POPULATION REFERENCE BUREAU

# HARNESSING THE DEMOGRAPHIC DIVIDEND

PRESENTATION GUIDE



AN **ENGAGE** PRESENTATION

#### **ACKNOWLEDGMENTS**

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# **Presentation Guide**

# HARNESSING THE DEMOGRAPHIC DIVIDEND

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# **Supplemental Materials**

These supplemental materials are designed to help users make the most of *Harnessing the Demographic Dividend* in conjunction with the user guide for all PRB ENGAGE presentations. After reviewing these supplemental materials, you will know how to:

- Identify opportunities to use this ENGAGE presentation with various audiences.
- Respond to frequently asked questions about the presentation.
- Foster dialogue with audiences about key messages in the presentation.
- Select appropriate and relevant data for a customized DataFinder handout.

#### **Presentation Goals**

The goal of *Harnessing the Demographic Dividend* is to improve individuals' understanding of the demographic dividend, what it takes to realize that dividend, and the potential for the countries of sub-Saharan Africa to achieve the demographic dividend and associated economic growth. To achieve this goal, the presentation is designed to promote policy dialogue on the critical role of declines in fertility; changes in population age structure; necessary investments in family planning, health, and education; favorable economic policies; and good governance practices for achieving sustainable economic and social development. Target audiences include government policymakers, civic and religious leaders, health sector leaders, program officials, family planning advocates, journalists, and others.

Specific objectives of the presentation are to:

- Explain how family planning, child survival, and girls' education contribute to lowering fertility, transforming the population age structure, and opening a window of opportunity for economic growth.
- Highlight the importance of investments in health and education, with an emphasis on child and adolescent health and on girls' secondary education, as key strategies for growth and development.
- Discuss the ways in which economic policies and good governance practices can accelerate progress towards the demographic dividend.
- Learn from success stories in other countries related to fertility and national income using *Trendalyzer*.
- Foster discussion among audience members about the ways in which the elements introduced in the presentation work together to harness the demographic dividend and accelerate economic growth.

# **Opportunities to Give the Presentation**

This ENGAGE presentation and supporting materials are tools for professionals involved in family planning, health, education, economic and civic participation at all levels—in academic, policy, and community settings. The target audiences for this presentation are:

- **Primary:** Government policymakers at all levels, including parliamentarians, who are in a position to allocate resources and advance strategic investments on the policy agenda.
- **Secondary:** All of those who influence high-level policymakers—news media, civic and religious leaders, program officials, and other community leaders.

#### **Using the Presentation With Different Audiences**

The ENGAGE presentation is designed to be used in a variety of settings or environments, especially as countries decided how to prioritize investments for development over the next decade. Some ideas to reach different audiences with the presentation are listed below.

#### **Policymakers**

- Educating policymakers about the importance of transforming the population structure through investments in family planning, child survival, and girls' education as necessary first steps towards a demographic dividend.
- Illustrating the process through which population structure, health, education, economic policy, and good governance interact to achieve the accelerated economic growth and development of a demographic dividend.
- Addressing common misperceptions about the demographic dividend, such as the idea that large youth populations will automatically translate to large working populations and spur economic growth.

#### **Family Planning Advocates**

- Educating advocates about the role of family planning in lowering fertility, changing population age structure, and setting the stage for accelerated economic growth so they can better inform high-level policymakers.
- Illustrating the complementary way that investments in family planning support and benefit investments in other development sectors.

#### **Civic and Religious Leaders**

- Educating civic and religious leaders about the importance of investing in family planning, child survival, and girls' education to produce beneficial health and development impacts in families and communities.
- Communicating better with civic and religious leaders, especially those tending to oppose family planning.
- Sustaining policy dialogue with local leaders, including civic and religious leaders, at local seminars and events.

#### The Media

- Educating the news media on strategies for good development and multisectoral investments using the ENGAGE presentation as a teaching tool.
- Providing a basis for television and radio talk shows, accompanied by local exposure, to discussions and questions about family planning and gender equality.

#### **ADDITIONAL CONSIDERATIONS**

You can make this presentation more interesting to your audience by adding information about local experiences and practices, especially those that apply to your audience. Some areas to consider when analyzing your audience:

- Size of the Audience. With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience does not understand any technical terms you might use in the presentation. If you are giving a live presentation, we advise following the script and providing definitions for terms that may be unfamiliar to some audience members.

# **Presentation Script**

Presentation opens to a black screen with presentation title. Press Control + F to enter full screen mode. (Use Escape to exit full screen).

#### Slide 1

Title slide - When ready to begin, press the forward keyboard arrow.

#### → Click Forward 2

Policymakers are talking excitedly about harnessing the demographic dividend for economic growth in their nations.

#### → Click Forward 3

With so much positive development underway—such as increases in education, improvements in health, and reduced poverty—many people believe that accelerated *economic* gains are right around the corner. But with almost two out of three Africans still living on less than two dollars per day, much remains to be done.

#### → Click Forward 4

The demographic dividend is the accelerated economic growth that can happen as the population age structure changes, together with strategic investments in health, education, economic policy, and governance.<sup>1</sup>

#### → Click Forward 5

But by no means is a demographic dividend automatic.

#### → Click Forward 6

The starting point is the population structure and how many dependent children there are in relation to the older, working-age population.

