GOVERNMENT OF GHANA

NATIONAL POPULATION POLICY
(REVISED EDITION, 1994)

NATIONAL POPULATION COUNCIL
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>i</td>
</tr>
<tr>
<td>PREFACE</td>
<td>ii</td>
</tr>
<tr>
<td>1.0 RATIONALE FOR A NATIONAL POPULATION POLICY</td>
<td>1</td>
</tr>
<tr>
<td>2.0 POPULATION PROFILE</td>
<td>5</td>
</tr>
<tr>
<td>2.1 Population Size</td>
<td>5</td>
</tr>
<tr>
<td>2.2 Growth Rate of population</td>
<td>5</td>
</tr>
<tr>
<td>2.3 Age Structure</td>
<td>6</td>
</tr>
<tr>
<td>2.4 Fertility</td>
<td>6</td>
</tr>
<tr>
<td>2.5 Morbidity and Mortality</td>
<td>7</td>
</tr>
<tr>
<td>2.6 Migration</td>
<td>8</td>
</tr>
<tr>
<td>2.7 Spatial Distribution and Density of the Population</td>
<td>9</td>
</tr>
<tr>
<td>2.8 Gender Issues</td>
<td>10</td>
</tr>
<tr>
<td>3.0 CONSEQUENCES AND IMPLICATIONS OF GHANA’S DEMOGRAPHIC STRUCTURE</td>
<td>13</td>
</tr>
<tr>
<td>3.1 Socio-Economic-Demographic Interrelationships</td>
<td>13</td>
</tr>
<tr>
<td>3.2 Population Momentum</td>
<td>13</td>
</tr>
<tr>
<td>3.3 The Economy</td>
<td>13</td>
</tr>
<tr>
<td>3.4 Family and Household Level Pressures</td>
<td>14</td>
</tr>
<tr>
<td>3.5 Population and Natural Resources</td>
<td>15</td>
</tr>
<tr>
<td>3.6 Population and Agricultural Development</td>
<td>18</td>
</tr>
<tr>
<td>3.7 Population and Environment</td>
<td>20</td>
</tr>
<tr>
<td>3.8 Population and Education</td>
<td>20</td>
</tr>
<tr>
<td>3.9 Population and Employment</td>
<td>21</td>
</tr>
<tr>
<td>3.10 Health and Nutrition</td>
<td>22</td>
</tr>
<tr>
<td>3.11 Population and Housing</td>
<td>24</td>
</tr>
<tr>
<td>4.0 NATIONAL POPULATION GOALS OBJECTIVES AND TARGETS</td>
<td>25</td>
</tr>
<tr>
<td>4.1 The 1969 Population Policy in Retrospect</td>
<td>25</td>
</tr>
<tr>
<td>4.2 Population Policy Goals</td>
<td>25</td>
</tr>
<tr>
<td>4.3 Population Policy Objectives</td>
<td>28</td>
</tr>
<tr>
<td>4.4 Population and Targets</td>
<td>29</td>
</tr>
</tbody>
</table>
5.0 IMPLEMENTATION STRATEGIES..............................................31

5.1 Maternal and Child Health................................................31
5.2 Family Planning and Fertility Regulation.............................31
5.3 Health and Welfare.............................................................33
5.4 Food and Nutrition.............................................................34
5.5 Education.............................................................................35
5.6 Empowerment of women...................................................36
5.7 The Role of Men in Family Planning Welfare.........................38
5.8 Children and Youth.............................................................39
5.9 The Aged and Persons with Disabilities.................................40
5.10 Population and Law............................................................40
5.11 Population and Law Education
Communication and Motivation (IEC&M) ................................40
5.12 Internal Migration and Spatial.............................................41
5.13 Distribution of the Population.............................................42
5.14 Environmental Programmes..............................................43
5.15 Housing strategies.............................................................44
5.16 Poverty Alleviation.............................................................45
5.17 Labour Force and Employment.........................................45
5.18 Data Collection and Analysis, Research
Monitoring and Evaluation.....................................................46
5.19 Training Institutional Capacity
Building....................................................................................47
5.20 Resource Mobilization.......................................................48

6.0 INSTITUTIONAL FRAMEWORK..............................................49

6.2 The national Population Council (NPC)...............................49
6.3 Secretariat of the National
Population Council..................................................................50
6.4 Technical Advisory Committee of the
National Population Council......................................................52
6.5 Technical Co-ordinating Committee (TCC)............................53
6.6 Decentralization.......................................................................53
6.7 National Development Planning Commission
(NDPC).....................................................................................53
6.8 Government Agencies..........................................................54
6.9 Private organization and Non-Governmental
Organizations (NGOs)..............................................................54
6.10 Government and Donor Support..........................................54

7.0 CONCLUSION......................................................................56
PREFACE

The Government of Ghana issued a definite policy on population in March 1969. The document, entitled “Population Planning for National Progress and Prosperity: Ghana population Policy”, not only defined government’s policy on population also affirmed government’s commitment to adopt and implement appropriate strategies and programmes to manage population resources in a manner consistent with governments ultimate objective of accelerating the pace of economic modernization and improving the quality of life of Ghanaians.

Some twenty-five years after this policy was first promulgated, the country’s rate of population growth still remains at an unacceptably high level, and the population factor continues to act as a serious impediment to the country’s march towards economic modernization, sustainable development and eradication of poverty.

The reasons for this are complex and diverse. It has therefore become imperative that policy makers take a critical look at the original policy document to redefine or clarify its objectives, institute measures, and to re-emphasize the basic principles and goals which the earlier population policy set out to achieve.

Another important rationale for undertaking the revision of the 1969 document is the emergence of new concerns which attracted very little or no attention in the past either because some, such as Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) were then not known or others, such as teenage pregnancy, population, degradation of the environment and drug abuse were not perceived as serious societal problems.

This revised population policy is in many ways a remarkable document, principally because it represents an innovative experiment in grassroots participation in policy formation. The main tenets, principles, strategies and programmes enunciated in this document emerged through debates, discussions and consultations with a wide spectrum of institutions and individual Ghanaians from all walks of life and from every part of the country.

The Policy represents therefore the collective will of the people and the expression of their determination and commitment to the principle that a well-managed population resource is a fundamental requirement for sustainable development.

The progress and prosperity of our country and of future generations therefore depend to a great extent on how we as a people dedicate ourselves to the achievement of the objectives and goals enunciated in this policy.

I there urge every citizen, and all the institutions and agencies, both governmental and non-governmental, which are involved in the implementation of this policy to work
collectively together to ensure that the nation attains the targets specified in the policy document.

On my behalf and that of my Government, I pledge our wholehearted support and commitment to the principles, goals and objectives of the revised National Population Policy.

It is my privilege and honour to recommend this Policy to the people of Ghana.
1.0 RATIONALE FOR A NATIONAL POPULATION POLICY

1.1 The population of Ghana is the nation’s most valuable resource. It is both the instrument and the objective of national development. It is in this regard that Government has as its prime responsibility the provision of Programmes aimed at improving the quality of life of the population.

1.2 The various Development Plans which have been imitated since independence in 1957, the 1983 Economic Recovery Programme and the 1986 Structural Adjustment Programme have therefore all been directed at improving the quality of life for all Ghanaians. However, it is becoming increasingly clear that unless steps are taken to contain the high growth rate of the population, which is now estimated at between 2.9 per cent and 3.1 percent per annum, the developmental efforts of the country might be frustrated. If this trend continues a point will be reached where future generations will be born into a world in which their very numbers may condemn them to life-long poverty and misery.

1.3 Concerns about population issues in Ghana are not limited only to the population growth rate and size. Of equal concern to planners and policy makers are the age structure and spatial distribution of the population. With respect to the age structure, Ghana’s population can be described as young, with roughly 45 per cent of the population under the age of 15 years. This youthful age structure means a high potential for rapid growth of the population in the future as well as a high dependency burden on the economy. This could adversely affect savings and capital formation which is crucial for sustained economic growth.

1.4 With respect to the spatial distribution of the population, it is noted that although the current overall population density of 67 persons per square kilometer cannot be said to be big there are, there are pockets of high population density of over 200 persons per square kilometer; a factor already causing environment degradation in some areas. There is therefore, the need to protect population growth rate and uneven distribution of the population.

1.5 Ghana has made significant progress over the past three decades at improving the health, nutritional and sanitary conditions of the population with the result that more and more people continue to survive into adulthood. All these survivors will have
to be provided with food, shelter, clothing and other basic needs which in the short term at least, would mean further stretching of the nation’s limited resources.

1.6 Rapid population growth is also affecting the nation’s growth and development in a number of ways. Agricultural lands have been placed under continuous cultivation in some parts of the country when they should in fact be left fallow to allow the soil to regain its fertility. Overgrazing and uncontrolled exploitation of the forest and savannah lands for fuel woods, new farmland and human settlement are increasingly leading to desertification and environmental degradation in some parts of the country.

A related problem is the uncontrolled small-scale mining activity known as “galamsey” in certain parts of the country and its harmful effects in the environment and the health of those living in those areas. Additionally, the increasing demand for sand, gravels and stones to feed the construction industry has led to extensive environmental degradation in areas where controls are lacking.

1.7 It is imperative therefore that steps are taken, within the context of a comprehensive population policy to protect the nation’s land, forest resources and other life supporting systems from the ravages of population pressure.

1.8 Another important demographic variable emerging on our population scene is the increasing number of the aged in the society. In 1970, 381,00 (5.3 percent) of the total population were 60 years old and over. This increased to 719,135 (5.8 percent) in 1984. It is estimated that the figure will increase to about 900,000 by the year 2000. In other words it is expected that Ghana’s ageing population over this period would have almost tripled. This continuing trend in longevity has a lot of social and economic implications for policy planning in the country. The aged in all societies have special needs and demands, a responsibly which both the individual family and the larger society have to identify, share and plan for, especially in view of the changing role of the family and the weakening of the wide-ranging mechanisms which supported the aged in traditional society.

1.9 The issue of disability in our society also deserves serious consideration. Although official figures of registered persons with disabilities in the country in 1990 was 47, 397, it is believed, that unofficial figures might be well over 1 million. The proper sustenance and rehabilitation of these disabled persons demands serious attention.

1.10 Women, children and the youth are the major groups who are most likely to suffer from the adverse ejects of rapid population growth. The vulnerability of these groups is manifest especially by the effects of high fertility and short birth intervals on the health of mothers and by the susceptibility of the youth to long periods of unemployment, teenage pregnancies and other social vices.

