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POPULATION GROWTH AND DEVELOPMENT IN GHANA

By GEORGE BENNETT

POPULATION

IMPACT

PROJECT

THE GHANA



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BY GEORGE BENNEH

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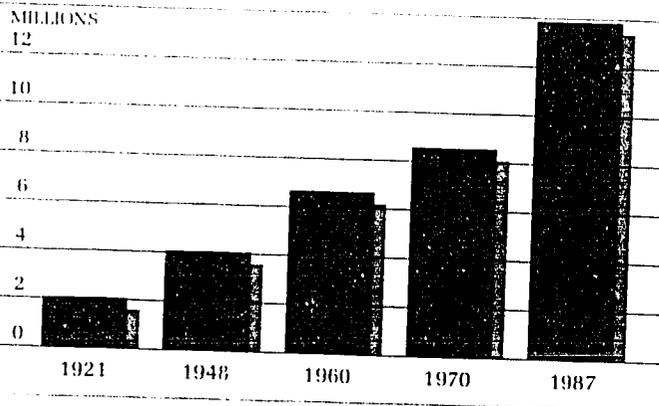
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INTRODUCTION

In terms of absolute numbers, Ghana is not yet crowded. The total national population stood at 13.9 million in 1987, almost double the 1960 population. The population density, 28 persons per square kilometre in 1960, increased to 57 persons per square kilometre in 1987. These numbers are not large compared with those of such population giants as China, India, and even Nigeria.

It is the high rate of population growth, not the absolute numbers, that is of concern to Ghana. The annual growth rate has hovered between 2.5 and 3.0 percent since the early 1950s. Nearly 75 percent of the current population has been added in less than 50 years, including nearly 3 million in the past eight years. In 1987, Ghana's rate of population growth (2.8 percent) is the same as the overall rate for the African continent and much higher than the developed world (0.6 percent).

CHART 1
POPULATION OF GHANA, 1921-1987



SOURCE: All data but 1987 from respective Ghana census reports. 1987 figure based on projection from 1984 census.

Chart 1 reveals that the population more than doubled during the 27 years between 1960 and 1987, growing at an average rate of 2.6 percent per year. By contrast, socioeconomic development has been stagnant and living standards have fast deteriorated since the 1970s. Fortunately, signs of an economic recovery have surfaced during the past few years.

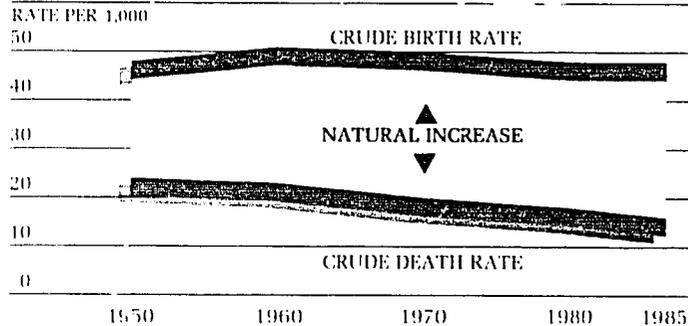
Whenever the population grows faster than the resources necessary to maintain the increasing numbers, problems of socioeconomic development assume greater dimensions. For a great majority of Ghana's population, the provision of basic needs such as food, housing, education, employment, and health services has been inadequate.

The objective of this booklet is to highlight the impact of Ghana's population growth on socioeconomic development, including investment and savings, food and nutrition, housing, health, education, and employment. This booklet will also serve as a general introduction to other booklets to be produced under the auspices of the Population Impact Project (PIP).



CHART 2

GHANA'S GROWING POPULATION, 1950-1985



SOURCE: Futures Group, "RAPID Ghana" (Forthcoming), Washington, D.C.

