A POPULATION COMMUNICATION REPORT ON

FERTILITY INCENTIVES AND DISINCENTIVES

**From a meeting held at the National Academy of Sciences, Washington, D.C.
November 24, 1982**

Background

Population Communication sponsored a meeting on fertility incentives and disincentives, with the purpose of reviewing the present status of incentives and disincentives and determining what donors and governments could do in designing and implementing programs.

Participating in the meeting were donor representatives from The World Bank, The Agency for International Development, The United Nations Fund for Population Acitivities, and The Population Crisis Committee. Country specific reports came from China, India, the Philippines, Bangladesh, Indonesia, Egypt, Singapore, and Thailand. Resource consultants from the International Committee on the Management of Population Programmes, World Population Society, and The Transnational Family Research Institute attended. Observers from Zero Population Growth, The Hewlett Foundation, Worldwatch Institute, Negative Population Growth, and the School of Public Health at North Carolina were present.

This report will give short summaries of the discussions. Detailed information of the programs will be available upon request.

The meeting was opened by Ambassador Marshall Green who described the urgent need for action.

The Urgent Need for Incentives

by Ambassador Marshall Green, Director,
Policy Division, Population Crisis Committee

Ambassador Marshall Green gave a talk on the need for greater focus on incentives and disincentives in population policies and programs. There are, he stressed, a considerable number of possibilities for action. The need for incentives and disincentives has been well documented.

Meanwhile, the recent Global 2000 report points to the continued seriousness of the world population problem. Unfortunately, there is inadequate concern over these issues in the United States and elsewhere. The latest census returns in the three largest developing countries, China, India, and Indonesia show greater population growth than expected. In many countries, family planning user rates have reached a plateau. We have been through some fanciful schemes for solving the problem: land reclamation in Egypt; transportation to the outer islands in Indonesia; contraceptive inundation theories; and Herman Kahn and Julian Smith's unwarranted optimism.

For population policies to be effective there should be strong leadership, commitment, village involvement, good management and family planning, improved status of women, and, in certain countries, selective incentives and disincentives aimed at achieving the small family norm.

As far as incentives and disincentives are concerned, some of the questions that should be raised and answered are: How are fertility changes to be measured? What are indices of success? Will there be corruption in the program? How can active community involvement be obtained?

One should be wary of predictions that things are getting better. Far more needs to be done before we can see truly satisfactory progress.

Against this background, Ambassador Green strongly urged the participants of this conference to review the present status of incentive programs and development guidelines for more effective action in the future.

The United Nations Fund for Population Activities Prepares Guidelines
by Nicholas Dodd, Policy Officer,
Policy and Evaluation Division.

UNFPA is currently undertaking an analytical study of incentives with a view to formulating a policy position on the subject. The proposed position paper will pay attention to such aspects as the principle of voluntarism; the relatively new area of self- sustaining group incentives; combined with integrated community development programmes; community participation and support for incentives; policy research within a specific socio-economic and cultural context; and the need for the careful design and evaluation of pilot schemes, where and if appropriate.

The World Bank and Incentives
by Kandiah Kangaratnam,
Senior Advisor,
Population Health and Nutrition Department.

The World Bank, in its Indonesia III Population Project, provides financing for community incentive schemes. These schemes provide for specific community benefits (determined by the population program authorities and the local community, by joint consultations, and based on felt or assessed community needs) for different levels of program performance and community contraceptive prevalence rates. Improvements to current levels of performance are rewarded by these benefits. Careful evaluation has been built into the scheme in different communities. The support of the central and local authorities; the active support of the particular local committees; and the flexibility of all concerned in implementing the scheme are key concerns. The scheme will continue under Bank assistance for the project period (usually five years); and it is expected to be maintained thereafter by the local authorities and the community.

The Agency for International Development Policies
by J.H. Sullivan, previous Director of Asia Region for Health and Population Affairs;
and Michael Jordan, Regional Director for Asia.

In April 1980, John H. Sullivan issued the following instructions to AID mission directors in Asia:

"Several recent policy level statements, as well as, a Congressional enactment have established that it is both legitimate and desirable for AID to consider, in collaboration with host countries, selective experimentation with the use of rewards for families and communities that successfully limit their fertility.