#### → Click Forward 7

As the number of births each year declines, the young dependent population grows smaller in relation to the working-age population. With more workers and fewer young people to support, a country has a window of opportunity for accelerated economic growth, known as the demographic dividend.

#### → Click Forward 8

Let's take a closer look at changing population structure in two countries, Thailand and Rwanda.

#### → Click Forward 9

We are going to start with Thailand's population pyramid in 1960.

Each layer of this diagram is an age group and the width of each layer represents the proportion of the population in that age group.<sup>2</sup>

#### → Click Forward 10

It looks like a pyramid because when couples have many children, more people are added each year in the younger age groups at the base of the pyramid.

In 1960, more than forty percent of Thailand's population was under the age of fifteen, and women had an average of six children. During the 1960s and the decades that followed...

#### → Click Forward 12

...mortality rates declined, desire for smaller families increased, and investments in family planning enabled rapid declines in fertility. By the 1990s, women were having an average of two children each, and as a result, population growth slowed. By 2010, Thailand's population was larger...

#### → Click Forward 13

...and the age structure was transformed, with a smaller population of young people. This change in the age structure helped accelerate economic growth.

#### → Click Forward 14

Today, Thailand's population is dominated by working-age adults, who will be part of a productive labor force for many years.

#### → Click Forward 15

Let's turn now to Rwanda, a country that has made great progress over the last decade in improving health, lowering fertility, and increasing economic growth.

#### → Click Forward 16

Like much of Africa today, Rwanda's age structure is young, with forty percent of the population under the age of fifteen, and an average of four to five children per woman.

#### → Click Forward 17

Even with Rwanda's progress, the age structure will stay young for several decades. In 2030, if fertility continues to decline to close to three children per woman...

#### → Click Forward 18

...thirty-five percent of Rwanda's population will be under the age of fifteen, a higher percentage than in any country, including Thailand, that has realized a demographic dividend.

In Rwanda, and in many African countries that have *not* made similar progress, getting from here [Rwanda pyramid] ...

#### → Click Forward 19

... to here [Thailand pyramid] requires three key investments.

#### → Click Forward 20

First, improve child survival. In many African countries, more than one in every ten children dies before they turn five.<sup>3</sup>

#### → Click Forward 21

Improving child health services allows more children to survive and leads to couples desiring smaller families.

Second, space births and prevent unintended pregnancies. Currently, more than fifty percent of African women who don't want to become pregnant are not using a modern method of contraception.<sup>4</sup>

#### → Click Forward 23

Increased investments in family planning will prevent unintended pregnancies, leading to fewer births per woman.

#### → Click Forward 24

Third, educate girls. Throughout Africa, only one out of three girls of secondary school age is enrolled in school.<sup>5</sup>

#### → Click Forward 25

But when girls stay in school, particularly through secondary level, they are more likely to delay early marriage and childbearing and have healthier families.

#### → Click Forward 26

Together, these investments lead to lower fertility and mortality; and enable the population structure to change, opening a window of opportunity for accelerated economic growth.

#### → Click Forward 27

We can see how declining fertility is related to economic growth in countries around the world on our Trendalyzer graph.

#### → Click Forward 28

On the left axis we have the average number of births per woman, which we call the fertility rate, going from zero up to about eight.

#### → Click Forward 29

On the bottom we have the Gross National Income, or G-N-I, per person, ranging from zero over to about forty-thousand US dollars. This is standardized for what a dollar can buy today in each country.

The color of each bubble indicates the region.

#### → Click Forward 30

Starting with the red, we have East Asia and the Pacific:

#### → Click Forward 31

Orange is Central Asia and Europe;

#### → Click Forward 32

Yellow is for North and South America;

#### → Click Forward 33

Green is the Middle East:

Light blue is for South Asia;

#### → Click Forward 35

and the dark blue is for Africa.

The size of each bubble represents the population size of that country—so bigger bubbles have bigger populations.

#### → Click Forward 36

The year here is 1980, and through the middle you can see a trend—as the average births per woman declines, the income per person rises.

#### → Click Forward 37

But we see that the dark blue African countries are clustered toward the back of this trend—with higher levels of fertility, and lower levels of income. Let's look at a few of these countries.

#### → Click Forward 38

In 1980, fertility in these countries ranged between about five and eight children per woman. Income was between two-hundred and two-thousand US dollars per person. Although we are only focusing on a few countries, this represents the range of the majority of African countries in terms of fertility and income in 1980.

#### → Click Forward 39

Let's bring back the rest of the countries, and see what has happened since 1980.... You can see the trend over time, that countries are lowering fertility as they move down on the graph, and at the same time, income per person is increasing as they move toward the right.

When we come to 2010, the world is a very different place.

#### → Click Forward 40

We see that the African countries have made a lot of progress, though many are still clustered toward the back of this pack. But a few African countries *have* made strong progress in both lowering fertility and increasing income per capita—

#### → Click Forward 41

...so let's go back and look at two of those, Botswana and Tunisia, to see what happened over time.

#### → Click Forward 42

In 1980 in Botswana, women had an average of six children each, and the income per person was almost one-thousand-six-hundred US dollars.

#### → Click Forward 43

In Tunisia, fertility was slightly lower—just below six children per woman, and income was slightly higher—almost one-thousand-nine-hundred US dollars per person. Let's see how things have changed.

You see income increase right away in Botswana. And although there are some bumps along the way, fertility is falling VERY rapidly in both countries.

