

**FAMILY SIZE AND QUALITY OF LIFE NEXUS- CASE OF THE SUNYANI  
MUNICIPALITY, GHANA**

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**ABSTRACT**

The 1996 population policy of Ghana underlies the various drives to increasing population as well as modes for ensuring a manageable population size. The rationale of the policy was to motivate and empower ministries, departments and assemblies to actively pursue policies towards acceptable family sizes thereby providing a platform for investigation into the family sizes.

The research examines the major drives to choice of family sizes as well as the socio-economic implications of such a choice. The study involved a review and analysis of available literature on population in the Sunyani Municipality as well as Ghana. The communities in the Municipality were grouped into three strata that is, modern, semi-modern and deprived.

It was identified that majority of the people in the Sunyani Municipality have small family sizes of less than five children. Choice of family size in the Municipality was identified to have been marginally determined by contraceptive usage, sex preference of children and income levels. People with small family sizes were identified to be mainly in good health.

It was recommended that family planning education should be actively pursued by relevant organizations including and not limited to the National Population Council, Sunyani Municipal Assembly (DA), Non-Governmental Organizations (NGOs) and Community-Based Organization (CBOs). This would be required to discourage people from having large family sizes in the Sunyani Municipality. More so, people should be made, through education, of the adverse effects of giving birth to more children.

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## **INTRODUCTION**

### **Background**

The world's population is still growing although the rate of growth has been declining since the 1960s. Global population grows each year by approximately 80 million people. Nearly all of this growth is concentrated in the developing nations of the world, in many of which fertility rates remain high. High fertility can impose costly burdens on developing nations. It may impede opportunities for economic development, increase health risks for women and children, and erode the quality of life by reducing access to education, nutrition, employment, and scarce resources such as potable water (Da Vanzo et.al. 2006).

World fertility rates have been declining from 4.0 for 1975-1980, 3.6 (1980-1985), 3.4(1985-1990), 3.1 (1990-1995) and 2.9 for 1995-2000. Though such figures may be considered as declining, many countries the world over have been experiencing high fertility rates. Various factors may be identified as the major projectors of such increases worldwide ([www.unep.org](http://www.unep.org) 2006).

Water use has grown six-fold over the past 70 years. Worldwide, 54 per cent of the annual available fresh water is being used, two thirds of it for agriculture. By 2025 it could be 70 per cent because of population growth alone, or—if per capita consumption every-where reached the level of more developed countries—90 per cent (UNFPA, 2001).

High fertility rates have historically been strongly correlated with poverty, high childhood mortality rates, low status and educational levels of women, deficiencies in reproductive health services, and inadequate availability and acceptance of contraceptives. Falling fertility rates and the demographic transition are generally associated with improved standards of living, such as increased per capita incomes, increased life expectancy, lowered infant mortality, increased adult literacy, and higher rates of female education and employment ([www.4nationalacademies.org](http://www.4nationalacademies.org)).

Traditional perceptions of women's role in society make it difficult for them to contribute to population control. The belief still persists among most women, especially illiterates that the most important role for a woman is to have as many children as one can continue to bear any number of children.

In industrialised countries, large family sizes and the resultant high birth rates accompanied rapid population growth during the industrial revolution and this was mainly because of improved public health. As countries became more prosperous, both death and birth rates decreased, resulting in low population growth rates.

Today, most of the developing world is characterized by high birth rates for much the same reasons as in the industrialised countries in the past. At the same time, death rates have fallen dramatically, mainly because of improvements in health care, education and sanitation. Even though birth rates have declined substantially in many developing countries during the past 25 years, they still remain high, mainly for the varied reasons

Whenever agriculture is an important activity for poor households, they have an incentive to invest in children to serve as farm labour and assist with household tasks, such as fuel wood and water collection and childcare. Also when large families provide social security through the extended family, investing in children becomes a way of ensuring care in old age. More so, the lack of knowledge about family planning has resulted into persistence in increasing population growth.