"I am writing to urge you to consider developing projects or sub-projects, in collaboration with your host-country counterparts that examine the feasibility parts that examine the feasibility and the desirability of using special rewards/inducements to promote fertility control behavior. Rewards for communities appear to be more widely supported by AID at this time than rewards for individuals, largely because the former appear to be easier to administer and less intrusive on individual freedom of choice. Furthermore, community rewards may promote community support particularly effectively.

Several of you may feel that there are compelling reasons not to experiment with incentives. For example, you may feel that the political climate would not support such activity or that conventional family planning has not yet met the limits of existing demand. I will be interested in hearing your reactions. In the meantime, however, I do want you to know that the Asia Bureau is fully prepared to support your own and your staff's judgments that additional measures may be required to alter traditional fertility behavior. I look forward to hearing from you."

Michael Jordan believes that couples will reduce their fertility if contraception is affordable. He believes the decision-makers in family planning programs usually have paid sick leave and health insurance, even in the most underdeveloped countries. These people have no real understanding of the "cost" of contraception to individuals being paid a daily wage. Jordan does not think you can ask a daily wage earner to take time off from work for a sterilization procedure, without paying compensation for lost wages and reimbursing the individual for the cost of transportation. His point is that the poor often live a hand-to-mouth existence. While they often understand that they cannot afford another child; the "cost" of getting contraceptive services is too high. For this reason, Jordan proposes concentration of incentive efforts on means of making contraception affordable without coercion.

AID has confined its incentive payments to providers of services and to some degree, the cost to acceptors, such as transportation expenses. If incentive and disincentive projects are supported by the host government and involve the active participation of the community, they will be considered. In the past, the negative attitude toward incentives has prevented active research in the field. By recognizing that these payments are compensation payments for patient costs, there may be more acceptable ways of presenting proposals. In any case, the incentives

should reinforce the positive value of having children. The incentives should go beyond monetary payments for such items as food or transportation costs. Incentives should compensate for the negative reasons for having children such as high infant mortality, chilren's work force utility, and security in old age. At this stage, increasing the capacity of the public and private sector to deliver rewards and constraints aimed at one, two or three child families would be a useful undertaking.

The Population Crisis Committee Issues Guidelines for Community Incentives
by Sallie Craig Huber, Director,
Special Projects Fund.

Population Crisis Committee (PCC) has recently funded the Thailand community incentive program and will consider support for trials of the community incentive approach in othersettings in Asia, Africa, and Latin America. The implementing agency involved needs strong credentials in helping communities with income-generating projects. Proposals submitted to PCC for community incentive projects should include the following key elements:

— The project offers contributions over a two or three-year period to a self-sustaining community development fund which will be used for activities directed at community income enhancement. Contributions to the fund will be scaled to community success in reducing birth rates.

— The project encourages community involvement and participation in establishing and achieving community development and fertility goals. The project must provide assurances, however, that opportunities will exist for the poor to enjoy improved incomes and that birth-rate declines, on which contributions are based, will be real.

— The proposal describes how the family planning needs of the project communities will be accommodated.

— The project describes how appropriate host government and potential donor agency officials are to be involved in the project so as to increase the likelihood of replication under public auspices, should the project outcome warrant it.

— The project will be carefully monitored and evaluated at each phase of development and implementation.

Research Guidelines for Incentives
by Henry P. David, Director,
Transnational Family Research Institute.

Incentive programs should be voluntary and noncoercive, with full consideration of local cultural conditions and the expressed needs of the community for quality-of-life improvement. Objectives of a pilot study include determination of which rewards and constraints are effective in raising contraceptive prevalence rates and lowering fertility, at what cost, and with what impact on the quality-of-life. Incentive programs can be added to existing community service capabilities, utilizing revolving community developmental loan funds under cooperative control, and linking support of appropriate technology-oriented, income-generating activities to acceptance and continuation of modern family planning methods. Achievement of stipulated goal levels should be rewarded with further contributions to the village development fund. Studies should be so designed that, if successful, they can be replicated by the government on a national scale with international donor participation. Such projects need to be carefully monitored, with baseline assessment of socio-economic and psychosocial variables and frequent follow-up of both actual and perceived changes in family and community quality-of-life. Consultation with appropriate government officials from the very beginning is essential; if the government is expected to assume responsibility over the long run.