Although Botswana's rich natural resources have enabled economic growth, it is Botswana's sound economic policies and social priorities that have led to gains for development, and the country is internationally recognized for good governance and low corruption.

#### → Click Forward 45

Tunisia was one of the first countries in Africa to adopt a policy to reduce fertility in order to accelerate social and economic development.

Both Botswana and Tunisia have long prioritized education for both boys and girls and have steadily invested access to healthcare.

#### → Click Forward 46

Comparing today with where these countries started in 1980, we see that families have two or three fewer children. Income has increased such that families in Tunisia have an average of five times the purchasing power, while in Botswana families have NINE times the purchasing power, compared to thirty years ago.

These dramatic changes at the family level represent significant growth and development for the entire country.

Learning from the successes of countries like Tunisia and Botswana, we can see a pattern of investments which are necessary to harnessing the demographic dividend.

#### → Click Forward 47

Although lowering fertility and changing the population structure is the necessary first step...

#### → Click Forward 48

...investments in health, education, economic policies, and good governance allow the changing age structure to be transformed into accelerated economic growth.

#### → Click Forward 49

A healthy population contributes directly to higher economic growth and poverty reduction.

#### → Click Forward 50

Improving children's health, such as through immunization and nutrition programs, sets the stage for healthy adulthood.

#### → Click Forward 51

Ensuring that children have adequate nutrition from pregnancy through age two can have a profound impact on their ability to grow, learn, participate in the workforce, and rise out of poverty. <sup>6</sup>

Yet one in five children in Africa is moderately or severely underweight.<sup>7</sup>

#### → Click Forward 53

As children become adolescents, ensuring continued access to health services, including reproductive health and family planning services, helps them to delay childbearing until they are ready. It will also help them avoid HIV and sexually transmitted diseases, enabling youth to stay in school and transition to healthy, productive adults.<sup>8</sup>

#### → Click Forward 54

Promoting healthy lifestyles keeps adults productive and participating in the workforce and economic growth of the country.

#### → Click Forward 55

At the same time...

#### → Click Forward 56

...investments in education are critical to seizing the opportunity of a healthy workforce.

#### → Click Forward 57

Investments in schooling and expansion of secondary education will ensure that a country has a skilled workforce for future economic growth. Right now, many countries struggle to provide quality primary schooling. But as population growth slows, many African countries will have more resources per child for education. Governments must seize this opportunity by expanding access to education. Educational systems must also be responsive to the labor needs of an expanding economy.

#### → Click Forward 58

These investments in education can have quick returns for individuals and families. Each year of schooling is associated with an increase in wages of up to ten percent or more.<sup>9</sup>

#### → Click Forward 59

And improving the education of young people today means a higher-quality workforce in the future. With additional training and skills, young people will be equipped to compete in the global economy.

#### → Click Forward 60

Yet dramatic variation in secondary school enrollment across Africa suggests uneven opportunities for achieving a dividend. In West Africa, only twenty-seven percent of secondary-school-age girls and thirty-seven percent of boys are enrolled in school, but in Southern Africa, ninety-two percent of girls and eighty-eight percent of boys are enrolled.<sup>10</sup>

#### → Click Forward 61

Improving secondary school enrollment—especially for girls—will accelerate progress towards the dividend.

But to fully realize the benefits of the investments in health and education, they must be accompanied by ...

#### → Click Forward 63

... supportive economic policies that create jobs for today's large population of youth and harness the power of the age structure transformation. With fewer children and higher levels of education, more women can transition to paid and higher-skill jobs.

#### → Click Forward 64

Sound economic policies will increase meaningful employment by fostering growth in the skilled workforce. Governments must shift economic priorities into sectors that can absorb today's youth, such as manufacturing, service, and technology. 11

#### → Click Forward 65

Governments must ensure that women and men have equal opportunity and skills for the workforce. Sound economic policies also promote free trade and open markets, attract foreign and domestic investment, and help grow the private sector. 12

#### → Click Forward 66

And there must be attention to fostering personal savings and expanding access to economic opportunities for rural and poor communities through microfinance and targeted programs.

#### → Click Forward 67

Finally...

#### → Click Forward 68

...Good governance practices...

#### → Click Forward 69

... including rule of law, stability and security, efficiency, and accountability, along with strong and transparent institutions, are essential to harnessing the demographic dividend.13

#### → Click Forward 70

Indeed, good governance is a vital ingredient that turns the wheels of progress and engages the power of the demographic dividend.

#### → Click Forward 71

Each of these areas of investment contributes to transforming the possibility of a demographic dividend into the reality of accelerated economic growth.

#### → Click Forward 72

It starts with a change in the population age structure, which hinges on lowering fertility through access to voluntary family planning, improved child health, and education.

Investments in health services and education foster a healthy, productive, and skilled workforce.

#### → Click Forward 74

Economic policies foster job growth, trade, and foreign investment, while good governance builds civic participation and confidence in the government and social institutions.

Each sector is important for economic development but no sector alone can transfer the momentum of the age structure transformation into the economic growth of a dividend:

#### → Click Forward 75

...all of the gears must work together. As each component fits into place, the gears begin to turn ...

#### → Click Forward 76

... and engage, pushing the nation forward to the promise of accelerated development and prosperity by harnessing a demographic dividend.