Africa, the second-largest of the earth's seven continents, with adjacent islands covering about 30,330,000 sq km (11,699,000 sq mi), including its adjacent islands comprises 22 per cent of the world's total land surface area. At the end of the 20th century, more than 13 per cent of the world's population lived in Africa (Encarta Encyclopaedia, 2005).

Fertility rate in Africa stood at 5.4(1995-2000). Out of this figure Eastern Africa had 6.2, Northern Africa 3.1, 4.8 for Southern Africa, Western Africa 5.6 and Western Indian Ocean 5.3 fertility rates (www.unep.org 2006).

Most of Africa's population lives in the region south of the Sahara, known as sub-Saharan Africa. On the whole, Africa encompasses about 50 nations, ranging from Nigeria, a country of an estimated 136,353,130 (2004 estimate) to small island republics such as Comoros, which has a population of 651,901 (2004 estimate). Tropical Africa is amongst areas in Africa with higher family sizes; hence high population figures (Encarta Encyclopaedia, 2005). These figures as indicated are still on the ascendancy indicating a purposeful concern for population studies.

The population of Ghana is unique in a number of ways. Available literature shows that although it is relatively sparsely populated, Ghana is more densely populated with high family sizes than most countries of tropical Africa. The population is young and dynamic; more than 50 per cent are aged 20 years or less; total male ratios are above par, birth rates are high and seem to be rising above all, the population is growing fast and doubling itself in less than 30 years- a situation parallel in much of modern Africa.

Ghana's population stood at 288,000 in 1846; 661,000 in 1883; and 1,600,000 in 1890. This stood at 4,118,450 for 1931-48. At the time of independence Ghana's population stood at barely 6 million. This increased to 6,726,815 in 1960 when the first post-independence census was taken and 8,559,313 in 1970. The last census of 1984 gave the country's population at 12,296,081 and 18,912,079 in 2000 which show that Ghana's population doubled within 24 year period. Population projections show that it is likely to reach 27million in 2010 and 33.6million by the year 2020.

Ghana's population can best be described as young; with a substantial part of the population below 15years. In the 2000 census, it was identified that about 50% of the population were below age 25 with only 5.3% at age 65 and above. Various estimates of Ghana's fertility rate indicate that it has been fairly high over a long period. The reported total fertility rate (TFR) ranged between 6 and 7 for the period of between 1980 and 1988. The 1993 Ghana Demographic Health Survey report (GDHS) showed that there has been a slight reduction in TFR from 6.4 to 5.5 as compared to the TFR of most developed countries that stood at 2. This invariably shows a higher figure for Ghana and in 2003 the TFR was still high at 4.4. The choice of family sizes in Ghana has been influenced and supported by various socio-cultural factors and beliefs. Marriage is still

contracted at very early ages and by age 30; almost all females have married at least twice (Ghana Population Council, 1996). A notable factor worthy of concern is the very low level of contraceptive usage. Results of the 1988 Demographic Health Survey (DHS) indicated that only 5 percent of currently married women between the ages of 15 to 49 were using any modern forms of contraception thus indicating that the pro-natalist value system still persists widely throughout the population as indicated in the national population policy (Ghana Population Council, 1996). Recent death rates in Ghana also show persistent declines owing to a combination of several factors such as improvements in public health, sanitation, medical facilities, increasing education and modernization in general.

### **Statement of the Problem**

Family size has implications on quality of life including health, nutrition, educational attainment of children, social status of families as well as their ability to adequately cater for the needs of their families. A small family size of not exceeding 6 (parents inclusive) is believed to aid in adequately catering for the needs of its members. Such a small family is able to enjoy the necessities of life with the choice to afford and enjoy identifiable luxuries of life.

A large family size rather comes with some adverse implication such as poor health, low incomes and status, low levels of education, pressure on environmental resources due to overexploitation and poor childcare and nutrition.

