

SOMARC

SOCIAL MARKETING FOR CHANGE

Submitted to:

AID/Office of Population
Family Planning Services Division
Rosslyn, Virginia

TRIP REPORT

LEGON, GHANA

March 30 - April 12, 1986

Prepared by:

Mary Ann Abeyta-Behnke
SOMARC/The Futures Group
1111 14th Street, N.W.
Suite 400
Washington, D.C. 20005

TABLE OF CONTENTS

I. Executive Summary.....1

II. Trip Objectives.....1

III. Conference Organization

 Design.....2

 Delegates.....3

 Media/Publicity.....3

 Evaluation.....4

IV. Appendices

 Appendix A: Copy of Folder

 Appendix B: Copy of Agenda

 Appendix C: Description of Films Shown

 Appendix D: List of Publications Distributed

 Appendix E: List of Invitees

 Appendix F: Copy of Newspaper Articles

 Appendix G: "The Legon Plan of Action"

 Appendix H: Papers Presented

I. EXECUTIVE SUMMARY

The Ghana National Conference on Population and National Reconstruction was evaluated by participants, cooperating agency representatives, and the USAID Mission as extremely successful. The conference objective was to raise public awareness of the issues of population and family planning, thereby creating a positive climate for the CSM advertising launch. This was achieved, in great part, by the extensive radio, TV and press publicity given to the conference. Several other factors contributed to the success of the conference:

1. The design of the conference lent itself to maximum delegate participation and involvement;
2. The speakers were all excellent in their quality of delivery and in their depth of technical information;
3. The conference was well publicized in the newspapers and on radio prior to and during the week of the conference; there was also television coverage of the opening session;
4. The quality, quantity, and presentation of the conference materials and documents was very good;
5. The material presented at the exhibit area was very appropriate and served to broaden participant awareness;
6. The in-country conference coordinator, Dr. Ben Gyepi-Garbrah and his assistant, John Owusu, worked long hours amidst many obstacles to coordinate logistics and promote attendance;
7. The Population Officer of USAID/Accra, Dr. Ray Kirkland, had the foresight to know the kind of impetus needed to attract policy-makers and to increase awareness of the impact of population growth on all sectors.

II. TRIP OBJECTIVES

1. Prepare final arrangements for lodging, catering, transportation and services for participants.
2. Review all details for publicity including the press briefing, radio, television coverage and newspaper coverage.
3. Provide final orientation on protocol and procedures to conference staff, discussion leaders and main session organizers.
4. Participate in all conference activities.
5. Participate in conference follow-up and plan of action.

III. CONFERENCE ORGANIZATION

Design

It was decided during the January-February trip in conjunction with the Population Reference Bureau's representative, Elaine Murphy, Ph.D. and Winthrop Carty, that the conference be structured around five major themes affected by population growth. Each of these five sessions has one major presentation which summarized four to five commissioned papers on the theme. Following each presentation there was a general discussion, which in every instance, produced lively and technically challenging discussions. After each plenary session, the group divided itself into five subgroups to discuss in more detail a subtheme of the overall theme of the session. (Appendix H contains the main papers plus the Keynote by Dr. Sai).

Each of the subgroups, twenty-five in all, were charged with developing specific recommendations. Despite the terribly hot, humid weather, the mini-sessions were always well-attended and taken very seriously. For example, they often worked until 6:30 or 7:00 in the evening. The delegates were told what was expected of them, and they performed their role eagerly with drive and commitment. These characteristics are very often missing from most conferences.

The Opening and Closing Sessions were planned so as to attract additional participants and media coverage. For the Opening, Dr. Fred T. Sai provided the Keynote Address and the principal challenge to the conference delegates that through their combined efforts they can make a change in the population growth rate of the country. The Opening Session was aired live on national radio and well covered by television and newspapers.

After lunch the first day, the agenda was modified to incorporate the Rapid presentation. Unfortunately, the individual selected to present it lacked enthusiasm so Dr. Sai volunteered to give the health section of Rapid. This proved to be successful because he interjected traditional, cultural customs that everyone understood and could relate to as they "saw" the effects of straying away from the customs, i.e.

abstinence and the reference to closely spaced first and second born children as kwashiorkor and kwashili. Two other Rapid presentations were scheduled throughout the conference, all were well attended.

During the early planning phases of the conference, it was decided to have the Impact Project of the Population Reference Bureau (PRB) design the conference logo (a map of Ghana depicting the national colors and a family with three children in the center "walking towards the future"). The logo itself was very popular. PRB also provided the conference folders with the logo on the cover, a wall chart of the logo, conference bags, the agenda, certificates, three different PRB brochures, and the PRB population wall chart. Participants, and especially the press, were impressed by the abundance of literature. PRB also provided six films on population and social marketing. (See Appendices A, B and D) The Population Information Program of Johns Hopkins provided eight different Population Reports. (See Appendix D) Again, the reading material was overwhelmingly received.

Delegates

There were approximately 250 conference delegates for the Opening Session and roughly 150 to 175 for the remaining part of the conference. Delegates were persons from the Ministry of Health, Education, Finance and Economic Planning, Social Welfare and Agriculture. In most cases, division heads and deputies were invited as well as their counterparts from each of the ten regions. Representatives were sent from the Family Planning Association, Planned Parenthood, the Catholic Secretariat, Women in Development, the Trade Union Association, and the midwives, nurses, physicians, pharmacists and chemical sellers associations. Delegates also represented the three main universities in the country--- Departments of Medicine, Sociology, Agriculture and Geography. (See Appendix E)

Four persons from outside of the country were invited to observe the proceedings---one each from Nigeria, Liberia, The Gambia, and a Ghanaian from Zimbabwe, Dr. Esther Boohene, Director of the Family Planning Association.

Media/Publicity

Beginning seven weeks prior to the conference, three newspaper articles on population were published. This served to heighten interest in the upcoming event and increase awareness of the issues and facts of population growth in the country. During the conference itself, five more articles appeared in the newspapers. (See Appendix F)

During the first week of February and continuing once every week until the conference, there were radio interviews by key conference presenters. Each interview was twenty minutes in length and addressed a variety of issues and government programs. The Opening Session of the conference was aired live on national radio (this was one and one-half hours in length).

Ghana television featured segments of the Opening Session on the evening news. The Academy for Educational Development, subcontractor to the Population Communication Services project at Johns Hopkins, funded the videotaping of the entire conference.

Following the conference, there will be half-hour radio programs bi-weekly on population issues. Hannah Dankwa-Smith of the Ghana Broadcasting Corporation has agreed to feature population in order to maintain audience awareness.

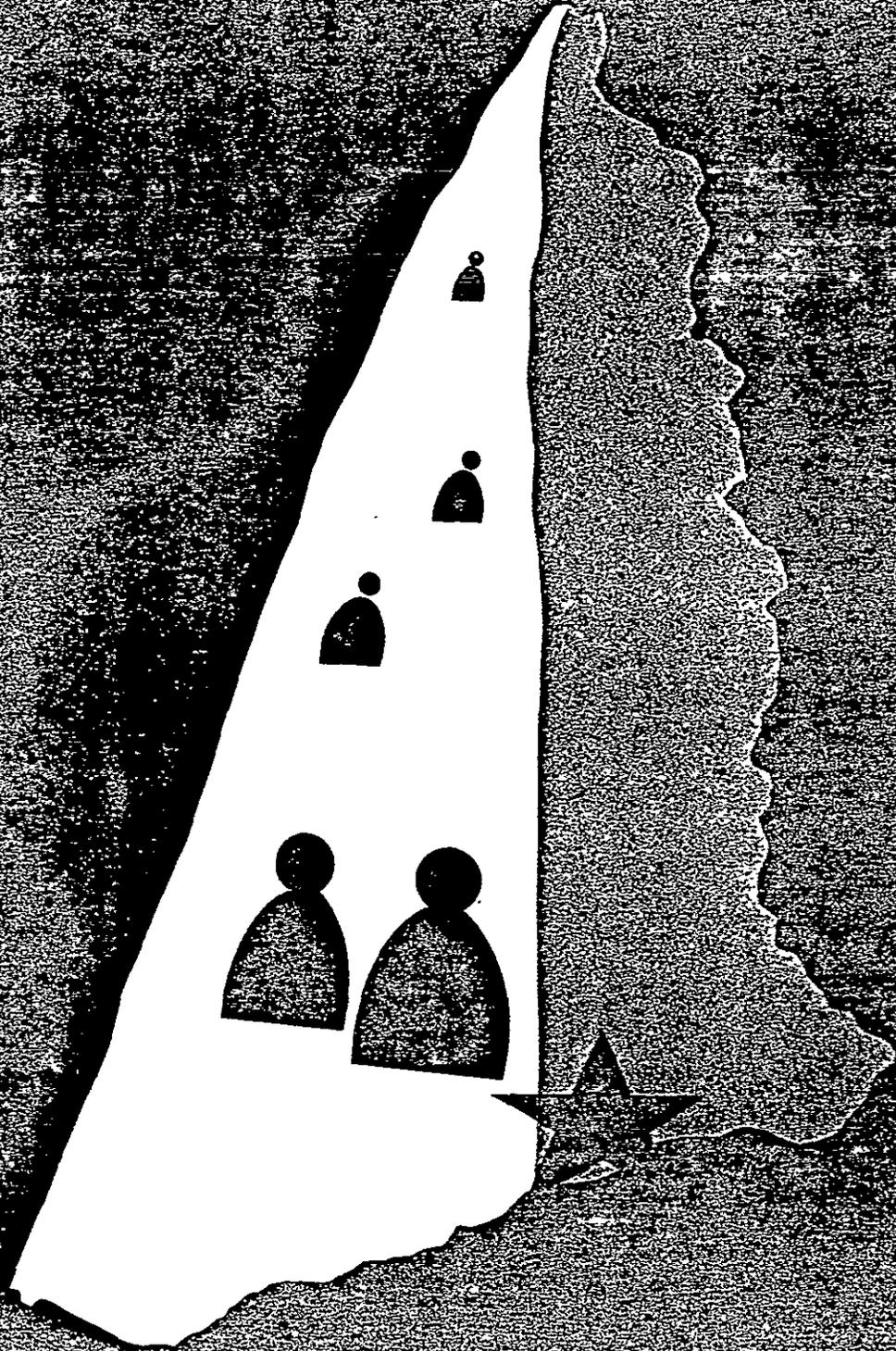
Evaluation

The participant evaluation forms of the conference indicated that participants really appreciated the small group discussions, because it gave them an opportunity to fully participate and get involved. This was evident in the fact that the small group discussions often lasted longer than anticipated and were very well attended. Many of the discussions continued until 6:30 or 7:00 in the evening.

"The Rapid presentation was effective. I have always known that there is a link between population and social-economic development, but it has never been brought home so well before," said one participant. The Rapid presentations were often repeated by the participants as being a valuable educational tool.

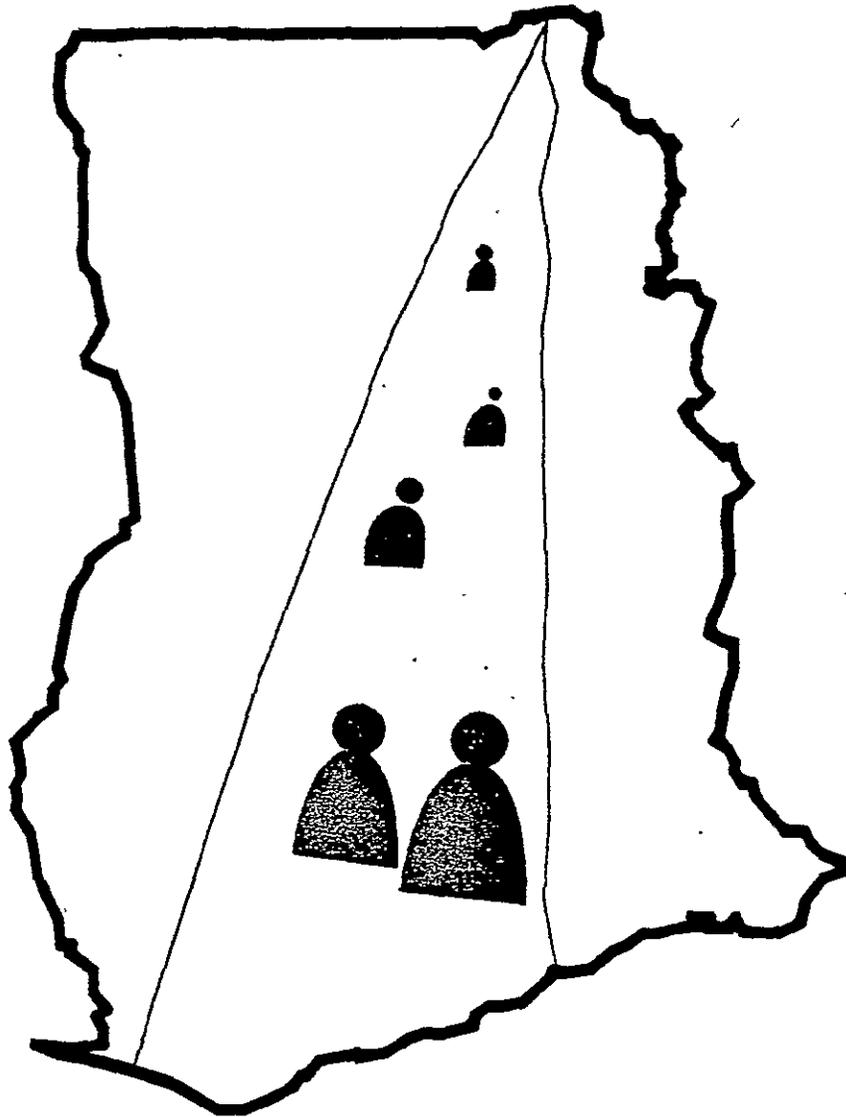
All delegates unanimously agreed that the conference was very successful. One delegate wrote, "The conference was successful because all sectors of the society were adequately represented and the interest of participants was maintained until the end." Another wrote, "The population question underpins all development efforts and I think a lot of effort has been put into the conference to create this very important awareness."

It was the combined efforts of SOMARC and the Impact Project which resulted in a successful conference and impressed upon the delegates that their contributions were valued. The delegates, in turn, worked tirelessly to produce the conference recommendations, entitled "The Legon Plan of Action". (See Appendix G)



**Ghana National Conference
on Population and
National Reconstruction
7—10 April 1986**

APPENDIX B



**Ghana National Conference on
Population and National Reconstruction
University of Ghana, Legon
April 7-10, 1986**

Monday
April 7

AGENDA

- 9:00 a.m. Registration; distribution of folders and vouchers.
- 10:00 a.m. Information on Organization of the Conference By Conference Director, Dr. Ben Gyepi-Carbrah; population questionnaire.
- 10:30 a.m. **Official Opening of Conference,**
Dr. C.S. Okoye, Officer-in-Charge
Introduction of Chairman by Director of Regional Institute for Population Studies (RIPS), Legon.
Opening Remarks. Conference Chairman: Nana Wereko Ampem II, Gyasehene of Akuapem Traditional Area, former Commissioner for Economic Affairs and former Government Statistician.
- 10:40 a.m. Welcome Address by Professor Akilagpa Sawyer, Vice-Chancellor, University of Ghana, Legon.
- 10:50 a.m. Opening Address by Dr. Kwesi Botchway, PNDC Secretary for Finance and Economic Planning.
- 11:15 a.m. Address by Dr. (Mrs.) Mary Grant, PNDC Under Secretary for Health.
- 11:30 a.m. Keynote Address by Dr. Fred T. Sai, Senior Advisor for Population, Health and Nutrition, the World Bank, Washington, D.C., and former Director of Ghana Medical Services.
- 12:00-2:00 p.m. Lunch Break
- SESSION I—The Status of Family Planning and Its Role in National Reconstruction**
Chairman: Mr. S.K. Kwafo, Acting Executive Director, Ghana National Family Planning Programme, Accra.
- 2:00 p.m. Introduction to Session by Dr. John Nabila, Geography Department, University of Ghana, Legon.

Monday
April 7 continued

- 3:00 p.m. Small Group Discussions (See Group Discussion Schedule).
- 4:00 p.m. Reports of the Small Groups.
- 5:00 p.m. RAPID Presentation.
- 5:30 p.m. Conference Wrap-up by Dr. Gyepi-Garbrah.

Tuesday
April 8

SESSION II—Maternal/Child Health and Adolescent Fertility

Chairperson: Mrs. M.N. Hornsby-Odoi, Director of Nursing Services, Ministry of Health, Accra.

- 9:00 a.m. Introduction to Session, Professor D.A. Ampofo, University of Ghana Medical School, Korle-Bu, Accra.
- 10:00 a.m. Refreshments
- 10:10 a.m. Small Group Discussions (See Group Discussion Schedule).
- 11:10 a.m. Reports of the Small Groups.
- 12:10 p.m. Lunch Break

SESSION III—Population Growth and the Nation's Resources

Chairman: Dr. E. Oti Boateng, Government Statistician, Statistical Services, Accra.

