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PFHS 380.665 FAMILY PLANNING POLICIES AND PROGRAMS

Case Studies - Incentives, Disincentives and Coercion in Family Planning

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Introduction

Government intervention in fertility behavior of a population is considered when there is a divergence between the level of fertility that may be considered in the best interests of individuals *versus* the best interests of the society. Note that this may lead to governmental actions that are either pronatalist or antinatalist. Here we focus on antinatalist incentives.

Incentives or disincentives are usually in the form of payments (compensation) or taxes and, and may be considered as an "adjustment" for the economic benefits or costs of having or not having children. Coercion involves the direct government intervention in a couple's reproductive life, typically enforced with stringent penalties. There is an extensive literature on the ethical issues related to incentives, disincentives and coercion in population policy that will be addressed later in this course. For this session, there are two case studies, one from Bangladesh and one from China, looking at contrasting approaches to the issue of incentives, disincentives and coercion in population policy.

The following questions are to guide your reading and for class discussion of the Bangladesh case study:

1. What is the difference between "incentive" payments and "compensation" payments, and why is this an issue for family planning programs?
2. What was the study design for the Bangladesh case study? Why did the investigators consider a case-control study to be necessary?
3. Cleland and Mauldin viewed cash payments to family planning acceptors as raising "four distinct issues" relating to informed consent, motive, access and satisfaction. What were their findings in regard to each of these issues?
4. What ethical issues do the authors see arising out of making payments - to acceptors? - to agents?
5. What did the authors conclude, and what did the donors subsequently do?
6. Based on the additional charts showing trends in contraceptive acceptance and use in Bangladesh, what have been the consequences of changing the incentive structure? Is this good or bad? Explain.

The following questions are to guide your reading for the China case studies:

A. Short and Fengying article –

1. How has the one-child policy evolved in China, and why would one expect there to be local variations in enforcement?
2. How were data obtained for this study?
3. Under what conditions were local “exceptions” made to the one child policy? Were local changes in these exceptions rare or common?
4. What incentive and disincentives were used to encourage compliance with the one-child policy? Which were used more – incentives or disincentives, and why?
5. Do the authors raise any ethical issues? Why or why not?

B. Ping and Smith article:

1. What is the evidence that abortion plays an important role in China’s family planning program?
2. How were the data gathered for this study?
3. Why were the three factors – sex of the first child, the woman’s age at pregnancy, and the length of the index birth-second pregnancy interval - the major determinants of the probability of abortion? (How did this relate to policy?)
4. What ethical questions were raised in this study, and how do you believe they can be resolved?

Class Discussion Readings:

Cleland J and Mauldin WP. The promotion of family planning by financial payments: the case of Bangladesh. *Studies in Family Planning* 22(1):1-18, January/February 1991.

Ping, T and Smith, HL. Determinants of induced abortion and their policy implications in four counties in north China. *Studies in Family Planning* 26 (5):278-286, 1995.

Short SE and Fengying Z. Looking locally at China's one-child policy. *Studies in Family Planning* 29(4): 373-387, 1998.

Recommended readings

Archives: Judith Blake on fertility control and the problem of voluntarism. *Population and Development Review* 20:167-177, 1994.

Cleland J, Robinson W. The Use of Payments and Benefits to Influence Reproductive Behavior. Chapter 9, pages 159-177 in JF Phillips and JA Ross (eds) *Family Planning Programmes and Fertility*. Oxford: Clarendon Press, 1992.

David HP. Incentives, reproductive behavior, and integrated community development in Asia. *Studies in Family Planning* 13(5):159-173, May 1982.

David HP. Incentives and Disincentives in Family Planning Programs. Pages 521-542 in RJ Lapham and GB Simmons (eds) *Organizing Effective Family Planning Programs*. Washington, D.C.: National Academy Press, 1987.

Greenhalgh S. The evolution of the one-child policy in Shaanxi Province, 1979-88. Working Paper No. 5, New York: Population Council, 1989.

Isaacs S. Commentary. Incentives, population policy, and reproductive rights: ethical issues. *Studies in Family Planning* 26(6): 363-367, 1995.

Junhong, Chu. Prenatal sex determination and sex-selective abortion in rural China. *Population and Development Review* 27(2): 259-281, 2001.

Kaufman J. The cost of IUD failure in China. *Studies in Family Planning* 24 (3): 194-196, 1993.

Kaufman J, Zhirong Z, Xinjian Q, Yang Z. The quality of family planning services in rural China. *Studies in Family Planning* 23 (2): 73-84, 1992.

Ping T. IUD discontinuation patterns and correlates in four counties in north China. *Studies in Family Planning* 26 (3): 169-179, 1995.

Satia JK and Maru RM. Incentives and disincentives in the Indian Family Welfare Program. *Studies in Family Planning* 17(3):136-145, 1986.

Stoeckel J, Fisher AA, Viravaidya M, and Pattalung RN. Maintaining family planning acceptance levels through development incentives in northeastern Thailand. *Studies in Family Planning* 17(1):36-43, January/February 1986.