

A clarifying statement written August 18, 1976 and distributed to Office of Population staff, other AID staff, and population colleagues.

FAMILY PLANNING ADOPTER INCENTIVES

Many persons confronted with the magnitude, nature and urgency of the World Population Crisis have suggested that perhaps progress toward solution could be speeded by the mechanism of payments to people for acceptance and use of effective means of fertility control, e.g., sterilization or non-reproduction during certain time intervals, e.g. one year.

Although this idea seems alluring at first glance, it is the view of the Office of Population, A.I.D. that it falls apart upon deeper analysis for the following reasons:

1. It is Philosophically Unsound.

The A.I.D. population program has been built upon the principle that improved control of fertility is greatly in the self interest of the ordinary woman and family, as well as country, and therefore it should be possible to attain very considerable constraint on fertility by provision of fertility control services and education.

If and when one moves to pay people to adopt fertility control, it immediately destroys the credibility of both the A.I.D. and host country programs. It provides prima facie evidence that officials directing these programs do not deeply believe in the value of what they are offering.

2. The United States Is Not An Exemplar Of The Use Of Family Planning Adopter Incentives.

If it really makes good sense to pay people for adoption of family planning services, then why is this not done in the United States? Why not pay poor people in the ghettos, especially to limit their fertility? Every active U. S. politician would know intuitively that such an adopter incentives program would quickly boomerang and is simply not feasible politically. Or, if feasible, where is it being used? We must be wary of moving to implement programs in distant lands which are unacceptable at home.

3. Use Of Family Planning Adopter Incentives Would Be An Inefficient Use Of Family Planning Monies.

Currently A.I.D. and a number of countries are moving to provide services for voluntary surgical contraception by the mechanism of output payments to service institutions at the rate of up to \$10 per sterilization performed; and the demand for such services far exceeds the availability of services in virtually every country. The only way it would make sense to pay adopter incentives, from the viewpoint of monetary efficiency, would be if it could be shown that the use of a part of the \$10 per case, e.g. \$3.00, would reduce the assistance-needs per case to a lower figure, e.g. \$6.00. No one has yet demonstrated that it makes efficient sense to shift monies from provision of services to payment of adopter incentives.

4. Development, Implementation And Maintenance Of Adopter Incentives Programs, E.G. Bond Schemes, Would Be Administratively Unmanageable In Developing Countries.

In a country such as Bangladesh, where governments and officials rarely survive a year, it is grotesque to believe that natives would have any confidence in the operation of a non-reproduction bond scheme over decades; or that such a scheme would substantially alter their reproductive behavior.

These poor people are intensely engaged in the struggle for survival on a daily basis and cannot modify their behavior much for a distant and ethereal goal.

5. The Demand For Effective Means Of Fertility Control-Continues To Greatly Exceed Availability Of Services In Developing Countries.

Until we have pushed each of the contraceptive availability buttons fully it makes no sense to divert our limited resources to fanciful and unrealistic schemes.

Where is there a country or place where each of the effective means -- oral contraceptives, condoms, intrauterine devices, surgical sterilization and abortion -- is fully and readily available and where there is an ongoing problem of non-use and lack of fertility decrease?

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18 August 1976