The One Child Family Goal of The People's Republic of China
by Dr. L.P. Chow, Population Center,
Johns Hopkins University.

China has a goal of achieving a one child family. The present population is over a billion and is projected to reach 1.2 billion by the year 2000. The official goal is to achieve a population of 700 million by 2080.

China is using every conceivable reward for a one child or childless family. In urban areas, the "Only Child Glory Certificate" is given.

The incentives and disincentives vary by province. The program varies with the degree of urbanization, leadership, economic and social progress. In urban areas, a one child certificate holder receives a monthly stipend ranging from five to eight percent of the average worker's monthly wage or annual stipend equivalent to one month's wages. This benefit lasts until the child is 14. Housing priority is given to the childless and one child family. All future housing will be built to suit not more than two children. An extra two weeks paid maternity is given to the certificate holders. All medical care

is given to those with one child. Priority job assignments and admissions in schools are given. Finally a five percent supplementary pension is given to certificate holders.

In rural areas the benefits include extra work points, housing lots, job assignments, and guarantees of community support during old age.

There are penalties for those who have a second child, including repayment of all past benefits. At the present time, about 60 percent of all couples with one child are enrolled in the program in the major cities.

The Indian Experience with Incentives
by Pravin Visaria,
Professor Sardor Patel Institute of Economics and Social Research,
Ahmedabad, India.

Incentives have been a part of Indian policy since the inception of India's family planning program in 1951. Since then, incentives in the public sector have been provided primarily in the form of monetary compensations for accepting a particular form of contraceptive. The private sector has, on the other hand, successfully employed a variety of integrated incentive programs. In some industries, health, education and housing benefits are given to men who have a vasectomy after two children.

In the early programs, sterilizations were rewarded by monetary compensations which were to replace lost wages and cover transportation costs. At that time, 30 rupees could be paid to the acceptor for a vasectomy. As the program grew, payments were also made to mid-wives and auxilary medical personnel. These payments were considered compensation payments; the word 'incentive' was not used.

Payments during the emergency of 1976-77 varied with the number of children; couples with larger families received more money. In 1976 alone, 8 million vasectomies were performed, although it is speculated that there was some misreporting.

Direct payments for vasectomies continue, with the state of Gujerat now paying 175 rupees to persons accepting a vasectomy. This high figure (per capita income in Gujerat is 1,000 rupees per year) reflects the local government's attempts to increase acceptor rates which had previously dropped. Incentives for tubectomies are between 75 and 175 rupees. Because of laproscopy, female sterilizations have increased in popularity. They are preferred over vasectomy in Gujerat. In 1981 there were close to 2 million female sterilizations and about 1.4 male sterilizations in all of India.

Changes regarding incentives and disincentives can be expected to occur based on the amount of payments, groups receiving payments, and government policies promoting the small family norm. The Indian government is considering a move to make compensation payments responsive to inflation. Payments to doctors performing operations may be increased. Expenses relating to pregnancy are provided to government employees for no more than the first two children.

The corporate sector has been involved in promoting the small family norm among employees. What began as family welfare measures evolved into a sophisticated array of incentives and disincentives geared towards a family size of no more than three children, preferably two.

With the health of their children assured through comprehensive health services, couples are presented with an array of 'small family' benefits. Couples are offered a substantial monetary incentive to obtain a sterilization after two children. With the third, fourth and fifth child, this amount is steadily reduced. A free education may be guaranteed for the first two children, but the third child will be sent elsewhere at the expense of his/her parents. In a similar vein, applications for housing may be considered in light of the number of children, and/or whether one of the parents has had a sterilization, if there are more than two children. Other benefits may accrue to couples adhering to the small family norm — maternity benefits, loans, etc.