**BIRTHS, DEATHS,
AND MIGRATION**

Ghana's population, like any other country's, is influenced by births, deaths, and migration. Migration has ceased to be a significant factor in Ghana's population change, though in 1960 some 12 percent of the population was born outside of the country. In 1969 the government issued the Aliens Compliance Law, making it illegal for non-Ghanaians without a resident permit to continue living in Ghana. In this way, the foreign population was reduced to 6 percent of the total population by 1970. The emigration of Ghanaians to neighbouring West African countries, particularly Nigeria, during the late 1970s and early 1980s was reversed in 1983 when Nigeria expelled 600,000 to 1 million Ghanaians. Migration is therefore expected to be negligible.

The present high level of Ghana's population growth is the result of persistent high birth rates and declining mortality rates over the years. While the birth rate has stayed between 42 and 50 births per 1,000 population since 1950, the death rate fell from about 22

deaths per 1,000 population in 1950 to about 14 per 1,000 in 1987. As a result, the rate of natural increase of the population (the birth rate minus the death rate) has been high—just under 3 percent per year. (See Chart 2) At this rate, Ghana's population will double in 25 years.

For a variety of social and economic reasons, large families are attractive to many Ghanaians. The Ghanaian woman continues to bear about six children during her lifetime, compared with about two for women in Cuba, the U.S., and Japan. Improved health facilities and services, better living conditions, and increased levels of female education have led to a decline in death rates. More and more children are surviving to adulthood.

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THE DEPENDENCY BURDEN

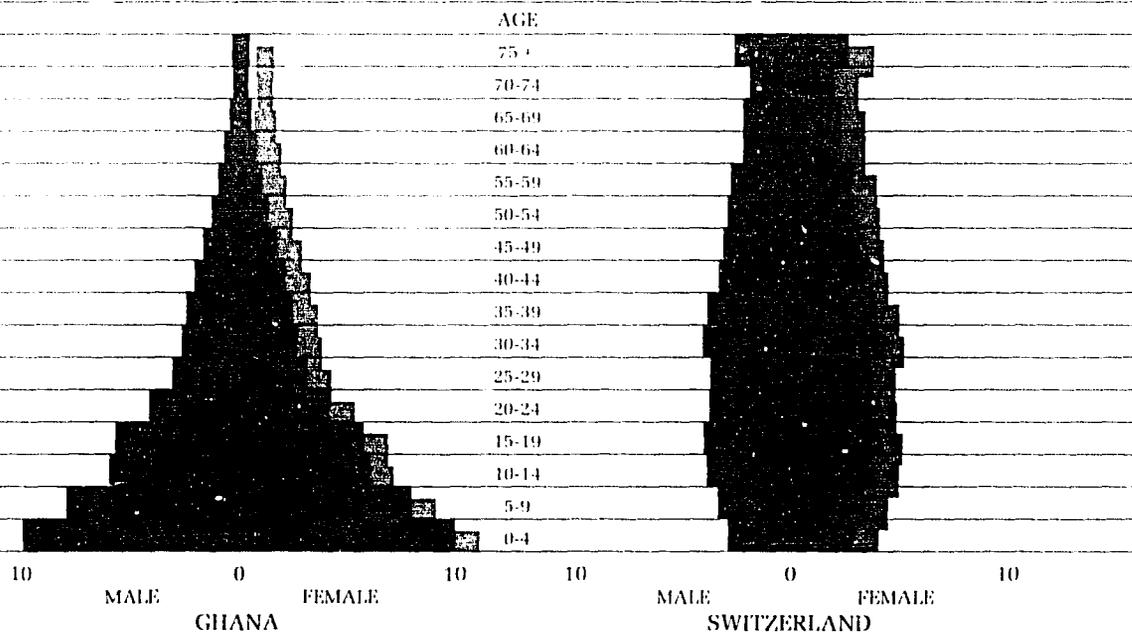
In a fast-growing population like Ghana's, the proportion of children increases faster than any other age group. A population is considered "young" if over 40 percent of its population is under 15. In Ghana this proportion has been between 47 and 48 percent since the early 1950s. The economically productive age group, those between ages 15 and 64, has been just under 50 percent of the total population. This youthful age structure has serious demographic and economic implications for Ghana. (See Chart 3)

In Ghana there is roughly one dependent person (under 15 or over 64 years old) for

every economically active adult compared with about two adults per dependent in more developed countries like the U.S., Great Britain, and Switzerland. The need to provide for the economically dependent persons puts pressure on the resources of the government and individual households.

