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THE ECONOMICS OF REPRODUCTIVE HEALTH IN ACCRA, GHANA

Over 61% of women do not seek professional medical help for pregnancy-related illnesses.

Reproductive health services, in particular family planning and maternal health services, can help women avoid unplanned births, unsafe abortions, and pregnancy-related disabilities. Through modern contraception, couples have a safe and reliable way to have the number of children they want. With smaller families, women spend less time dealing with pregnancy and child care and have more time for work outside the home. Large families can be a drain on household resources, with school fees being the largest cash expenditure in many households.

With smaller families, women can stay healthier, become more economically productive, and have more opportunities for education, training, and employment. At the country level, women's increased working outside the home also leads to an expanding labor force, which produces substantial economic benefits.

Health-Wealth Relationship

A recent study conducted by the Harvard School of Public Health and the University of Ghana, Legon, examined the associations between reproductive health, fertility, and economic outcomes for women living in the urban area of Accra, Ghana. The study investigated this "health-wealth relationship" by analyzing the effects of fertility and family size on:

- Women's reproductive health status.
- Female labor force participation.
- Employment status of mothers.
- Women's wages and earnings.

The results provide new and rich information on the impact of high fertility and increasing family size for individuals, households, and communities. The analysis also addressed the specific challenges faced by urban women in Accra, where overall economic growth is fast, fertility is relatively low, and women's economic independence is considerable.

The study brought together several years of empirical research on women's health and reproduction in Accra. Drawing on the 2003 Women's Health Study



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Women work long hours outside the home selling items such as food and plastic bowls and buckets, but they are able to bring their children to work.

of Accra 2003 and interviewing new participants, researchers gathered quantitative and qualitative data on health, time use, sexual behavior, pregnancies, childrearing, and labor force participation.

Work Not Immediately Affected After Birth

The research found no significant impact of family size on women's labor force participation, earnings, and economic activity in the period immediately following a birth. Women in Accra are strongly attached to the labor market, working less during pregnancies but returning to the labor market right after giving birth. When women in Accra give birth, the impact of that birth on their other children and on their labor force participation depends on the type of work that women do and the type of child care support they have. For example, if there are older siblings or relatives who are able to care for children, the effect of an additional child on a mother's labor force participation will be minimal. Because a majority of women in Accra are self-employed in the informal sector (see table, page 2), mothers can often bring their young children to work with them.

In the long term, however, the study showed that having more children significantly reduced a mother's ability to participate in the labor force. Having more children shifts a mother's work-life balance toward child care and away from economic activities. At the same time, having more children results in mothers

More than half of women in Ghana are self-employed in the informal sector.

Employment Status for Women in Accra, Ages 15-49

	PERCENT EMPLOYED
Self-employed	51.5
Not in Labor Force	14.7
Unemployed	12.6
Private Business	8.3
Government Employee	4.9
Student/Apprentice	3.5
Retired	3.3
Housewife	0.8
Nonpaid	0.4

Source: Nedialka Douptcheva and Allan G. Hill, *Final Report on the Women's Health Study of Accra, Wave II* (Accra, Ghana: Institute of Statistical, Social and Economic Research, University of Ghana, 2011).

needing to rely more heavily on child support from older children or relatives so that the women can continue their education and training—activities that may limit their short-term involvement in the labor force but that enhance their long-term participation. However, once women have large families, their families may be able to better support the mothers, thereby reducing their need to work.

Additional Births Increase Pregnancy Risks

Consistent with previous research, the analysis from Accra shows that a large number of pregnancies have negative and lasting effects on women's physical and mental health. The findings also show that a woman's chances of experiencing pregnancy-related adverse outcomes increase significantly with each additional birth. The negative effects of an additional birth on maternal employment are more pronounced for poorer women who, prior to the birth, most commonly work longer hours for lower wages.

Moreover, the costs associated with personal or household illness from pregnancy and childbearing are substantial, particularly for poor mothers and their families. Median costs for pregnancy-related

treatment are, on average, four times higher than daily wage rates, and over 61 percent of women do not seek professional medical help for illnesses.

Accra's Labor Market Challenging for Women

Despite a rapidly growing economy, working in an urban labor market continues to be a major challenge for women in Accra. Salaried employment for women is rare, and employment in the formal sector is rarer still. Most women earn a living through various temporary trading and service jobs. The pattern of separate living (one-quarter of women of reproductive age do not cohabit with their partners/husbands) and unstable employment conditions combine to increase the socioeconomic and health burdens of childbearing for women and their families.

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References

Nedialka Douptcheva and Allan G. Hill, *Final Report on the Women's Health Study of Accra, Wave II* (Accra, Ghana: Institute of Statistical, Social and Economic Research, University of Ghana, 2011). This report was written with contributions from Richard Adanu, John K. Anarfi, Kelly Blanchard, Günther Fink, Naomi Lince, Elizabeth Oliveras, Isaac Osei-Akoto, and was edited by Henry Richards.

UNFPA, *Reference Notes on Population and Poverty, Reducing Poverty and Achieving the Millennium Development Goals: Arguments for Investing in Reproductive Health and Rights* (New York: UNFPA, 2005).

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