1.11 One other factor that needs careful attention is the issue of sexually transmitted diseases (STDs,) including HIV/AIDS. The available evidence indicates that the
incidence of STDs has been on the increase over the past few decades. This, coupled with the alarming rate of the spread of (Acquired Immune Deficiency Syndrome (AIDS) over the past few years, calls for intensive population programmes to educate the public in the risks of causal lifestyles as well as on how such diseases can prevented from spreading further to the wider population.

1.12 In the past laws were regarded as marginal in population issues by only providing structures for the implementation of population policies. In recent times, however, it has become clear that real importance of legislation lies in its capacities as a tool for making population policies meaningful and practical. An environment must therefore be created within which the laws of the land must be population friendly. To this end all laws that are demonstrably inimical to population efforts must be repealed or modified.

1.13 Ghana demonstrated its commitment to the advancement of population programmes by being the first sub-Saharan African country to sign the World Leaders’ Declaration of Population in 1967. Earlier on in the 1962-63 session of the United Nations General Assembly, Ghana joined other countries in sponsoring a resolution in Population Growth and Economic Development. In more recent times, Ghana has been one of the leading advocates on the African continent of a vibrant population policy as enshrined in the Kilimanjaro Plan of Action (1984), and the Dakar/Ngor Declarations on Population and Sustainable Development (1992). This commitment to the pursuance of common global population goals is still prime importance to the country.

1.14 It is also important to mention that Articles 37: Clause 4 of the Fourth Republican Constitution, 1992, enjoins Government to maintain a population policy consistent with the aspirations, development needs and objectives of Ghana, and to ensure that population issues are given the prominence they deserve in the country’s development plans and programmes.

1.15 Given the above socio-demographic scenario and the commitment of government to formulate and implement policies and programmes that will launch the country into an era of accelerated economic growth and development, there is clearly the need for the formulation of a comprehensive, dynamic and explicit population policy that will be an integral part of the overall socio-economic policies of Government. It is therefore necessary that government revise and reformulates the 1969 Population policy not only to re-assert the basic tenets of the 1969 policy but also to comprehend the emerging issues such as population and the environment, concerns about the aged, children, the youth, and persons with disability, HIV/AIDS and population and the law.
2.0 POPULATION PROFILE

2.1 Population Size

Ghana occupies a total land area of 238,537 sq.km consisting of ten administrative regions. At the time of Ghana’s attainment of independence in 1957, its population was barely 6 million. This increased to 6,726,815 in 1960 when the first post-independence census was taken and to 8,559,313 in 1970. The last census of 1984 gave the country’s population as 12,296,081, which means Ghana’s population almost doubled within the 24-year period between 1960 and 1984, and the population is currently estimated in 1993 at about 16 million by the years 200, 27 million by 2010, and 33,6 million by the year 2020.

2.2 Growth Rate of Population

The first census in the then Gold Coast Colony was organized by the British Administration in 1891. Decennial censuses were regularly organized till 1941 when the second world war necessitated a postponement to 1948 when a population figure of 4,111, 680 was recorded.

2.2.1 between 1948 and 1960 when the first post-independence census was held, the recorded intercensal population rate of increase was 4.2 percent, a growth which reflected both a high rate of natural increase of the population as well as Ghana’s premier status as a recipient of immigrants from neighboring African countries.

2.2.2 between 1960 and 1970, the average growth rate declined to a yearly average of 2.4 percent but increased slightly to 2.6 per cent during the 1970 and 1984 period. Various estimates put the current rate growth at between 2.9 and 3.1 percent giving a doubting time of between 22 and 24 years.

2.2.3 thus Ghana ranks among the countries with the world’s highest rates of population growth. It is this high rate of growth, rather than the size or density of the population per se, which constitutes the basis for the deep concern about the country’s demographic structure.

2.2.4 Ghana’s phenomenal rate of population growth is determined largely by the interplay between four main factors. These are firstly, the youthful age structure of the population which implies that a substantial proportion of the population is concentrated in the reproductive or child-bearing ages; secondly, the persistently high fertility rates; rates thirdly, the rapidly declining mortality rates and lastly, the volume persistence and direction of migration flows in and out of the country.
2.3 **Age Structure**

Ghana’s population can be described as a young population with a substantial proportion of its population being under the age of fifteen (15). The 1984 census showed that 45 percent of the population was under the age of 15, with only 4 percent above the age of 65, and the rest (51 percent) in the 15-64 age group. The medium age for the population in 1984 was 17.5 years. More recent data from the 1993 Ghana Demographic and Health Survey (GDHS) showed only a slight change of 48.2 percent in the 0-14 group, 48.2 percent in the 15-64 group and 3.6 percent in the 65 and over age group. The youthful age structure is reflected in high young age dependency ratios for the country. This rose from 85 in 1960 to 98 in 1970, declined to 88 in 1984, but increased again to 100 in 1993.

2.4 **Fertility**

Various estimates of the level of the fertility obtained from numerous causes and surveys using a wide range of techniques all indicate that the level of fertility in Ghana has remained at a very high level over a fairly long period.

2.4.1 The reported Total Fertility Rate (TFR) ranged between 6 and 7 for the period between 1960 and 1988. The 1993 GDHS report shows however that there has been a slight decline of the TFR from 6.4 to 5.5 compared to a TFR of under 2 for most developed countries, Ghana’s TFR is still very high.

2.4.2 If completed family size as measured by the average number of children ever born to women aged 45-49 is used as an index of the level of fertility, the indices range from 5.9 children per woman in 1960 and 6.4 in 1971 through 6.7 in 1979/80 to 7.3 in 1988. This consistent increase in cohort fertility is largely a reflection of improvements over the period in overall mortality, but more particularly in the areas of infant, child and maternal mortality. The 1993 GDHS however shows that the number of children ever born to women aged 45-49 has now declined slightly to 6.6 as a result of an apparent decline in fertility.

2.4.3 Various socio-cultural practices and beliefs tend to support and sustain this high level of fertility. Marriage is still contracted early and is near universal and by age 30, almost all females in the population have been married at least once. The age at marriage, especially for females, is still low, although there are some signs of change. Increasing urbanization and expansion of educational facilities for women are the two main factors accounting for the increase in age at marriage.

2.4.4 Another important reason for the persistent high fertility is the very low level of contraceptive usage. Results of the 1988 GDHS indicated that only 5 per cent of currently married women between the ages of 15 to 49 were using any modern form of contraception. This increased to 10 percent in 1993 (GDHS), which is still fairly low, a clear indication that the traditional pro-natalist value system still persists widely throughout the population.

2.5 **Morbidity and Mortality**
The levels of morbidity and mortality are important of the health status of a population and its overall level of development. All the available evidence indicates that unlike fertility, the death rate in Ghana has been steadily declining over the years, especially in the past-war period as a result of a combination of several factors such as improvements in public health, sanitation, medical facilities increasing education and modernization in general.

2.5.1 The Crude Death Rate (CDR) is estimated to have declined from around 25 in the 1950’s to around 11-13 by 1990. The infant mortality rate is similarly estimated from 100 per 1,000 in the early 1970’s to about 77 in the 1983-88 period and 66 in 1993.

2.5.2 The declining level of mortality is also reflected in the expectation of life at birth which has increased from about 45 years in 1960 to 58 years in 1993.

2.5.3 The morality pattern has not changed significantly over the years, and the population seems to be afflicted largely with the same diseases such as malaria, upper respiratory infections, and water-borne diseases. A basic underlying cause of the persistence of these diseases is the widespread prevalence of poor sanitation conditions, unhygienic personal habits, poor nutrition, poverty, inadequate housing and lack of access to potable water. By 1989, only about 15 per cent of the rural population in small settlements with population ranging between 100 and 500 had access to potable water, while for rural settlements with a population of 500 and over, the corresponding proportion was 40 per cent. The situation is compounding by the gross maldistribution of health facilities and personnel between different areas of the country. Continuing attempts to redress these imbalances and improve the health situation generally mean that mortality is expected to decline further over the next few decades.

2.6 Migration

Both internal and international forms of migration constitute important dynamic aspects of the growth, structure and distribution of Ghana’s population. Until 1969 when the alien’s Compliance (Registration) Order was issued, Ghana received a large number of both seasonal and permanent immigrants. The 1960 census showed that about 12.0 per cent of the population enumerated was of foreign origin. The 1969 Order saw a large exodus of the immigrants from the country, the late 70’s a reverse flow of Ghanaian migrants leaving the country had become the dominant pattern. The fact that about a million Ghanaians who did not have valid resident permits returned home in 1983 from Nigeria was a clear confirmation of the fact that Ghana had been transformed from a country of immigration to a country emigration. The emigrants went not only to Nigeria but to other African countries mainly other west African countries, Libya, western Europe and the Middle East.

2.6.1 The exodus was largely a consequence of the deteriorating and harsh economic conditions which started in the late 70’s and reached their peak in the 1983-84
period. This fact makes it very difficult to assess the impact of migration on future population growth. Many of the receiving countries are now beginning to impose severe restrictions on immigration, and much of the justification for economic fortunes of the country continues positively as it seems to have done since the late 80’s. It is, however, also possible that emigration has now become so ingrained in the Ghanaian psyche that it will be difficult to stop the momentum, considering the fact that those already outside continue to act as magnets in the chain of the migration process.

2.6.2 In general, Ghana’s internal migration radiates in all directions rural-urban, urban-urban and rural-rural. Evidence from the 1984 population census indicates that in terms of volume the most important stream is urban-urban (35.2 percent), followed by urban-rural (35.3 percent), rural-rural (22.9 percent), and rural-urban (16.6 percent). The movement to the towns, especially the regional capitals and industrial centres continues to pose a serious problem to municipal authorities and planners because of the severe pressures which it invariably exerts on the already inadequate services and facilities in those areas.

2.7 Spatial Distribution and Density of the Population

Ghana’s population is predominantly rural. In 1960, there were only 100 localities with a population of 5000 or more and these constituted 23.4 percent of the total population. The number of urban localities increased to 136 in 1970 with a 28.9 percent share of the total population, and to 203 in 1984 with a 32 percent share of the total population. Thus 68 percent of Ghana’s population reside in the rural areas. The vast majority of the rural dwellers live in very small settlements. Of the 56,170 localities enumerated the 1984 census, those with a population less than 100 inhabitants constituted 71 percent. The dominance of small localities in Ghanaian settlement patterns is further illustrated by data from the same census which showed that as many as 54,351 or 97 percent of all the localities had populations of under 1,000 people.

2.7.1 Urbanisation seems to have slowed down in recent decades, whereas the average annual rate of urban growth was 9.5 percent between 1948 and 1960, and between 1960 and 1970, the rate declined to only 3.1 percent between 1970 and 1984, largely due to the fact that while the movement from the villages to the towns continued, a corresponding movement from both the towns and villages out of the country intensified during this period.