Children are especially dependent, since they do not work and are normally in school. They must be fed, housed, educated, and provided with health care services. The ability to care for the dependent population depends on the structure and stability of the economy and the income levels and organizational abilities of the populace.

CHART 3
AGE DISTRIBUTIONS OF GHANA AND SWITZERLAND, 1980 (IN PERCENT)



SOURCE: Futures Group, "RAPID Ghana" (Forthcoming), Washington, D.C.

POPULATION MOMENTUM

Another important consequence of a young and fast-growing population is the building up of "population momentum." This momentum means that even if fertility were to drop drastically to two children per woman, enough to simply replace the parents, the population would continue to grow for roughly 40 years. The large number of young couples will produce many more births each year than there are deaths in the population, even if each couple is having fewer children. The population will continue to grow until an average family size of two children, sustained over many years, eventually brings about a balance in the number of young and old people, and thus a balance between births and deaths.

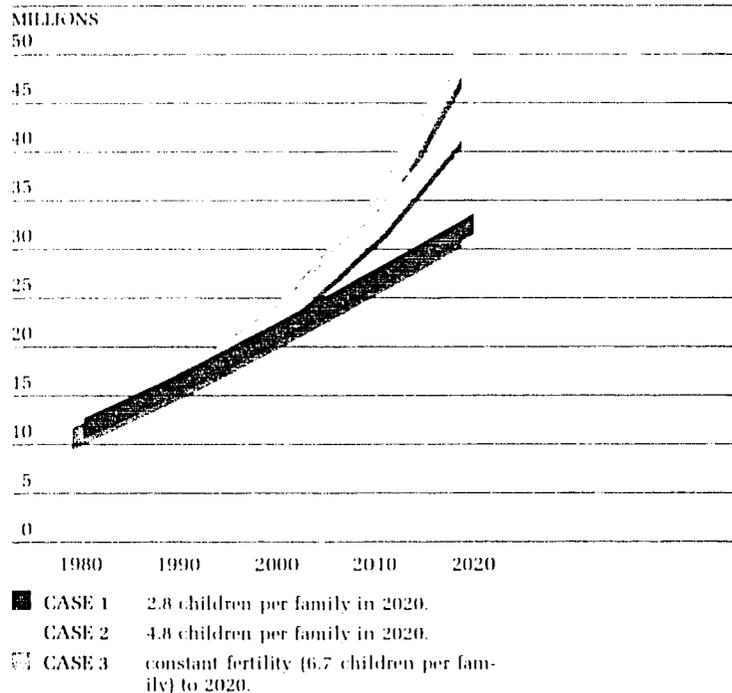
POPULATION GROWTH UNDER DIFFERENT FERTILITY ASSUMPTIONS

What would happen if the pattern of Ghana's population growth were to change? Demographers can project varying patterns of growth for the future, each illustrating a different assumption about fertility. Chart 4 illustrates the effect fertility change could have on Ghana's total population size in the years to come.

Case 1 assumes that fertility will decline steadily, reaching a total fertility rate of 2.8 children per woman in 2020. Case 2 assumes that fertility will decline more slowly, to 4.8 children per woman in 2020. Case 3 assumes a constant fertility rate of 6.7 children per woman until 2020. Under all the assumptions, Ghana's population will be relatively high at the turn of the century. Even under Case 1, the lowest fertility assumption, the population of 12.2 million in 1984 will almost double within 16 years, reaching 23 million by the year 2000. (See Chart 4)

CHART 4

GHANA'S POPULATION UNDER DIFFERENT FERTILITY ASSUMPTIONS, 1980-2020



SOURCE: *Rapid Population Growth in Sub-Saharan Africa*, Fauque, R., and Galbart, R., World Bank, 1983.