#### **Presentation References**

- 1. David E. Bloom, David Canning, and Jaypee Sevilla, *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change* (Santa Monica, CA: RAND, 2003).
- 2. United Nations Population Division, World Population Prospects: The 2010 Revision, low variant (New York: UNFPA, 2011).
- 3. United Nations Children's Fund (UNICEF), Committing to Child Survival: A Promise Renewed, Progress Report 2012 (New York: UNICEF, 2012).
- 4. Donna Clifton, Toshiko Kaneda, and Lori Ashford, Family Planning Worldwide 2008 Data Sheet (Washington, DC: Population Reference Bureau, 2008).
- 5. James Gribble and Jason Bremner, "Achieving the Demographic Dividend," Population Bulletin 67, no. 2 (2012).
- 6. Cesar G. Victora et al., "Maternal and Child Undernutrition Consequences for Adult Health and Human Capital," The Lancet 371 (2008): 340-57.
- 7. Robert E. Black et al., "Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences," *The Lancet* 371, no. 9608 (2008): 243-60.
- 8. Karin Ringheim and Jay Gribble, *Improving the Reproductive Health of Sub-Saharan Africa's Youth: A Route to Achieve the Millennium Development Goals* (Washington, DC: Population Reference Bureau, 2010).
- 9. George Psacharopoulos and Harry Anthony Patrinos, "Returns to Investment in Education: A Further Update," *Policy Research Working Paper* 2881 (Washington, DC: The World Bank, 2002).
- 10. Donna Clifton and Ashley Frost, The World's Women and Girls 2011 Data Sheet (Washington, DC: Population Reference Bureau, 2011).
- 11. Bloom, Canning, and Sevilla, *The Demographic Dividend*.
- 12. Gribble and Bremner, "Achieving the Demographic Dividend."
- 13. David E. Bloom et al., "Realizing the Demographic Dividend: Is Africa Any Different?" Program on the Global Demography of Aging Working Paper 23 (2007).

## **Using Handouts**

#### CREATING A CUSTOMIZED DATAFINDER HANDOUT

DataFinder is a database managed by the Population Reference Bureau that provides data for hundreds of variables around the world, located at www.prb.org/DataFinder.aspx. DataFinder allows you to:

- Search hundreds of indicators for hundreds of countries around the world.
- Create custom reports, charts, and maps.
- Download, print, and share.
- · Create custom tables in three easy steps, for countries and world regions.
- Compare a wide array of places for one indicator, and display the results as a customizable map, ranking table, or bar chart.

Please see the ENGAGE Presentations User Guide for additional instructions about using DataFinder.

The following indicators from DataFinder relate to the regional data and issues raised in this presentation. Not all indicators may be available for all countries:

- Demographics:
  - Population Mid-2012
  - Population Below Age 15 (Population <15)</li>
  - Population Projections, mid-2025 and mid-2050
  - Total Fertility Rate
  - Infant Mortality Rate
- Economic:
  - Child Dependency Ratio
  - Population Living Below US\$2 per Day
  - GNI PPP Per Capita
  - Women As % of Nonfarm Wage Earners
- Education:
  - Literacy Rate of Persons Ages 15-24, by Gender
  - Secondary School Enrollment, Gross, by Gender
- Health:
  - Underweight Children Under Age 5

- Reproductive Health:
  - Contraceptive Use Among Married Women Ages 15-49, by Method Type
  - Demand for Family Planning Satisfied
  - Unmet Need for Family Planning, by Region
  - Use of Modern Contraception Among Married Women, by Income Quintile

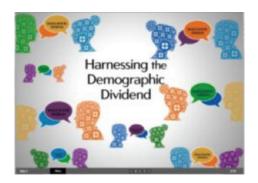
You can also use DataFinder to create charts and maps or profiles of multiple countries. Definitions and sources for each indicator are available online.

#### USING THE KEY MESSAGES HANDOUT

The Key Messages handout is a short handout that includes visual "snapshots" from the ENGAGE presentation. The handout is intended to be succinct, serving as a good visual aid for the presentation as well as a readable document. We encourage you to use this handout when giving the presentation to an audience, as well as a customized DataFinder handout with data specific to your country context.

The Key Messages handout is shown on the following pages.

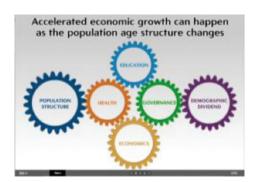
# Harnessing the Demographic Dividend



#### **Key Messages**

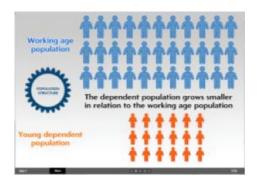
With positive developments underway in sub-Saharan Africa, many people believe that accelerated economic gains are right around the corner.

But almost two out of three Africans are still living on less than \$2 per day, and much remains to be done to harness the demographic dividend.



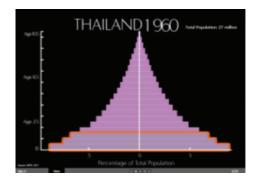
The demographic dividend is the accelerated economic growth that can happen as the population age structure changes.<sup>1</sup>

But harnessing a demographic dividend is not automatic, and requires strategic investments in health, education, economic policy, and governance.



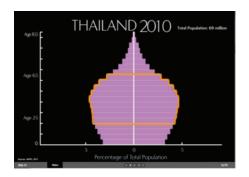
The starting point is the population age structure. As the number of births each year declines, the young dependent population grows smaller in relation to the older, working-age population.