- 2:00 p.m. Introduction to Session by Professor George Benneh, Pro-Vice Chancellor and Head of Geography Department, University of Ghana, Legon.
- 3:00 p.m. Refreshments

3:10 p.m. Small Group Discussions (See Group Discussion Schedule).

4:00 p.m. Reports of the Small Groups.

5:00 p.m. Wrap-up by Dr. Gyepi-Garbrah.

**Wednesday
April 9** **SESSION IV—Gender Roles and Social Perceptions on Population**

Chairperson: Professor Florence Dolphyne,
Chairperson, National Council on Women and
Development, Accra.

9:00 a.m. Introduction to Session by Professor Miranda Greenstreet, Institute of Adult Education, University of Ghana, Legon.

10:00 a.m. Refreshments

10:10 a.m. Small Group Discussions (See Group Discussion Schedule).

11:00 a.m. Reports of the Small Groups.

12:00 p.m. Lunch Break

SESSION V—Family Planning Programme in Ghana: Emerging Trends

Chairman: Dr. J.D. Otoo, Director of Medical Services, Ministry of Health, Accra.

2:00 p.m. Introduction to Session by Dr. Charlotte Gardiner, Head of Maternal/Child Health and Family Planning Division, Ministry of Health, Accra.

3:00 p.m. Refreshments

3:10 p.m. Small Group Discussions (See Group Discussion Schedule).

Wednesday
April 9 continued

- 4:00 p.m. Reports of the Small Groups.
- 5:00 p.m. Wrap-up by Dr. Gyepi-Garbrah.
- 6:00 p.m. Closing Dinner
Miss Joyce Aryee, PNDC Secretary for Education,
Guest Speaker: Ghanaian Dance Troupe.

Thursday
April 10

**SESSION VI—Challenge to Participants;
Conference Closing**

- 9:00 a.m. Conference Chairman: Nana Wereko Ampem II,
Gyasehene of Akuapem Traditional Area,
former Commissioner for Economic Affairs and
former Government Statistician.
- 9:10 a.m. Small Group Development of Recommendations by Sectors:
● Family Planning and Health
● Education
● Agriculture and Nutrition
● Women's Roles
● Labour, Employment and Economic
Development
● Migration and Urbanization
- 10:30 a.m. Refreshments
- 10:45 a.m. Presentation of Sectoral Recommendations.
- 11:45 a.m. Adoption of Recommendations and Closing Remarks
by Chairman.
- 12:15 p.m. Final Comments and Challenge to Participants,
Dr. Gyepi-Garbrah.
- 12:30 p.m. Closing Address by Dr. Totobi Quakyi, Under
Secretary for Information.
- 12:45 p.m. Lunch and reimbursements

APPENDIX C

DESCRIPTIONS OF POPULATION FILMS

- (1) **The Cheerful Revolution:** (1979, 25 minutes) A delightful film which looks at the successful family planning program in Thailand. The program works toward desensitizing the public to family planning through lectures and contests. It uses local merchants as contraceptive distributors and provides economic incentives to family planning acceptors. Funded by the U.S. Agency for International Development.
- (2) **The Human Race:** (1985, 27 minutes) Eric McGraw, director of Population Concern, interview government representatives of developed and developing countries on the issue of rapid population growth. The interviews were conducted at the International Population Conference, held in Mexico City in 1984.
- (3) **Together:** ("Amra Dujon", 1983, 30 minutes) A wonderful, dramatic film that delivers the message that husbands and wives should communicate about family planning. The story describes the decision making process of a newlywed couple in Bangladesh who choose to practice family planning despite pressure from friends and family to continue old traditions. The film is in Bengali with English subtitles, however, this takes nothing away from its important message.
- (4) **Social Marketing:** (1978, 33 minutes) The marketing and delivery of contraceptives through a retail sales program is explained, using projects in Jamaica, El Salvador and Bangladesh as examples. Funded by A.I.D.
- (5) **Indonesia: Family Planning First:** (1978, 23 minutes) A description of the village family planning program in Java and Bali which emphasizes how family planning has been integrated into a rural, traditional and relatively poor society. Funded by A.I.D.
- (6) **The Time of Man:** ((1971, 50 minutes) The film describes the interaction of early humans with the environment by examining current groups in New Guinea and Africa. It discusses the potential for contemporary people to accommodate population growth and technological change within the ecosystem. Produced by the American Museum of Natural History.

SCHEDULE OF POPULATION FILMS

Monday

8.30 a.m. - 9.00 a.m.	"Cheerful Revolution"
9.00 a.m. - 9.30 a.m.	"Cheerful Revolution"
1.30 p.m. - 2.00 p.m.	"The Human Race"
6.00 p.m. - 7.00 p.m.	"Together"

Tuesday

8.30 a.m. - 9.00 a.m.	"Together"
1.30 p.m. - 2.00 p.m.	"Social Marketing"
6.00 p.m. - 7.00 p.m.	"The Human Race"

Wednesday

8.30 a.m. - 9.00 a.m.	"Indonesia: Family Planning First"
1.30 p.m. - 2.00 p.m.	"Cheerful Revolution"
5.30 p.m. - 6.30 p.m.	"The Time of Man"
6.00 p.m. - 6.30 p.m.	"Cheerful Revolution"

Thursday

8.30 a.m. - 9.00 a.m.	"Social Marketing"
2.30 p.m. - 3.00 p.m.	"The Human Race"

Note: The Rapid Presentation is also scheduled for Thursday.

Appendix D

List of Publications Distributed

Population Reference Bureau

1. Sub-Saharan Africa: Population Pressures on Development
2. Adolescent Fertility: Worldwide Concerns
3. Population Handbook
4. 1985 World Population Data Sheet

Population Information Program

1. Healthier Mothers and children Through Family Planning
2. Community-Based Health and Family Planning
3. Contraceptive Social Marketing---Lessons From Experience
4. Oral Contraceptives
5. IUD's: An Appropriate Choice for Many Women
6. Spermicides---Simplicity and Safety are Major Assets
7. Update on Condoms---Production, Protection, Promotion
8. Periodic Abstinence: How Well Do New Approaches Work?
9. Media Communications in Population/Family Planning: A Review
10. Community-Based and Commercial Contraceptive Distribution
11. Filling Family Planning Gaps
12. Traditional Midwives and Family Planning
13. Breast-Feeding, Fertility and Family Planning
14. After Contraception: Dispelling Rumors About Later Childbearing

Appendix D (continued)

List of Publications Distributed

SOMARC

1. Questions to Ask a Woman Before Providing Oral Contraceptives
2. Ghana Social Marketing Background Information

APPENDIX E

NAME AND ADDRESSES OF INVITEES

- | | |
|--|--|
| <p>1. Dr. Alex Ababio, Chairman,
Society of General Med. Pract.
of Ghana, Box 2037, Accra.</p> | <p>15* Mr. Samuel Afrane,
Dept. of Planning,
U.S.T., Kumasi.</p> |
| <p>2* Dr. Benedicta Ababio
Reg. Director of Med. Services
Greater Accra Region,
Accra.</p> | <p>16. Dr. A. Afrifa
Psychology Department,
University of Ghana,
Legon.</p> |
| <p>3. Mr. J.B. Abban,
Head, Economics Department,
University of Ghana,
Legon.</p> | <p>17* Dr. Kofi Agorsah,
Department of Archeology,
University of Ghana,
Legon.</p> |
| <p>4* Dr. Mary Ann Abeyta-Sehnke,
Manager, International Health,
John Short and Associates, Inc.
P.O. Box 1305,
Columbia, Md. 21044.</p> | <p>18* Dr. Agyemang,
Department of Sociology,
University of Cape Coast,
Cape Coast.</p> |
| <p>5. Ms Henrietta Aboagye,
President,
Registered Midwives Association,
P.O. Box 214, Accra.</p> | <p>19* Mrs. Elizabeth Akpaloo,
Deputy Executive Director,
N.C.W.D.,
Accra.</p> |
| <p>6. Mrs. Katie Abu,
c/o Mr. Adam Abu,
Forestry Department,
P.O. Box 54,
Tamale.</p> | <p>20* Mr. E.S. Brew,
Assistant Director,
Information Services Dept.,
Accra.</p> |
| <p>7. Dr. J.A. Adamafio,
Ministry of Health,
Accra.</p> | <p>21. Mr. Amentemah,
Dept. of Community Development.
Accra.</p> |
| <p>8* Mr. Addae-Mensah,
Land, Admin. Research Centre,
U.S.T.,
Kumasi.</p> | <p>22* Prof. S.B. Amissah,
Director,
Land, Admin. Research Centre,
U.S.T., Kumasi.</p> |
| <p>9* Dr. Adebo,
Reg. Director of Medical Services,
Ministry of Health,
Accra.</p> | <p>23. Dr. Amoah,
Dept. Obstetrics & Gynaecology
Univ. of Ghana Medical School,
Korle-Bu, Accra.</p> |
| <p>10. Ms. C.E. Addo,
G.N.F.P.P.A.,
Accra.</p> | |
| <p>11. Prof. Hutton A. Addy,
Dept. of Community Health,
School of Medical Sciences,
U.S.T., Kumasi.</p> | |

- 12* Dr. Adjei,
Dept. of Community Health,
Univ. of Ghana Medical School,
Korle-Bu, Accra.
13. Dr. William Adu-Krow,
c/o National Catholic Secretariat,
Dept. of Social Communications,
P.O. Box 1989, Accra.
14. Ms. Adjoa Yeboah Afari,
Deputy Editor,
The Mirror,
Accra.
- 28* Mrs. Charlotte Anokwa,
Department of Home Science,
University of Ghana,
Legon.
- 29* Miss Rebecca Appiah,
Census Office,
Accra.
30. Mrs. A.A. Arde-Acquah,
Deputy Chief Nursing Officer,
Ministry of Health,
Accra.
31. Dr. Armah
Dept. of Obstetrics & Gynaecology,
Univ. of Ghana Medical School,
Korle-Bu, Accra.
- 32 Dr. Arthur,
Department of Pediatrics,
Univ. of Ghana Medical School,
Korle-Bu, Accra.
24. Dr. Amoasi,
Department of Pediatrics,
Univ. of Ghana Medical School,
Korle-Bu, Accra.
25. Dr. Amonoo,
Centre for Development Studies,
University of Cape Coast,
Cape Coast.
26. Mr. S.P. Ankrah,
Births & Deaths Registry,
Accra.
- 27* Mrs. Bernice Ankrah-Badu,
P.P.A.G.,
Accra.
- 41* Mr. Atta-Queyson,
Director
Planning Division,
G.E.S., Accra.
42. Dr. Yaw Atta-Konado,
Ministry of Agriculture
Accra.
43. Mrs. Peace Ayisi-Okyere,
International Econ. Relations
Division,
Ministry of Fin. & Econ. Plan.,
Accra.
- 44* Mrs C.V.L. Bannerman,
Director,
Counselling and Placement Centre
University of Ghana, Legon.
- 45* Mr. Bedele,
Head, Geography Section,
Dept. of General & African Stud.
U.S.T., Kumasi.
- 46* Prof. George Benneh,
Pro-Vice-Chancellor,
University of Ghana,
Legon.
- 47* Mr. James Pierce Siney,
Farmer Health/DANAFCD, Accra.

33. Mrs. Gloria Aryee,
Public Services Commission,
Accra.
- 34* Prof. Ashitey,
Dept. of Community Health,
Univ. of Ghana Medical School,
Korle-Bu, Accra.
35. Miss Wendy Asiama,
Daily Graphic Corporation,
Accra.
- 36* Ms. Victoria Assan,
Principal Nursing Officer,
Ministry of Health Headquarters,
Accra.
37. Lt. Col. Assasie,
Political Counsellor for CDRs,
Parliament House,
Accra.
38. Mr. J.B. Assie,
Registrar of Births & Deaths,
Accra.
- 39* Dr. Max Assimeng
Department of Sociology,
University of Ghana,
Legon.
- 40* Ms. Rebecca Atisu,
R.I.P.S.,
University of Ghana,
Legon.
56. Mrs. Comfort Caulley-Hanson,
Executive Secretary,
National Children's Commission,
Accra.
57. The Chief Conservator of Forestry,
Forestry Department,
Accra.
- 58* Dr. Collison,
Dept. of Obstetrics & Gynaecology,
Univ. of Ghana Medical School,
Korle-Bu, Accra.
48. Mrs Blankson-Mills,
Head of Audience Research,
G.B.C., Accra.
- 49* Mr. Yaw Boakye,
DANAFCO,
Accra.
50. Dr. E. Oti Boeteng,
Government Statistician,
Central Bureau of Statistics
Accra.
- 51* Nana Yaw Brefo-Boeteng,
Director,
Kumasi Cultural Centre,
Kumasi.
52. Mr. K.E. Broce,
Chief Immigration Officer,
Immigration Department,
Accra.
53. Mr. K.A.P. Brown,
Department of Community Dev.
Head Office, Accra.
54. Prof. Bulley,
Psychology Department,
University of Ghana,
Legon.
- 55* Mr. George Cann,
Chief Econ. Planning Officer
Ministry of Fin. & Econ. Pls
Accra.
70. Dean of Social Studies,
University of Ghana,
Legon.
71. Dean,
Univ. of Ghana Medical School
Korle-Bu, Accra.
72. Director,
Institute of Adult Education
University of Ghana,
Legon.

59. Dr. G.O. Collison,
Dept. of Science Education,
University of Cape Coast,
Cape Coast.
- 60* Mr. T.C. Conquaye,
Registrar,
Pharmacy Board,
Accra.
61. Dr. Deborah Cubagee,
President, Zonta Club of Tema,
Tema.
- 62* Prof. J. Dadson,
Head, Dept. of Agriculture Econ.,
University of Ghana,
Legon.
63. Mr. Samuel K. Daisie,
Chief Economist,
Ministry of Works & Housing,
Planning, Accra.
- 64* Mrs. Hannah Danquah-Smith,
Senior Programmer,
G.B.C., Accra.
- 65* Dr. Asamoah Darko,
Head, Dept. of General &
African Studies,
U.S.T., Kumasi.
- 66# Mr. L.A. Darko,
P.P.A.G.,
Accra.
67. Dean of the Faculty of Arts,
University of Ghana,
Legon.
68. Dean of Science Faculty,
University of Ghana,
Legon.
69. Dean of Graduate Studies,
University of Ghana,
Legon.
73. Director,
Institute of African Studies,
University of Ghana,
Legon.
74. Director,
USAID Mission in Ghana,
Accra.
- 75* Director General, G.B.C.,
Accra.
76. Mr. E.O. Dodoo,
The Registrar,
University of Ghana,
Legon.
77. Prof. E.V. Doku,
Department of Archeology,
University of Ghana,
Legon.
- 78* Prof. Florence Dolphyne,
Chairperson,
N.C.W.D.,
Accra.
79. Mr. Joe Donkor,
Managing Director,
S.I.C.,
Accra.
80. Mr. Tom Dorkenoo,
Ghanaian Times,
Accra.
- 81# Mr. K. Dovlo,
R.I.P.S.,
Legon.
82. Dr. Dow,
Dept. of Obstetrics &
Gynaecology,
Univ. of Ghana Medical School
Korle-Bu, Accra.
- *Mr. Charles Doughty
Medical Representative
UPTOAH, Accra*

33. The Editor,
Ghanaian Times,
Accra.
34. The Editor,
The Mirror,
Accra.
35. The Editor,
Features Section,
The People's Daily Graphic,
Accra.
- 36* Dr. Edmundson,
Land Admin. Research Centre,
U.S.T., Kumasi.
- 37* Dr. Gladys Ekibu,
Dept. of S. Education
University of Cape Coast,
Cape Coast.
- 38* Mr. Okyeame Ampadu-Agyei,
Environmental Protection Agency,
Accra.
39. The Executive Director,
Y.M.C.A.,
Accra.
40. The Executive Director,
Y.W.C.A.,
Accra.
91. The Executive Secretary,
Christian Council of Ghana,
Accra.
92. Dr. Fadlu-Deen,
UNFPA Representative,
UNFPA Office,
Accra.
- 93* Rev. Dr. B.M. Garbrah,
Environmental Protection Agency,
Accra.
- 98* The Director, G.B.C. (Radio),
Accra.
99. Ghanaian Times,
Accra.
- 100 Dr. Ghuning,
Dept. of Obstetrics &
Gynaecology,
Univ. of Ghana Medical School,
Korle-Bu, Accra.
- 101* Prof. Mirinda Greenstreet,
Institute for Adult Education,
University of Ghana,
Legon.
- 102 Dr. Gyan,
Dept. of Obstetric &
Gynaecology,
Univ. of Ghana Medical School,
Korle-Bu, Accra.
- 103* Dr. Ben Gyepi-Garbrah,
R.I.P.S.,
Legon.
- 104* Executive Director,
APPLE, Box 4625, Accra.
- 105 The Head, Environmental Quality,
Engineering Div., Dept. of Civil
Engineering, U.S.T., Kumasi.
- 106 The Head,
Features Section,
Ghanaian Times,
Accra.
- 107 The Head,
Features Section,
The Mirror,
Accra.