The choice of family size, apart from having no effective policy, is not actively pursued in the nexus of quality of life. The perception of using children as the basis of future collateral and allowing nature to decide whether one gets pregnant and gives birth is also very high in the Ghanaian society. This has contributed to poor quality of health, malnutrition and degradation of the environment. It has also led to the unwillingness of people to adopt pragmatic measures towards birth control.

In an attempt to reduce poverty and improve the living conditions of people, the 1994 Population Policy of Ghana aims at creating awareness and providing education on population related issues including but not limited to birth control. This exploratory study therefore attempts to answer the following questions:

- Do people in the Sunyani Municipality have small or large family sizes?
- Does sex preference influence family size?
- How does income influence family size in the Municipality?
- Does family size have any implications on the educational attainment of children in the Sunyani Municipality?
- To what extent has family size influenced the health of family members?

### **Objectives of the Study**

Specific objectives are to:

- Evaluate the factors that influence the choice of family size.
- Examine the socio-economic implications of choice of family size.

- Provide suggestions and recommendations.

### **Significance of the Study**

The study will help to identify various strengths and weaknesses of the choice of family size on the economic life as well as the social life of people in the Municipality. It would provide first hand insight into some of the problems faced by families with smaller sizes as well as those with larger family sizes in order to determine appropriate family sizes as well as guidelines to making families have appreciable social and economic standards and human wellbeing.

### **CONCEPT OF FAMILY SIZE AND QUALITY OF LIFE**

Family size is an important determinant of whether a family or individual is in poverty because the official poverty measure incorporates family size. Family size depends on: family income, cost of children, wages, government transfers, and preferences. He added that large family size will consequently result in families' inability to function well in terms of childcare and ability to adequately educate children in the family.

This theory of the demand for children predicts that the number of children in a family will depend on family income and the costs of children. Income plays a role in determining family size because families with higher incomes are more able to afford additional children. Further it was added that such benefits are unachievable for large families. In terms of the cost of children, direct costs that is associated with having children include among others, food, clothing, and health-care expenses. In addition to these direct costs, there is also the *relative* cost. The relative cost of having a child is affected by the opportunity cost of child rearing as measured by the female wage, to a lesser extent the male wage, and government transfers. Government transfers may affect the number of children and adults in a family by altering the relative cost of having a child and creating incentives or disincentives to marry. Finally, individual preferences will affect family size.

Large family size is also noted for its influence on variables such as poverty, literacy, health, education including others. These results are also influenced by environmental, economic, cultural, and social factors. This is diagrammatically shown in Figure 1.