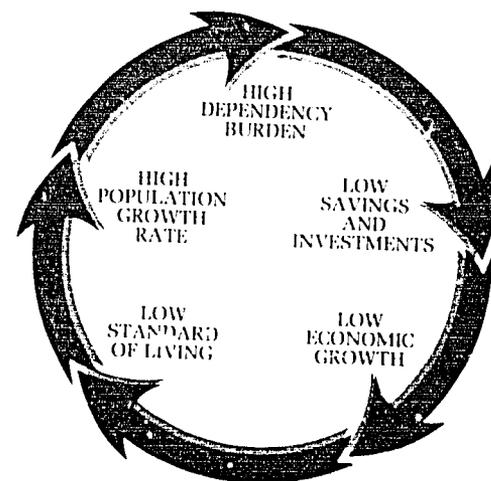
THE VICIOUS CYCLE

One of Ghana's primary goals is to improve the quality of life of its people. The rapidly growing population compounds the difficulty of achieving this goal, since any new wealth must be distributed among greater numbers. In order to raise living standards, Ghanaians must break through the "vicious cycle" created by high population growth. In this cycle, high fertility leads to a large dependent population which leads to low economic productivity, contributing to a low level of savings and investment, which leads to low standards of living which in turn exacerbates high population growth. (See Chart 5)

In order to break this cycle, the government could strengthen economic productivity by means of external financial borrowing, but it must then face the attendant future debt servicing and payment. Alternatively, family planning programmes could reduce fertility and the accompanying dependency burden.

CHART 5

THE VICIOUS CYCLE OF RAPID POPULATION GROWTH



POPULATION, FOOD, AND NUTRITION

The growth of agricultural production in Ghana has been poor since the late 1960s. It deteriorated sharply during the mid-1970s and declines continued in the 1980s until 1984, when this downward trend was arrested. Total agricultural production declined at a rate of 0.3 percent per year during the period 1970-1980. It further declined during the drought years of 1982 and 1983 by 6.7 percent and 1.5 percent respectively.

The output and demand for major food crops is shown in Chart 6, which reveals that the demand for all major crops far exceeded the domestic output (except in the

case of cassava) between 1981 and 1983.

Because of foreign exchange constraints, Ghana has been unable to import food to augment domestic production. The daily per capita calorie supply fell from 98 percent of the total requirement in 1960 to 88 percent in 1980. In a study of pre-school children in Legon in 1984, it was found that none of the children belonging to the low socioeconomic group met weight standards for their ages and only 8 percent of the high socioeconomic group were the standard weight for their ages. This poor growth is evidence of the moderate but chronic malnutrition existing among most Ghanaian children.



CHART 6
OUTPUT AND DEMAND OF MAJOR FOOD CROPS

1971-1973

1981-1983

THOUSAND METRIC TONNES

THOUSAND METRIC TONNES

2000

2000

1500

1500

1000

1000

500

500

0

0

MAIZE

COCOYAM

CASSAVA

PLANTAIN

MAIZE

COCOYAM

CASSAVA

PLANTAIN

▨ OUTPUT ■ DEMAND

▨ OUTPUT ■ DEMAND

SOURCES: 1971-1973 data from FAO, *Perspective Study of Agricultural Development for Ghana* (Rome, 1976)
1981-1983 data from the Ministry of Agriculture, Government of Ghana.



HEALTH

Ghana has made considerable progress in overall health levels since independence. Life expectancy at birth increased by almost 8 years since 1965 to 54 years in 1987, while the infant mortality rate declined by 26 percent from 122 to 94 deaths per 1,000 live births.

Even though Ghana has made reasonable progress in the provision of health facilities to its population, a large percentage of the population has no access to modern health care. In 1975 there were 1,031 physicians in Ghana. Fully one-third of these worked in Korle-Bu Teaching Hospital alone. A second third worked in Kumasi

and Sekondi-Takoradi, while the remaining third were divided among communities with populations below 20,000. By May 1984 the total number of physicians in the country had declined to 817.