- 94* Dr. Charlotte Gardiner,
Head, Maternal Child Health &
Family Planning Division,
Ministry of Health,
Accra.
95. The General Manager,
Ghana News Agency,
Accra.
- 96* The General Secretary,
G.N.A.T.,
Accra.
97. The General Secretary,
T.U.C.,
Accra.
112. The Head,
Women's Division,
G.N.A.T.,
Accra.
113. The Headmaster,
Achimota Secondary School,
Achimota.
114. The Headmaster,
Aggrey Memorial Sec. School,
Cape Coast.
115. The Headmistress,
Accra Girls' Sec. School,
Private Mail Bag,
Accra.
116. The Headmistress,
St. Louis' Secondary School,
Kumasi.
117. The Headmistress,
Wesley Girls' Sec. School,
P.O. Box 61,
Cape Coast.
- 108 The Head,
Features Section,
The People's Daily Graphic,
- 109* Mr. W.K. Woyome, The Head,
Sociology Section,
Dept. Of General & African Stud
U.S.T., Kumasi.
- 110 The Head,
St. Monica's Sec. School,
Mampong Ashanti.
- 111* The Head,
Tamale Secondary School,
Tamale.
- 127* Mr. Opia-Mensah Kumah,
LINTAS (Gh) Ltd.
P.O. Box 449, Accra.
- 128* Mrs. Maxine Kumekpor,
I.S.S.E.R.,
University of Ghana,
Legon.
- 129* Mr. S.K. Kwafu,
Acting Executive Director,
G.N.F.P.P., Accra.
- 130* Dr. Sylvester Kwakye,
G.I.M.P.A.,
Greenhill.
- 131* Mr. E. Kwansa,
Executive Director,
P.P.A.G.,
Accra.
132. Mr. E.K. Labi,
R.I.P.S.,
Legon.
133. Dr. Lartey,
Dept of Pediatrics,
School of Medical Science,
U.S.T., Kumasi.

118* Mrs. M.N. Hornsby-Odoi,
Director of Nursing Service,
Ministry of Health Headquarters,
Accra.

119 Mr. Fred Hutton,
Hutton Medics & Pharmaceuticals,
P.O. Box 232,
Takoradi.

120* Mrs Agnes Hughes, Christian Council
Christian Council of Ghana,
Box 919, Osu-Accra.

121* Miss Doreen Hyde,
R.I.P.S.,
University of Ghana,
Legon.

122. Mrs Susan Jaswa-Ubomba,
Sociology Dept,
University of Ghana,
Legon.

123. Justice Anne Jiagge,
c/o Mrs Grace Nartey,
N.C.W.D.,
Accra.

124. Mr. Albin Kareem, Columnist,
The Mirror (Weekly)
Accra.

125. Mr. E.K. Katakity,
R.I.P.S.,
University of Ghana,
Legon.

126* Dr. Ray Kirkland
Population Officer,
USAID Mission in Ghana,
Accra.

134* Mrs. Joanna Laryea,
Assistant Population Officer,
USAID Mission in Ghana,
Accra.

135* Ms Joanna Laryea,
West African College of Nurses/
Midwives, Faculty of Nursing,
Univ. of Ghana, Legon.

136. Prof. S.C..= . Lokko,
Director,
School of Administration,
University of Ghana, Legon.

137* Mrs Clara Mante,
Sociology Dept.
Univ. of Ghana, Legon.

138. Ms. Takyiwa Manu,
Institute of African Studies,
University of Ghana,
Legon.

139. The Medical Administrator,
Okomfo Anokye Hospital,
Kumasi.

140* Dr. Kwadwo Owusu,
Surgical Specialist &
Director of Health,
Ghana Cocoa Marketing Board,
Cocoa Clinic,
Accra.

141. Medical Director,
Ghana Industrial Holding Corp.,
Accra.

143. Mr. E.H. Mends,
Sociology Department,
University of Ghana,
Legon.

Lilian
Ms. Osai - Kwapong
Managing Director
TYPEX Ltd
P.O. Box 6157, Accra

- 144# Mrs. H. Mensah-Bonsu,
Faculty of Law,
University of Ghana,
Legon.
- 145. Ministry of Rural Development
and Co-operative,
Accra.
- 146# Nana Wereko Ampem II,
E.N. Cnaboe & Ass.
Accra.
- 147* Dr. John Nabila,
Dept. of Geography,
University of Ghana,
Legon.
- 148# Mrs. Grace Nortey,
Executive Secretary,
N.C.W.D.,
Accra.
- 149. National Women's Training
Centre,
Madina.
- 150. Dr. Neequaye,
Department of Pediatrics,
University of Ghana Medical School,
Korle-Bu, Accra.
- 151# Prof. D.N.A. Nortey,
Sociology Dept,
University of Ghana,
Legon.
- 152** Mrs Grace Nortey,
N.C.W.D., Accra.
- 153. Mrs Joanna Nsarko,
Head, Dept. of Home Science,
University of Ghana,
Legon.
- 154. Mr. Ntumi,
Carriculum Research &
Development Division,
Ministry of Education,
Accra.
- 160# Dr. Osei,
Univ. of Ghana Medical Schoo:
Dept. of Community Health,
Korle-Bu, Accra.
- 161. Mrs Martina R. Osei,
Health Education Division,
Ministry of Health, Accra.
- 162. Mr. Alhaji Dauda Ctoo,
Co-ordinator of the National
Islamic Secretariat, Accra.
- 163* Dr. J.O. Ctoo,
Ag. Director of Medical Scie:
Ministry of Health,
Accra.
- 164. Dr. Owusu,
Inst. for Educ. Plan. & Adm:
University of Cape Coast,
Cape Coast.
- 165* Mr. J.Y. Owusu,
Acting Deputy Gov. Statistic:
Central Bureau of Statistics:
Accra.
- 166# Mrs Kate Parkes,
National General Secretary,
Y.W.C.A., Accra.
- 167. People's Daily Graphic,
Accra.
- 168 Prof. J.O.M. Pobee,
Vice Dean,
Univ. of Ghana Medical Schoo:
Korle-Bu, Accra.

- 155* Mr. Jake Obetsebi-Lamptay,
Managing Director,
LINTAS Ghana Ltd., Box 449,
Accra.
156. Mr. D.D. Obiri,
Acting Chief Director,
Min. of Labour & Social Welfare,
Accra.
157. Prof. Chukuka Okonjo,
R.I.P.S.,
University of Ghana,
Legon.
- 158* Dr. S.C. Okoye,
R.I.P.S.,
University of Ghana,
Legon.
- 159* Prof. R. Orreca-Tetteh,
Dept of Nutrition & Food Science,
Legon.
175. The Principal,
Specialist Training College,
Winneba.
176. The Principal,
St. Augustine's College,
Cape Coast.
177. Principal Secretary,
International Economic
Relations Division,
Ministry of Fin. & Econ. Plan.
Accra.
178. The Principal Secretary,
Ministry of Agriculture,
Accra.
179. The Principal Secretary,
Ministry of Education,
Accra.
180. The Principal Secretary,
Min. of Finance & Econ. Planning,
Accra.
169. The President,
Conference of Assisted Sec. Sch
Accra.
170. The President,
Ghana Employers Association,
Accra.
171. The President,
Ghana Manufacturers Association
Accra.
172. The President,
National Teachers Training,
Council, Accra.
173. The President,
N.U.G.S.,
U.S.T.,
Kumasi.
- 174* ~~The President,~~ *Executive*
Planned Parenthood Association
of Ghana,
c/o P.P.A.G., Accra.
189. Regional Agriculture Director,
Central Region,
Cape Coast.
190. Regional Agriculture Director,
Eastern Region,
Koforidua.
191. Regional Agriculture Director,
Greater Accra Region,
Accra.
192. Regional Agriculture Director,
Northern Region,
Tamale.
193. Regional Agriculture Director,
Upper East Region,
Bolgatanga.
194. Regional Agriculture Director,
Upper West Region,
Wa.
195. Regional Agriculture Director,
Volta Region,
Ho.

181. The Principal Secretary,
Ministry of Health,
Accra.
182. The Principal Secretary,
Min. of Labour & Social Welfare,
Accra.
183. The Principal Secretary,
Min. of Roads & Highways,
Accra.
184. Mr. Charles Quansah,
Chief Economist,
Ministry of Works & Housing,
Planning, Accra.
- 185* Mr. S.E. Quarshie,
Census Office,
Accra.
186. Mr. Quist-Therson,
Acting Director,
Manpower Division,
Accra.
187. Regional Agriculture Director,
Ashanti Region,
Kumasi.
188. Regional Agriculture Director,
Brong Ahafo Region,
Sunyani.
- Volta Region,
Ho.
- 196* Regional Agriculture Director,
Western Region,
Sekondi.
- 197* Dr. (Mrs) D. Hayfron Benjamin,
Reg. Director of Med. Services,
Ashanti Region,
Kumasi.
- 198* Dr. E.N. Mensah,
Reg. Director of Med. Services,
Brong Ahafo Region,
Sunyani.
- 199* Dr. Edwin D. Quaynor,
Ag. Reg. Director of Med. Serv.
Central Region,
Cape Coast.
- 200* Dr. Isaac Lamptey,
Reg. Director of Medical Serv.
Eastern Region,
Koforidua.
201. Reg. Director of Medical Serv.
Northern Region,
Tamale.
202. Regional Planning Officer,
Ashanti Region,
Kumasi.
203. Regional Planning Officer,
Brong Ahafo Region,
Sunyani.

- 204* Mr. Kenneth Jonfia,
Regional Planning Officer,
Central Region,
Cape Coast.
205. Ms Margaret Anie,
Town & Country Planning Dept.,
Eastern Region, Koforidua.
- 206* Mr. A.K. Gaisie, Chief Econ Plan.,
Officer, Greater Accra Region,
Accra.
- 207* Mr. K.A. Dankwa, Reg. Planning
Officer, Northern Region,
Tamale.
208. Regional Planning Officer,
Upper East Region,
Bolgatanga.
209. Regional Planning Officer,
Upper West Region,
Wa.
210. Regional Planning Officer,
Volta Region,
Ho.
- 211* Mr. F.H.K. Dadza,
Regional Planning Officer,
Western Region,
Sekondi.
212. Regional Director of Med. Services,
Upper East,
Bolgatanga.
213. Regional Director of Med. Services,
Upper West,
Wa.
- 214* Dr. Kofi Ahmed, Regional Director
of Medical Service, Volta Region,
Ho.
- 215* Dr. K.O. Adadey, Regional Director
of Medical Services,
Western Region, Sekondi.
219. Mrs. Joanna Samarsingbe,
Co-ordinator for Nursing Affairs
West Africa College of Nursing,
6 Tayfor Drive,
P.M.S. 2023, Yaba,
Lagos, Nigeria.
- 220* Prof. Akilagpa Sawyerr,
The Vice-Chancellor,
University of Ghana,
Legon.
- 221* Mrs. Lena S. Sevor,
Ghana Education Service
Accra.
- 222* Ms. Grace Siayor,
c/o Chief Nursing Officer,
Ministry of Health,
Accra.
223. Ms. Eva Tagoe,
Geography Section,
Dept. of Gen. & African Studies
U.S.T.,
Kumasi.
- 224 Mrs Janet Tay, President,
Ghana Assembly of Women,
P.O. Box 459, Accra.
- 225* Mrs Tetteh,
Dept. of Community Health,
Univ. of Ghana Medical School,
Korle-Bu, Accra.
- 226* Prof. Trevilian,
Head, Planning Department,
U.S.T., Kumasi.
227. Dr. R.B. Turkson,
Dean, Faculty of Law,
University of Ghana,
Legon.
- 228* Prof. Patrick Twumasi,
Head, Sociology Department,
University of Ghana,
Legon.

216. Reg. Insti. for Population Studies,
University of Ghana,
Legon.

217* Dr. Lewis R. Roberts,
3dum Clinic,
P.O. Box 731,
Kumasi.

218. Nana Sakyi II,
Regional Co-ordinator,
P.P.A.G.,
Kumasi.

229. Mrs Van Lare,
National Catholic Secretariat,
Accra.

230* Ms. S. Walter-Holtz,
Registrar,
Nurses & Midwives Council of
Ghana, Accra.

231 Dr. J. St. G. Warmann, President
Catholic Doctors Guild of Ghana
c/o St George's Clinic,
P.O. Box 8339, Accra.

232* Ms. Angelina woode,
Accra Region (Women's Digest),
N.C.W.D.,
Accra.

233* Mr. J.K. Wunnaya,
Programme Manager,
URADEP, P.O. Box 3,
Bolgatanga.

234. Mr. Yeboah,
R.I.P.S.,
Legon.

208. Dr. Yemo,
Dept. of Obstetrics &
Gynaecology,
Univ. of Ghana Medical School,
Korle-Bu, Accra.

People's Daily Graphic

BEST
AVAILABLE

FRIDAY, APRIL 4, 1986. No. 11005 PRICE: C5.00

Population Policy Solid, But...

By Abigail Bonsu

DESPITE the solid nature of the country's population policy and the all-embracing support succeeding governments have given it, its achievement in terms of fertility reduction has

been modest.

The Ghanaian woman, on the average, still gives birth to nearly seven children during her reproductive life while spacing between births continues to be short, a situation which partly accounts for

the high maternal mortality rate in the country.

Dr Ben Gvepi-Garbrah, Conference Director of the 1986 Ghana National Conference on Population and National Reconstruction, made these remarks in Accra yesterday when he

briefed the press about the conference which is scheduled to take place at the University of Ghana, Legon, from April 7 to 10 this year.

The cardinal principle of Ghana's population policy is that it is voluntary and based on the principle that the opportunity to decide the number and spacing of children is a basic human right.

He noted that whereas the country continues to pursue its policy on population vigorously through programmes drawn up and carried through by the maternal, Child Health and Family Planning divisions of the Ministry of Health, Ghana still has a long way to go to achieve the objectives of her population policy.

• (Contd. on P. 4/5)

Population policy

• (Contd. from P. 4)

The conference director pointed out that the main objective of the conference is to discuss the emerging issues on the country's population policy and the Economic Recovery Programme and to rekindle public awareness of these issues.

This is because, Dr Gvepi-Garbrah said, any future plans of the government for equitable and fair economic, social and regional development should be based on the needs and resources of the country, of which he added that population is the most important.

He noted that if present trends in population increases continue, by the year 2,000 the country's people would number 22

million with about 51 per cent residing in the urban areas.

He drew attention to the developmental problems that have become apparent in certain countries which have led to the instituting of drastic measures to reduce the rate of growth of populations and called on all Ghanaians to help ensure the success of the present voluntary strategy of ensuring a good population growth rate.

The conference, the first authentic national one, with respect to its participation is being hosted by the Regional Institute for Population Studies, University of Ghana, Legon, for senior level public and private officials.

It is being funded by the United States Agency for International Development (USAID)

BEST AVAILABLE

BIRTH CONTROL IS NOT NEW IN GHANA BUT...

THE concept and practice of women limiting the number of their children is not an alien development in Ghanaian society.

By J. Y. Owusu

Traditional practices relating to marriage, procreation and abstinence following birth of children have had the effect of limiting the number of children a Ghanaian woman is capable of begetting in her reproductive life.

PUBERTY RITES

One mechanism for controlling adolescent fertility was the observance of puberty rites for girls. These rites were performed to signify that the girl has attained adulthood and marriageable age. Among many Ghanaian ethnic groups it was taboo for a girl to become pregnant prior to the initiation of puberty rites.

Although the rites were supposed to follow shortly after the girl's first menstruation, in practice the performance of the rites were usually delayed until the girl was considered physically mature and, in some cases until a prospective husband had been found. Marriage and pregnancy generally followed soon after the performance of the rites.

BREASTFEEDING AND SEXUAL ABSTINENCE

The practice of breastfeeding tended to lengthen the period after child birth during which a woman remained infertile. This practice was widespread and of long duration. Post-partum sexual abstinence

extended for up to two or more years, was also widespread, and facilitated by the practice of polygamous marriage. Such marriages enabled the wife to leave her marital home in order to stay at her family home until the end of the period of abstinence. Women who had child births successively at short intervals (i.e. before the previous child was able to walk) were generally held up to ridicule.

All of these social and traditional practices among our women helped to ensure some measure of spacing between births, and, although the promiscuous values of the society still supported a large family size, the prevalence of the birth spacing practices resulted in a woman having a number of children which was generally far below that which she was actually capable of having.