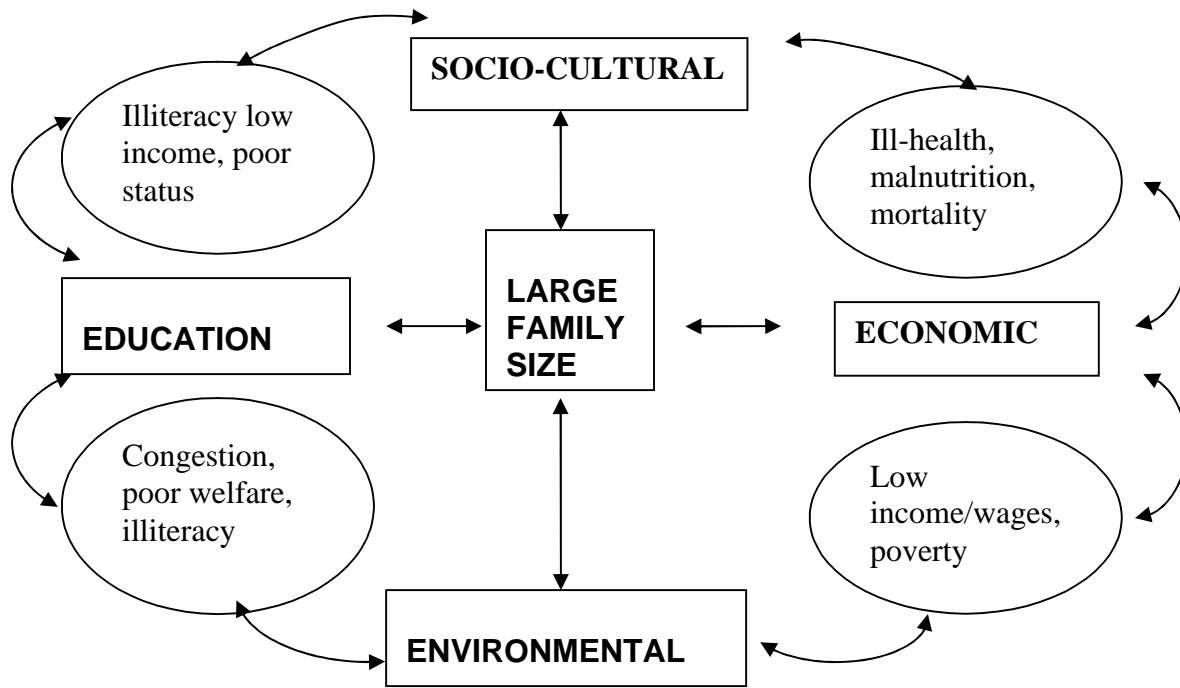


Figure 1: Conceptual framework on large family size and Quality of Life  
 Source: Arthur J.L. (2005), Implications of Family Size on the Quality of Life of People in the Sunyani Municipality

Figure 1 identifies the implications of large family size on the quality of life of people. Family size as shown is influenced by factors including economic, socio-cultural, and environmental; that is, be it religious, occupational, social and economic status of the family. Alternatively the choice of family size determines the level of benefit or shortcoming the individual or family will enjoy. A smaller family size may be privy to better levels of education, incomes, health and economic life. However a large family size will lead to low or poor levels of education, income, health, welfare and economic status. To ensure a better quality of life it would be necessary to avoid a large family size to lessen the burden and negative effects of choosing a large family size.

### **DETERMINANTS OF FAMILY SIZE**

The size of the family as well as the household determines to a larger extent the status, class and economic background of the family and society. Moore (1997) identifies a linkage between family size and ethnic groups. Identified factors that influence the choice of family size include religion, health, education, spousal income and sex of children. A smaller family size, that entails less than five children, mainly enjoy better lifestyles including better health care, higher incomes and education and a general social wellbeing. Choosing to have large family sizes also comes with its hardships associated since such families since mainly, they have poor standards of living.

Ominde et al (1972) also in their writing, ‘Population growth and economic development in Africa’ indicated that fertility (family size) are differences in age at marriage and in numbers

marrying, prevalence of polygamy in African marriages with the possibility of favouring some wives in the making of love. High divorce and widow rate also has been espoused as a factor for the relative family size. Fertility rate of 4.7 in Ghana, therefore should preclude better social wellbeing for the populace including households in the Sunyani Municipality.

Family size in the Sunyani Municipality has been determined by various factors including but not limited to the incomes and health of the couple, sexes of their children and knowledge and use of contraceptives. Arthur (2006) identifies that a larger section of residents in the Sunyani Municipality are ignorant of the national population policy but rather committed to a smaller family size since over 90% of respondents have 1-6 family sizes. Ignorance of the population policy has had lesser influence on family size since its absence has still culminated into relatively small family sizes in the municipality. Most of the respondents either do not like or are ignorant of contraceptive usage given that most people have rarely used or never used contraceptives. The paradox is the possibility for future increases in family size, which is if actions are not taken to imbue in the people the need for contraceptive usage as means to prevent unwanted pregnancies.