Trade unions in India may prove to be another promoter of the small family norm. With their strong ties in the rural areas, they could prove to be an effective facilitator of social change among tradition bound rural Indians.

The Indonesian Incentive Program
by Dr. Haryono Suyono, Deputy Chairman of the National Family Planning Coordinating Board, and Dr. Pete Sumbung, Director of Management and Research of the BKKBN.

The family planning program is supported by a strong community structure. In 1981 on the Islands of Java and Bali, select bangars developed community incentive plans. Public works projects were given priority to those communities which had achieved a contraceptive prevalence rate of 25 to 50 percent. This program, which was partially sponsored by The World Bank, was also supported by cooperative banking and marketing systems. To evaluate the project, a baseline survey in 51 villages is under way.

In a few bangars, trust funds are being provided to communities at the beginning of the program. The emphasis will be on having family planning acceptors develop community industries that generate income to further support those who

practice contraception in the community. The goal is to have the project self sustaining in two years.

A leader whose community has reached high levels of acceptance receives a letter of recognition from a high government official. The community is then eligible for rewards from the Ministry of Education, Agriculture, Social Welfare, etc. One top leader of the family planning program in his community is received at the President's Palace and given an award.

The goal in Indonesia is to have a 70 percent prevalence rate by the year 2000. There will be a strong enforcement of the marriage law. Attempts to improve the status of women, develop rural cooperatives, give job priority to those with small families, inform school children about population issues, and lower infant mortality are all aimed at lowering births as well as improving the standard of living for all Indonesians.

The Philippines Reviews Incentive Options
by Dr. Mercedes B. Concepcion, Dean
Population Institute.

Incentives and disincentives have not attracted the level of interest in the Philippines, that they have in other countries. There have been a few small pilot studies, but little has been done to determine how these could be implemented on a wider scale. A pilot project giving family planning acceptors loans at rural banks was never evaluated, though it looked promising.

A number of minor efforts have been made to institute policies which would discourage large families. The income tax code was revised, to reduce to four the number of dependents which could be claimed. The impact of this measure is limited since persons not paying taxes and more likely to have larger families, are unaffected. Since 1972 labor laws have allowed maternity leave for only the first four children. However, government workers are not covered by this policy and may have as many maternity leaves as desired. In the National Assembly, there is a bill pending to limit to four the number of dependents that can be claimed by retired military personnel, as well as, requiring the payment by all income earners of graduated income tax and medicare contributions according to the number of children. Priority in housing would also be allocated to those with smaller families. However, the ministries concerned have been apathetic. There has been some discussion about providing incentives to volunteer family planning personnel at the village level.

Due to key opposition in the Planning Ministry, the future of incentive schemes in the Philippines is not promising. If they are introduced at all, the schemes will probably be in the form of community incentives decided upon by the community itself.

The Bangladesh Experiment
– Beyond Family Planning
by Dr. Mohammed A. Sattar,
International Committee of the Management of Population Programmes.

Dr. Sattar was previously the director of the nation's Family Planning Program in Bangladesh. He reported on it's activities in the "Zero Population Growth Villages." In these villages, extensive family planning services were provided including sterilization, menstrual regulation, injectables, and conventional methods.

The Youth Club and Mothers' Club members encouraged late marriage. Parents also delayed marriage for their income-earning daughters, for they were economic assets rather than liabilities. It has now become a fashion for couples having three or more children to get sterilized. In general, among younger couples the two-child family has been accepted as a norm. In one village, out of the total of 556 fertile couples, 198 couples or 36 percent have accepted sterilization, and most other couples practice family planning.

As the prevalence of contraceptives increased, the community benefits included improved sanitation, food for the poorer families, and subsidized rations for the middle class. One of the needs of the communities was electricity, primarily to run tube wells. Those communities with the highest contraceptive prevalence rate were given electric generators. A service trust was established in several villages, and funds from that trust have gone toward purchasing small hand-held tractors. In addition, the Womens' Clubs have saved sufficient funds to purchase electric sewing and knitting machines. At this stage the progress in these villages has been uneven, and a thorough evaluation has not been undertaken. Dr. Sattar reported that in one community with over 200,000 people, there was a contraceptive prevalence rate of 66 percent after five years.