2.7.2 The spatial distribution of the population throughout the country is generally very uneven. A complex web of factors such as disparities in resource endowment, provision of infrastructural and socio-economic development, climate, proneness to certain types of endemic diseases and historical factors account mainly for the uneven distribution of the population both between and within regions.
2.7.3 The national average density of the population increased from 28 persons per square kilometer to 36 between 1969 and 1970, and to 52 in 1984. The Greater Accra Region in which the capital is located was the most density settled in 1984 with a population of 441 persons per sq. km. other regions whose population densities exceeded the national average were the Central Region (116), Eastern, Upper East, and Ashanti (87.87 and 86 respectively) and Volta (59). The most sparsely populated region were Northern and Upper West with densities of 17 and 24 respectively. The others were Western (48) and Brong Ahafo (31).

2.7.4 In summary, Ghana’s population can be described as being of moderate size and density, predominantly young, unevenly distributed over the country but growing rapidly largely as a result of declining mortality and a persistently high level of fertility. Since it is highly probable that mortality will continue its steady decline over the next few decades, the possibility of a further increase in the rate of population growth cannot be discounted if serious efforts are made to lower the level of fertility.

2.8 Gender Issues

Female constitute about 51 percent of Ghana’s population, and are an important human resource base. The sex ratio of the population was 102.2 in 1960,98.5 in 1970 and 97.3 in 1984. In view of the woman’s central role in production and reproduction, her importance both as an agent and beneficiary of socio-economic development and change cannot be over emphasized.

2.8.1 Women general suffer marked disparities in access to education, health care and economic opportunities. The 1984 census showed that while 48 percent of men aged 15 years and over had attended school in the past, only 33 percent of women had ever done so. While 13 percent of men above age 15 were in their year currently attending school, only 6.8 percent of women were doing so.

2.8.2 The 1986 Ghana living standards survey (GLSS) also showed the same disparities in terms of literacy. Only 26 percent of females could compared 46 percent males, only 24 percent of women could write compared 42m percent males. While only 38 % of females could do some arithmetical calculations compared to 60 % of males.

2.8.3 Women have always played a dynamic role in Ghana’s economic life particularly in agriculture but their low levels of education have been an important factor preventing them from attaining a highly remunerative senior positions in the modern sector of the economy and public office. Women form about 52% of the agricultural labour force and produce 70% of the total subsistence crops, but only 25% of farm managers are females. Women also constitute 90 % of the labour force in retail trading but only 9.3% of sales managers are females.
2.8.4 Maternal mortality rate was estimated in 1993 to be 220 deaths per 100,000 live births for the whole country, but evidence from other surveys indicate that there are wild urban rural and regional disparities.

2.8.5 The woman’s normally heavy responsibility as child bearer and home-maker is often complicated by non-supportive and absent husband, or one whose attention and resources are divided between different wives. A third (33%) of married women are in polygamous unions)(GDHS, 1988), and a similar proportion of households in Ghana are headed by females, a phenomenon fraud with very serious implications for child welfare and care.

2.8.6 Certain practices including laws, norms, taboos and customs particularly those relating to marriage and childbearing and nutrition, turn to stifle women’s socio-economic development and even impair their mental and physical wellbeing. An overall improvement in the role and status of the Ghanaian woman in all spheres of life is therefore is the basic pre-requisite for the successful implementation of any population programme.

3.0 CONSEQUENCES AND IMPLICATIONS OF GHANA’S DEMOGRAPHIC STRUCTURE

3.1 Socio-Economic-Demographic Interrelationships

The socio-economic development of the nation, or in simplest terms the quality of life of its peoples, is determined by a wide range of exogenous and endogenous factors. Such device factors as the global economic situation, international terms of trade, national resource endowment, mobilization and management, political leadership, among others, are all ethical factors which influence a nation’s development, it is generally agreed however that one basic factor which influences, and is in turn influenced by all these factors, is the demographic structure of the country, particularly its rate of population growth. A high rate of population growth seriously impairs a country’s ability to achieve a rapid rate of economic growth for a number of reasons.
3.2 **Population Momentum**

One important consequence of the high level of fertility and the youthful age structure is the building up of “population growth momentum”. This “momentum” is the result of the relatively large number of young women who continually enter the reproductive age group as against the much smaller number of women who retire through old age from child-bearing. The existence of this relatively large reservoir of potential child-bearers means that even if fertility were to drop drastically to replacement level of around two children per woman, the population will still continue to grow until the age structure of the population alters substantially in favour of the old.

3.3 **The Economy**

The Ghanaian economy has experienced alternating periods of buoyancy, stagnation and decline in the post-independence era. The reasons for this are varies and complex, but notable among these are changes in the prices paid for the country’s major exports especially cocoa, gold and diamonds, poor incentives to producers, changes in monetary and fiscal policies, management practices and labour productivity.

3.3.1 **The Economy**

The structure of the economy of Ghana has not altered significantly in recent years. The primary sector continues to dominate in terms of contribution to output, employment, domestic revenue and foreign exchange earnings. Agriculture, as the main economic activity, currently contributes about 51 percent to Gross Domestic Product (GDP) and employs about 60 percent of the labour force.

3.3.2 The economy recorded its worst performance during the decade prior to 1984, but with the institution of the economic recovery programme (ERP) in 1983, economy has made a dramatic recovery. Since 1984, real national income has grown at an average annual rate of about 5.3 percent, compared to a decline of 1.3 percent during the 1976-83 period.

3.3.3 The services of tertiary sector in particular seems to have benefitted positively to the incentives created under the ERP and its contribution to the economy has been rising steadily, from 1986 to 1990, the government allocated about 80% of its budget to the services sector, with education getting the largest share followed by health.

3.3.4 The real GDP, which is the total value of goods and services produced in the economy, grew at an average annual rate of 4.8 percent during the 1987-1991 period. The rapid rate of population growth means, however, that GDP per capita has experienced only marginal growth, and Ghana is still generally classified as poor with a per capita income of only $390 in 1990. A reduction in the rate of population growth and an improvement in the quality of labour force constitutes the basic Requisite for government’s programmes of action to achieve a sustained economic growth over the next few decades.

3.4 **Family and Household Level Pressures**
Ghana’s useful age structure imposes what is generally termed a high dependency burden at the family and societal levels in terms of total amount of resources which have to be allocated solely to the care of the youth and the aged. The dependency ratio defined as the ratio of population under 15 plus those aged 65 and over to the working population in the aged group 15-64, increased from 91 in 1960 to 102 in 1988. This means in essence that one productive worker in Ghana supports one other defendant or non-worker. This is very high compared to the situation in the developed countries where two workers support only one defendant.

3.4.1 The high dependency ratio has serious implications for the nation’s ability, both at the individual and societal levels to mobilize resources and savings for investments in the productive sectors of the economy rather than on schools, clinics, clothing etc.

3.3.2 The burden imposed by a large family size is felt even more severely in situations, such as Ghana where incomes are low and poverty is widespread. There real income of the average Ghanaian in 1989 was below what prevailed in 1975 or 1980. During the 1975-1983 period, incomes declined sharply from an index of 100 in 1977 to 22 in 1983. With the institution of the Economic Recovery Programme (ERP) however, the index roles to 77 in 1988. Inspite of this improvement in incomes, data from the GLSS (1988) showed that 36 percent of Ghana’s population were living below the poverty line, with majority of these (56 percent) living in the rural areas. In poor households, children and women become the main victims of the poverty syndrome, and a large family makes it even more difficult to ensure the mental and physical well-being of those vulnerable groups.

3.4.3 Current forecasts predict a steady growth in the real gross domestic product per capital over the next few years under the Economic Recovery Programme and consequent alleviation of the level of poverty but the high rate of population growth will in practice ultimately nullify most of the economic gains in real terms.

3.5 **Population and Natural Resources**

The county’s rapid rate of population growth has resulted in recent decades in an increased demand on the county’s natural resource base. In the increasing search for agricultural and grazing land, fuel wood and charcoal, the land area, including forest reserves is being continually invaded to the extent that the fragile ecosystem is now seriously threatened.

3.5.1 The forest and wildlife resources of Ghana are two of the most important natural resources of the country. Covering about 8.2 million hectares of land of which 3.8 million is reserved, the forest provides basic needs for the people. Not only does the forest protect watersheds, wildlife, rare medical plants, and the ozone layer and the ecosystem, but it also plays a vital economic role by providing timber for export and housing and fuelwood for domestic use.

3.5.2 The rapid population growth has exerted immense pressure on the forest resources particularly the remaining 6.5 million hectares which are outside the
forest reserves. It is estimated that the forest are being depleted at an alarming rate of over 22,000 hectares annually, and in the western region, for example, it is known that about 20% of the forest reserves (135,000 hectares) is now described as damaged beyond recovery owing to encroachment resulting from population pressure.

3.5.3 The savannah belt is also equally facing the serious threat of devastation. As a result of population pressure. It is currently estimated that out of 15.7 million hectares of savannah birds, only 880,600 hectares are reserved and protected from cultivation and grazing. The remaining 14.8 million are being depleted at a rate of about 20,000 hectares annually.

3.5.4 Ghana has thirteen wildlife reserves which cover a land area of 1.2 million hectares representing about 5% of the total land area of Ghana. Wildlife resources has a wild range of economics, social and scientific values. Increasing demand for bush meat (animal protein) has led to rampant poaching of animals in the wildlife reserves. In addition, bushfires associated with illegal hunting and farming activities are increasingly destroying wildlife habitat. The total effect is that the wildlife ecosystem like the forest ecosystem, is degenerating steadily at a fast rate.

3.5.5 There are marked regional disparities in the availability of portable water in the country. It was estimated that by the end of the international drinking water and sanitation decade (IWSD in 1990), about 63 percent of Ghana’s population had access to potable water supply (hand pumped or piped water). Of this, 93 percent were urban dwellers and 50 percent of rural inhabitants. Nevertheless, giving the intermittent piped service and the nonfunctioning of about 30% of the hand pumps in the country, the rural service coverage could be as low as 20%. Rapid rural urban migration has also meant that even in the urban communities with pipe-born water, the supply cannot often cope with the demand, and the service are often irregular and unreliable in some areas. The high incidence and widespread prevalence of water related diseases such as schistosomiasis (bilharzia) and dracunculiasis (guinea worm) are evident of the poor quality of water used by people especially in the rural areas in the country. Though serious efforts are being made by governments to provide potable to more people, the rapid population growth implies a widening of the gap and between demand and supply.

3.5.6 The marine and coastal ecosystems are also being seriously threatened as a result of population pressure and poor conservation measures. Coastal fisheries are being exploited above sustainable levels and total fish landings have been seriously fluctuating over the past few decades.