In the face of these realities, the Ministry of Health has designed a strategy to meet the health needs of the country. The main objectives of the new strategy are to achieve basic and primary health care for 80 percent of the population by the year 2000 and to mount an effective attack on the diseases that contribute to 80 percent of the preventable deaths and disabilities suffered by Ghanaians.

Population size and growth affect the resources available to provide health care services to the population. Although the government allocation grew from 6.3 percent of the total national budget for health services in 1974/1975 to 10.5 percent in 1979/1980, rapid population growth has caused the per capita government expenditure on health to decline. It fell from \$6 in 1972 to \$4 in 1979 and to less than \$1 in 1983.

The number and location of health facilities should be closely linked with the proportion of children and mothers in the population, who need more health care than any group. Estimates show that the benefit that would accrue in the provision of health facilities should fertility follow a low path is 60 percent lower by the year 2020 than if fertility followed a high path. Such resources could be diverted into directly productive ventures.

EDUCATION

Education is an important factor in development, since progress in other sectors depends largely on the educational attainment of the populace. In particular, the education of females has been found to contribute to proper health and nutrition practices and is positively associated with lower infant and child mortality as well as lower fertility. The need to increase the quantity and quality of educational facilities and services cannot be overemphasized, and must not be undermined by rapid increases in the school-age population.

Due to extraordinary government effort and investment in education, Ghana has raised its primary school enrolment from 38 percent of the eligible age group in 1960 to about 71 percent in 1980. The proportion in secondary school rose from only 5 percent in 1960 to 36 percent in 1980.

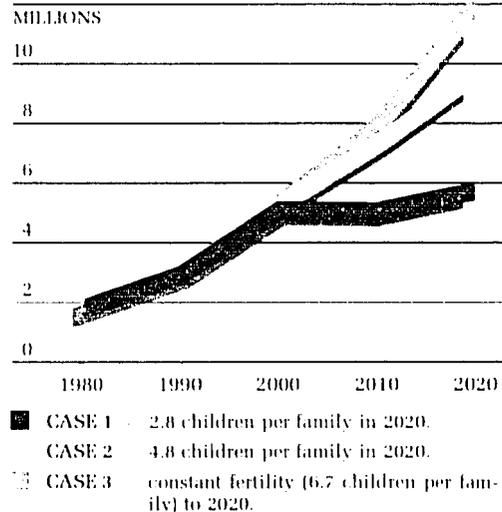
To balance these successes, another set of statistics emerges. Although the government has consistently devoted a large share of its budget to education (approximately 20 percent each year between 1978 and 1981), the per-pupil expenditure has declined; it fell from \$20 in 1972 to \$10 in 1979 and \$1 in 1983. By contrast, the annual expenditure on education in other middle-income sub-Saharan economies averaged \$29 per student during the early 1980s. More than half the drastic decline in Ghana's per-pupil expenditure is due to the rapid growth of the school-age population. Population growth has forced a choice between quantity and quality.

In addition, an ever-growing number of children do not have access to any educational facilities. If the fast rate of population growth continues, still greater numbers may not benefit from modern education.

Chart 7 shows the projection of the primary school age enrolment to the year 2020 under different fertility assumptions. Substantial differences in the numbers emerge from the year 2000 onwards under the various fertility paths.

Considerable savings in public spending would emerge from the low fertility scenario. The expenditure on primary education required of the government in 2020 would be about 60 percent lower in Case 1 (low fertility) than in Case 3 (constant high fertility).

CHART 7
GHANA'S PRIMARY SCHOOL
ENROLMENT, 1980-2020



NOTE: It has been assumed that primary school enrolment will increase from 70% in 1980 to 80% in 1990 and reach 100% in the year 2000.

SOURCE: *Rapid Population Growth in Sub-Saharan Africa*, Fanigbe, R., and Galhathi R., World Bank, 1983.