With more workers and fewer young people to support, a country has a window of opportunity for economic growth. This is the demographic dividend.



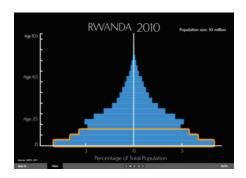
Thailand is an example of a country where the changing population age structure spurred a demographic dividend.

In 1960, more than 40 percent of Thailand's population was under the age of 15, and women had an average of six children.<sup>2</sup>



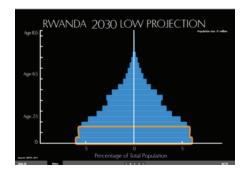
Between 1960 and 2010, mortality rates declined; desire for smaller families increased; and investments in family planning enabled rapid declines in fertility.

This transformed the age structure, which is now dominated by working-age adults.



Rwanda today looks similar to Thailand in 1960. Like much of Africa, 40 percent of the population is under the age of 15, and women have an average of four to five children.<sup>2</sup>

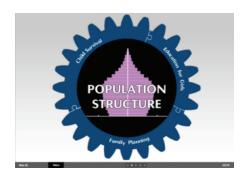
This represents great progress over the last decade in improving health, lowering fertility, and increasing economic growth.



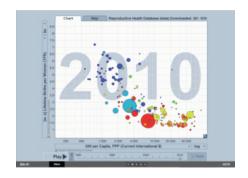
However, looking ahead to 2030, even if fertility in Rwanda declines to close to three children per woman, 35 percent of the population will still be under the age of 15.2

This is a higher percentage than in any country, including Thailand, that has realized a demographic dividend.

Transforming the population age structure further will require three key investments.

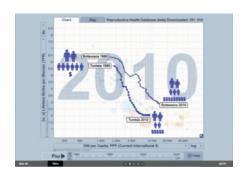


- 1. Improving child health services allows more children to survive and leads to couples desiring smaller families.
- 2. Increased investments in family planning will prevent unintended pregnancies, leading to fewer births per woman.
- 3. Encouraging girls to stay in school through secondary level enables them to delay early marriage and childbearing and have healthier families.



Around the world, we have seen countries increase their Gross National Income (GNI) as fertility, or the average births per woman, declines.

Compared to countries in the rest of the world in 2010, the dark blue African countries have higher fertility and lower income per person.



Botswana and Tunisia are two African countries that have made strong progress in lowering fertility and increasing income because of sound economic policies, good governance, and social priorities such as investments in education and health.

Comparing 2010 to 1980, families in both countries have fewer children but much greater purchasing power today.



Many African countries can learn from the successes of countries like Botswana and Tunisia.

Lowering fertility and changing the population age structure is the first step, but investments in health, education, economic policy, and good governance allow the changing age structure to be transformed into accelerated economic growth.



A healthy population contributes directly to higher economic growth and poverty reduction.

Ensuring adequate nutrition from pregnancy through age two has a profound impact on children's ability to grow and learn.<sup>3</sup>



For adolescents, continued access to health services, including reproductive health and family planning, enables them to transition to healthy adults.<sup>4</sup>

Promoting healthy lifestyles keeps adults productive and participating in the workforce and economic growth of the country.



Investments in education are critical to seizing the opportunity of a healthy workforce.

Investments in education can have quick returns for families, because each year of schooling is associated with an increase in wages of up to 10 percent.<sup>5</sup>



Improving the education of young people today means a higher-quality workforce in the future.

With additional training and skills—especially for girls—young people will be equipped to compete in the global economy.



Supportive economic policies are necessary to create jobs for today's large population of youth.

Governments must shift economic priorities into sectors that can absorb today's youth, such as manufacturing, service, and technology.<sup>2</sup>



With fewer children and higher levels of education, more women can transition to paid and higher-skill jobs.

Sound economic policies must also promote free trade and open markets, attract foreign and direct investment, and help grow the private sector.<sup>6</sup>



Finally, good governance is essential to engage the power of the demographic dividend.<sup>7</sup>



Good governance includes rule of law, stability and security, efficiency, and accountability.

Strong and transparent institutions are also necessary components of good governance.



Harnessing the demographic dividend starts with a change in the population age structure, which hinges on lowering fertility through access to family planning, improved child health, and education.

All of the gears must then work together to transfer the momentum of the age structure transformation into the promise of accelerated development and prosperity of a demographic dividend.

#### **Handout References**

- 1. David E. Bloom, David Canning, and Jaypee Sevilla, *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change* (Santa Monica, CA: RAND, 2003).
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### **Discussion Guide**

After giving the ENGAGE presentation, you may have the opportunity to foster discussion among the audience members. We encourage you to share data specific to family planning and gender equality in your country, and make the discussion specific to addressing these issues within your country context. Sample discussion questions are listed below:

#### DISCUSSION ABOUT THE PRESENTATION

- 1. Had you heard the term 'Demographic Dividend' before today? Did your understanding of what the demographic dividend is and what type of investments are needed change?
- 2. Were you aware of the links between family planning, population growth, and economic and social development? What did you learn today about these relationships?
- 3. How can we get today's leaders interested in benefits that may not be realized for years, or even decades?
- 4. How can we ensure that the investments needed for the demographic dividend and the subsequent accelerated economic growth do not negatively impact the environment and thus the long-term sustainability of our social and economic gains?