McLaren (1977) investigated working class women working in textiles in the mid-19th century with the conclusion that women in such areas took control of themselves; hence limiting their family size as investigated in the Lancashire textile mills. McLaren (1977) said that women working in textile mills in Lancashire had smaller families than any other class except skilled professionals and businessmen. He also said that women were able to spread the knowledge of controlling family size amongst each other and gives support, and that 'contraception' was often abortion. Correspondingly, choice of family size in the Sunyani Municipality is influenced mainly by social and economic factors such as level of contraceptive usage, sex preferences, income levels as well as spousal contributions to the family's income. It is gainsaying the fact that these factors are not exclusive in its influence on family size. The duration in employment also contribute to family size within the municipality. People in the municipality with higher years of experience in employment had smaller family sizes as compared to those with fewer years of experience in their employment. In Sunyani, 93.2% of households are influenced by their incomes in the choice of their family size whilst 6.8% indicates a little or no influence at all.

The sexes of children in the families do influenced the choice of family size for those families involved. Malhi et. al.'s (1999) research identifies that a close preference for male children exerts a substantial impact on the fertility desires and family planning behaviour of women in urban Himachal Pradesh. Fertility behaviour appears to be influenced by a strong desire to acquire a minimum number of at least two surviving sons. Families with highly biased sex proportions in the family in the Sunyani Municipality registered more children than those in the opposite. This showed that people are reluctant to stop giving birth in the phased of having given birth to marginally males or females children.

Majority (over 67%) of households in the Sunyani Municipality indicates a strong connection between their places of residence and family sizes. It is therefore ironic since the research identified that family size has no direct linkage with the residential status of respondents. Sutton's (1994) project report on "The relation of family size to women's occupations circa 1851", identified that in Ruddington, women who worked in textiles, proved to have slightly smaller families than Kinoulton, the agricultural area, in 1851. Reflecting Suttons's findings with

the situation in the Sunyani Municipality, it was inferred that people that lived in modern (privileged) communities gave birth to marginally smaller families than their counterparts in the deprived communities.

### **IMPLICATIONS OF CHOICE OF FAMILY SIZE ON QUALITY OF LIFE**

Family size has determined to a larger extent the quality of life which includes level of the families' education, health and income of the families in the Sunyani Municipality. Families with relatively small sizes (1-6 children) do not visit the hospital for treatment regularly; hence a lesser expenditure on health. Most of the sickness that send such category of families to the hospital is malaria, a sickness that could easily be avoided with basic preventive measures such as better lifestyles, nutrition and improve sanitation. This was not the case with family sizes of above 6 (large families) as they do frequent the hospital for medication as a result of poorer nutrition, low incomes and lesser spousal support in terms of income. This has made those with smaller family sizes better-off in terms of their families' economic status and quality of life.

In the Sunyani Municipality, families of 1-6 children (parents inclusive) had comparatively been able to educate their wards to higher levels of the educational attainment as compared to their compatriots with larger family sizes of 7-10 children (Arthur, 2006). The outcome of Arthur's (2006) study further showed that there is a significant relationship between the levels of education of respondents and choice of family size. Respondents' level of education as cross tabulated with their family size relatively show that larger family sizes of above 4 children were registered by respondents with very low levels of education.

Levels of educational attainment of couples have a positive influence on their respective family sizes since educational levels indicate a positive influence on their family sizes, that is, towards smaller family sizes of 4 children. It was also proved that the level of education of siblings in the municipality is influenced by the number of children in the family. Instances of higher family sizes have resulted in lower educational attainment of children in such families whilst the opposite holds for families of smaller sizes. The outcome is also conclusive of the fact that people with large family sizes would be privy to low childcare and education, poor attitude to the environment and its resources since the insatiable needs of such large families will be fully brought to bear on the environment. This consequently will result in persistent use of environmental resources and hence environmental degradation.

The environment, which acts as source of life for biodiversity, sink for waste and habitat for living organisms also plays meaningful roles in the lives of families in the Sunyani Municipality. A large section of the population is into farming and trading activities. Such households basically depend on the environment for free forms of livelihood such as mushrooms, firewood and bush meat. Giving birth to higher family sizes would therefore suggest pressure on the already inadequate forms of livelihood offered by the environment. Fertility rate of above 5 children in the phase of increased spate of bushfires, deforestation and construction is therefore a ripe ground for environmental degradation. Many families are therefore bedevilled with high cost of living since the free forms already enjoyed have declined. This further culminates into declining standards of living of many families in the Sunyani Municipality, hence, poor quality of life.