From a report by the Minister of State for Women's Affairs, Begum Taslima Abed, the following Beyond Family Planning initiatives have been outlined:

> "Minimum legal age of marriage should be raised for females from 16 to 18 and for males from 18 to 21 and measures be included to enforce the same.
>
> Certain amendments should be made in the vital registration and requirement of birth certificate or equivalent evidence of ascertaining age for marriage and other public purposes, such as admission in school,

appointment in government service, issuing the passport, etc. Death certificates would be required for settling legal matters, particularly inheritance.

Amend the law relating to maternity benefits to limit them to the third child, if the earlier two are alive.

Amend section 15 of the Income Tax Act to allow benefits up to three children in case of children already born and up to two children in the case of those born after the amendment comes into force.

Limit ration cards to two children and to a maximum of five members in the family, both in the statutory and modified rationing areas.

Preference should be given to single candidates and persons with one or two children for all appointments in the government and autonomous bodies.

No allotment of government housing consideration should be given to large families."

The Singapore Incentive Program – The most concise description of the Singapore disincentive program has been published by the National Family Planning Board. The program can be summarized as follows:

"Delivery fees for maternity hospitals vary with family sizes. The larger the family size, the greater the cost per each class of service.

No paid maternity leave will be given for delivery of the third and subsequent children, if the woman already has two or more living children.

Female Government servants with two or more living children, and therefore not eligible for paid maternity leave for subsequent deliveries, are eligible for paid medical leave if they are sterilized after delivery.

For all Government servants, seven days of medical leave given after sterilization will be considered as unrecorded full-pay leave.

No income tax relief will be given to the fourth and subsequent children born on or after 1 August 1973.

Higher priority for choice of primary school is given for children, whose parents have undergone sterilization after one or two children, and before 40 years of age.

Priority is no longer given to large families in the allocation of subsidized housing.

Only families with no more than three children will be eligible to sublet rooms in their subsidized accommodation (Housing and Development Board and Jurong Town Corporation flags) under certain conditions."

Thailand – The Thailand Community Incentive Program
by Sallie Craig Huber and Henry David.

The Thailand Incentive project, headed by Mechai Viravaidya, is being monitored and evaluated by the Columbia University Center for Population and Family Health. The first stages are being funded by the Population Crisis Committee. It is hoped that any replication of the project to other villages and areas of Thailand will be funded by the government.

The following description is extracted from the Population Crisis Committee **Special Project Reporter:**

"Because of interest in projects that combine family planning services with broad developmental goals, we recently funded our first community incentives activity. To our knowlege, such an approach has never been documented before in the developing world. It is set in Thailand and is directed by the dynamic Mechai Viravaidya, who has already led several innovative PCC funded projects in Thailand.

What is meant by community incentives? Basically, it is a system that links development funds to demonstrated progress in lowering birth rates. The greater the number of families who participate in family planning, the greater the contribution to the fund. Groups of individuals or families can then take loans from the fund for development-related, income generating activities.

This Village Experiment on Community Incentives, as the project is formally called, will be set in six villages in northeastern Thailand, traditionally the country's most poverty stricken region. The project villages will be those with the lowest family planning practice rate in northeast Thailand. Knowing what is involved, the villages agree to participate in the experiment. Results for the six experimental villages will be compared with six control villages.

Each experimental village will establish a cooperative which is representative of the entire community. The project will be carried under the aegis of the cooperative, in collaboration with the implementing agency. Initially, a contribution of $2,500 will be made to the Village Development Fund (VDF). Further contributions will be made quarterly, over a two-year period, based on the village's progress in achieving goals for fertility reduction. Total contributions to the VDF can be as much as $15,000 per village if the ultimate project goal — zero population growth — is achieved within the two -year project period.

The cooperatives must use the contributions to the VDF strictly for income-generating activities that benefit the whole village. The community itself must decide how to organize to achieve its fertility and developmental goals.

