



Opinion

Family planning for health, development

By Dr Bjorn Lomborg

FAMILY planning plays an important role in the reproductive health and rights of women. Access to contraception helps empower women and adolescents, increases investment in children, and contributes to poverty reduction and overall development.

A reduction of 0.5 in the fertility rate has been shown to lead to a 5.6 per cent increase in GDP per capita over 20 years.

A decrease in unplanned pregnancies also leads to a lower risk of health complications, maternal and child deaths and malnutrition in children.

Securing access to family planning is a critical component of building human capital in most developing countries, but policymakers need to make sure every cedi spent of limited public resources generates the largest possible benefit in economic and social terms.

Ghana Priorities

Ghana Priorities, a collaboration between the National Development Planning Commission (NDPC) and the award-winning think tank Copenhagen Consensus, seeks to provide inputs to this debate.

Using the method of cost-benefit analysis, 28 teams of economists have studied more than 80 initiatives over the last year to find the best policies in areas ranging from health to education, from sanitation to employment.

The results of these studies are now being published for the benefit of all Ghanaians.

To inform the debate on how to improve reproductive

health, Prof. Eugenia Amporfu, Dr Eric Arthur and Dr Jacob Novignon from the Kwame Nkrumah University of Science and Technology (KNUST) and Dr Brad Wong of Copenhagen Consensus studied two key interventions: extending Ghana's current family planning programme for adult women and including compulsory sexual health education for boys and girls at the Junior High School (JHS) and senior high school (SHS) levels.

Family planning

Since 2015, Ghana has had a successful family planning programme that has helped increase the use of contraceptives from 32 per cent to 38 per cent among unmarried women and from 22 per cent to 30 per cent with married women.

The researchers studied an extension of this policy, increasing the targets for contraception prevalence to 50 per cent and 40 per cent for these two groups of beneficiaries, respectively.

This would result in a total of nearly 72,000 unintended pregnancies avoided every year for unmarried women and 81,000 unintended pregnancies avoided for married women.

In the long run, this would mean 138 neonatal deaths and 74 maternal deaths averted for unmarried women and 235 neonatal deaths and 126 maternal deaths for married women.

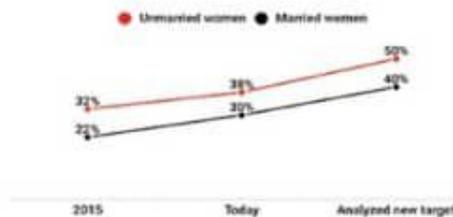
The lowered fertility rate would also have an important impact on the economy, through a proportional increase of around three per cent of GDP per capita over 20 years.

The total cost of the intervention is GHe 1,012 million for an intervention targeting 3.2 million unmarried women over eight years and GHe 988 million for an intervention targeting 4.2 million married women over six years.

The benefits are GHe 30,000 million and GHe 33,000 million, respectively. Targeting married women brings the number of

Improved reproductive health

Benefits and costs of increased contraception prevalence



200 maternal lives saved

planned pregnancies leads to a lower risk of health complications



373 neonatal lives saved

avoided child deaths and malnutrition in children



additional benefits

helps empower women and increases investment in children



3% extra per person GDP

reduced fertility rate leads to increased GDP per capita over 20 years



value of benefits 29-34 times the cost

Total estimated cost to achieve the target in 6 to 8 years is GHe 2 billion, total value of benefits is GHe 63 billion

Benefits and costs of compulsory sexual and reproductive health education for boys and girls in JHS and SHS



Reduction in school drop-out

leads to income boost from education throughout the work life GHe 670 per year of JHS and GHe 900 per year of SHS completed



Delayed pregnancies

reduce the medical costs of birth, fistula, caesareans and abortions



9 adolescent maternal lives saved

for each cohort of girls and boys throughout JHS and SHS



118 infant lives saved

for each cohort of girls and boys throughout JHS and SHS



cost estimate 127 million cedi

Including improved curriculum, remaining commodities, additional schooling costs due to fewer dropouts, and administration



value of benefits 2.2 times the cost

Total estimated cost per cohort GHe 127 million

Source: Authors paper assuming 8% discount rate



births down by a larger amount, which leads to a higher demographic dividend and therefore an even higher return on investment.

Every cedi spent would produce social and economic good worth GHe29 to nearly GHe34.

Teen mothers and their children are at a higher risk of health complications, and less likely to continue with their education.

In Ghana, the teenage childbearing rate is 75 births per 1,000 girls, higher than the global average of 44 births.

Nearly all sexually active, adolescent and unmarried females want to avoid pregnancy within the next two years, but 62 per cent have an unmet need for family planning and the number of unintended pregnancies during JHS is estimated to be over 56,000.

For this reason, the researchers also analysed an intervention on compulsory, comprehensive and universal reproductive health education.

Sexual, reproductive

Sexual and reproductive health education already forms part of the curriculum in Ghana, but it is not compulsory and the coverage of topics is minimal. Dropout rates are also considerable.

The intervention proposed in the study includes a revision of the curriculum, training of school-based health coordinators, and education on birth control methods such as contraceptives and abstinence for one cohort of adolescents through JHS and SHS.

The intervention would avoid over 10,000 unintended pregnancies at JHS level and nearly 4,500 at SHS level.

An effective compulsory, comprehensive sexual education would delay pregnancy to an age when it is physically safer to have children, which reduces the medical costs of birth, fistula, caesareans and abortions, and infant and maternal mortality.

Approximately nine maternal deaths and 118 infant deaths would be averted per cohort thanks to the intervention.

Continued education would also provide increased income worth GHe 670 per year of JHS and GHe 900 per year of SHS completed, lasting for the women's entire working lives. The total costs of this intervention were estimated at approximately GHe 127 million over a seven-year period and the benefits at GHe 285 million, meaning the intervention would provide a benefit around two times higher than the original investment.

In both cases, the health and economic benefits exceed the costs of the proposed initiatives. High fertility rates hamper economic growth and development and intensive interventions that respond to women's contraceptive needs would be a key element in reversing the high rate of unwanted pregnancies in Ghana.

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