## **WAY FORWARD**

Assessing family size in the Sunyani Municipality, it is needless to say that it calls for proper policy formulation and implementations in respect thereof. It is therefore prudent that the government, Metropolitan, Municipal and District Assemblies, health institutions and schools for that matter are cautioned on the policy implications in respect of the outcomes of the research.

Comparing present family sizes in respect of ideal family sizes, it could be identified that the people in the Sunyani Municipality are positively changing their fertility trends in favour of smaller family sizes. This shows that policy formulating bodies such as the National Population Council, Non governmental bodies (NGOs) and Community Based Organizations (CBOs) should intensify their educational campaigns in lieu of such. More so, the national population council would have to make available relevant digestible sections of the population policy to conscientise people on the need to having smaller family sizes.

Health institutions should also be proactive in encouraging reproductive rights and health as modes for encouraging smaller family sizes since the higher levels of hospital consultancy calls for an attention. Most people with larger family sizes frequently suffer from malaria which in effect could easily be controlled with proper nutrition and sanitation. To reduce the patient doctor/nurse ratio therefore, health institutions should be actively seen in such sphere, which is, promoting health in the phase of smaller family sizes. The government and private employers should also show keen interest in mainly encouraging people in the municipality to adopt the ideal families since this will help promote the workers' health. The absence of productivity due to poor health would ultimately affect employers and the government.

It is also of grave concern to translate the trends of family size vis-à-vis children's education. Responses from the study show that either education is getting costly or the people are getting poorer; therefore respondents' inability to adequately school their children. More so, a cause may be the absence of adequate educational institutions to aid the training of such children. These trends if uncontrolled may lead to a cycle of persistent reduction in levels of educational attainment for future generations. It is a fact to add that if education suffers in such respect the environment suffers since knowledge is an impetus to conservation of the environment and its resources. Many people may thereof resort to mainly using resources from the environment to make a living and obviously conservation would not be a component of the practices. The Environmental Protection Agency (EPA) should therefore be seen actively backing the course for educating people to have small and preferably ideal families. This will positively enhance the work of the EPA.

Respondents with tertiary education were seen to represent those with smaller family sizes. This really calls for more effort in respect of educating adults since the highly educated respondents have improved (small) family sizes. Institutions such as non formal education division of the Ministry of Education should intensify its activities since their efforts are definitely yielding results.

Considering the reasons for respondents' quest for living in highly modern residences such as Accra, Kumasi and Takoradi, it is notable therefore that Town and Country planning and for that

matter Assemblies reconsider community demarcations and planning to ensure that people live in neighbourhoods that positively influence their choice of family sizes. The indication is clear since most of the respondents stated reasons for their decisions as access to better education, income generating jobs and better opportunities in their ideal places of residence.

Churches, population related institutions, CBOs, voluntary service organizations (VSOs) including others, have a case to grapple with since families are very particular about the sexes of their children. People keep giving birth until they acquire their ideal number of the different sexes of children. It is therefore the duty of such institutions to evaluate their activities since the results ultimately show that their efforts on educating their congregation on the qualities of both sexes of children are not meeting the desired results.

The Ministry of Local Government is also either failing to provide employment or has failed in creating the impetus for a private sector boost that obviously would have included employment creation. This has had a negative effect on family size since such families, with more income and appreciable spousal contributions to incomes have relatively smaller family sizes. Governments and the private sector may thus be failing in their roles of ensuring sustainable job creation.

## **RECOMMENDATIONS**

Knowledge of the national population policy and its appendages such as contraceptive usage are vital for attaining smaller family sizes. It is therefore recommended that such areas of interest should be frequently taken up by The Ghana Health Service and The National Population Council. This should be in terms of publishing the issues in the dailies as well as capturing them on the radio and television stations. Such areas could also be given prominence in the curricula of schools by the centre for Curriculum Development Division of the Ghana Education Service and Ministry of Education, since an early understanding of issues of population can go a long way to making us conscious of its effect earlier.