#### **DISCUSSION ABOUT POPULATION AGE STRUCTURE**

- 5. What role does family planning play in development? How does family planning make a difference for: (a) families, (b) communities, and (c) nations?
- 6. In what ways does improving child survival affect a country's population age structure?
- 7. What are the three key investments needed to change population age structure? How do those investments interact with each other to cause that change?
- 8. How does the shift in population age structure open a window of opportunity for accelerated economic growth?

#### DISCUSSION ABOUT HEALTH AND EDUCATION

- 9. Why do we need to invest in child and adolescent health programs? Why not just invest in the health of the current adult workforce?
- 10. What are the best opportunities to improve the health system in your community to improve the health of the entire population?
- 11. How can keeping girls and boys in school contribute to the demographic dividend?
- 12. Why is it important to consider gender when trying to invest for a demographic dividend?
- 13. What are some strategies to increase secondary school enrollment in your community? What job training skills for youth would benefit your community?

#### DISCUSSION ABOUT ECONOMIC POLICY AND GOVERNANCE

- 14. In what ways can economic policy help or hinder progress toward the demographic dividend? What are some steps that governments can take to improve their economic policies?
- 15. Can you think of some sectors of the economy that the government could focus on for the greatest impact on economic growth?
- 16. What can governments do to expand employment opportunities for young people? Are there particular sectors or types of employment that could benefit from government programs to expand job growth?
- 17. What does good governance mean? What does it have to do with economic growth?

#### **FAQs**

Often, audience members have questions about the presentation. Some of these questions may be specific to the actual presentation (data, pictures, figures, sources of information), while other questions may be related to the content of the presentation. If you are unsure about any of the terms used in the presentation, you can find definitions in PRB's online Glossary: www.prb.org/Educators/ Resources/Glossary.aspx.

Below are some frequently asked questions and scripted answers:

#### QUESTIONS ABOUT THE PRESENTATION

- **Q.** How accurate are your data?
  - A. The data that we have shared in this presentation are the most accurate that anybody has about family planning and gender equality for the world. The data comes from the most recent Demographic and Health surveys, Multiple Indicator Cluster Surveys (MICS), The United Nations Population Division's World Population Prospects: 2010 Revision, The World Bank's World Development Indicators (WDI) database, as well as other recent research studies.
- **Q.** Have the people in the photographs and videos in your presentation given their consent?
  - **A.** We have the legal right to use every photograph and video that was included in this presentation.
- **Q.** Is the demographic dividend some new Western model for development? We need an African model for development.
  - A. No, this is not a new approach to development. The demographic dividend is like an "economic bonus" that countries get when they make strategic investments in development. This presentation looks at examples of what has happened in other countries as they have undergone demographic changes and how African countries can learn from those countries' experiences to maximize their own economic growth and development.
- **Q.** Why do you use the examples of Thailand and Rwanda?
  - A. With the dramatic progress it has made, Thailand is an excellent example of how decreasing fertility can result in significant changes to a country's population age structure and open that important demographic window of opportunity. We chose Rwanda to highlight the fact that although some countries in sub-Saharan Africa have made progress towards that goal, there is still guite a ways to go and, in particular, fertility must decrease at a much faster rate in order for countries to take the necessary first step of changing their population age structure. Rwanda is one of the success stories of Africa, vet even there continued investments in health and education are needed to transform the age structure and seize the opportunity of the demographic dividend. Countries that have not made similar progress are decades or more away from a demographic dividend without increased commitment to initiating a fertility decline.

#### QUESTIONS ABOUT POPULATION STRUCTURE

- Q. In some countries, like South Africa, fertility dropped but it did not spur economic growth.
  - **A.** Although it is a necessary first step, decreased fertility will not automatically lead to a demographic dividend. South Africa is a good illustration of this: the country hasn't yet made the necessary investments in other strategic sectors or ensured appropriate policies are in place to stimulate economic growth and achieve the dividend. All the pieces—reduced fertility, investments in health and education, economic policy, and good governance—must be in place to realize the demographic dividend.
- Q. Isn't it true that some of those large countries, like China, India, and Brazil, are doing so well economically because of their large population size?
  - A. While it is true that countries like China and Brazil have large economies and large populations, the fertility rates, or the number of children per woman, are very low, and have declined over time. When fertility declined in these countries and the right investments were in place, economic growth took off. At the same time, there are many examples of countries with very small populations who have also made the right investments and were able to spur strong economic growth, like South Korea, Singapore, and Rwanda. As we explain in this presentation, it is factors like the population age structure, health and education systems, economic policy, and governance that together play a much greater role in spurring economic growth than just the population size.
- Q. You point to Thailand as a success story, but like many other Asian and East Asian countries, their population is aging very quickly and soon they will have more dependent elderly people than their workforce can support. Don't we need to have more children to ensure that we are taken care of in our old age?
  - A. Actually, in addition to the accelerated economic growth that can result from the initial demographic dividend, the social and economic changes brought about by the fertility decline of the "first" demographic transition can also drive a second demographic dividend. With increasing life spans and fewer children to support, people are motivated and able to accumulate greater wealth, as well as increase investments in the health and education of their children.
    - A country's ability to realize this second dividend is contingent upon implementing appropriate policies and programs early in the population aging process. This includes encouraging and supporting workers to accumulate personal savings and other assets, so those workers are less dependent upon social services for support in their later years. Governments must begin planning for this now and the accumulation of wealth must begin early if the aging population is to be transformed into the drivers of a second demographic dividend.
- **Q.** Won't improvements in child survival result in more dependent children?
  - **A.** No, because as parents see that their children are surviving and thriving, they will start to desire smaller families. When children are healthy and survive, parents begin to make greater investments in their health and education; having fewer children allows parents to invest more in each child. Moreover, investing in child and adolescent health programs will ensure a healthy workforce in the future. Children and adolescents who have adequate nutrition, immunizations and access to comprehensive health services, including reproductive health care, are better able to develop physically and cognitively. They thrive in school and will be better prepared to join the workforce in skilled and high-paying jobs.