3.5.7 Concentration of population along the coastline is one of the major cause of the increasing destruction of coastal resources. Mangroves which serves as breeding
grounds and habitats for, some species of fish are being exploited for charcoal production, while the coastal waters are also being degraded as a result of increasing organic and inorganic pollution from a variety of land based and maritime sources.

3.5.8 The potential for the use of solar energy to supplement energy requirements in Ghana is quite good, but technologically and financial constraints have limited is development and use.

3.5.9 As a result of the creation of the Volta Lake Ghana, now has two hydro-electric power plants and more than 40 potential mini-hydro sites have also been identified. The present and even distribution of the population however prevents the maximum utilization of this energy source which is not only capital-intensive but also requires a long period of gestation. It needs to be emphasized that most of these energy sources have both short and long-term adverse consequences for both human populations and larger ecosystems, and a low rate of population growth permits a more effective monitoring and judicious use of these resources.

3.5.10 Ghana abounds in mineral resources especially gold, diamond, bauxite and manganese which are currently exploited mainly for export. The country's potential reserves in these and other minerals are yet to be fully accessed.

3.5.11 Mining production has grown annually at an average of 10.2 percent since 1984, and total production in 1991 was more than double the level of population in 1983. Between 1984 and 1990, the mining sector contributed an average of 9 percent to the industrial real gross domestic product, and export earnings from the sector increased from 16.6 percent in 1986 to an estimated 35.7 percent of the nation’s total earnings in 1991.

3.5.1 The importance of the mining sector to Ghana’s socio economic development cannot therefore be overemphasized. Minerals however are non-renewable resources and their exploitation can cause irreparable damage to the environment if necessary precautions are not taken.

3.6 Population and Agricultural Development
Agriculture is the mainstay of Ghana’s economy. It contributes the highest proportion to the Gross Domestic Product (GDP). Between 1980 and 1990, Agriculture’s share of the GDP fluctuated between 45 and 60% with an average of about 52%. Agriculture also employs just over half of the total labour force, and contributes substantially to government revenue.

3.6.1 Between 1987 and 1991, growth in the agricultural sector lagged behind the rest of the economy, and agricultural gross domestic product grew
annually at only 1.5 percent which was too low to offset the population growth rate of around 3.0 percent.

3.6.2 In recent decades, Ghana has often experienced food shortages. The worse years were in the early eighties when severe drought and widespread bushfires resulted in the acute food shortages and actual hunger in 1983 and the first half of 1984.

3.6.3 Food production is dependent on factors such as climate, rainfall, and natural disasters over which society has little or no control; but the problems are often compounded through self-inflicted conflicts, willful destruction of the environment, misuse of pesticides, fertilizers and poor agricultural techniques. Attempts to minimize the effects of such constraints are hindered by a fast growing population whose immediate needs for land and food often take precedence over long-term rational policies and strategies for sustainable development.

3.6.4 The relatively poor performance of the agricultural sector manifest itself in periodic shortfalls in cereal and meat production, necessitating the use of scarce foreign exchange resources to import additional requirements. A long-term policy of food security for Ghana will therefore of necessity have to contend with population growth parameters.

3.6.5 The rapid growth of the population and the consequent over increasing demand for agricultural land have triggered off a number of environmental problems in the agricultural sector. The total agricultural area in 1988 was estimated at 13.6 million hectares. Per capita agricultural land which was estimated at 1.95 hectares around 1990 is expected to decline to 0.43 hectares by the year 2020.

3.6.6 The high demand for agricultural land has forced poor farmers to cultivate marginal lands such as steep slopes and fragile soils. The traditional bush fallow and shifting cultivation system have now proved to be dysfunctional owning to drastic declines in fallow periods.

3.6.7 In the modern agricultural sector, mechanization and the uncontrolled use of agro-chemicals have also resulted in serious environmental problems such as the destruction of the biophysical, hydrological and technical balance of the soils leading often to sever declines in crop production, land degradation and desertification. The problem of desertification is now assuming serious dimensions in the Upper East and Upper West Regions of the country.

3.6.8 Livestock production, especially of cattle, constitutes an important feature of the country’s agriculture. In Ghana, the bulk of cattle population, about 789 percent, can be found in the northern ecological zone, and about 15
percent in the relatively dry coastal plains in the south. The impact of population growth on grazing land is fairly similar to that on crop lands.

3.6.9 The cost of environmental degradation imposed by the forestry and agricultural sectors of the country is quite considerable, and in 1988 this was estimated to be about 39.6 billion cedis (US $121.9 million)

3.7 Population and Environment

One of the most serious problems facing mankind today is the rate at which the environment is being exploited, misused, overused, and polluted. The situation is even more serious in development makes it difficult to assess or monitor the nature and extent of pollution of the natural environment, particularly air and water resources. While the average person depends on thesis for his daily food, energy and transportation requirements, this low level of technological development limits his ability to adequately protect these resources through proper environmental management practices.

3.7.1 The problem has become even more acute in recent decades with newer threats being posed to the environment from industrial sources such as toxic industrial wastes both from abroad and local sources, vehicular emissions etc. The continued degradation of the soils, water, forests and ecosystem generally is constantly undermining the nation’s ability to sustain food production and to ensure adequate health standards and sustainable development.

3.7.2 Though several factors account for this unsatisfactory situation, the pressure of sheer population numbers on those natural resources is obviously a major contributory factor to the worsening environmental degradation.

3.7.3 An overall long term policy to protect the environment will therefore have to incorporate policies to stabilize the rate of population growth.

3.8 Population and Education

The acquisition of education, whether formal or informal, is an indispensable tool of social and individual development. In all areas of social development such as improvements on health and nutrition, child care, family planning, employment, welfare and income, education acts as a major catalyst for change. The rapid rate of population growth means, however that in spite of the heavy investments over the years in education, a substantial proportion of the young population is denied access to quality education.
3.8.1 Enrolment in primary class one in 1984 was 268,700 whereas the number which actually qualified was 440,561. Data from the GLSS (1988) showed that as much as 30 per cent of those in the primary school-going (6-11) were not attending school primary because of the lack of necessary facilities. The six-year old population is projected to reach about 787,000 in the year 2000, thereby widening further the gap between demand and supply of educational facilities. The situation looks even worse when the drop-out rate is taken into account. Data from the Ministry of Education (1988/89) showed that 36 per cent of boys and 46 per cent of girls had dropped out of school over six years of primary school, yielding a school completion rate of only 60 per cent. Another disturbing aspect of the wastage phenomenon is the wide regional variation. Whereas only 4 per cent of girls dropped out of primary school in the Greater Accra Region, the corresponding figures for the Northern and combined Upper Regions were 20 and 18 per cent respectively in 1992.

3.8.1 The low intake at all educational levels is compounded by a marked deterioration in the provision of basic educational facilities, physical structures, equipment, teaching staff and teaching aids. The rapid growth of the population has thus been a major factor in the decline in both quantity and quality of education. The share of the national budget allocated to education has risen from 26 per cent in 1991, but the high rate of population growth has meant that per capita expenditure on education has actually declined over the period.

3.9 **Population and Employment**

In a largely subsistence agricultural economic system such as Ghana’s unemployment levels tend to be low or non-existent except in the urban areas. In 1984 for example. Only 2.8 per cent of the economically active population was recorded as unemployed in the census (6 per cent in the urban areas and 1.4 per cent in the rural areas). Such employment statistics tend to conceal significant levels of under-employment and also inefficient and low productivity in both the formal and informal sectors. It is often therefore difficult to estimate the true level of economic activity using employment statistics.

3.9.1 The labour force formed about 55 per cent of the population in 1984. Comparable figures for 1960 and 1970 were 53 and 55 per cent respectively which implies that there has been very little change in the relative size of the labour-force over the past few decades. In absolute terms, however, size of the labour force increased by about 81 percent from 3.7 million in 1960 to 6.7 million in 1984. Female participation in economic activity has been increasing steadily since 1960. Participation rates for females increased from 56.7 per cent to 81.6 per cent in 1984. For males however, participation rates declined only slightly from 89 per cent in 1960 to 83.5 per cent in 1984. The participation rates for the urban and rural areas in 1984 were 77 and 85 percent respectively.
3.9.2 It is evident however, that one consequence of the high level of fertility is the large number of youth who join the labour force every year. It is currently estimated that about 250,000 new entrants join the labour force every year. The long period of dependency and training before children become productive also means that the beneficial effects of a decline in fertility in terms of the aggregate size of the labour supply can only be felt after a period of from 15 to 20 years.

3.9.3 The failure of the modern sector to absorb the ever-growing army of the young school leavers is manifested partly in their increasing concentration in the informal sector of the economy, and partly also in the significant levels of unemployment and underemployment especially in the urban areas. This provides clear evidence of the need to consider the population factor in economic development strategies.

3.10 **Health and Nutrition**

The health sector has always been one of the priority areas attracting substantial levels of government investment. Quite clearly, a good health status is desirable in itself but its direct impact on labour productivity and therefore ultimately on economic growth makes it even more imperative for government to ensure easy access to modern health facilities to as many segments of the population as possible.

3.10.1 Government is committed to the Alma Alta Declaration of providing health for all by the year 2000. The strategy for achieving this objective is through a decentralized Primary Health Care delivery system focusing primarily on maternal and child care, family planning, nutrition, control of diarrhea diseases and an expanded programme of immunization and malarial control.

3.10.2 The present high rate of population growth seriously constrains the nation’s ability to improve the health status of the population in a number of ways. Firstly, the high fertility level implies a relatively high concentration of child-bearing women and children in the population. Since these two vulnerable groups are prone to high levels of morbidity and mortality, their predominance in the population means high per capita expenditures on health care for the nation. Secondly, high fertility itself tends to be associated with high morbidity and mortality risks, thereby often necessitating the diversion of scarce national resources into the health sector. Of particular concern are high-risk pregnancy-related health problems caused by poor spacing, under-or over-aged mothers, abortion and poor nutrition.

3.10.3 The steady increase in expectation of life at birth to a current level of about 58 years and the declines in infant mortality rates attest to the considerable progress in health delivery services since independence, but it is becoming clear that the objective of providing health care for all by the year 2000 is being
seriously undermined the ever expanding demand for health facilities and manpower.

3.10.4 Although government expenditure on health has been increasing steadily in absolute terms over the past few years, per capita allocation or expenditure on health has been declining in real terms over the period due to the rapid rate of population increase and the continued depreciation of the cedi. Another serious problem afflicting the health sector is the gross mal-distribution of the available health facilities and manpower between urban and rural areas and between different regions. In 1991 for example, Greater Accra and Ashanti Regions alone had 68 per cent of the 582 medical officers in the public service. The two regions also had more than 51 per cent of the total number of nurses in the public sector in the same year. An underlying important cause of the high levels of morbidity and mortality is the generally low level of living of the population as manifested in access to adequate housing, water, sanitation, food, and a reasonable standard of living. Alleviation of those conditions is therefore a pre-requisite for improvement in the health and nutrition of the population.

