, there were a few blue, sub-Saharan African countries on the right, who were doing very well on GNI. Which countries were those?

**A.** Those countries are South Africa and Botswana, and both of which are doing very well on GNI. South Africa's GNI stands at about \$10,790 per person, and Botswana stands at about \$14,560. There are a few other African countries doing similarly well. Mauritius (\$14,760) is similar to Botswana. All of these countries are doing similarly on fertility, as well, with between 2 and 3 children per woman, on average. In Mauritius, the fertility rate is below 2, with an average of 1.5 births per woman. The countries doing well with GNI but with higher fertility rate of between 6 and 4 like Equatorial Guinea, Gabon and Nigeria are countries that have recently exportable oil reserves.

## **QUESTIONS ABOUT FUNDING AND PARTNERS**

PRB is encouraging local organizations to take ownership of these presentations and activities. Here are some anticipated questions from local audiences and suggested responses:

**Q.** Who developed this presentation?

**A.** This presentation was developed through a task force called the Ghana ENGAGE Task Force, chaired by the National Population Council. The task force brought together partners from many different Ghanaian organizations, government agencies and ministries, who are all committed to improving the well-being of Ghanaian families and the nation through improving reproductive health in Ghana. The work was supported by the IDEA project.

**Q.** What is the IDEA Project?

**A.** IDEA seeks to increase support among policy audiences for effective health and population programs around the world. By working with advocates, practitioners, researchers, media, and key institutions, IDEA provides the data, materials, strategies, skills, and ongoing support needed to reach decision-makers with critical information. Under IDEA, PRB develops evidence-based materials on priority issues in user-friendly formats; trains and supports journalists to influence policy change; builds the communications capacity of institutions, researchers, and advocates; and empowers communities of policy champions. In addition to the IDEA activities in Ghana, IDEA is implemented in countries throughout sub-Saharan Africa.

The Population Reference Bureau received funds from the United States Agency for International Development (USAID) to lead the IDEA project.

**Q.** How is Population Reference Bureau involved in this project?

**A.** The Population Reference Bureau (PRB) helped collect and analyze data and has worked to develop some of the parts of the presentation—especially the Trendalyzer graphs and the Google Earth sections.

But without local partners, IDEA and the presentations produced through it would not take place. In-country partners and the ENGAGE task force have played the leading role in providing the content, shaping the messages, and identifying what the priority actions are to advance the Ghana's goals and development.

**Q.** Is PRB an advocacy group?

**A.** PRB is a nonprofit, private, educational organization that focuses on providing accurate data and facts. As such it does not directly advocate or plead in favor of specific outcomes or recommendations in countries. However, it does help local partners communicate by making sure that their messages are based on the best and latest data and information.

## Additional Resources

### FAMILY PLANNING AND HEALTH

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Jean-Pierre Guengant, "Population and Development in Ghana: The Challenge of Harnessing the Demographic Dividend," presentation given in Accra, Sept. 23-27, 2013.

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James Gribble and Maj-Lis Voss, *Family Planning and Economic Well-Being: New Evidence From Bangladesh* (Washington, DC: PRB, 2009).

Population Action International (PAI), *The Key to Achieving the Millennium Development Goals: Universal Access to Family Planning and Reproductive Health* (Washington, DC: PAI, 2010). Accessed on [pai.org/wp-content/uploads/2012/01/PAI-MDG-brief.pdf](http://pai.org/wp-content/uploads/2012/01/PAI-MDG-brief.pdf), March 30, 2015.

Scott Moreland and Sandra Talbird, *Achieving the Millennium Development Goals: The Contribution of Fulfilling the Unmet Need for Family Planning* (Washington, DC: USAID, 2006).

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Wendy Baldwin and Judith Diers, "Poverty, Gender, and Youth: Demographic Data for Development in Sub-Saharan Africa," *Population Council Working Paper 13* (New York: Population Council, 2009).