ADVENT OF MODERNISATION:
With the advent of modernisation many of the social controls and practices relating to child spacing began breaking down. Puberty rites are no longer widely performed and the social sanctions against pregnancy before the performance of puberty rites are consequently no longer in force.

Unwanted premarital pregnancies are therefore more common place, resulting in a significant in-

crease in fatal clandestine abortions among adolescent girls.

Recent studies have shown that the extent and duration of breastfeeding has declined. This has resulted in women becoming fertile shortly after the birth of children.

The decreasing practice of polygamy and the changing pattern of marital residential arrangements have also brought about a decline in duration of abstinence after child birth which formerly was practised through the geographical separation of the man and wife.

NEED FOR CHILD SPACING METHODS

Other social changes which have increased the need for child spacing measures are female education and employment.

The increase in school attendance among females has had the effect of increasing the period between

the attainment of adulthood and marriage.

This social change, combined with increased female employment in the formal economic sector, is less compatible with child bearing than traditional domestic work or employment in the informal sector. This has increased the need for alternative methods of child spacing.

MODERN FAMILY PLANNING METHODS

While many of the traditional child spacing methods are still relevant and highly advocated, a new range of methods has been introduced to allow a choice depending upon an individual's circumstances or religious beliefs.

These methods range from abstinence during a woman's fertile period to mechanical and chemical devices, such as the Pill, IUD, and Condom, which, when used, will help pre-

vent the woman from getting pregnant.

GHANA'S NATIONAL POPULATION POLICY

In May 1969 the Government of Ghana published a national population policy statement which, among other things, recognised the need for the establishment of a national programme to assist couples who wanted to voluntarily regulate or space their children.

This programme was also intended to provide information and services on fertility regulation and child spacing to such couples. What is the level of demand for the services of the programme today? What have been its achievements over the past sixteen years, and what are its future plans and programmes?

These are some of the issues to be discussed at the forthcoming Ghana National Conference on Population and National Reconstruction to take place at the University of Ghana, Legon, from April 7 to 10 this year.



WE were from school the other day and we boarded a Korle Bu via Mamprobi Tata Bus. While we were waiting for the bus to load and take off an elderly lady came in. By then all the seats were occupied and a few people standing.

A young girl who was sitting in one of the seats got off and beckoned to the elderly woman to take her seat.

My Nigerian friend who was sitting beside me saw what happened and asked, "Why did the girl give her seat to the woman? Didn't she pay?"

"She has," I replied. "But you see the girl's action is part of what we call the Ghanaian courtesy. To the young girl it was a moral obligation to her to give her seat to her senior."

"Also she knew she was younger and would stand the shakes of the bus than the elderly woman. Our young people are very respectful to the elders", I emphasised.

"Then, these your people are really good" my foreign colleague confirmed. "The first week I came to Ghana I wanted to see a friend I understand was staying at Dansoman estates but did not know how I would trace him. But I was surprised that the first man I asked about Dansoman Estates not only took me there but enquired until we got my friend. In my country these things are not common", he admitted.

I went further to tell my friend that Ghanaians are not only famous for their hospitality but have also gone beyond the English idea of "Ladies first" to "Elders first". I assured him that he was in a country of friendly and courteous people and that he should feel at home.

I therefore take this opportunity to call on fellow Ghanaian youth to keep the mantle high. Our way of life is being admired all over the world.

EMMANUEL ABRAHAM/GIJ, ACCRA

THE MARRIAGE CONTRACT

IN an article captioned, the Marriage Contract published in the "People's Daily Graphic" recently, the writer talked about the way the Frafras, Kassena/Nankanis and the Muslims marry.

In that article in paragraphs three, the writer mentioned, a girl from the above-mentioned tribes gets married to any of her suitors who offers more gifts to the parents.

This is not true, but rather the gifts are offered to the one whom the parents and the girl all love. The writer also made mention of a refund of the gifts offered by the suitor to the parents back to those whom the girl does not marry. This is not also true because if this is done it will be difficult for such a person to get a girl around that particular area where the girl friend comes from to marry next time.

REMMY TINATI ALAJO, ACCRA.



• Social changes which have increased the need for child spacing include female education and employment.

NATIONAL FOOTBALL

FAMILY PLANNING CONFERENCE SOON

By Margaret Saso

IF Ghana's annual population growth rate of 3.3 continues, by the year 2000 AD there will be about 26 million people in this country occupying the same space and sharing the same resources which are available to the present 13.9 million people, that is unless there is an improbable radical growth of resources.

The growth rate as estimated by the United Nations indicate that between 1985 and 1990 the growth rate will be 3.3.

The result of the 1960 census and the subsequent analysis pointed out the major impact that the high rate of growth could have on the economy. Besides, there is gross imbalance between the population and economic growth.

According to Dr G. B. Gbrah of the Institute of Population Studies, the high birth rate in Ghana has been nurtured and sustained by cultural values and institutions including early marriage.

Whilst the fertility rate has remained almost at a constant high level — the average Ghanaian woman in her reproductive period bears between 6 and 7 children — the death rate has been declining due to public health lectures, female education, improvement in transportation and the application of modern technology.

To find congenial solutions to these problems the Institute of Population Studies will be hosting a conference on population and national reconstruction subtitled "The Role of Family Planning and maternal and child care from April 7 to 10.

The conference which is being organised for senior level public and private officials with about 200 participants will include officials from Government's Ministries and Departments, State Corporations, the Universities, Research Institutions, Family Planning Organizations, the Trade Unions, the Press, Religious bodies, the Youth, Students organisation, Medical, Pharmaceuticals Nursing and Mid-wifery organisations.

Funding of the conference is provided for by a grant of 7 million dollars by the US agency for International Development.

A rather unique compound of this grant is the incorporation of social marketing of con-

traceptives under which about 300 retail pharmacists and over 3,000 chemical sellers will be provided with training on Family Planning and the proper safe and effective use of contraceptives.

The Conference will be structured with presentation of papers followed by discussions. Opportunity will be given to participants to freely discuss issues pertaining to the conference and give their views. There will also be an open session to make room for individual participation in the aspects of population.

The objective of the conference is to discuss emerging issues on Ghana's population and their inter relationship with the country's population policy and national reconstruction

programme and to rekindle public awareness of these issues.

It will be recalled that, in a speech delivered by Flt-Lt J. J. Rawlings at the 1984 international population conference in Mexico he stated that 'despite meagre resources, the PNDC has enforced the nation's commitment to its population policies and programmes and has endeavoured through collaborative participation and support of international agencies, national and regional entities, both private and public to enhance and implement the country's population policies.

Observers see the coming conference as a welcome opportunity for the government to reevaluate policy and ensure its implementation among the people as a whole.

Pregnant woman steals child

A 17-YEAR-OLD expectant mother last Wednesday appeared before a James Town Circuit Court for allegedly stealing a child at Chorkor in Accra.

Amanuah Ankrak pleaded not guilty to stealing Tackie Nunoo, a four-year-old boy, and was granted bail of ₵1,000 with one surety to re-appear on March 5.

Prosecuting, Chief Inspector Adolphine Nyame told the crowded court, presided over by Mrs Selasi Sawyer-Williams that on February 6, this year, Tackie Nunoo disappeared from his house.

She said Tackie's mother, Madam Eva Quaynor who is deaf and dumb, became alarmed and after several hours of fruitless search had information that Tackie who had been playing at Amanuah's house had left the

house with Amanuah.

The prosecution said when confronted Amanuah who had a long standing quarrel with Madam Quaynor denied seeing the child.

Chief Inspector Nyame said the Nsawam police found Tackie roaming about in the town and kept him in their custody until February 11 when they saw a publication about him in a national daily.

The Nsawam Police later traced the parents to Accra where they identified him as the lost child, she said.

She said when Tackie was asked about how he got to Nsawam, he mentioned Amanuah as the one who put him in a car driven by a woman who in turn took him to "a far place."

Amanuah later told the court that it was one Sister Aba, a co-tenant, who asked her to put Tackie in the car to be taken to Kaneshie.

Sister Aba who appeared as a witness denied her involvement. — GNA.

Min. turns attention on food processing

By Robert Bentil

Confab on population, reconstruction opens

By Abigail Acquah
A FOUR-DAY national conference on 'Population and National Reconstruction' opened at the University of Ghana, Legon, yesterday.

The conference themed 'Population and National Reconstruction' is being attended by 200 participants from all the regions.

In an address, Dr F. T. Sai, senior adviser for Population, Health and Nutrition of the World Bank, called for the setting-up of a high level national committee to plan and co-ordinate the activities of Family Planning agencies and stressed that 'for Family Planning to succeed in Ghana, many individuals and agencies would have to play a part'.

In a welcome address, Professor George Benneh, provost Chanceller of the University of Ghana, observed that while the formulation of a national policy on population was the responsibility of the government, the acceptance of such a policy, including Family Planning and the choice of methods to be adopted,

To report

THE management of National Oil Palm Plantation, Western Region have been requested to report to the National Investigations Committee at 10 a.m. tomorrow.

Delegation

(Contd from Page 1 Col 3)
special envoy of the Mo-

were the right of the individual Ghanaian.

He said unless these individuals were aware of the general implications of population growth in terms of development, they might not support decisive policies or actions initiated by government.

C8.6m COLLECTED FOR 'GHOST' STUDENTS

(Contd from Page 1)
ing C857,020.

The rest are Northern Region, 10 schools, C36,940; Upper-East Region, 8 schools, C93,170; and Upper-West Region, C157,080.

Mr. J.B. Yegbe, Acting Greater-Accra Regional Director for Education, disclosed that the principal of the Tema Technical Institute had refused to collect subsidies due to his school this term, prepared by the Budget Division of the Ghana Education Service 'because the figure was higher than his school had applied for'.

Mr. Yegbe's disclosure confirmed reports by some headmasters that they were given cheques for subsidies higher than

THE Ministry of Industries, Science and Technology is concentrating on the promotion of food processing industries in order to enhance agricultural development in the country. Dr Francis Acquah, Secretary for the ministry, has announced.

The food processing sector "is under-subscribed," he observed, and regretted that there was "too much vacuum in that sector".

Speaking to members of the view at his... yesterday... that most... chose to import... instead of producing them locally.

He said the Ministry specially earmarked C35 million for food research... to enable them to promote measures being made... the Ministry to assist the processing sector.

Mr Acquah announced the Ministry was mounting a programme under which medium and large-scale... tries would be linked... the small-scale ones to enable them to learn from other.

Dr Acquah touched on entrepreneurship development programme being introduced in the small-scale... sector, and said such a development would help the National Board for Small Industries to train craft in the rural areas to operate more efficiently.

some headmasters had already issued cheques to cover the differences in the subsidies paid to their schools.

It was not immediately known how much had been wrongly paid to schools over the past years as excess subsidies:

Samil Captan arrested

(Contd from Page 1 Col 4)

the 'Times' that Hilmi was suspected to have stolen a wrist watch belonging to Captan with whom he had lived as a family friend

The late Hilmi was said to

Penalties

(Contd from Page 1 Col 6)

to confiscation and penalties imposed on the importers. The prohibited items under the Special Licence are cigarettes, beer, stout, asbestos or fibre cement pipes

have denied knowledge of missing watch and he allegedly subjected to beatings by the two soldiers.

He was later taken with other boys to a jujuman and then to a spiritualist, at Osu where their names were written down with a cross to determine the next one who actually stole the watch.

The two others, who were named as Kojo Aleson Timothy, were said to have been sent back to their homes in the night where they earlier been picked for ordeal.

Hilmi was allegedly taken to Captan's house at Tesano.

People's Daily Graphic

BEST AVAILABLE

TUE. DAY, APRIL 8, 1986. No. 11008 PRICE: C\$5.00

PEOPLE'S DAY

SYSTEMATIC EDUCATION OF FAMILY PLANNING ADVOCATES

By Wendy Asin
Vic Odoi
PROFESSOR
T. S. Sai, Senior
Advisor for Population,
Health and Nutrition of the
World Bank has
advocated a systematic
family planning education

for adolescents to make them aware of family planning and how it affects population growth.

For leaving people ignorant as to what to do regarding having children has not kept them away from doing the wrong thing.

Prof Sai was giving the keynote address at the

opening of a four-day National Conference on Population and National Reconstruction at the School of Administration at Legon yesterday.

He lamented over the fact that family planning education for those who need it most has been handicapped.

The Professor pointed out that 16 years after the formulation of a national

family planning policy, the level of the national contraceptive use has not reached the desired

40 per cent and is only 41 per cent with an annual growth rate of 20 per cent and this he said must be matched with growth in resources.

In this country he said adolescent birth rate has been on the increase and

questioned why we are not achieving the desired contraceptive use.

Family planning, according to him is a right and it is therefore necessary to provide education on it but at the same time giving the individuals or couples the choice to decide the number of children they want.

Prof Sai called for the setting up of a high-powered committee to monitor the use and effect of contraceptives in the country.

Ghanaians he advised should depart from echoing the use and risk ratio of other nations and analyse existing literature on contraceptives to draw their own conclusions. Prof Sai also called for media support for national family planning programmes.

He further urged Ghanaian men to take keen interest in family planning education and to advise women on the dangers of unwanted pregnancies.

About children and family planning Prof Sai said there is the need to teach them about their body and what our society expects them to behave to avoid learning bad habits from their peer groups.

Dr (Mrs) Mary Grant Under Secretary for Health in her address also touched on the problem of adolescent child birth and asked for intensification of family life and protection of adolescents from premarital birth.

She was of the view that rapid population growth has negated government's attempt to improve the quality and life style of individuals and the nation at large.

She said the government should be more concerned with the survival of children at a reasonableness.

In his address, Nana Werekwaa Ampem II, Chairman of the National Reconstruction Council, said that population development should be integrated into programmes and policies and goals of planning national resources.

He said the population policy which was formulated in 1960 goes beyond the narrow confines of birth control and treatment of population and family planning as important aspects of development strategies.

At the Legon School of Administration, Prof George Aboah in his welcome address stressed the need for searches to find out how fertility can be controlled by using the social values of the people concerned.

The conference which is being organised by the Regional Institute for Population Studies (RIPS) Legon with funding provided by the United States Agency for International Development (USAID).

The objective of the conference is to discuss emerging issues on Ghana's population and its relationship with the country's population policy.



Prof Sai (middle) is seen engaged in a discussion with Nana Werekwaa Ampem II (left) and Dr (Mrs) Mary Grant (2nd right) Under Secretary for Health and some of the delegates. Picture by Stephen Asidoo Danquah.

BEST AVAILABLE

Friday, April 4, 1986

No. 8.903

GHS.00

Aanaa: Border officials must be diplomatic

A MEMBER of the PNDC, Mrs Aanaa Enin, has urged officials assigned specific duties at the country's borders, to make the promotion and sustenance of cordial relations between Ghana and her neighbours their guiding principle.

She emphasized that Ghana and her sister republics stand to gain from their mutual relations and that "nothing should be done to create friction and problems for our Governments".

Mrs Enin was commissioning a generating plant provided by the Government for agencies operating at Jew-Wharf, near Tema.

She pointed out that that principle had been enshrined in the ECOWAS Protocol to which Ghana and the Ivory Coast were signatories.

She said government was determined to ensure that the necessary facilities were made available at the borders to facilitate free movement of people and goods between the

two countries.

Mrs Enin said the construction of the Trans-African highway through Effubo and the provision of lighting facilities at Half-Assini indicated a practical manifestation of cordial relation that exists between the two countries.

She said while ensuring the provision of efficient services at the border posts, the government had not lost sight of the need to be vigilant and also improve the security network at all the entry points.

Mrs Enin said the operation of the customs department, ministry of trade and the immigration department at the

Cont'd. on Page 4 Col. 5

Militiamen urged to be vigilant

MILITIAMEN have been asked to step up surveillance, especially along the borders, to curb the high rate of cocoa-smuggling and check the entry of dissidents into the country.

Alhaji Isslu Toppoh, leader of the Anti-Cocoa Smuggling Squad at Asan-

krangwa, made the appeal when he paid a courtesy visit to the Chief of Staff, Nsawam.

Alhaji Toppoh said militiamen should be vigilant in their duties. —GNA.

Confab on population opens Mon

By 'Times' Reporter

A FOUR-DAY national conference on population and national reconstruction for 200 participants drawn from all the regions opens on Monday at the University of Ghana, Legon.

The conference, themed 'Population and National Reconstruction', is to discuss issues on Ghana's po-

ulation, their inter-relationship with the country's population policy and the Economic Recovery Programme.

It will also discuss the evaluation of the status and role of family planning in national reconstruction, maternal and child health and adolescent fertility.

SHAKE-UP JUDICIAL

The Mirror

THE MIRROR, Saturday, March 1, 1986. Page 5.