3.11 **Population and Housing**

The rapid rate of population growth is a major contributory factor to the serious housing problem in Ghana, especially in the urban areas. The total stock of occupied residences increased from 649,700 by 35 per cent between 1960 and 1970, and by 41 per cent between 1970 and 1984, but because of the rapid rate of population growth, the demand for housing currently far exceeds supply.

3.11.1 While the annual demand for housing is estimated at 70,000, the annual delivery is only 30,000. The seriousness of the housing problem in the urban areas is vividly illustrated by the situation in Accra which in 1990 was estimated to have an annual deficit of 17,000 housing units.

3.11.2 The heavy demand for shelter has also increasingly led to uncontrolled urban sprawl, overcrowding, and a proliferation of squalid slum settlements. The result is that most urban authorities increasingly find themselves unable to cope with the demand for basic services such as water, sanitation, sewerage and drainage. The urban housing crisis is directly interlinked with increased population pressures.
4.0 NATIONAL POPULATION POLICY GOALS, OBJECTIVES AND TARGETS

4.1 The 1969 Population Policy In Retrospect

After more than two decades of the 1969 Population Policy, the limited evidence available suggests that Ghana’s population programme has made only modest gains. One major long-term objective was to reduce the population growth rate from nearly 3 per cent in 1969 to 1.7 per cent by the year 2000. In 1993, only seven years to the target date, the rate of growth is still around 3.0 per cent, and the results of the 1993 GDHS show only a moderate decline of the TFR to 5.5.

Several factors account for the poor performance of the 1969 policy. The absence of a well-articulated and co-ordinated institutional machinery to translate policy objectives into programmable action plans has been identified as one of the most serious constraints to the success of the 1969 policy.

Other factors are inadequate knowledge about population and development interrelationships, inadequate funding and the absence of community participation and support at the grassroots level.

4.2 Population Policy Goals

The following are the goals of the revised population policy:

4.2.1 A national population policy and programme are to be developed as organic parts of social and economic planning and development activity. Programmes are to be formulated through the collaborative participation of national, regional and district entities, both public and private, and representatives of all relevant professions, agencies, institutions and organizations.

4.2.2 Measures will be taken to improve the standard of living and the quality of life of the people. To this end, policies will be pursued to alleviate mass poverty among the people and enhance the welfare of the population at large.

4.2.3 The vigorous pursuit of programmes to reduce further the very high rates of morbidity and mortality and the promotion of
reproductive and sexual health generally for all including adolescents will be an important aspect of population policy and programmes.

4.2.4 Recognizing the crucial importance of a wide understanding of the deleterious effects of unlimited population growth and the means by which couples can safely and effectively control their fertility. Government will vigorously promote as well as encourage others to undertake programmes to provide information, advice and assistance to couples wishing to space or limit their reproduction. These programmes will be voluntary rather than coercive.

4.2.5 Steps will be taken to promote the health and welfare of mothers and children especially through preventing premature illness, unsafe abortions and premature deaths.

4.2.6 Measures will be instituted by government in collaboration with traditional authorities and other interested organizations or institutions to enhance the status of women in society. This will be done through a wide range of measures such as the elimination of all discriminatory laws and cultural practices which are inimical to the general well-being and self-esteem of women; to promote wider productive and gainful employment for women; to increase the proportion of females entering and completing at least senior secondary school; and to examine the structure of Government conditions of employment and if necessary change them in such ways as to minimize their pronatalist effects.

4.2.7 Government will adopt policies and establish programmes to guide the spatial distribution of population in the interest of development. Such policies will in part be geared towards a more even distribution of population between urban and rural and within urban and rural areas.

4.2.8 Government will adopt policies and embark upon programmes to ensure the best possible parental maintenance and care of children. This will involve programmes to improve the education, health, and income-earning capacity of parents, especially mothers. Legislation and other measures will also be adopted to prevent all forms of child abuse and eliminate
socio-cultural practices which are particularly harmful to the girl child.

4.2.9 Policies will be adopted to ensure the adequate upkeep and full integration of the aged and persons with disabilities into the society and facilitate the adoption of children. For persons with disabilities, the policies will spell out ways of creating opportunities for them to contribute their quota towards national development and thereby enhance their chances of leading normal lives. To this end the Community Based Rehabilitation (CBR) concept evolved by the World Health Organization (WHO) will be vigorously propagated and implemented. Appropriate policy environment will also be created to enable the aged feel secure and useful in society.

4.2.10 The Government will institute a land classification scheme to delineate vulnerable environments for protection. Land management policies which will facilitate sustainable economic growth based on new assessment of carrying capacity as well as development and promotion of technologies to protect the environmental resources of the country will also be pursued. The Ghana Environmental Action Plan of 1990 which includes Environmental Impact Assessment would be vigorously implemented. In view of the immense benefits that can be derived from solar energy, appropriate research will be conducted into its extensive utilization wherever possible.

4.2.11 Government and Parliament will amend or repeal those laws that are inimical to the policy as well as promulgate or amend favourable ones so as to strengthen their effectiveness in assisting the implementation of the policy.

4.2.12 Measures will be taken to promote the equality of all citizens under the law and create equal opportunities for all under the law.

4.2.13 Measures will be taken to strengthen the institutional capabilities of the National Population Council and the National Development Planning Commission to promote integrated population and development
planning and programming at national, regional and district levels.

4.2.14 Government will continue to establish and maintain regular contact with the development and management of population programmes throughout the world through intensified relationships with international public and private organizations concerned with population issues.

4.3 Population Policy Objectives

In pursuit of the above goals, the Population Policy for Ghana shall adopt the following objectives:

4.3.1 To ensure that population issues are systematically integrated in all aspects of development planning and activity at all levels of the administrative structure.

4.3.2 To enhance integrated rural and urban development in order to improve living conditions, particularly in the rural areas, and to moderate and re-orient inter-regional as well as rural-urban migration, including the establishment of growth centers. Programmes to alleviate poverty both in the rural and urban areas would be vigorously pursued.

4.3.3 To regularly improve the demographic database i.e. data collection, processing, analysis, projections and research on population and development. The resulting database will be used in social and economic planning and in policies, programmes and project formulation.

4.3.4 To promote, clarify and sharpen the awareness and understanding among opinion leaders and the public at large of population issues and the implications of rapid population growth.

4.3.5 To provide the population with the necessary information and education on the value of a small family size specifically, and sexual and reproductive health in general.
4.3.6 To ensure accessibility to, and affordability of, family planning means and services for all couples and individuals to enable them regulate their fertility.

4.3.7 To educate the youth on population matters which directly affect them such as sexual relationships, fertility regulation, adolescent health, marriage and child bearing, in order to guide them towards responsible parenthood and small family sizes.

4.3.8 To provide fertility management programmes that will respond to the needs of sterile and sub-fertile couples to achieve satisfactory self-fulfilment.

4.3.9 To educate the general population on the need to conserve the environment as well as promote environmental quality.

4.3.10 To promote sound welfare programmes that would take care of the special needs of the youth, the aged, persons with disabilities and other vulnerable groups.

4.3.11 To develop programmes aimed at the empowerment of women to increase their participation in the modern sector.

4.3.12 To integrate family planning services into maternal and child health care services so as to reduce infant, child and maternal morbidity and mortality.

4.3.13 To educate the general population about the causes, consequences and prevention of HIV/AIDS and other sexually transmitted diseases.

4.3.14 To ensure that the Law Reform Commission, Parliament and other law-making agencies are well-sensitized on population issues so that the law will serve as an effective instrument for promoting the objectives of the Population policy.

4.3.15 To achieve a more even distribution of the population
between rural and urban areas, and to monitor international migration.

4.3.16 To stem the “brain–drain” of professionals and other skilled people leaving the country.

4.4 Population Policy Targets

The main targets for the population policy are:

4.4.1 To reduce the total fertility rate (i.e. the number of children a woman is likely to have during her reproductive years) from 5.5 to 5.0 by the year 2000, 4.0 by 2010 and 3.0 by 2020.

The policy will accordingly aim at achieving a Contraceptive Prevalence Rate (CPR) of 15 per cent for modern methods by the year 2000, 28 per cent by 2010 and 50 per cent by 2020.

4.4.2 To reduce the present annual population growth rate of about 3 per cent to 1.5 per cent by 2020.

4.4.3 To reduce the proportion of women who marry before age 3 per cent to 1.5 per cent by 2020.

4.4.4 To reduce the proportion of women below 20 years and above 34 years having births to 50 per cent by the year 2010 and to 80 per cent by 2020.

4.4.5 To increase the coverage of supervised deliveries to 80 per cent of all expected deliveries by 2010.

4.4.6 To achieve minimum birth spacing of at least two years for all birth intervals by the year 2020.

4.4.7 To increase the proportion of 15–19 year-old females with secondary and more education to 50 per cent by the year 2005 and to 80 per cent by 2020.

4.4.8 To achieve full immunization for 80 per cent of infants (0 – 11 months) by the year 2020.
4.4.9 To reduce the infant mortality rate from its current level of about 66 infant deaths per 1,000 live births to 44 in 2005 and to 22 in 2020.

4.4.10 To reduce the maternal mortality rate from its estimated current level of about 220 maternal deaths per 100,000 live births by 75 per cent by the year 2020.

4.4.11 To increase life expectancy of the population from its current level of about 58 years to 65 years by the year 2010 and to 70 years by 2020.

4.4.12 To make family planning services available, accessible and affordable to at least half of all adults by the year 2020.

5.0 IMPLEMENTATION STRATEGIES

Efforts shall be made to ensure the integration of population variables in all aspects of national development planning and programmes within the context of the national decentralization policy. In order to realize the goals, objectives and targets set by the Policy the following implementation strategies shall be pursued.

5.1 Maternal and Child Health (MCH)

The main thrust of strategies in the area of MCH will be to reduce the high infant childhood and maternal morbidity and mortality rates, especially in the rural and sub-urban areas, using the most cost-effective strategies within the context of the Primary Health Care programme.

5.1.1 Safe motherhood programmes will be expanded and implemented to help reduce the incidence of high risk births which occur below the age of 20 years, over the age of 35 years, at intervals less than two years and among women who have already had four or more births.

5.1.2 Government shall accelerate immunization, oral rehydration therapy, birth spacing, breast feeding and other child survival
strategies in collaboration with the private sector, NGOs and donor agencies.

5.1.3 Infant / Child and maternal morbidity and mortality are related to the mother’s level of education and other socio-economic factors such as income levels. Government shall intensify efforts to raise the educational level of females through viable schemes and integrated programmes.