#### QUESTIONS ABOUT FAMILY PLANNING

- Q. You discussed family planning in this presentation, but you didn't describe anything about family planning. What are the choices for family planning or contraception?
  - A. There is a wide range of contraceptive methods available for both men and women depending on the reproductive needs of each individual. Some methods are more effective than others. Methods such as withdrawal and spermicides have the lowest level of effectiveness while longer acting or permanent methods such as implants, IUDs, female sterilization, and vasectomy are more effective. Some methods only work one time—male condoms, or female condoms, for example—while others may last longer but are not permanent, such as injectables, oral contraceptive pills, hormonal patches, and the vaginal ring. Additionally, there are Fertility Awareness Methods, such as the Standard Days Method, Basal Body Temperature, and the Two-Day Method. These methods require partners' cooperation as couples must be committed to abstaining or using another method on fertile days. These methods have no side effects or health risks. And finally, there is the Lactational Amenorrhea Method, a method based on exclusive breastfeeding, which provides pregnancy protection for the mother and nutrition for the baby during the first six months after childbirth.
- Q. Are there any negative side effects of family planning methods?
  - A. Some contraceptive methods have known side effects that may affect one family planning user while not affecting another. Side effects such as irregular bleeding, headaches, dizziness, nausea, breast tenderness, weight change, mood change, and delay in returned fertility once the individual stops using the method are common with hormonal methods. These side effects are not life threatening and can be addressed by the medical provider. Usually, if the side effects are bothering the client, the provider will switch the contraceptive method to something more suitable. Clients need to be informed of possible side effects and how to manage them when receiving family planning counseling. But users should be aware that it may be more harmful to stop using a method because of the side effects and become pregnant again than continuing to use the method and visiting the nearest provider to address the side effects.
- Q. Some people say [family planning I small family size] is just some Western idea being forced onto African nations by outsiders. What do you think about this statement?
  - A. Women from all countries have a mind and a will of their own and their ability to plan their families should be recognized and respected. The data in the presentation show that more than 50 percent of African women who do not want to become pregnant right now are not currently using any form of family planning. This can lead to unintended pregnancies, which pose risks for women, their families. and societies; in turn, these can harm economic growth and development for many African nations. The Maputo Protocol, which was developed by African countries, through the African Union, includes Article 14: Health and Reproductive Rights, which states that "parties shall ensure that the right to health for women, including sexual and reproductive health is respected and promoted which includes: the right for women to control their fertility, the right for women to decide whether to have children, the number of children and the spacing of children; the right to choose any method of contraception; the right to family planning education and the right to adequate, affordable and accessible health services including information, education and communication programs to women, especially in rural areas."

- **Q.** Some people say that family planning is an instrument of population control to keep poor people from having too many children. What do you think about this statement?
  - **A.** It is important that women never feel coerced in reproductive health matters. The data in this presentation show that many women and couples in Africa want to use family planning to delay, space, or limit their pregnancies. By ensuring that women and couples who want to use family planning are able to, women and couples can choose the timing, spacing, and size of their families, leading to better health and well-being for the family, community, and ultimately the entire nation.
- **Q.** Some people say that African women want to have large families. Do many African women want to limit the number of children they have?
  - **A.** Each woman should be able to make her own decision about future pregnancies. Being African does not automatically mean that a woman wants many children. The data shared during this presentation show that many African women want to use family planning but lack access to contraceptive methods. By reducing barriers to family planning, we can ensure that women who want access to family planning are not being denied the right to choose what is best for them and their family.
- **Q.** If young people have access to reproductive health care and family planning, won't it just encourage promiscuity? Won't it encourage youth to have sex before marriage?
  - **A.** It is not uncommon for societies to disapprove of premarital sex and to worry that reproductive health education and services may be inappropriate and unnecessary for young people. However, with almost half of the world's population under age 25, investments in young people are vital to achieve the Millennium Development Goals and improve social and economic outcomes. These investments include family planning and reproductive health services so young people can avoid unintended pregnancy, protect themselves from HIV and sexually transmitted infections, and avoid reproductive health complications that often result in death. When effective youth-friendly policies exist and are implemented, young women and men can make a healthy transition into adulthood and enjoy full participation in public life. Ultimately, if we want to give young people a good, healthy start on their lives, their right to reproductive health and family planning information and services is essential.
- **Q.** We see messages all the time about HIV and AIDS—how the disease is destroying our families and nations. Will family planning limit our population in the face of the HIV/AIDS epidemic?
  - A. According to UNAIDS, in sub-Saharan Africa, where the majority of new HIV infections continue to occur, an estimated 1.8 million people became infected in 2009, considerably lower than the estimated 2.2 million in 2001. This trend reflects a combination of factors, including prevention efforts and the natural course of HIV epidemics. While HIV/AIDS is still prevalent throughout much of sub-Saharan Africa, access to life-saving drugs has dramatically increased over the years and more people are now living with HIV for longer periods of time. In fact, there is a strong demand for family planning methods for HIV-positive women in many countries in Africa as they are living healthy, productive lives and may wish to prevent future pregnancies. While there are still high levels of mortality due to disease in sub-Saharan Africa, people are living and surviving longer than ever before, including children under five years of age, which means access to family planning services is important to continue to build healthy families and communities.