Carl Mutt

BEST AVAILABLE

'MY NAME IS OZYMANDIAS'

ONCE again, the 6th of March is here — well, at least it's round the corner; and by that memorable day, we will be reminding ourselves of that remarkable achievement some 29 years ago.

Some of us have witnessed all 28 anniversaries so far; but how many realise that of the 14 millions or so Ghanaians estimated to be alive now, about 50% were not alive at the first anniversary of that event?

In other words, we have added about seven million people to what we had at the beginning of our nationhood! In actual fact, we have lost quite a few million very young ones since then.

As usual, the Head of State or his representative will make a speech to the nation. Twenty-eight such speeches have already been made: I am sure if the Quiz Master of "What Do You Know" radio programme of the G.B.C. were to ask contestants on the main theme of last year's speech or the year before, none would know.

So it is: only a few people, apart from those who either write or read such speeches remember the contents, unless the speech contain some dramatic policy statement like: From the 7th of March, all unemployed young men between the ages of 18 and 25 are to be compulsorily recruited to work on the Railway and Road Rehabilitation Programme of the country!

We of this country, are by nature — induced by the British — brief speakers. Even the late Dr Kwame Nkrumah who was regarded here as a long "speech-maker" never spoke for more than one and a half hours at a time. I have been to marathon speech-making rallies by Heads of States in at least two countries: Guinea and Cuba and I know what I am talking about.

Sekou Toure spoke on a National day celebration in Conakry for four hours, fortunately, I was seated. I was not so lucky in Havana some 24 years ago when I stood for six hours while Fidel Castro addressed the crowd. In the latter case, there was some relief in the form of Coca Cola which was served free! I wished they had added about two tots of Rum. It was of course, good that that idea did not occur to them, otherwise, by the end of the six hours speech, half of the audience would either be dead or prostrate thereon.

Yes the speech from the dais is bound to be a short one and as a result, will not cover all aspects of our political and economic life, this is why I want to add to it with my own speech to the younger generation, those between 15 and 35.

When I was a little boy 49 years ago in Standard Five, now known as Middle Form Two, we shared the same classroom with the pupils of Standard 6 and Standard 7. The three classes had two teachers among them. Our teacher taught Standard 5 and the other teacher taught Standard 6 and 7. This was because the total number of pupils in the three classes was 25! There were only three pupils in

Standard 7. So by the time we in Standard 5 got to 4 we knew half of what was being taught there. The whole school from Class One to Standard 7 totalled 103 pupils.

Now the situation is different, a school of the nature I experienced in my boyhood will now contain no less than one thousand pupils! This is why teachers these days, cannot mark the exercise books of their pupils. How can they when for every subject taught you have no less than fifty exercise books to mark each week!

We in our time, were few and our teachers were thus able to teach us very well; this is why after 50 years, I can still give the right answer to a mathematical problem like: If 12 men can dig a hole working 8 hours a day in 6 days; how many days will 24 men digging the same hole take working 4 hours a day?

Dear countrymen, what I am trying to tell you today is that it is about time we paid attention to the rather fast manner in which our population is increasing. What bothers me more is that many of the people who are appearing in our country now are coming through 'accidents' and 'by-heartness'. In other words the people who are bringing them forth, both the mothers and the fathers do not actually desire to bring forth.

This is the most disturbing aspect of the manner in which our population is increasing. The trouble is this: if the people who cause these births are not prepared for them how can you expect the state, which in most cases is not aware of the existence of the couples be prepared for this addition? I ask you: how?

Sex is a natural instinct I know but it does not mean whenever the thing hits you, you should grab the nearest orange or groundnut seller and with little or no persuasion satisfy the urge. You remember the story of the orange seller and the truck pusher?

Animals are expected to multiply in order that we may eat them. This is why we are never bothered by the number of goats, sheep, cows, dogs — some people here eat dogs — and other such animals that supplement our diet. We have all been young men in our time. I was an eligible bachelor for eleven good years and I never put anyone in a family way until I was ready to marry. It is the same with my bosom friend 'Okapa' of Kumasi.

This year, I am appealing to the youth organisations like JFM, DYLG, AYC, SSM and the Commission for Women's Development — I can never get the name of the organisation right — to participate actively in Family Planning Communication work. I understand the Regional Institute of Population Studies is soon organising a conference on the subject. It is imperative that these organisations send at least a representative each. We must do something now otherwise like Ozymandias — Shelley's poem, someday someone will say of the Independence Arc.

And on the pedestal these words appear
"My name is Ozymandias, King of Kings;
Look on my works, ye Mighty, and despair!"
Nothing beside remains. Round the decay,
Of that colossal wreck, boundless and bare
The lone and level sands stretch far away.

People's Daily Graphic

BEST
AVAILABLE

WEDNESDAY, APRIL 9, 1986. No. 11009 PRICE: 25.00

GHANA'S RAPID POPULATION GROWTH IS DUE TO DECLINING MORTALITY RATE

By Wendy Asiamah &
Vic Odoi

GHANA'S population like that of many other developing countries has increased more than six fold within

a period of 66 years.

The nation's population of two million in 1920 had trebled to 6.7 million in 1960, 40 years later, and by 1970 had reached 8.6

million hitting 12.2 million by March, 1984.

This rapid population growth has been due to a rather constant high fertility rate and declining mortality rate as a result of the improvement of the

health care delivery system over the years.

Dr John Nabila of the Geography Department of the University of Ghana provided these statistics at the Ghana National Conference on Population and National Reconstruction currently taking

place at Legon in Accra.

In line with the terms of the plan of implementation and operation of the National Family Planning Programme (NFPP), it is envisaged that by the year 2000, the growth rate would be reduced to about 1.7 per cent per annum instead of the present 2.6—3 per cent growth rate being recorded since the programme is geared at ensuring enrichment of family life and individual dignity.

Speaking on the status of family planning and its role in national reconstruction, he said many first and second cycle institutions have expressed their eagerness to participate in the family life education scheme by the Ministry of Education being carried out in selected schools.

The acceptance of the scheme followed some pilot testing of materials for these selected schools, he said.

Lately, there has been a general concern about the increasing rate of girls dropping out of schools and said although many reasons account for such drop outs, adolescent pregnancy has been known to constitute the major cause for the inability of many

education.

Family life education, he advised, should be seen as a possible means of educating the youth on the functions of their bodies as well as the consequences of pre-marital sex, the side effects of illegal abortion and the contracting of sexually related diseases.

He called for the encouragement of an educational policy which will increase the educational achievements of women at all levels.

Dr Nabila however lamented over the lack of appropriate programmes aimed at encouraging the involvement of men on family planning since too much emphasis had been laid on the role of women in a social structure where men are still the decision makers.

Earlier, Dr Richard Birritwum, a senior lecturer at the Department of Public Health, Ghana Medical School had illustrated the country's population growth using graphs for now and projections into the future.

He said if by 1990 nothing is done to bring the growth rate under control, the population would have reached 36 million and climbing to 41 million in 2000.

Population Confab

A NATIONAL conference on Population and National Reconstruction, The Role of Family Planning and Maternal Child Health will be held in Accra between April 6 and 10 this year.

The conference which will take place at the Regional Institute for Population Studies (RIPS) is sponsored by the United States Agency for International Development (USAID).

People's Daily Graphic

THURSDAY, MARCH 20, 1986.

COURSE ON PRESCRIPTION OF CONTRACEPTIVES

*From Kwaku Nshomira
Kumasi*

A THREE-DAY demonstration programme aimed at educating retail pharmacists and chemical sellers to enable them dispense oral contraceptives without prescriptions has begun in Kumasi.

The programme is also designed to prepare pharmacists and chemical sellers to be a source of accurate information on Ghana's social marketing products and to motivate retailers to promote family planning.

Another objective of the

programme is to give the participants fundamental training in consumer screening and counselling for proper use of contraceptives.

Speaking at the opening ceremony, Dr (Mrs) Doris Havron-Benjamin, Ashanti Regional Director of Health Services advised the participants to assist in the realization of the government's goal of reducing the growth rate of Ghana's population by at least one per cent per annum by the year 2000.

The Ashanti Regional Secretary, Mr W H Yeboah, in a speech read on his behalf, stated that population growth in Africa has not received the needed attention.

Nana Oduro Numapan II, Essumehene who represented the Asantehene stated that the practice of birth spacing is not new in the Ghanaian society but admitted that the dynamism in society has rendered some of the traditional methods of family planning cumbersome.

APPENDIX G

THE LEGON PLAN OF ACTION ON POPULATION

Introduction

The 1986 National Conference on Population and National Re-construction, held at Legon from April 7th- 10th had the following objectives: to discuss issues on Ghana's population policy and the economic recovery programme, and to re-kindle awareness of these issues. This document, the Legon Plan of Action on Population, is the outcome of the conference deliberations.

Preamble

We, the participants of the Ghana National Conference on Population and Re-construction, BEING AWARE of the problems of unrestrained population growth, REALISING THE NEED to formulate and implement an acceptable programme on population control, DESIROUS of an improved quality of life for all Ghanaians, RECOGNISING the effects of governments at various times to address the population question, and NOTING with REGRET the absence of sustained effort in that direction, do hereby make the following observations and recommendations:

I. Health, Maternal and Child-Health and Family Planning

1. The conference recognises that the organisational and institutional framework within which the National Family Planning programme operated in the past was the main source of problems of implementation and therefore recommends that the National Family Planning Programme be re-structured into a National Population Commission representing the interests of both the public and private sector organisations and that a Population and Human Resources Secretariat should be established within the Ministry of Finance and Economic Planning to service the National Population Commission. Such a secretariat will only be a Co-ordinating Agency while other agencies in both the public and private sectors implement programmes on population.
2. Contraceptives should be made accessible as well as available through improvement of Contraceptive Social Marketing (CSM) as well as formal outlets. It is only through such community based contraceptive delivery systems that we can narrow the current wide gap between

knowledge, acceptance (70%) AND use of contraceptives (only 12%) as revealed by the Ghana Fertility Survey.

3. As a long-term goal the country should consider the production of its own contraceptives.
4. Awareness of natural family planning should be increased. It should be fully recognised as one of the family planning methods and incorporated in training programmes of all health workers involved in family planning.
5. Family Planning should be an integral part of health services such that health workers can suggest birth control to people whose fertility or health status indicates that they need it.
6. There should be greater emphasis on men as targets of family planning drives.

II. Education - With Special Emphasis on Family-Life Education

Preamble

Education is an important investment, hence free and compulsory relevant education for the first and second cycles should be implemented. Education promotes reduction of family-size preferences and the inclusion of family-life education will enhance this effect.

Recommendations

1. It is recommended that family life education and sex education be fully integrated into the teacher-training and school curricula and that these topics be included in school examinations to ensure that they are actually taught. We recommend that the curricula developed so far by the Ministry of Education be implemented, and also that communications on family planning to the illiterate and rural communities should be strengthened.

2. Access to formal education including secondary schools should not be denied to women who have already borne children.
3. Materials should be produced to make it easier for parents to introduce the subject of sex education to their children.
4. We recommend more intensive drives to reach the rural and illiterate communities with Family Planning messages. This include adult education programmes, and mass communications methods such as radio, T.V., and other audio-visual methods.

III. Population, Agriculture and Nutrition

Preamble

The conference noted the relationship between population, food production and nutrition. It observed that while Ghana's population is increasing at a fast rate, growth in agricultural production, especially the food sector has been poor. This has led to increase in the incidence of malnutrition among sections of Ghanaian population.

Recommendations

1. Since the greater majority of people derive their employment and income from agriculture, a strategy that seeks to raise productivity of the broad mass of small farmers should be adopted. Such a strategy would generate employment, raise rural incomes and improve the living conditions of the rural poor;
2. Pricing policies should be based on the improvement in the terms of trade for agriculture in order to encourage farmers to adopt new technologies, practices and innovations that raise their productivity;

3. Marketing arrangements need to be improved.
4. The input delivery system needs to be improved and augmented with improved availability of consumer goods to rural dwellers to stimulate supply response from farmers;
5. Irrigation agriculture should also be developed especially in the dry regions of the country;
6. There is also the need to improve the storage systems both modern and traditional in order to reduce the amount of food lost during storage;
7. The Government should increase its support for adaptive and basic research in order to build and sustain the foundation for a better production performance in the agricultural sector.
8. To improve the availability of protein intake by the Ghanaian population, it is recommended that small ruminant production should be encouraged. This could also lead to the adoption of integrated livestock production systems.
9. The extension services should be improved to make research results available to farmers.
10. It is recommended that nutrition policy be linked with agricultural production policy.
11. Breast feeding should be encouraged to prevent malnutrition of infants.
12. Locally produced weaning foods should be encouraged.

* to
raise their

* to
raise their

IV. Women and Development

Preamble

The conference recognised the fact that women constitute more than 50% of the population but that they are not given enough opportunity to contribute meaningfully to national development due mainly to

- (a) cultural and traditional attitudes and beliefs about the role of women in society.
- (b) the general low level of education of women and
- (c) absence of women in decision-making positions.

Recommendations:

The conference recommends that

1. Widowhood rites should be completely abolished. The law on widowhood rites should be amended to eliminate the element of choice.
2. The labour law that disallows women from night work and from working underground should be amended to allow women the choice of working under these conditions.
3. Occupational status should be on the basis of qualification and ability and not on sex.
4. Qualified and competent women should be put to serve on statutory bodies to enhance women's particularly at all levels.
5. Avenues should be created for girls who drop out of school as a result of pregnancy to continue their education. The Ghana Education Service should study the problem and work out suitable programmes for such girls.

6. Women's voluntary organisations should be keenly aware of issues affecting women and they should work together as pressure groups to effect the desired changes in the status of women, especially in the area of legislation.

V. Human Resources and Economic Development

Preamble

The relationship between education, human resources, and man-power is a complex one, the study of which deserves great attention.

1. Appointments should be made on the basis of qualifications, experience and ability and not on sex alone.
2. Education should be made more relevant to the man-power needs of the nation so that employment problems are not exacerbated.
3. We recommend that Family Planning be promoted alongside other strategies for reducing the dependency ratio in the population, e.g. providing relevant training or re-training for handicapped and elderly workers.
4. There is need for a comprehensive man-power survey to assist in planning for national development.
5. We recognise that the current mode of production in rural areas requires children's labour and that without modernisation of production methods rural people will have no motivation to limit family size.

VI. Migration and Urbanization

Preamble

Rural-Urban migration and rapid urbanization in Ghana are determined by the interaction of the fundamental socio-economic, ecological and biological forces including rapid population growth. Factors which push people from rural areas conversely act as pull factors for people in urban areas.

That the problems existing in our modern centres as a result of the rapid rate of urbanisation, such as over-crowding, poor sanitation, ruralization of urban centres, increased crime and prostitution.

Recommendations

The conference recommends the following strategies in order to stem the rapid urbanization:

1. Integrated rural development should be implemented in the rural sector which currently constitutes about 70% of the nation, in order to offer rural folks what intending migrants may look for in the urban centres. However in the implementation development projects in rural areas, care must be taken not to raise their expectations beyond the capability of Government and also to unfulfilled levels which may in the long run be counter-productive and only push them to migrate instead of anchoring them to rural areas.
2. In the urban areas the increasing degree of poor sanitation calls for drastic measures to improve the situation such as a considerable increase in the number of public toilet facilities. It is a known fact that in almost all our urban centres the existing public facilities were built more than 10 years ago. There is therefore the need to provide more new facilities and not only redecorate old facilities which are highly insufficient and out-moded. KVIP systems are highly recommended.

3. In view of the serious housing problems existing in our urban centres the following strategies should be carried out:
 - (a) The town and Country Planning Department should undertake proper Landuse Planning for Human Settlements at a rate faster than the public demand for land development purposes.
 - (b) There should be the integration of spatial and economic planning in order to promote a mutual-relationship between the growth of urban and rural resettlements.
 - (c) The Government's financial resources for housing production should be directed to provide the "means" for housing development and not the "ends". That is, government institutions responsible for housing should concern themselves with increasing the supply of building materials, services and land to the public. The responsibility of actual housing construction should largely rest with individuals. In other words, the government resources for housing development should be disbursed in a way that will stimulate the investment of private resources into the housing industry in a more mutually - supportive approach.

VII General Recommendations

1. There is the need for a post-conference seminar on the findings of the Ghana Fertility Survey conducted in 1979-1980 and for further research into fertility and other population issues.
2. There is a need to overhaul and put more resources into the system for registering births and deaths, such that it can be a data source for monitoring population trends.
3. Government must make the resources available to implement the recommendations regarding population problems.
4. The basic tenets of the Ghana Population Policy are valid, and that policy should be faithfully implemented.