5.1.4 MCH policies and programmes will be implemented as integral parts of a broad-based strategy of promoting reproductive and sexual health of all including adolescents.

5.2 Family Planning and Fertility Regulation

A wide gap exists between the high knowledge of family planning and low contraceptive practice as revealed by both the Ghana Fertility Survey of 1979–1980 and the 1988/1993 Ghana Demographic and Health Surveys. Current maternal and child health activities shall be expanded to provide much wider availability of family planning services. In addition to government efforts, the capability of private participating agencies and community-based family planning activities shall be improved and expanded.

5.2.1 In view of the current low mean age of 18 years at first marriage for females, national programmes, especially through education, shall aim at raising the age at first marriage to at least 20 years.

5.2.2 Government shall ensure the availability and accessibility of family planning services to all who seek such services at affordable prices and on a voluntary basis.

5.2.3 Family planning services shall continue to include services to sterile and sub-fertile couples as well as individuals who wish to have children to achieve self-fulfilment.

5.2.4 Family Planning Programmes shall make available a variety of methods of fertility regulation to ensure free and conscious choice by all. The activities of family planning clinics and commercial distribution outlets shall be intensified at national, regional and district levels.
5.2.5 Special attention shall be paid to educating and motivating the population at community level on the health, social and demographic values of family planning.

5.2.6 Where possible, family planning education shall be incorporated into both formal and informal training programmes.

5.2.7 Special emphasis on IEC programmes shall be provided to reach the male population in their homes, clubs and associations on the health, social and economic hazards of prolific child bearing and on the need of the male population to assume greater responsibility for the upkeep of their wives and children. Family planning services specifically directed at male clients shall be vigorously pursued.

5.2.8 Family planning programmes shall be made more responsive to local cultural values and individual couples’ preferences.

5.2.9 Efforts shall be made to improve planning, funding and management of agencies devoted to family planning for more effective implementation, of maternal and child health as well as family planning programmes.

5.2.10 Efforts shall be made to link plans with budgets to consolidate existing service capacities to co-ordinate manpower planning and training, to mobilize additional domestic and external resources and to improve cost effectiveness, the monitoring and the evaluation of the family planning programme.

5.3 **Health and Welfare**
The following strategies shall be adopted to promote the health welfare of Ghanaians.

5.3.1 the reduction of mortality shall be pursued along with programmes designed to reduce fertility. Emphasis shall be placed on environmental health and on health promotion and protection as enunciated in the Primary Health Care System adopted by Government in 1979.

5.3.2 The vigorous implementation of a National Health Policy shall be pursued. The implementation of the Primary Health Care System as the main focus of health care delivery in Ghana
shall be intensified. Maximum community participation in the formulation and management of health services shall be promoted.

5.3.3 Health policies and programmes shall continue to be integrated into sectors such as education, agriculture, employment, urban rural and regional planning.

5.3.4 Steps shall be taken to ensure an equitable distribution of health facilities, services and personnel throughout Ghana.

5.3.5 Efforts will be made to improve harvesting, storage, processing and distribution of food crops to endure adequate nutritional status for all segments of the population.

5.3.6 To collaborate with appropriate environmental health related agencies to develop programmes for the provision of safe community water supplies, safe disposal of solid and liquid wastes for the provision of good housing, the improvement of food hygiene and the development of programmes for the monitoring and control of environmental pollution.

5.3.7 To promote the development of traditional medicine and its integration into the health care delivery system.

5.3.8 To decentralize health management to community levels and to strengthen planning, monitoring and evaluation of integrated, health services at all levels.

5.3.9 To develop appropriate logistic support and supply systems to ensure adequate quantities of drugs and equipment for health services at all times

5.3.10 To review, revise and enact appropriate legislative measures for health and to promote inter-sectoral co-ordination and cooperation in health matters.

5.3.11 To develop effect and efficient systems for the surveillance, prevention and control of communicable diseases of social and economic significance, including sexually transmitted diseases (STDs). The National AIDS Control Programme shall continue to
be vigorously implemented through intensified nationwide public education activities at all levels.

5.4 **Food and Nutrition**

Agricultural production has barely kept pace with the demands of an increasing population. As a result, poor nutrition is widespread throughout the county.

5.4.1 Steps shall be taken to strengthen promote and sustain increased food production and productivity through the introduction of appropriate high-yielding, quick maturing and disease resistant plant strains and animal breeds, in order to enhance the nutritional status of the population.

5.4.2 To stimulate agricultural production through better pricing and marketing and incentives systems.

5.4.3 To promote the use of appropriate technology at all levels of production, processing, storage, and distribution, community and national levels.

5.4.4 To integrate family life education into agricultural extension services.

5.4.5 To promote the development of appropriate programmes for reducing the incidence and prevalence of nutritional disorders.

5.4.6 Efforts shall be made to provide systematic education on food nutrition in all institution of learning. Special attention shall be paid to the needs of children, pregnant women, lactating mothers, the aged persons with disabilities.

5.4.7 To evolve and implement a comprehensive food and nutrition policy that takes cognizance of the wide-ranging needs of various segments of the population especially the poor.
5.5 **Education**

The role of education in socio-economic development and in changing individual attitudes and behavior cannot be overemphasized. For the educational sector the following strategies shall be pursued.

5.5.1 Subject to the availability of resources, free and compulsory universal basic education shall be provided. Policies and programmes that encourage girls to continue schooling up to at least the secondary school level will be vigorously pursued.

5.5.2 Special programmes shall be developed to improve the low enrolment rate as well as reduce the high school drop-out rate through practicable and technical training that will provide ample opportunities for gainful self employment.

5.5.3 Population and family life education shall be incorporated into formal, informal and out of school training to prepare the youth for responsible parenthood.

5.5.4 Efforts will be made to promote adult education as well as basic and functional literacy with a bias towards the maintenance of family values, reproductive health, population and development interrelationships.

5.6 **Empowerment of Women**

Women play an important role in the socio-economic development of this country. To further encourage the full participation of women in national development the following actions shall be pursued.

5.6.1 (a) Strategies shall be evolved to ensure an important in the status of women through the removal of various traditional, legal, administrative and cultural barriers to their effective participation in nation building.

(b) Programmes shall be pursued to improve and protect the legal right of women. All forms of discrimination against women shall be eliminated as provided for in International Conventions to which Ghana is a signatory.

(c) Negative traditional gender norms and customs shall be reviewed and where necessary, abolished. This will be done through the House of Chiefs, religious leaders, opinion leaders,
community elders and other concerned groups and institutions.

(d) Programmes shall be introduced for the removal of deep seated gender discrimination tendencies through an intensive awareness program for all policy-makers and for the population at large.

(e) Laws made to protect the interests of women, such as those relating to Intestate Succession (PNDC Laws 111-1114), shall be periodically reviewed and amended to enhance the wellbeing and rights of women.

5.6.2 Day-care centres for nursing mothers shall be provided at all vantage points in all sector of the economy and especially in urban areas.

5.6.3 Programmes to reduce the heavy burden of work of rural women shall include the introduction of appropriate labour saving technology in agriculture, industry, and in the home.

5.6.4 Training programmes shall be set up for women in such ventures to domestic and village craft agro-based and small scale industries to foster women’s economic development and to introduce them to the use of technological tools.

5.6.5 Affirmative action programme shall be introduce where necessary to guarantee equal and equitable opportunities for both the sexes in education, employment, housing and business.

5.6.6 Publicity campaigns shall be made to arouse awareness of the public about the hazards of fertility and high-risk pregnancies in women.

5.6.7 Programmes shall be established to ensure better data collection and utilization of women’s economic contribution to the development of Ghana.

5.6.8 Systematic attempts will be made in both public and private sectors to discourage economic and financial policies that encourage large family.

5.6.9 To discourage the unrestricted growth of families, the following employment policies as contained in the 1969 policy will still apply but shall be faithfully implemented.
(a) Paid maternity leave will be granted only when the applicant has served for at least one year.

(b) The number of paid maternity leaves will be limited to three during entire working life of those affected and no payment will be made in respect of any number of leaves beyond this limit.

(c) Children’s allowances paid to Government officers will be limited to three only, and this will apply to all officers irrespective of whether they reside in or outside Ghana. Government responsibility to payment of travelling expenses of officer’s children will be limited to three.

5.7 The Role of Men in Family Welfare

In Ghana men have traditionally been regarded as the breadwinners in their families; as such, the event to which men live up to their responsibilities, will be a great measure determine the welfare of families in this county. To encourage men to promote the welfare of their families the following strategies shall be adopted.

5.7.1 Programmes shall be designed and implemented to promote awareness among men of their responsibility for the adequate care of their families.

5.7.2 Adolescent male youth and adult male clients will be specifically targeted in the provision of family planning and IEC Services.

5.7.3 Efforts will be made to sensitize men on the promotion of the health of their spouses and children so that the will act as models of change by encouraging the utilization of family health services and discouraging negative socio-cultural practices.

5.7.4 Further boost will be given to on-going campaign for households to cultivate food and cash crops to ensure food security and financial self-reliance in the home. Even in the urban areas small scale schemes which permit households to supplement their nutritional requirements or incomes will be encouraged.
5.8 **Children and Youth**

In Ghana children (0-9 years) and young people (10-25 years) constituted about 64 per cent of the population in 1984. The revised National Population Policy places emphasis on the following education and training, employment, family life education, recreation, and the general welfare of children and youth. Appropriate strategies shall be put in place to address the special needs of children and the youth.

5.8.1 Employment and income generation programmes shall be set up to enhance the income capacity of parents and guardians, especially mothers, in order to promote better child care and maintenance.

5.8.2 Educational and vocational training facilities will be expanded to ensure adequate preparation in for more economic productive and social life for the youth within the family and the society at large.

5.8.3 Counselling, IEC, and where necessary, family planning services will be offered to various categories of adolescents in order to minimize problems relating to sexual and reproductive health, early marriage or parenthood and teenage pregnancies.

5.8.4 Steps will be taken to set up or strengthen exciting community-based and other appropriate support programmes for the displaced, homeless street children, orphans and delinquents.

5.8.5 Laws will be enacted, or where such laws already exist they will be enforced, to enhance the rights and access of children and youth to education, health and employment.

5.9 **The Aged and Persons with Disabilities**

The aged and persons with disabilities form an important segment of the Ghanaian population. The following actions shall therefore, be taken to promote the full integration of the aged and persons with disabilities in all aspects of national life.

5.9.1 Deliberate measures shall be taken to alleviate the special problems of the aged and persons with disabilities with regard to low incomes and unemployment.
5.9.2 A National Co-ordinating Committee on Disability shall be established to co-ordinate integrated programs for the rehabilitation and integration of the disabled into society and for the creation of opportunities for their participation in development.