- **Q.** How do we change norms about using family planning?
  - **A.** Changing norms around family planning takes time, but it is possible. To change norms around family planning, it is essential to address gender norms and increase gender equality. In many societies in sub-Saharan Africa, women do not have the power to make decisions about their reproductive health choices. Programs must work with traditional decisionmakers such as husbands and mothers-in-law to educate them on the economic, health, and social benefits family planning brings to families and communities. In addition, service providers and community-based institutions need to be trained to overcome biases around family planning. Community health workers need to be aware of and have the skills to challenge and address social and gender barriers to family planning. Family planning interventions must overcome the common exclusion of men, youth, people living with HIV/AIDS, and single women and men. Traditional and community leaders must be included in family planning discussions and, wherever possible, be encouraged to challenge community and gender norms.

#### QUESTIONS ABOUT HEALTH AND EDUCATION

- Q. Why do you focus on secondary education for girls? What about primary education for girls, and primary and secondary education for boys?
  - A. Over the last 20 years, countries in sub-Saharan Africa have made a substantial investment in expanding primary school education for both boys and girls. These efforts are showing results, and more than two-thirds of boys and girls of primary school age are now enrolled in primary school. Now it is time to expand attention on education to include secondary school, and ensure that efforts to increase educational attainment are not limited to primary school. We mention secondary school for girls specifically because research has shown that it yields unique outcomes; these include greater empowerment and agency for girls, as well as improved health outcomes for girls and their families. The benefits that secondary education for girls yields, outside of increases in knowledge and skills, extend beyond girls and affect their families and communities.
- Q. As women become more empowered, men will lose status and power, and this will be a negative consequence for them.
  - **A.** Actually, research shows that gender inequities and power disparities harm men as well as women. For example, in many settings, gender norms for men ("being a man") mean being tough, brave, and aggressive. Consequently, men are more likely to take risks and engage in violent activity or unsafe sex—leading to poor health outcomes—and miss out on the joys of fatherhood. Everyone—boys and girls, men and women—is therefore made vulnerable by harmful gender norms and behaviors. At the same time, everyone can benefit from greater gender equality. This presentation highlighted the health benefits for women's families, such as lower infant and child mortality. We also showed that women with more education and access to family planning can earn higher incomes, leading to greater economic security for them and their families, including men and boys.

- Q. Family planning use is already high in some urban places or among wealthier groups in sub-Saharan Africa. Is the demographic dividend already happening among the wealthy and urban populations?
  - A. The changes to population age structure that are a necessary first step towards the demographic dividend are already occurring among some populations in sub-Saharan Africa, as the example of Malawi illustrates. In the population structure of Malawi's poorest quintile, 53 percent of the population is under age 15 while working-age individuals (age 15 to 64) represent 42 percent of the total population. The population structure of Malawi's wealthiest quintile is very different: those under age 15 represent 43 percent of the population, and the working-age population represents 55 percent of the total population.

The differences stretch beyond the population age structure: Women in the poorest quintile have a median education of one year and have an average of seven children each, while women in the richest quintile—almost half of whom use modern contraception—have a median education of six years and on average fewer than four children. Most adults in the poorest quintile work in agriculture, whereas most adults in the wealthiest quintile work in sales, services, or skilled manual work.

Although the wealthy households are on their way to a demographic dividend, pro-poor policies can help the most disadvantaged people reduce fertility, improve school enrollment, and foster employment—all of which generate greater household incomes.

#### QUESTIONS ABOUT ECONOMIC POLICY AND GOVERNANCE

- Q. What steps can we take to reduce the problems of unemployment and underemployment, which are a significant burden on the economy?
  - A. Unemployment and under-employment are challenges facing many countries in sub-Saharan Africa. This is particularly true for the growing numbers of youth who are entering the labor force. For this reason, economic investments in sectors that are labor-intensive and can create many new jobs are critical for achieving the demographic dividend. Education systems also need to be flexible and responsive to the needs of these sectors to ensure that workers have the right skills for the growth in jobs.
- Q. Botswana is given as an example of a country where sound economic policies have led to greater growth, but isn't their strong economy due to their natural resources? We do not have the same natural resources, so how can we hope to grow our economy in the same way?
  - A. Botswana's natural resources are certainly an advantage, but realizing the advantage offered by those resources required sound economic policies and strategic social investments. By instituting policies that promoted economic growth and opportunity, emphasizing key social priorities and committing to good governance, Botswana maximized its opportunities for economic growth.
- Q. You say that good governance is important for strong economic growth, yet there are many wealthy countries that are not democratic, like Saudi Arabia.
  - **A.** As the Botswana example illustrates, good governance enhances and boosts economic growth. Although some countries may achieve growth in the absence of good governance, committing to sound principals of governance like transparency and anti-corruption increases opportunities for and strengthens economic growth and development.

#### Additional Resources

#### FAMILY PLANNING, HEALTH, AND EDUCATION

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