POPULATION PLANNING AND GHANA'S DEVELOPMENT

by

Fred T. Sai

Paper delivered at the National Conference
on Population and National Reconstruction
Accra, Ghana April 6-10, 1986

Introduction

Ghana was only the second African country to promulgate a national population policy, Kenya having issued one a few years before. Ghana was the first to set up a national family planning program to translate that policy into action. The policy that was published was hailed as the most exciting and comprehensive document of its nature to come out of the lesser developed countries at the time. What is more important, even today, this policy is referred to as one of the best that has ever been devised. It recognized and stated very clearly the two-way interrelationship between population and socio-economic development; namely, that socio-economic development factors influence fertility variables and they are also in turn influenced by the latter. This is a stand which was stated first in Bucharest in 1974⁽¹⁾ and emphasized in the Mexico conference report in 1984.⁽²⁾

The policy paper made meeting the major needs of the population a central theme and concern. It originated, not because of any abstract need to slow down Ghana's population growth rate or to cut Ghana's numbers to any arbitrary size. The originators of the policy were a caring group. They devised and promoted the population policy because they wanted to care and to keep political faith to fulfill promises that had been made to Ghanaians

over many years in the past. They realized that if Ghana was to provide free and compulsory education for all its citizens as it had promised, if it were to provide adequate health services for all, if it were to provide job opportunities for all able-bodied people, then it had to do something about its population growth rate. It realized that without cutting down the rate of growth in the demand for these services, Ghana would find itself in the proverbial situation of ever running faster in order to stand still, if not actually to be going backwards. The policy, particularly in relation to family planning, was also promulgated in recognition of the contribution that this would make to the healthy development of families and children especially the health and well being of our very deprived women.

With all of this, one may ask why then has progress been so slow? Why have all of the indicators in Ghana not shown improvement in the right direction over the 16 years in which the policy has been extant? Is it attributable to the problems of the economy? Is it poor program effort? Is it poor political will or support? Is it due to lack of resources from outside and from inside with which to carry out the program? Is it because the program was too far ahead of its time and our people were not prepared for it, or is it a combination of all of these. There are a lot of other questions to be asked but these will be enough for the present. I believe it was certainly a combination of all of the issues raised above. Let's look at some of the reasons for non progress of this program.

BEST
AVAILABLEReasons for Lack of Progress

First, to political will. It was true that the government under which the policy was promulgated endorsed it. However, that government handed over within a few months of the enunciation of the policy and a civilian government took over. The civilian government, while endorsing the policy, did not actively, or shall I say aggressively, promote it. Although there was no opposition from the media, it provided no great support for the lines of the policy either. The Ministers of the day made no great speeches attaching any particular importance to the major program lines or to family planning either as a family health issue or as that of population rate deceleration. The same may be said of all the governments that followed, including the government of today. It is only in the last few months that some recognition has been given to this particular aspect of national development planning. During certain periods the media attacks on some of the family planning methods have been vitriolic and one can say they have been at times thoroughly ill informed and hardly motivated towards the national good. Program priorities and actual approaches that were made were also not conducive to the running of a multi sectoral program like a population program. The overall national council hardly got into its stride - nor did the various committees which could have provided leadership get themselves fully established and working.

The delivery systems that we chose were mainly dependent on doctors and very highly trained medical personnel, while such personnel were even too

few to handle emergencies and much more difficult health conditions. They could hardly be expected to devote much attention to carrying population and family planning activities to a large sector of the population.

We have had to contend with difficulties in the field of education and information too. Despite years of trying, the Ministry of Education is yet to include meaningfully in all programs population dynamics education: nor can we really say that the Department of Information, and that of Community Development and Social Welfare have all taken this aspect of our development as a priority issue.

We have had to contend with some legal issues too: although these, in the main, have been more in our minds than in actual practice. The definition of a minor in our legal system for example is quite different from the definition of a minor in the medical system. We have yet to reconcile this fully with our marital practices. The extent to which one could carry family planning programs and activities to youngsters who need this has been, to a certain extent, handicapped. Many laws in relation to women's rights and control over their bodies and property still remain unclear.

Results of Failure

Now the results of these failures in the last 16 years or more are all there to see. No one considers Ghana's Family Planning activities as even trying and therefore deserving E for effort. In terms of national

statistics what can one say are some of the results of these failures?

First, there is the high growth rate of the population itself. At the time of the policy, Ghana's population stood at 8.5 million. According to the 1984 census the population was 12.2 million. This means the population has grown by about 44 percent in the 15 years between writing the policy and today's reassessment (assuming the figures are correct). The census (3) gives a growth rate of 2.6 percent per year which is being debated. This rate may not seem very high, compared to the average of Africa which is over 3 and compared to the highest which is about 4. Even 2.6% is high when compared to the highest the peak growth rates attained in Europe and the United States and elsewhere when they were growing at their most rapid, which never reached 1.5 percent; and it is high compared to some other LDC's in Asia and Latin America. Above all it is high when set against measures of our socio-economic development during the same period.

We have also got a high total fertility rate, about 6 children per woman. Again this would support a growth rate closer to 3% per year. This again compares reasonably well with some parts of Africa. But it is not the kind of fertility rate which is very conducive to the early attainment of national aspirations, particularly in relation to the development and improvement in the role and status of women. With a total fertility rate of 6 plus it would mean that many of our women are spending between 15 and 20 years in childbearing as opposed to the 4 or 5 spent by women in more industrialized countries.

We are seeing also a high adolescent pregnancy rate both within and outside marriage. We have few figures but the anecdotal evidence points to that direction. According to WFS data by the age of 18, 34.8% of Ghanaian women have had a first child. *And by 20 yrs. 60% had had at least one birth.* Births to women under 20 years contributed 60% of all births. The question of adolescent childbearing requires more intensive research to follow on the work of Gyepi-Garbrah and others. In our major cities we are seeing high abortion rates. Peter Lamptey and others⁽⁴⁾ have recently been looking into the question of abortion in Accra and one surprising finding is the high percentage of women interviewed who used abortion to delay their entry into childbearing. The more educated these women were, the more likely they were to have had recourse to at least one abortion, prior to carrying one pregnancy to term. I am not sure that we can blame completely the family planning program or lack of knowledge or understanding for some of this, but perhaps there is an issue of accessibility, for knowledge and availability are not necessarily the same as accessibility.

The Ghana fertility survey indicated one very important issue. The percentage of married Ghanaians who had heard of at least one effective method of contraception was 69.1 but the percentage who knew of a place where they could go and get contraception was very much smaller and it was 46.6. Thus one could ask, did we fail because our policy itself was not geared to our needs at the time? I do not think so, and let me state for you the major central element of the Ghana population policy. The seven crucial elements to encourage voluntary family planning as then postulated are the following.

- 1) A national population policy and program are to be developed as organic parts of social and economic planning and development activity. Details of programs are to be formulated through the collaborative participation of national and regional entities, both public and private, and representatives of relevant professions and disciplines.
- 2) The vigorous pursuit of further means to reduce the still high rates of morbidity and mortality will be an important aspect of population policy and programs.
- 3) Specific and quantitative population goals will be established on the basis of reliable demographic data and the determination of demographic trends. To this end steps will be taken to strengthen the statistical, research, and analytical facilities and capabilities of the Government and of public and private educational and scientific organizations.
- 4) Recognizing the crucial importance of a wide understanding of the deleterious effects of unlimited population growth and of the means by which couples can safely and effectively control their fertility, the Government will encourage and itself undertake programs to provide information, advice, and assistance for couples wishing to space or limited their reproduction. These programs will be educational and persuasive and not coercive.

- 5) Ways will be sought to encourage and promote wider productive and gainful employment for women; to increase the proportion of girls entering and completing school; to develop a wider range of non-domestic roles for women, and to examine the structure of Government perquisites and benefits and if necessary change them in such ways as to minimize their pro-natalist influences and maximize their anti natalist effects.

- 6) The Government will adopt policies and establish programs to guide and regulate the flow of internal migration, influence spatial distribution in the interest of development progress, and reduce the scale and rate of immigration in the interests of national welfare.

- 7) Provision will be made to establish and maintain regular contact with the development and experience of population programs throughout the world through intensified relationships with international public and private organizations concerned with population problems. Ghana 1969, pp.18-23.

Suggestions for the Future

Given the above, how do we proceed today? I am not really competent, nor have I been close enough to the programs of Ghana in the last few years to give a blueprint of exactly what we should do. I hope, however, that by

the end of this workshop we would be able to work out a strategy. But it is my role and responsibility today to pinpoint some areas that you may wish to consider during the rest of the workshop.

First, there is a need to restate the policy. Apart from all of the good things that have been stated in the policy some of which I have mentioned, we want to look at some internationally agreed consensuses and see the extent to which we clearly state them in our policy. We want to look at some of the problems that we have had to confront recently and see whether we can make them more visible and realistic in our policy. First let me refer to one issue. The issue of the human right to family planning. This has not been so as explicitly stated in our policy, as it was stated in Article 14(f) of the Bucharest World Population Plan of Action. To remind you, let me quote what it says.

"All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. The responsibility of couples and individuals in the exercise of this right takes into account the needs of their living and future children and their responsibilities towards the community."

This was translated in Mexico to mean that "Governments should be prepared to provide all of the means necessary for helping individuals and couples to practice family planning and to space their families". Thus our policy should be quite clear that we are dealing with a basic human right. Mexico has incorporated the right to information and assistance to plan one's family as a constitutional right.

Second, it is necessary for us to write detailed programs, sector by sector, for the work in population and family planning. There is a need for a very much more intensive effort in the fields of information, education and communications; and by this I do not simply mean information about family planning. I mean information about population in relation to resources nationally and population in relation to resources at the individual home level.

So far as education is concerned, we have got a great opportunity in all of our formal educational institutions to introduce realistic and relevant population dynamics education into schools. There is absolutely no reason why our children should not be taught about the national population size and its growth rate in relation to the resources of our communities and countries while they are growing up. Easy lessons in compound and simple interest are involved. At a suitable stage in their development there is no reason why they should not be taught human biology and human physiology. I am not talking, at this stage, of teaching them anything about sex, I am talking about teaching them about their own bodies and how their bodies function. I am not sure that it is a wise thing to leave our children in so-called ignorance at home, while they see the chickens do it and the cats and dogs do it. They must be taught about reproduction from nature which they are observing and from that to how their own bodies function. By the time they come into secondary schools surely it is time for them to be taught properly about human reproduction and all that it entails rather than leave them to acquire wrong information from peers. I have personally felt

shocked and depressed to see school children menstruate without knowing the meaning and significance of the phenomenon.

Depending on the maturity of the children and the availability of trained staff, children ought to be taught quite a good amount of human sexuality, what it means; what it means for their further development, what it means in psychological terms and what their community expects of them. It is about this time that youngsters should be taught that saying "no" to sexual advances from the opposite sex is not disgraceful, that sex is not a game but that it has got values that the society respects and to which the society expects them to adhere.

Naturally, by the time they go into A Levels and they come into universities they must know everything that there is to know about human reproduction, human sexuality and contraception. Yes, I say contraception because according to the studies that we have, many of the girls and boys in our colleges and training institutions are sexually active and have been sexually active for a long time and in many cases; it is only the luck of the draw that has not landed many of them in trouble. What would it benefit Ghana if after all the investment in the education system, the youngsters drop out from school after 12 or 15 years with nothing to show for the combined efforts of Government and parents. Ignorance is no stimulus to accepted behaviour. The ethics of withholding family planning education and services from people who had they not been going to school would have been long married requires careful thought before ponderous and dogmatic statements are made. As parents and guardians our role is to teach and act

responsibly and be prepared to help those who may not behave quite as expected. Comparable efforts should be made to provide this type of education in non-formal situations too.

Thirdly, we should need to revamp our services. I am glad to learn that by a new arrangement the Ministry of Health has been assigned its proper role in the central area of providing contraceptive services, and family planning services in general to the population, in the training that is required and in the custody and distribution of the contraceptives. That is its proper role. The Ministry of Health, through its primary health care and MCH services, should be in a position to make contraceptive services available to all clients who seek such services. It should also be prepared to help in the demystification of these services by making them accessible to people in their own location. If we are making maternal and child health services available and accessible to families through the recruitment and training of village health workers there is no reason why, with proper training and proper supervision, the same village health workers should not be able to handle some of the contraceptives that we have available today.

The old fashioned idea of doctors sitting and waiting in clinics for people who require family planning services to come to them should not be considered as a very satisfactory way of providing national family planning services. We ought to devise plans and programs which bring our services much closer to the citizens than we have been doing so far. Educated teachers in villages should be able to handle the contraceptive needs of the

villages. There are countries in which shopkeepers have been trained to handle contraceptives. We have examples in which womens' clubs, even illiterate women coffee planters in some parts of the world, have been trained to handle their own contraceptive distribution services. These are all examples waiting for us to explore, to adapt and to use. All it requires is for our Ministry of Health to be able to relax the regulations and to make it possible for other groups to be involved in the distribution system. In this respect I am particularly pleased to learn of the Social Marketing Schemes, the Community Distribution efforts and the Daddies Clubs.

Issues of Contraceptive Technology

Now to technological issues. Whenever one talks about making family planning services more easily available, and more readily accessible, there is always the question as to the safety of the technologies that we have available. I would be the first to accept that there is no technology that we know that is completely one hundred percent safe. There are risks to every medicine that we take, but so are there risks to being pregnant and risks to our even being driven to this conference here. The issue is not whether there are risks but it is what trade off the risks. Which risk is the higher risk? What is the risk benefit ratio? In communities where abortions are killing our girls, where we are facing the problem of trying to space children better so that their better growth and development can be ensured, in situations where for every hundred thousand children born, up to one thousand or so women are losing their lives, some of them through poor spacing of the births, having too many births or continuing for too long,

surely we need to understand that this has to be weighed against the possibility of one or at most two out of a hundred thousand women who use some form of contraception meeting with a major problem.

When we take the contraceptives available today the pill, for example, has been so altered as to be almost entirely risk free except for western women who are over 35 and who smoke. We don't exactly know what the situation is on the African continent. One good thing we know about the pill in our continent is that because it reduces the monthly blood flow, it tends to help those women who may otherwise be anemic. It helps to conserve their hemoglobin. It has other good point in that it has been found as a protective against some of the tumors of the breast, and it lessens the risk and severity of some types of pelvic inflammatory disease. These are some very good advantages and they are good enough reasons not to fear the pill. There are side effects with the pill but these are relatively minor. In the beginning of starting taking the pill, an individual may feel a fullness of the breasts or may have some nausea but these soon pass away and after a couple of months such problems disappear. Spotting which is also a problem with the pill may be a nuisance in some particular cultures but it does not normally stay for very long.

Depo Provera or the injectable has been pilloried for a long time and yet, up to today there hasn't been one instance of death which can be cited as being caused by Depo Provera despite some 13/14 years in use 15 or more million woman years of exposure. I am a Ghanaian and I would like to assure you that these technologies are being subjected to tests the extent of which

no medicament in history has been tested before. And this ought to give us the assurance to use them much more widely than we have been doing.

I cannot say the same of the IUD's at the present time, not because they are unsafe but because they are methods which by and large are to be used in clinics. They need aseptic techniques and they have to be fitted by someone who has been properly trained. What is more, because their side effects include abdominal pain, more severe bleeding and possible infection, they need to be handled with a little more care and they certainly should not be given to people who have never had a child.

There are the more traditional methods too. Perhaps they are not as effective but they are safe and easy to use: I mean barrier methods and spermicides. The condom, so underrated here, has played a major role in Japan's fertility control.

We should not ignore the calendar, the rhythm or Billing's mucus examination method - all these methods, called euphemistically Natural Family Planning, have a role in programs for those who do not or cannot use other technologies. It is necessary for Ghana to form a small high powered committee to deal with safety of contraceptives.

Now, this is not a lesson in technology but I thought I should mention briefly some of the technologies by way of reassurance. Sterilization, both of the male and of the female, are the number one method of contraception in western Europe and America. It is certainly becoming a major method of

BEST
AVAILABLE

BEST
AVAILABLE

- 16 -

contraception in Asia too. On our continent, it has been restricted almost entirely to the needs of the female. This is probably because doctors understand more readily what the indicators are for a woman when she has had six or seven children or when she has had a perforated uterus or when, for some clinical reason she should have no more children. We are not so sure with men. However, it must be stressed that vasectomy is a safe efficient method of terminal contraception. As more and couples complete childbearing at a young age this option should be available.

The Comprehensive Program

For family planning to succeed in Ghana many individuals and agencies will have to play a part. The political leaders should be in the vanguard of the education process. A high level national committee should be formed to plan and coordinate the activities of the different agencies. The national family planning secretariat should be staffed with men and women of quality and dedication. Quality requires those able to undertake the policy analysis program planning and evaluation necessary and to provide meaningful service to the committee and the information education and service line agencies and NGO's. By dedication I mean those who want to see everyone who needs information and service receiving it expeditiously; and who imbued with both intellectual and personal humility will try to stimulate and support all individuals and agencies providing the service.