5.9.3 Campaigns will be made to enhance public awareness about the needs of the aged and people with disabilities within the traditional family set up.

5.9.4 Laws pertaining to the rights of the aged and the disabled will be enacted or where they already exist, will be enforced.

5.9.5 Assistance will be provided to the well-being of the elderly and disabled.

5.10 **Population and Law**

Although it has been difficult to enact legislation to enforce the population policy, certain strategies still need to be put in place to promote the general welfare of the people.

5.10.1 Appropriate legal measures shall be taken to protect and support the family which is the basic unit of the society, and protect the right of the more vulnerable members of the family units such as children, the divorced and widowed.

5.10.2 Strong links shall have established between law-making, population activities and social research to ensure that laws and population programmes are not only rooted in our culture but are also socially responsive to the needs of the people.

5.10.3 Law enforcement agencies and social welfare services shall be strengthened through the provision of equipment and adequately trained and well-motivated personnel to enforce laws dealing with the welfare and society of citizens.

5.10.4 Appropriate measures shall be taken to ensure that all Ghanaians are registered and issued with identity of cards.
5.11 Population Information, Education Communication and Motivation (PIEC&M)

Information, Education, Communication & Motivation (PIEC&M) constitute a key component of population programmes and the success of the implementation of the policy will largely depend on the effectiveness of these programmes. The following strategies shall be put in place to address all aspects of IEC&M activities including audience analysis, message development, monitoring, evaluation and inter-personal communication analysis in order to stimulate changes in behavior and attitudes towards the basic population concerns.

5.11.1.1 A national communication policy shall be developed with population IEC&M as an integral part of it.

5.11.1.2 Measures shall be taken to involve potential beneficiaries in the designing, planning and implementation of IEC&M activities and programmes.

5.11.1.3 Steps shall be taken to promote both the persuasive and advocacy approaches in the development of IEC&M programmes.

5.11.1.4 PIECM shall be integrated into all sectors of development planning and activity.

5.11.1.5 Materials in local languages will be produced to implement IEC&M activities tailored to local needs. The needs of special target groups such as men, adolescents and illiterate will also be addressed.
5.11.1.6 Population information networks and data banks shall be established to provide data base for project formulation, implementation and evaluation and for the collation and dissemination of information on population and related development issues to potential users at local and national levels.

5.11.1.7 There shall be mobile film units, radio, television and newspapers at community information centres which will be set up for the purpose.

5.11.1.8 Steps will be taken to promote the use of traditional media such as concert parties and folk drama for inter-personal communication reinforcement.

### 5.12 Internal Migration and Social Distribution of the Population

In order to address the issues of rapid urbanization and uneven population distribution and their impact on resource utilization, the following strategies shall be implemented.

5.12.1.1 Improving rural economies by promoting cottage industries such as handcraft, small-scale enterprises and agro-allied industries to stimulate balanced development.

5.12.1.2 Ensuring optimum utilization of land by promoting balanced regional and district development and appropriate land tenure system that support sustainable development.

5.12.1.3 Instituting appropriate measures to create an attractive environment in the rural areas to encourage people to stay there and simultaneously instituting disincentive measures to discourage over-concentration of both public and private developments on the main urban centres.
5.12.1.4 Promoting the development of a comprehensive urban policy and encouraging the development of medium-sized towns to enhance the economic interdependence between urban and rural

5.12.1.5 Encouraging citizens both within and outside the country to participate fully in the development of their home areas by providing both material and financial assistance.

5.12.1.6 Encouraging frontier settlements in the Afram Plains, Sefwi-Wiawso area and the Oncho-Freed Zones in Northern Ghana, Brong Ahafo and Volta Regions.

5.12.1.7 Instituting appropriate measures to ensure that whenever people are internally displaced for one reason or the other such as through natural disasters or armed conflicts, such persons are protected, resettled, rehabilitated or assisted to integrate into society as early as possible.

5.13 **International Migration**

5.13.1 Laws and other procedural rules governing immigration and emigration shall be periodically reviewed and updated to ensure that these are in consonance with contractual obligations under international agreements, and that the migration flows do not adversely affect the nation’s manpower and other developmental needs. Exchange of experts and other skilled personnel, which promotes south to south cooperation within the framework of bilateral or multilateral agreements will receive special attention.

5.13.2 The government will cooperate, negotiate and liaise with other national government and international agencies to ensure that the lives, properties and rights of its nationals who travel to reside or work in other countries, whether, temporarily or permanently, are fully protected in accordance with the laws, norms and conventions of international practice.
5.13.3 Refuges, displaced persons and immigrants lawfully domiciled in Ghana shall be accorded the full protection of the law within the framework of internally accepted laws, Protocols and conventions. Where such displaced persons or refugees have to be housed or settled for extended periods at selected localities, measures must be taken to ensure that such arrangements do not result in long-term damage to the environment, and that the interests of the receiving communities and the nation at large are at all times duly protected.

5.13.4.1 Government will adopt measures and promote incentive schemes which will facilitate the voluntary return of highly skilled emigrants and their eventual integration into the national economy in order to promote rapid socio-economic development.

5.13.4.2 Government will adopt fiscal and legislative policies or rules which will ensure that the nation as a whole, and more specifically the communities or families from which emigrants originate, derive maximum benefit from the financial and other resource transferred periodically by the emigrants.

5.14 **Environmental Programmes**

Sustainable development is the goal of environmental policy in Ghana. Rapid population growth has an adverse effect on the environment through over-use and misuse of natural resources. In order to address these problems, the following measures shall be pursued.

5.14.4.1 The environmental Action Plan of 1990 shall be faithfully implemented.

5.14.4.2 A government land classification scheme to delineate vulnerable environments for the protection of the coastline, steep slopes, rivers banks and sacred groves should be introduced.

5.14.5 There should be a development and promotion of technologies to facilitate the sustainability of the environmental resources of the country.
5.14.6 There should be land management policies to facilitate sustainable economic growth based on new assessments of carrying capacity.

5.14.7 Industrial timber plantations should be established to provide raw materials for Ghana’s paper and pulp, brick and tile, charcoal and other related industries.

5.14.8 A systematic programme to develop alternative sources of energy supply especially for domestic use such as solar energy, biogas from animal and human waste should be developed. This will also include greater utilization of sawmill residues, agricultural waste for fuel-wood, charcoal making and sawdust briquettes.

5.14.9 A fund shall be established for reparation, or clean-up exercises to which polluting and related industries shall make regular contributions.

5.14.10 Environmental impact assessment and protective measures shall be undertaken by all new industries before actual operations start.

5.14.11 There will be preparation, adoption and enforcement of national sanitation guidelines for the management of safer drinking water, refuse collection, street cleaning, transport and disposal of solid and liquid waste especially in the urban centres should be pursued.

5.14.12 Adequate places of convenience at vantage points shall be provided in urban centres to promote environmental sanitation.

5.15 **Housing Strategies**

Rapid urbanization has contributed to the worsening of the housing situation especially in the urban areas and has also given rise to soaring rents, overcrowding, squatting and building of unauthorized structures.
In the rural areas the quality of housing is poor and has deteriorated further over time. The following measures shall be adopted:

5.15.4 Review and promote implementation of a national housing policy.

5.15.5 Create an enabling environment in which households, firms, NGOs and community groups can operate effectively and efficiently to provide decent, affordable, shelter as a means of promoting social development and improving the quality of life.

5.15.6 Encourage, support and sustain research into all aspects of housing including the use of local material building designs and appropriate technology.

5.15.7 Foster a healthy housing finance environment to encourage private participation and community initiative in housing finance development.

5.16 Poverty Alleviation

Rapid population growth has tended to made it more difficult for poverty alleviation efforts to have the desired impact on the quality of life of the people. Strategies shall be put in place enhance programmes already existence to alleviate poverty.

5.16.4 Efforts shall be made to promote, develop and sustain the informal sector to play a vital role in employment generation and thereby contribute to the alleviation of poverty.

5.16.5 Programmes shall be developed to alleviate the suffering of the rural and urban poor, and other specially disadvantaged groups within the society.

5.16.6 A National Health Insurance Scheme shall be implemented to ensure that the majority of the population, including the have access to good medical care.

5.17 Labour Force and Employment
The building of strong and viable economy depends to a large extent on the quality of its labour force. To ensure the maximum utilization of the human resources in productive ventures the following strategies shall be pursued.

5.17.4 Adopting and implementing a comprehensive manpower and employment planning policy which takes cognisance of the needs of both the public and private sectors.

5.17.5 Emphasizing and promoting vocational and technical education tailored to job creation and the need of the labour market.

5.17.6 Strengthening and developing technical, managerial and entrepreneurial skills.

5.17.7 Reactivating vocational guidance and counselling in educational institutions.

5.17.8 Promoting measures and measures and programmes that enhance the capacity of women to operate more independently and effectively in both the formal and informal sectors of the economy.

5.17.9 Enhancing productivity as well as staff training in the public service.

5.17.10 Mitigating the adverse effects of the structural adjustment programme by retaining and reselling laid-off workers.

5.17.11 Enforcing labour laws which protect the security, health and welfare not only of workers, but also of the environment and general population.

5.17.12 Integrating family life education, where feasible, into employment activities.

5.18 **Data Collection and Analysis, Research, Monitoring and Evaluation**
The importance of reliable and timely collection of demographic data for formulation, monitoring and evaluation of development programmes cannot be over emphasized. The following strategies shall be pursued.

5.18.1 Ensuring timely collection, processing, analysis and dissemination of data to policy makers, planners and the public at large.

5.18.2 Strengthening the capacity of Ghana Statistical Service, documentation centres, training and research institutions, the National Population Council Secretariat, and the Ministerial, Regional and District Planning Units to collect analyses and disseminate population and other relevant statistical data.

5.18.3 Training more personnel in the field of data collection, analysis, and research to upgrade the national research capability in population and development.

5.18.4 Facilitating in-service training in techniques of integrated population and development planning through seminars and workshops for planners and implementers.

5.18.5 Establishing a forum for population data producer-user communication.

5.18.6 Reviewing, enacting and enforcing laws governing the registration of vital events especially marriages, births and deaths and providing the necessary logistics, and establishing data collection centres at district and sub-district levels.

5.18.7 Establishing a management information network system including data bank to support all population activities.

5.19 **Training and Institutional Capacity Building**
The availability of trained personnel for all components of the population policy is a pre-requisite for its successful implementation. The following training strategies will be put in place to ensure the successful implementation of the Population Policy.

5.19.1 A National Population training Centre shall be established.

5.19.2 There will be established comprehensive human resource manpower policy for the recruitment, retention and usage of staff working on the population programme.