In addition, incentives including and not limited to lower school fees, lower hospital fees should be extended to families with smaller sizes, through opportunities such as the Special Health Insurance schemes (Government) and Free or reduced cost of Education (Ghana Education Service). This obviously would motivate others towards having small families. The other side is to demand full payments for services provided for households with larger family sizes. People should also be allowed to freely abort their unwanted pregnancies since the faith awaiting such foetus if born is worst than allowing them to be aborted before birth. Educational concerts and theatres should also be promoted, in schools and community centres, to re-echo the need for smaller family sizes. These could even be in terms of cinema vans being used for such campaigns in the communities.

It is also relevant that psychologists are specifically secured, by the Ghana Health Service for our health institutions, to cater for the social dimensions of people's health. This will adequately inform people, including patients and their families, on how best to save their families from frequent sickness, poverty including others.

Making people economically independent should also be seen as a major dimension to encouraging smaller family sizes. When people are employed, they are in the position to offer

better education to their children; hence the need in making them aware of the implications of a large family sizes. When spouses are also gainfully employed and contributing their quota to the family's income, it puts the families in better positions to adequately cater for their children. More time is also spent away from home thus discouraging the frequency of sex at the home; hence the tendency for possible pregnancies. The government should thus be active in helping to provide jobs for majority of the populace.

Religious institutions, counsellors at hospitals, voluntary organizations, Environmental Protection Agency and non-governmental institutions should intensify their education on the need to maintain smaller families even in the phase of having either more males or females as against the corresponding sexes in the family. These could go a long way to promoting the worth and capability of both sexes as is being done by advocates of girl-child education. Churches should also stop propagating messages that encourage people to populate the earth since psychologically people are motivated as such to give birth to large family sizes. The EPA should also show its concern in this respect since a larger population would result in overexploitation of the environment and its resources.

In Ghana and for that matter the Sunyani Municipality, couples are not legally prevented from giving birth to large families and this in effect is having its toll in the families' quality of life. Many writers have spoken in respect of such. It is therefore prudent that, the national population policy is abridged and made easily digestible by the majority of the population and to also include legally acceptable family sizes. The policy could also be translated into the local languages to cater for the needs of the large illiterate communities.

It is also recommended that more educational campaigns are held by the Ghana Health Service, Schools and Churches on the potentials of both boys and girls in the family since most people keep giving birth until they obtain a substantial share of both sexes in the family.

Smaller family sizes as well as larger family sizes have their resultant impacts on the quality of life of people in the Sunyani Metropolis but the obvious is its negativities in respect of a larger family size. This definitely culminates into poor health, lower incomes, lower social life and status, economic life and available quantity and quality of environmental resource hence quality of life.

## **CONCLUSION**

Action on population, environment and development issues is both practical and necessary. The various international environmental agreements and the international consensus on population and development are being translated into working realities. These agreements only underline the need for broader and more extensive efforts.

It is evident that most families in the Sunyani Municipality have small family sizes; that it, less than 6 family sizes (parents inclusive).

Many households in the Sunyani Municipality are influenced in the choice of their family sizes by factors including culture, incomes and residence. This therefore, explains why family sizes in the municipality were skewed in respect of the aforementioned variables.

Significant relationships were identified between family size and health of the family as well as religious background. It was realised from the study that, educational campaigns on family planning have not been yielding much efforts since most respondents are still not using contraceptives. In addition, respondents with some form of higher education have smaller family sizes hence having educated their children well.

Households with smaller family sizes enjoy better social and economic life as compared to their counterparts with relatively large family sizes. This has become the scenario since families in Sunyani with less than five children have been able to educate their children well, provide better medical care as well as offered their families better housing and welfare services.

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