The program should make the user the centre piece and consider her needs from point of view of availability of suitable contraceptives, their accessibility (cost as well as social) and the organizational framework

within which she will feel most comfortable. The needs of men both as supporters of their spouses and as contraceptors should be considered and planned for. I hope these ideas will provide some stimulus for the work groups to come out with some concrete suggestions for family planning work in Ghana.

POPULATION GROWTH AND THE NATION'S RESOURCES

The 1969 Population Policy Document states as follows:

"By the end of 1968 Ghana's population will be about 8.5 million.

This is not a large number in comparison with population giants like China and India or even Nigeria which now has between 50 and 60 million inhabitants. What is disquieting about Ghana's population is not its size, but the fact that nearly three-quarters ($\frac{3}{4}$) of the present population has been added in less than 50 years including nearly three million in the past eight years and that the prospect is for even more rapid growth in the foreseeable future. The document continued "In terms of absolute numbers Ghana is not yet crowded. Its ratio of population of land area about 90 persons per square mile and roughly double what it was 20 years ago - is above average for Africa but less than that of many European countries." (Indeed Ghana's population ranks 53rd in the world and 11th in Africa. [The above quotation underlines the main concern about Ghana's population in relation to Ghana's economic development. The concern is not about size of Ghana's population but more about the rate of population growth which affects the population structure of the country. The Population problems the world over are defined largely in terms of the likely effects, both demographic and economic of rapid rates of population growth. The question of what is or is not rapid needs defining. Essentially, two groups of countries can be defined in terms of the distinction between the effects of low and high rates of population growth. There are first those countries that have passed through the period of falling mortality followed later by fertility decline and which are now experiencing low rate of population growth, typically 1 per cent per annum or less. They are characterised by an age structure of the population which is generally speaking balanced in terms of the proportion of the total population in different age groupings. The bulk of the population in such countries is

DIAGRAM

(1)

found between the ages of 15 and 60 which under most systems of economy organisations are also the ages at which they are able to contribute to national production. The other group of countries to which Ghana belongs consists of those where the rates of growth of population are in excess of 2% and which can typically have a radically different age structure with 45-50% of the total population below the age of 15, and a very small percentage in the age group beyond the normal years of productive employment. These countries have to support up to half of their total population from the national output provided by those in the working age groups. This situation is described as a dependency burden. It is the rate of population growth as it affects the size of the dependency burden which is at issue. When one tries to relate population growth with development. Children and young people normally do not contribute to production but still have to be fed, housed, clothed and educated if they are to contribute to production later in life. Mention must also be made of the burden that can arise from the number of older people in society who can no longer take part in productive activity.

DRASEM

Although there are many variations of the argument that high rates of growth of population imposes an economic burden the essential element of all such arguments rests on this question of dependency. Economies such as that of Ghana must allocate a larger proportion of their resources for the support of non-productive numbers of the population than countries with low fertility where the rate of the growth of population is lower and where distribution of the population is more evenly spread across the ages. Obviously, the characteristic nature of the economy depends on the structure of the economy, its resource base, its levels of income and well being and its ability to organise itself to deal with the consequences of different age structures.

DRASEM

It does not necessarily follow that an economy with a low rate of population is more prosperous or has a higher economic potential than a country with a high rate of growth. Nevertheless, such countries have greater opportunities and fewer burdens upon their development than countries with a high rate of growth of population. A decline in fertility would lead to a decline in the demand for additional school places, additional public services and all items consumed by the younger age groups. The results of such a decline in the demand of public services and private goods will not necessarily be conducive to greater economic growth or higher incomes and wealth: that will depend entirely on the way in which the country uses the resources, released for other purposes. If some or all of such resources can be used in ways which promote economic development the results can be quite dramatic in raising real incomes per capita. The example of Japan is perhaps the most important in recent history. Other countries have enjoyed both high rates of income and population. They may have been fortunate in the growth opportunities open to them. But the point remains that they would undoubtedly have been better still with the resources available if they have not also been experiencing substantial population growth.

The relationship between population growth and the nation's resources can also be looked at from another viewpoint. What is the effect of economic growth on population growth? A UN study made in the early 1960s which tried to relate fertility and various indices of social and economic well-being came to the following conclusion: "In a developing country where fertility is initially high improving economic and social conditions is likely to have little if any effect on fertility until a certain economic and social level is reached, but once that level is achieved fertility is likely to enter a decided

decline and continue downward until it is again stabilized on a much lower plane. (UN Population Bulletin 7, 1963 p.144).

According to the literature on the subject there seems to be a connection between falling birth rates and the level of education and job opportunities for women, but it has proved impossible to establish with quantitative detail socio-economic thresholds where the fall in the birth rate begins. In the U.S. the fall in birth rate figures only begin when the average income had reached a relatively high level while Korea and Taiwan the fall started when per capita income was still below \$2000.00.

Nevertheless, there is one common factor in nearly all countries with falling birth figures. The process was initiated when the majority of population began to receive a share of the combination of social and economic improvements. According to Rich who is an advocate of this theory, this factor is true for a broad spectrum of countries with such varying conditions as Taiwan, South Korea, Singapore, Costa Rica and Sri-Lanka. Conversely, in countries with relatively high economic growth where the benefits of this growth are not however, brought to a wide section of the population the birth rate remains high, as for example, Venezuela and Mexico. The decisive factor is not the level of gross national product but the equality of income distribution. There is enough evidence to suggest that family planning campaigns will only be successful where parents have some share in broad social and economic conditions and through these are motivated towards planned contraception. The decision to have a small family will only become possible once care in old age is guaranteed rather than by having a large number of children. It does become clear why so many governments which have undertaken a population control programme have yet so far hardly influenced the rate of population growth even though 87%

of the population of the third world are ruled by such governments.

With these arguments as the background the common belief that better medical care accelerates population growth must be put into a new perspective. If better medical care is part of the better social system, within which broad sections of the community have access to better education, to employment, and incomes, to better agricultural techniques and thereby receive more adequate nutrition, then providing access to health facilities can be an important factor in the strategy to check population growth.

The real problem then facing countries with high rate of population growth and a large dependency burden is to find the money needed for investment to raise the per capita wealth of the nation. The difficulty is compounded by the growing population since the new wealth created by investment must be shared out amongst even greater numbers.

These countries seem to be in a vicious cycle. To improve the living conditions of the people, the rate of population growth must be reduced. To reduce the rate of population growth, the wealth of the nation has to be increased and well distributed. But for this to be achieved, you need to reduce the dependency. How do these countries break the vicious cycle. Is it through borrowing to develop the resources? There is also the debt trap or burden.

But let me relate these issues to Ghana.

DIAGRAM
↑
Vicious
Cycle.

Some of the questions which need to be addressed are the following:

Can Ghana's rapidly increasing population be supplied with adequate food and other basic needs? How has the country fared in the last 15 or so years since the adoption of a Population Policy? What are the prospects for the future - say by the year 2000, which is only 14 years away?

How do we attain a balance between Ghana's population and her resources. If this were attainable how can it be maintained or sustained? This is an important issue because those of us living have only borrowed the natural resources of Ghana from our children and grand children. We should not deprive them of their sustenance.

Drawing from data provided by the commissioned papers I would like briefly to address these issues.

Let me first take the balance between population and resources. As I have already pointed out Ghana is not a very densely populated area. The density of population in the whole country in March 1984 was 51 persons per sq. mile compared with 28 in 1960 and 36 in 1970. To a large extent, a large part of Ghana is underpopulated. Only 11 per cent of the total area of Ghana is presently cultivated. Of this only 1 per cent is being cultivated under irrigation. Blair (1960) estimated the natural grassland of Ghana as covering about two thirds of the total land area. This means in effect that land is available for grassland improvement and pasture expansion. Rose Innes (1977) had also indicated that there are over 300 grass species in Ghana. Not all of these are grazable or could be used as pastures. However on the Accra Plains alone, more than 25 species of grasses were either grazed or provided ephemeral grazing.

...../7.

Diagrams

In addition to the agricultural potential, Ghana has other natural resources. A quick run through the range of resources will perhaps make you more optimistic. (minerals, forests) ~~(only oil is lacking from the list)~~

clearly, Ghana is potentially a rich country. It has numerous resources that most developing countries are lacking - favourable conditions for agriculture, generally sufficient water resources, industrial raw materials and a well developed educational apparatus. Over the years, Ghana has also produced many knowledgeable experts. In spite of all these our record of achievement in terms of economic growth and increasing the well-being of the majority of our people has not been impressive. ^{consider} Let me take a few indices.

Food and Nutrition

Diagnose

The growth of agriculture has been poor since the 1960s and deteriorated sharply since the mid 1970s. The average annual growth rate of total agricultural production since 1970 has been -0.1 per cent with food crops recording -0.1 per cent and non-food crops -4.5 per cent. In per capita terms, these averages annual growth rates, are -3.1 per cent for food, -7.5 per cent for non-food and -3.1 for total agricultural production. The food self sufficiency ratio which was 83 in 1964-66 is now below 60. Food imports to augment domestic production are not sufficient due to foreign exchange constraints. There is thus malnutrition among sections of Ghanaian population. || In a study of pre-school children in Legon 1984, it was found that none of the children of low socio-economic group was of the standard weight for their age and only 8 per cent of the high socio-economic group had the standard weight for their ages. This poor growth of children is evidence of the chronic but moderate malnutrition existing in most Ghanaian children.

The food problem has long been recognised by the past and present Governments in Ghana. We have had programmes code-named Operation Feed Yourself, the New Deal and the Green Revolution ^{to solve the problem}. In spite of that the problem remains.

What accounts for this lack lustre performance in this important sector. Several reasons have been given.

- (1) The sector has not in the past been given a High priority;
- (2) Reliance on large scale capital intensive agriculture to the neglect of the traditional farming sector;
- (3) Poor technology - storage etc. *about 20% of grains stored are lost*
- (4) Lack of incentives to farmers because of the pricing policy;
- (5) Lack of research support for the small farmer.

To solve these problems there must be a clear shift in favour of small scale farmers. We need to increase their productivity to generate greater growth while meeting welfare objectives of increased employment income and better nutrition.

Health

The picture with regard to access to health is equally depressing. In 1970, only about 30% of the population were estimated to have access to formal health care.

In 1975, there were 1,031 physicians in Ghana. One third of this number were in Korle Bu Teaching Hospital alone. $\frac{1}{3}$ One third were in Kumasi and Sekondi/Takoradi while the remaining one third ($\frac{1}{3}$) were in communities with population below 20,000. An analysis of the distribution of some other health professional groups would have revealed a similar picture.

It was in the face of these realities that the Ministry of Health designed a strategy that would fulfil the health needs of the country. The objectives of the new strategy are to achieve basic and primary health care for 80% of the population.

- (2) Effectively attack the disease problems that contribute 80% of the unnecessary death and disability afflicting Ghanaians.

The strategy aims at improving accessibility - coverage of health services to improve the quality of primary health care and to improve and strengthen the management capacity to support the primary health care.

One may sound a word of caution that while emphasising the primary ^{sector health} health care, we need to support medical research - the tertiary ^{sector} system since diseases associated with the industrialised world are becoming common in Ghana. We should not forget the new killer - AIDS. We need to develop the capability of diagnosing and curing such diseases. There is ^{thus} a need for healthy balance between the primary and other sectors.

Education

The Government's commitment to provide fee-free and compulsory elementary education means continued major investment in the sector. It has been estimated that Ghana would need between 90,000 and 110,000 teachers and 16,000-23,000 new primary schools by the year 2000 - 14 years from now in order to maintain a pupil-teacher ratio of 28.

Providing for the education of Ghana's rapidly increasing population will place severe strain on the country's resources in coming years.

URBANISATION, AND SANITATION

Although the majority of Ghanaians live in rural areas because of the rural urban migration especially to Accra and other regional capitals, these ^{cities} ~~countries~~ are growing at a very fast rate. The population of Accra increased from about half a million in 1970 to about 86,000 in 1984.

With this rapid increase in population without expanding amenities, these cities face grave housing and sanitation problems.

A survey carried out by Professor Amisshah revealed that in Kwesimintin SZongo, near Takoradi, 3,250 persons in 190 houses depend on public toilets with only 16 holes, giving a ratio of 203 persons to one toilet hole or about 17 houses to a hole. With regard to houses with toilet facilities the ratio was 23 persons per a toilet pan. The frequency of removal of the pan was only twice weekly.

It is therefore not unusual to see excreta scattered indiscriminately around toilet buildings where cattle, sheep and goats feed freely. In some of the coastal towns the beaches have become public places of conveniences. The situation can get out of hand giving rise to epidemics.

During 1982 as a result of the initial enthusiasm which the revolution generated some People's Defence Committees (PDCs) now CDRs were able to evacuate caked and choked toilets in the public lavatories in their areas and rehabilitated them. In Cape Coast there was such enthusiasm that in some areas rediffusion boxes were installed in the public toilets. The enthusiasm has whittled away considerably and the problems of management of human toilet in our cities remains a serious problem. The City Councils are encouraging the provision of domestic ventilated Improved Pit Latrine (KVIP) but the problem cannot be solved easily.

Refuse collection has also become a major problem in our cities. Clearly we have yet to devise an efficient means for tackling this problem.

CONCLUSION

Although Ghana has rich natural resources, its economic growth over the last two decades has not been impressive. There are several reasons for this. But one major factor has been the high rate of population growth which has created a large dependency burden.

It may be argued that if the wealth created had been equitably distributed in terms of providing all sections of the population with access to basic needs there could have been some reduction in the rate of population growth.

There is clearly a need not only to reduce the rate of population growth but to ensure that the fruits of development are equitably shared among all Ghanaians.

It may well be that in the long run, with proper education, increase discipline in the Ghanaian society, effective mobilisation of the people, and political stability this country can support a far greater population than it is capable of doing now or before the end of the century. But for the moment "To plan when population growth is unchecked is like building a house when the ground is constantly flooded". Family Planning is an essential part of the strategy of enlarging welfare!

Let me relate these issues to Ghana with specific reference to Population growth, Food Supply, and Nutrition. Three papers dealt with this issue. These are (1) Dr. J.A. Dadson who wrote on Agriculture and Population Growth in Ghana; (2) Dr. Fleischer whose paper was Increasing Animal Protein Production for the Population and Professor Orzaka-Tetteh who wrote on Food, Nutrition and Population Issues.

2. Dr. Adebo presented a Commission paper on Population Growth and Access to Health Facilities. Professor Amissah looked at the Land Factor, Population Pressure and Housing and Professor Nortey and Mrs. Nana Van Apt Ham papers dealt with The Effect on the Dependent Population on the Nation's Resources and Population Growth Ageing ^{and} Development respectively.

- ① Population Growth and Agricultural Development
J.A. Dadson & Dr Fleischer
- ② Population Growth and Housing
Prof Amissah
- ③ ~~Prof~~ - Population Growth, the Youth and the Aged
Prof Nortey & Mrs Nana Apt.
- ④ Population Growth & Health
Dr Adebo
- ⑤ Population Growth ^{and the Environment} & ~~the~~ Sustainable
~~Resource Development~~
- ⑥ Dynamics of Ghana's Population Growth
Dr. E. Oti Boateng

INTRODUCTION TO SESSION I:
THE STATUS OF FAMILY PLANNING AND ITS
ROLE IN NATIONAL RECONSTRUCTION¹

By
DR. JOHN S. NABILA
Geography Department,
University of Ghana, Legon.

I. INTRODUCTION

The population of Ghana, like many other developing countries, has been growing at a fast rate since 1921. In that year the population was about two million and by 1960 the population had increased to 6.7 million, that is it more than trebled in the period of about 40 years. It continued to grow and by 1970 it was 8.6 million while the latest Census in March 1984 puts the total population at 12.2 million. The population therefore increased more than six-fold within a period of sixty-six years.

It is quite obvious from the above that the rate of population growth has been at a relatively high average annual rate:- 3.2% between 1921 and 1931; 2.8% between 1931 and 1960; 2.7% between 1960 and 1970; and 2.6% between 1970 and 1984. Thus, our present population growth rate is 2.6% per annum.

The rapid growth of the population has been due to a rather constant high fertility rate and declining mortality rates as a result of improvements in the health care delivery system throughout the years, coupled with the inflows of immigrants from outside Ghana especially neighbouring countries.

1. Prepared for the Ghana National Conference on Population and National Reconstruction, University of Ghana, Legon.
April 7 - 10, 1986.

It was the general concern about this trend in Ghana's population growth that made the Ghana Manpower Board to advise in 1968 that rapid population growth would thwart National Development efforts. Thus in March 1969 Ghana officially published a Population Policy entitled Population Planning for National Progress and Prosperity; which clearly states that since the population is the nations most valuable resource, it is both the instrument and objective of national development. Population programmes¹ were therefore to be planned to be an integral part of the national effort to achieve economic and social development. (Ghana Population Policy, 1969).