5.19.3 There will be an intensive training of population and health related development personnel in the local and regional educational institutions to promote national self-sufficiency and execution of programmes.

5.19.4 Programmes will be devised for the in-service training of public servants on population matters.

5.20  **Resource Mobilization**

As part of overall development policy, the implementation of the population policy requires financial and technical support both from internal and external resources. Population programmes have therefore to compete with other sectors for the very limited resources available to the nation. The following strategies for resource mobilization, coordination and utilization shall be implemented.

5.20.1 Government shall make available to the National Population Council (NPC) the necessary resource to enable it to function effectively.

5.20.2 All sector ministries, departments and district administrations shall incorporate in their annual budgetary estimates components for population programmes.

5.20.3 District Assemblies and Communities shall be involved in the mobilization of resources.

5.20.4 Government shall provide guidance for mobilizing external assistance for population programmes to ensure proper coordination and maximum utilization of resources to enhance program impact at national, sectorial and district levels.
6.0 INSTITUTIONAL FRAMEWORK

6.1 The implementation of the Population Policy requires, inter-alia, a sound institutional framework for the translation of goals, objectives and strategies into actual programmes at national, sectorial and district levels. It also requires political commitment and support. Further, the effective implementation of the Population Policy will depend upon collective responsibility of government, miniseries, institutions non-governmental organizations, private agencies, communities, families and individuals exercised in a holistic and integrated manner. In recognition of sub-national variations, and taking account of the nation’s decentralization programme, the districts shall play a key role in the implementation of the Policy.

6.1.1 in the light of difficulties encountered in the past in realizing effective coordination of the policy and programmes, a Population Policy Implementation and Assessment Committee (PPIAC) was inaugurated in October 1989, as an interim body to advise Government on all population and related issues pending the establishment of a National Population Council. The activities of the PPIAC eventually led to the establishment of a National Population Council in May 1992. The National Population Council was formerly inaugurated in November 25, 1992

6.2 The National Population Council (NPC)

6.2.1 The National Population Council is the highest statutory body set up to advise Government on population and related issues. The NPC is a parastatal body located in the office of the President. The Council membership is made up of prominent citizens of Ghana with demonstrated interest and commitment in population and related issues as well as representatives from the National Council on Women and development. The 31st December Women’s Movement, Ghana Association of Private and Voluntary Organisations in Development, national Development Planning Commission. Ministry of Finance & Economic Planning, Ministry of Health, the Ghana medical Association and the Trade Union Congress. In addition, there are four co-opted members from the Christian Council, the catholic secretariat, the Ahmadiya movement and the Orthodox Moslem Council.

6.2.2 The council has the following mandate: -
i) Recommend for government consideration of such policies or changes in population policy as it may deem necessary.

ii) Interpret and review from time to time the population policy of the country and advise government accordingly, taking into consideration the political economic, socio-cultural and legal realities of the country.

iii) Represent and or advise government on means of generating internal and external resources and their co-ordination to support the implementation of the population policy and programme.

iv) Guide and promote the implementation of a comprehensive population programme, which should be integrated within the framework of the development policy of the country.

v) Set operational targets for programme performance and expected impact and recommend strategies for their attainment.

vi) Ensure the full participation of the private sector in attaining the set of population targets/goals

vii) Co-ordinate and monitor population programmes of other organisations both public and private within the country

viii) Function in any other ways that would promote sustainable population programmes and activities in order to improve the well-being of the people of Ghana.

6.3 **Secretariat of the National Population Council**

6.3.1 The NPC shall be serviced by a Secretariat which shall act as a focal point in the formulation and management of population programmes and activities throughout the country. The Secretariat shall facilitate, monitor, co-ordinate and evaluate the implementation of the policy and
programmes, foster functional linkages among sectorial ministries, institutions and agencies and harmonies the work of the NPC at national and regional and district levels. The secretariat shall be headed by an Executive Director who will be Member/Secretary to the NPC.

6.3.2 The secretariat shall carry out the following functions:

i) Provide technical and administrative support to the National Population Council and its advisory committees.

ii) Undertake population policy research and analysis of identified and emerging population issues and to prepare appropriate population programmes and activities for them.

iii) Promote coordinate and harmonize population activities including family planning programmes and services in the country.

iv) Promote and coordinate comprehensive population information, education and communication policies and strategies.

v) Establish and operationalize a national programme for research, monitoring and evaluation of population policies and programmes and to develop a national population data bank to facilitate the exchange and dissemination of population related information.

vi) Identify, develop and implement the requisite human resource needs for population programmes.

vii) Provide guidelines for various components of the population programmes with a view to ensuring their consistency within the framework of a National Development Plan.

viii) Prepare annually a working programme and budget for the consideration and approval of the NPC.

ix) Publish regularly an annual population report and a quarterly population newsletter.

x) Serve as the national public relations agency on population issues affecting the country and private background materials on population to agencies that need them.

xi) Promote the integration of population factors in development planning.

xii) Liaise with donor agencies with view to regulating and coordinating the forms and levels of internal and external resource mobilization and
distribution for purposes of population and development programmes and activities.

xiii) Generally, coordinate the formulation and implementation of population policy and programmes within the country, and;

xiv) To carry out any other functions which may be assigned to it by the NPC towards the achievement of the population goals and objectives of the nation.

6.4. **Technical Advisory Committees of the National Population Council**

6.4.1 The National Population Council shall establish five multi-sectorial/multi-disciplinary technical advisory committees to reinforce the technical base required for its decisions. These Committees shall bring a broader perspective to bear on the work of the Council, by collectively interrelating, pooling together and harmonizing the views, concerns, needs, technical knowledge and expertise of various disciples, sector, agencies, and groups concerned with the population policies and programmes at national levels. The Committees shall be responsible for the following schedules of the Council: -

i) Population policy and programmes  
ii) Family Planning Services  
iii) Information, Evaluation and Communication  
iv) Research, Monitoring and Evaluation  
v) Training

6.4.2 These Committees shall carry out the following functions: -

i) Assist the NPC and the Secretariat to determine the appropriate policies, programmer and tasks pertaining to each specialized area.

ii) Determine and sustain the working links among sectorial and participating agencies.

iii) Suggest, provide and review appropriate guidelines for the work in each specialized area.
iv) Advise on key and relevant technical matters relating to the implementation of population programmes.

v) Serve as coordinating link between the NPC and the programme implementing agencies.

vi) Provide other relevant technical advisory services as may be requested from time to time by the NPC.

6.5 **Technical Coordinating Committee (TCC)**

6.5.1 There shall be a Technical Coordinating Committee (TCC) which shall harmonies and coordinate the work of the various technical advisory committees. The TCC shall be chaired by the Executive Director of the Secretariat and shall report through its Chairman to the NPC.

6.6 **Decentralization**

6.6.1 In line with government’s policy on decentralization, the NPC Secretariat shall work closely with the political administrative units of the country especially the District assemblies and the various communities to design and implement population programmes and activities.

6.7 **National Development Planning Commission (NDPC)**

6.7.1 The NDPC is responsible for national development planning. The NDPC and the NPC will set the overall population goals relating to issues like population distribution and migration, fertility levels and levels of maternal, infant and child mortality etc. The NDPC and the NPC will collaborate in arriving at realistic goals and target in the field of population. The NPC will oversee the implementation of these goals. In other words, the NDPC, will be doing the macro planning while the NPC will be dealing with the sector-level strategic planning in respect of population.

6.7.2 The NPC shall have the primary responsibility of working out the strategies for the attainment of the set goals. The efforts of the NPC would therefore complement those of the NPC.

6.8 **Government Agencies**
6.8.1 The Ministry of health (MOH) being a key actor in the health needs of the population, will be encouraged to continue to play its leading role in the health sector. Furthermore, the MOH shall monitor closely the activities of private organization in the health delivery system to endure that resources are not over concentrated in particular areas at the expense of others.

6.8.2 Population units will be established in the Ministries of Education, Food and Agriculture, Employment and Social Welfare, Information, and Justice and given separate budgetary votes to support their activities.

6.9 **Private Organizations and Non-Governmental Organization (NGOs)**

6.9.1 The critical role that private organizations and non-governmental organizations have been playing in the nation’s development cannot be over-emphasized.

6.9.2 With the establishment of the Ghana Association of private Voluntary Organizations, in Development (GAPVOD) all voluntary organizations will be encouraged to register with GAPVOD. In addition, GAPVOD will be assisted to coordinate effectively the population activities of these organizations to ensure optimum utilization of their services.

6.10 **Government and Donor Support**

6.10.1 Donor Agencies and International Non-Governmental Organizations (NGOs) have played and continue to play an important role in our development, especially in the implementation of our population policies and programmes. It is hoped that donor agencies and international non-governmental organizations will continue to play a vital role in the implementation of the revised policy.

6.10.2 It is expected that the structural weakness that have been identified in coordinating donor activities would be addressed. As a first step, Government has prepared the setting up of an Inter-Agency Coordinating Committee (IACC) to be made up of representatives of Government, Donor Agencies and Non-Governmental Organizations (NGOs) in the field of population, health and family planning. The IACC is expected to promote speaker collaboration among donor agencies themselves and between donor agencies and Government to ensure that the country derives maximum benefit from donor assistance in the implementation of the policy.

6.10.3 The IACC shall perform the following functions: -
6.10.3. Periodical carry out needs assessment including resource, identification, for the population sector.

6.10.3.2 Develop a fruitful working relationship between Government, Donors and NGOs in the formulation and implementation of programmes and projects that shall be conceived out of the policy.

6.10.3.3 Monitor, evaluate and publish project activities as well as in project monitoring and evaluation, and financial reporting systems, and

6.10.3.4 Ensure long term planning of the national population programme which should include coordinated inputs from Government, multi-lateral, bi-lateral and non-governmental resources.

6.10.4 To ensure the sustainability of population and family planning programmes, and the uninterrupted implementation of the population policy, Government will continue to made adequate human and budgetary resources to the various Ministries and departments for their population activities.

7.0 CONCLUSION

The principles, strategies and institutional arrangements outlined in this revised national population policy represent the first stage in the pursuit of the national objective outlined in Article 37; Clause 4 of the Fourth Republican Constitution (1992) which states that “The State shall maintain a population policy consistent with the aspirations and development needs and objectives of Ghana”.

The successful implementation of these policy objectives is dependent on the determined effort and continuing partnership between the Government of Ghana and its constituent institutions, the private sector, non-governmental organizations donor agencies and more importantly the people of Ghana.

The policy therefore represents both a challenge and opportunity for all, institutions and individuals alike, to actively support and promote the objectives of the national population policy in all their spheres of activity to ensure a vibrant and prosperous Ghana.