EMPLOYMENT

Another consequence of high fertility in Ghana is the corresponding growth of the labour force, for whom jobs need to be provided. From 1960 to 1970, the labour force (the number of people aged 15 to 64) grew at an annual average rate of 1.6 percent. That figure for the period 1970-1980 was 2.4 percent. By 1980 the size of labour force had reached 4.3 million and it is still growing rapidly.

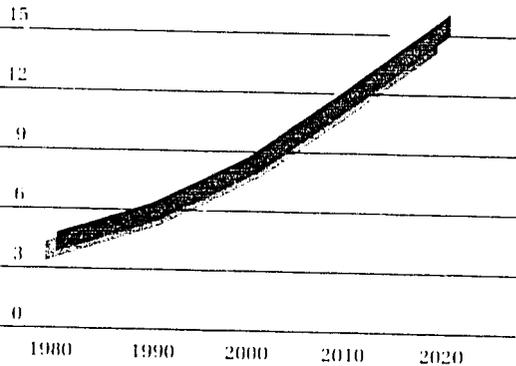
The nation's capacity to create new jobs, however, has not kept up with the increase in the number of job seekers. In 1980



CHART 8

GHANA'S LABOUR FORCE, 1980-2020

MILLIONS



- CASE 1 2.8 children per family in 2020.
- CASE 2 constant fertility (6.7 children per family) to 2020.

SOURCE: *Rapid Population Growth in Sub-Saharan Africa*, Faruqi, R., and Gulbati, R., World Bank, 1983.

unemployment was estimated at 18 percent of the labour force; some independent estimates give an even higher figure.

Chart 8 shows the labour force projections from 1980 to 2020. New labour force entrants up to the year 2000 have already been born, so any decline in the fertility level now will not have an impact on labour force growth until the next century.

Chart 8 reveals that the labour force in 2020 will be smaller—by between 2 and 3 million—under the low fertility assumption than under constant fertility. This difference, equal to nearly one-half the 1980 labour force, is not insignificant.

If the present population growth rate continues unchecked, unemployment will reach even more grave proportions unless there is an equal increase in job creation.



URBANISATION

The majority of Ghanaians still live in rural areas. However, the proportion of the population living in urban areas is growing. Ghana's urban population is estimated to have grown at an average annual rate of 4.6 percent between 1960 and 1970 and 5.5 percent each year between 1970 and 1984. The urban proportion of the total population rose from 23 percent in 1960 to 31 percent in 1987, the result of increasing rural-to-urban migration combined with high fertility.

Thus Ghana's urban population, 1.5 million in 1960, rose to over 4 million in 1987. If present trends continue, the urban population will grow nearly sixfold by the year 2020 but "only" fourfold if fertility rates decline moderately. A slower growth

rate of the urban population will not only affect the aggregate urban population size but also lessen the burden of finding resources to meet the demand for urban services like housing, transportation, sanitation, and the supply of water and electricity.

The problem of providing such services is even more acute in the large cities of Accra, Kumasi, and Sekondi-Takoradi. The capital city of Accra, for instance, houses just over 20 percent of the total urban population. The other two cities contain another 18 percent. These cities, as well as many towns, have endured grave housing, sanitation, and health problems over the years as population pressures on resources continue to increase. In 1973, 86 percent of urban dwellers had access to safe water; only 72 percent had this amenity in the early 1980s.

Population growth has aggravated the government's inability to meet urban needs. Any lasting solution to urban population pressures will have to aim at reducing not only rural-to-urban migration but high fertility rates as well.

CONCLUSION

Even though Ghana's socioeconomic problems can be attributed to a variety of factors, the high growth rate of its population has undoubtedly exacerbated these problems and will continue to do so until growth rates are reduced. Rapid population growth has undermined efforts to meet basic needs for the increasing number of people and has also thwarted development efforts in recent times.

The vicious cycle of high population growth and inadequate resources challenges present and future attempts at raising the living standards of the population. Two alternatives for breaking the cycle are a reduction in the dependency burden, by means of family planning programmes, and increased economic development. Well-managed family planning programmes will play an important role in reducing rapid population growth. The fruits of any development efforts, however, must be equitably shared among all the people.



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