The basis of concern as stipulated in the policy was not that "the country is currently over-populated but the growth rate is so high that it is already retarding economic progress thus frustrating national development aspirations and producing a demographic situation that could have serious social, economic and perhaps political consequences." Thus, the policy was emphatic on the fact that "Unless birth rates can be brought down to parallel falling death rates, Ghana's population will climb at a rate dangerous to continuing prosperity, and the children of the next few generations will be born into a world where their very members may condemn them to life-long poverty". The policy document delineated seven principal elements along which the Population programme was to be organised. (Ghana Population Policy, 1969).

The Ghana Population Policy therefore preceded the World Population Plan of Action declared in Bucharest 1974 which also recommended that Population Programmes should be developed as

organic parts of social and economic planning and activities.

The principal elements of the policy clearly cover such areas as fertility, mortality, migration, health, the role of women, education and other relevant population related issues. Thus, the fact that population and development are interdependent is emphasised in this comprehensive policy.

II. THE GHANA NATIONAL FAMILY PLANNING PROGRAMME

Following this bold and progressive plan to effectively manage the rate of growth of the Ghanaian population vis-a-vis the socio-economic setting, the Government officially launched the National Family Planning Programme in May 1970. Since the population policy and programme are to be developed as organic parts of socio-economic development planning and activity, the Family Planning Programme was therefore designed to make the fullest possible use of existing institutions, facilities and personnel in both the public and private sectors. Thus, the Ghana National Family Planning Secretariat was established as a Co-ordinating Department within the Ministry of Finance and Economic Planning. It was located in this Ministry mainly due to the fact that the Ministry of Finance and Economic Planning already serves as a Co-ordinating Ministry for all national Socio-economic planning and activities. Through the Ministry, the Secretariat was therefore charged with the responsibility of planning, funding and co-ordinating activities of the Family Planning Programme while participating agencies in both the public and private sectors are responsible for operational aspects by integrating family planning activities into their on-going programmes, such as:

- (1) Ministry of Health has major responsibilities for provision of contraceptive services, for patient education and for training of technical personnel involved in the service programme as part of its Maternal Child Health Programme.
- (2) The Ministry of Information and the Ministry of Labour, Social Welfare and Community Development have major responsibilities for the Information components of the programme. The personnel and facilities of these Ministries are therefore utilised for both the mass media and personal contact (field workers) programmes.
- (3) The Ministry of Education (Curriculum Research and Development Division CRSS) and Ministry of Agriculture (Extension Services Division) contribute to the information and education aspects of the programme.
- (4) Private Agencies, namely the Planned Parenthood Association of Ghana (PPAG) and the Committee on Christian Marriage and Family Life (CMFL) of the Christian Council of Ghana participate actively and continue to provide contraceptive services and play important roles in the training and public information activities. The National Catholic Secretariat through its Natural Family Planning Centre participates by teaching the ovulation or the Natural Family Planning method. As a matter of fact modern family planning in Ghana owes its humble genesis to the pioneering efforts of the Christian Council of Ghana and the Planned Parenthood Association of Ghana (PPAG). For example, the Christian Council set up Family Planning Centres in 1961 and 1964 in Accra and Kumasi respectively; while the PPAG was inaugurated in

From the foregoing it is quite obvious that there is the need for a Co-ordinating Agency with the responsibility of ensuring the success of the Family Planning Programme. The operation and the overall success of the programme therefore depends, to a large extent, on the participation of other Ministries and Departments in the public sector and institutions in the private sector.

In line with the principal elements of the Population Policy, the Ghana Family Planning Programme since its implementation continues to receive support from Donor Agencies outside the country. The main donor agency in this respect to date has been the United States Agency for International Development (USAID).

In line with the terms of the Plan of Implementation and Operation for the Ghana National Family Planning Programme it was envisaged that by year 2000 the growth rate would be reduced to about 1.7% per annum. The programme was to ensure the enrichment of family life and the promotion of individual dignity. Every effort was to be made to ensure that barriers to public access, acceptance and continued contraceptive use are kept to a minimum. Individual acceptance of family planning methods is voluntary and recruitment efforts are informative and persuasive in nature and not coercive.

III. FAMILY PLANNING AND DEVELOPMENT

Charged with the responsibility of Co-ordinating all activities in the country related to family Planning, the GNFPF Secretariat developed contraceptive delivery system throughout the country through three main approaches.

- (a) Maternal and Child Health and family planning clinics mainly run by the Ministry of Health Institutions and some Private

- 7/31
3/10/1974
- (b) Pure family planning clinics - those of the Planned Parenthood Association of Ghana (PPAG) and Christian Council of Ghana.
- (c) Distribution of non-prescription contraceptives through commercial outlets with GNTC as the main distributor. (GNFPP, 1974). For example in 1974 a total of 135 clinics were recorded as offering family planning services. Over half belonged to the Ministry of Health and the remainder were those of PPAG, the Christian Council and private or military hospitals and clinics. The figure rose to 295 clinics in 1980 and currently the Programme involves about 331 clinics located throughout the country (Map 1) Currently distribution through the Commercial outlet is undertaken by DANAFCO, Accra.

/ It is evident from the above that the Family Planning Programme was launched with very laudable objectives. Its operation during various phases of implementation since 1970 has however suffered from various shortcomings and serious problems associated with the Co-ordination efforts of the Secretariat on one hand and the participation of the various public and private agencies. Besides, the results of the Ghana Fertility Survey (1979-1980) and many other research findings still show that Ghanaians are still pro-natalist in nature with fertility being high with a completed family size of 6.7 children for women aged 45-49. There exists quite a significant differential by age, education and rural-urban residence of the women; such that the fertility survey found out that the mean number of children everborn to all women aged 15-49 was 3.0 children, while the mean for ever-married was 3.7 children (GFS, Vol.I. 1983).

Thus, although the general public attitude is favourable towards family planning the traditional pro-natalist tendency which still prevails in many rural communities, coupled with the pre-rogative of a man as a decision-maker, even in matters affecting the fertility and health of a woman, is a clear constraint to full utilization of family planning services in Ghana. Other constraints are poor transport facilities and communication network which frequently breakdown, inadequate trained personnel to provide family planning related services throughout the country, lack of funds, suitable family planning, educational materials, contraceptives and clinical equipment.

There is also lack of a vigorous research programme in the country as a whole on the impact of the programme so far, the prevailing determinants of fertility, and above all the possible side-effects of contraception especially the use of the pill, the IUD and other prescriptive methods in Ghana.

Consequently, the performance of the National Family Planning Programme in terms of acceptors of family planning methods has been far from satisfactory (Kwafo, S.K. 1984). For instance, the Ghana Fertility Survey (1979-1980) revealed that out of a sampled population of 3,414 "exposed"¹ women aged 15-49 years, only 12.4% of them were currently using a method at the time of the Survey. (Ghana Fertility Survey 1979-1980;1983). It has been observed that "this figure of 12.4% seems to be an under-statement because the Fertility Survey also reports that 38% of women interviewed had ever used a method and also because there has been an incessant demand for services from almost all regions of the country" (Kwafo, S.K. 1984). Although this may be the case since the Survey report also observed that "both knowledge and

... is quite high among newly married women almost th

same as for ever married (Ghana Fertility Survey, 1983 Vol.1 p.66), the apparent low level of currently contraceptors is unlikely to have any significant impact on the overall level of fertility of the total population.

IV. ACHIEVEMENTS

The overall impact of the programme on development should be examined beyond the issue of only fertility decline. We will therefore discuss here some of these gains or successes of the programme so far.

(1) Information and Education: Through the activities of the various participating agencies, coupled with the organization of lectures, symposia, photo exhibitions, and durbars during the national Family Planning Week in May every year the Family Planning Programme is well known throughout the country. The constructive efforts of the mass media - newspapers, radio and T.V. - in propagating the main tenets of the programme have been very encouraging and significant throughout the years. Special courses, seminars, and researches have been organised with the use of experts from University of Ghana, Korle Bu Medical School, GIMPA and participating Agencies both public and private.

Currently one can safely say that there is widespread national awareness about the consequences of rapid population growth and the use of contraceptive methods or the ovulation method to regulate pregnancies. Quite a substantial proportion of the population both in rural and urban areas are therefore aware of the need to regulate their procreative habits within their economic and social limitation. Fears, traditional prejudices, beliefs and attitudes surrounding family planning are gradually fading away in many parts of the country through these vigorous information and education activities.

Consequently most people now understand that we cannot progress as a nation without planning our families. The Family Planning Programme in Ghana is therefore unlikely to face serious problems of wild rumours against it as experienced in Kenya now although their programme was launched in 1967, that is before Ghana did or for that matter it was the first in Sub-Saharan Africa, yet they have the highest rate of growth in the world of 4.1% per annum. Even a few traditional councils have publicly supported the programme and encouraged their citizens to embrace it. All these developments auger well for the future success of family planning in the country. Access to education; increased life expectancy, and factors associated with the cost of raising large families will all invariably encourage more couples to have small family sizes.

(2) Services Component and Quality of Life:

The Services Component of the Programme through~~out~~ the provision of family planning services by Ministry of Health, PPAG, Christian Council, Private Clinics, the Commercial sector and the Catholic Secretariat (Natural Family Planning)¹, has offered the individual citizen the opportunity to choose family planning methods in spacing their births and regulating their fertility. For example, the specific objective of the MCH/Family Planning activities of the Ministry of Health include the reduction of maternal, parinatal, infant and childhood mortality and morbidity within families.

1. The Natural Family Planning Scheme of the Catholic Secretariat received support from the GNFPP Secretariat for both local and overseas training of personnel, as well as its implementation in the country. That, this method is available for Catholics who usually are against known traditional methods of family planning is an achievement for the GNFPP.

The full implementation of MCH/family planning services as part of the Primary Health Care Delivery Programme will greatly enhance the quality of life of mothers, children and adolescents. An effective family planning programme should help couples and/or the Health care delivery system in the country to avoid or reduce high-risk pregnancies which tend to have many complications for the health of the women. The female groups usually regarded as high risk when they get pregnant are

(a) before age 18 years (b) after age 35 years (c) those with four children or have had four births and (d) those who have pregnancies less than two years apart. There is no doubt that family planning has helped, however minimal, to improve the quality of life of families and individuals. The most important achievement of the Programme is the acceptance by all of the principle that pure family planning clinics will not produce the desired objectives but rather family planning should be considered as an integral part of the MCH Services and also in community based programmes as was done in the Danfara Rural Health Programme and the current work of the PPAG, National Council on Women and Development and the Christian Council.

(3) Family Life Education:

This aspect of the programme which has received considerable support from the GNFP Secretariat is being introduced into the school system as well as in out-school programmes. The main objective is to ensure that the youth are prepared to be responsible adults and parents in future. Participating Agencies actively involved with the Family Life Education include the Ministry of Education (Curriculum Research and Development Division), University of Cape Coast, PPAG, Christian Council

Committee on Christian Marriage and Family Life (CCMFL), and the National Council on Women and Development. ✓ Some pilot testing of materials for the Family Life Education has been carried out in some first and second cycle institutions with some considerable success. The Ministry of Education has reported the eagerness of many first and second cycle institutions to participate in the Family Life Education Scheme. Of late there has been general concern about the increasing rate of drop-out of girls from schools. Although many reasons account for the drop outs, adolescent pregnancies constitute the major cause for the inability of many girls to complete their education. Family Life Education should therefore be seen as a possible means of educating the youth on the functions of their bodies as well as the consequences of pre-marital sex, such as the side-effects of illegal abortions, the contracting of sexually-related diseases and the like. There is still a lot to be done in this area by all parents, GNAT, Participating agencies and the public at large.

V. UN-MET NEEDS OF GNFPF OR POSSIBLE THEMES FOR DISCUSSION IN SMALL GROUPS

1. There is a wide gap between knowledge of family planning and acceptance on one hand and Practice on the other. MCH/ Family Planning activities should therefore be increased. As Prof. Sai pointed out ^{to} the only way to have meaningful population and family planning programmes is to put the programmes firmly within people-oriented development programmes and activities. ^(Sai, 1984) Community based activities such as was introduced in the Danfa Rural area and Family Planning as an integral part of the Primary Health Care System should be intensified. ~~(Sai, 1984)~~

In this way we would ensure wider availability and easy accessibility of family planning services. We need also to improve the capacity of the private participating agencies. Natural Family Planning should be given the needed support as an alternative to known methods.

2. Social and Economic Change is undoubtedly central to any hope of fertility reduction. Lower infant and child mortality rates, rising incomes, higher levels of education, more economic and social opportunities for women and greater security will all serve to provide a climate more conducive to fertility decline. Of these, increased education and economic opportunities for women may have the greatest effect. ^(Goliber, Thomas 1985 p. 40) The activities of the National Council on Women and Development, PPAG, Christian Council and others should be encouraged and supported. An education policy which will increase the education achievements of women at all levels need to be encouraged.

3. Lack of appropriate programme aimed at encouraging the involvement of men in family planning. There has been too much emphasis on the role of women, and yet many men are still the decision makers. Men are also known to have more than one sexual partner. Hence, while he may practice family planning with one he may not with another. They also contribute to pregnancies resulting from pre-marital sex.

4. Despite the initiatives on Family Life Education, adequate and appropriate family Life education and counselling facilities for the out-of school youth groups and those within first and second cycle schools including vocational, Commercial and Technical, should be intensified and provided for all levels.

5. The education-motivation aspect of the Programme must be intensified to address itself to the religious, cultural, sociological and economic foundations of Ghanaian pronatalism and erode their influence by means that are both acceptable and effective.

6. There is the need to increase and intensify the training capabilities of participating agencies, especially ^{the Ministry of Health} ~~such~~ in order to provide sufficient and qualified personnel for family planning services.

7. The development and organization ^{of} an intensified research programme involving data collection and processing and on-going evaluation of the performance of the GNFPF is very essential. Family planning Surveys, an improved vital registration system and research into new frontiers such as the effects of the current fears of AIDS on the programme, are all necessary for the overall success of the family planning programme.

8. Lastly, but not the least, there is the need to clearly spell out the specific roles of the key Government Ministries and Departments involved with the programme, namely GNFPF Secretariat, Manpower Board, Ministries of Health, Information, Social Welfare and Community Development. That there is the need for a Co-ordinating Secretariat need not be emphasised. However, it might be pointed out that although the Ghana Population Policy was an all embracing policy, the current Family Planning thrust is focussed only on the fertility regulation aspect of the policy. A National Population Secretariat or Council as suggested by a UNFPA team in 1976 which presumably combines the activities of the Manpower Board and the GNFPF Secretariat could therefore be a move in the right direction; especially since apart from

to cater for the welfare of women, the other components of the Population Policy have not been given the same concentrated effort as with Family Planning. Besides, the label Ghana National Family Planning Programme is known to have turned off some people who wrongly tend to associate family planning with immorality.

CONCLUSION

That, a fall in over all fertility overtime will have impact on the size, growth rate, and age distribution of the population cannot be overemphasized here. These in turn have considerable effect on total development and growth. According to Gaisie and David the most observable effects reduced fertility has on development include "the demand for social services such as for education and for increased employment as labour force changes occur. Equally important are the effects on economic indicators such as per capita national income and agricultural self-sufficiency. (Gaisie and David, 1974 p.65). The whole country therefore stands to benefit from a successful population programme which includes fertility regulation or family planning. The Ghana National Family Planning Programme therefore needs continued unqualified support from within and outside the country in order for the desired objectives to be achieved. Fortunately in Ghana, the informational, institutional and human resources infrastructure needed for family planning have a firm "root" in both government and private sectors. What is left is the will on all to match our public pronouncements with the right and needed deeds.

NOTES:

The above Introduction to Session I has been based on the following submitted papers:

1. The Ghana National Family Planning Programme and National Development by Dr. John S. Nabila, Geography Department, Legon.
2. Natural Family Planning In Ghana - Its Impact and Role In The Family Planning Programme by Dr. J.B. Wilson, University of Ghana Medical School, Department of Obstetrics and Gynaecology, Korle Bu and Mrs J.R. Van Lare of the Catholic Secretariat.
3. The Role of the Private Sector In the Family Planning Programme and Other Population Related Programmes by Mr. Ernest Kwansa, Executive Director, PPAG, Accra.
4. Family Planning As Part of Maternal and Child Health Programme - The Case of the Danfa Rural Health Programme by Mrs. Tetteh, Department of Community Health, University of Ghana Medical School, Korle Bu.
6. The Problems of Implementing Family Planning in Rural Ghana: A Case Study of Upper Krobo by Mr. David K. Bedele, Faculty of Social Studies, U.S.T., Kumasi.

5. The Impact of the Family Planning Programme: Data from the Ghana Fertility Survey 1979-1980 by Miss Rebecca Appiah, Census Coordinator, Census Office, Accra