In three of the six experimental villages, women still run the cooperatives. A mix of men and women still run the cooperatives in the other three, and the results achieved by the two groups will be compared. A direct link between lowered birthrates and improvements in the status of women has long been apparent, and this community incentives project is an attempt to demonstrate this link at the rural Thai village level."

The Status of
Incentive Programs in Fertility Control
by Lenni W. Kangas,
Regional Director for the Near East,
The Agency for International Development.

My task is made much easier by the preceding comments of Ambassador Marshall Green; the remarks by Dr. Pravin Visaria about the history of incentive use in India; the comments by Dr. Haryono Suyono of Indonesia; and the review provided to us by Dean Mercedes Concepcion of the University of the Philippines.

In addition, the International Planned Parenthood Federation publication, **People** (Volume 9, No. 4, 1982) has a splendid article by Nuray Fincancioglu, on the wide variety of incentives and disincentives used around the world in association with family planning and fertility control programs. This article, entitled "Carrots and Sticks," describes incentive and disincentive measures in China, Sri Lanka, Singapore, India, and South Korea. It also provides a useful overview of family assistance programs in Europe designed to make having smaller family sizes economically attractive.

Most incentives thus far have been for providers of services (usually for individuals, but sometimes for groups of providers); fees for referral of family planning acceptors paid to outreach workers (medical or nonmedical); and payments to acceptors of contraception themselves, particularly when the method chosen is a terminal one such as voluntary sterilization. Frequently, the "incentive" is termed compensation for time lost from work and as payment for transportation, food and perhaps child care services that are associated with a day or two away from home.

The variety of possible incentive and disincentive schemes including legal measures to support lowered fertility can be seen in the attached diagrams and charts. The debate about voluntarism vs. coercion ignores a vast and important middle ground where social support measures of many kinds can be added to the provision of basically voluntary family planning program configurations. The charts and figures can be summarized as follows:

— With regard to the pyramid-shaped diagram (Figure 1), levels of prevalence of contraceptive use are indicated which might be achieved given different kinds of program configurations. It should be noted that considerable headway can be made without extraordinary social support measures, i.e., incentives or disincentives by merely making contraceptives widely available and then by improving the delivery of services to achieve a so-called "full coverage delivery system."

— The step-wise progression, however, is intended to suggest that one can only reach certain levels of contraceptive use with different kinds of population programs. Particularly when unwanted fertility is eliminated, something beyond the provision of even-quality family planning services may be required to reduce family size below what now is supported with strong economic and social norms. It is at this point that, it would seem community and other incentives could be properly applied.

— Figure 2 or "The Spectrum of Influences Affecting Fertility Behavior" shows an essentially laissez-faire policy on the left and state administered coercive policy on the far right. It should be noted that between government supported voluntary family planning programs and the far right, where you have state-enforced fertility control, a number of options present themselves for integrating population/family planning objectives with other development efforts. In this context, the provision of incentives and disincentives is important, but nevertheless only one kind of intervention that could be imagined for moving program acceptance to higher levels. In some country situations, incentive could prove to be the critical intervention required.

In the past the difficulty in measuring program accomplishments was one barrier to adopting community incentives. Today, however, that task, although difficult and somewhat costly can nevertheless be done moderately well where birth registration is more or less complete, or where the program is well enough organized so that increases in contraceptive prevalence can be approximated from service statistics and subsequently verified at two or three year intervals by fertility surveys. In other words, the lack of measurement tools no longer needs to be a major impediment to mounting community incentive efforts. They will still, of course, require careful design and implementation.

Despite the fact that incentives and disincentives have been used only modestly in many

national family planning programs (with important exceptions in China, Singapore, and India), they very likely will command more attention and will invite possible trial in the near future as countries discover that eliminating unwanted fertility fails to achieve desired demographic goals. If total fertility rates presently are five or six, and if ideal family size is reported at 3.5 or so, then the problem quickly becomes how does one move through four and three toward a two-child family norm. It is in addressing this problem one can expect to see expanded trials with both individual, group and community incentive programs.

IMPLEMENTATION OF FERTILITY CONTROL PROGRAMS IN DEVELOPING SOCIETIES

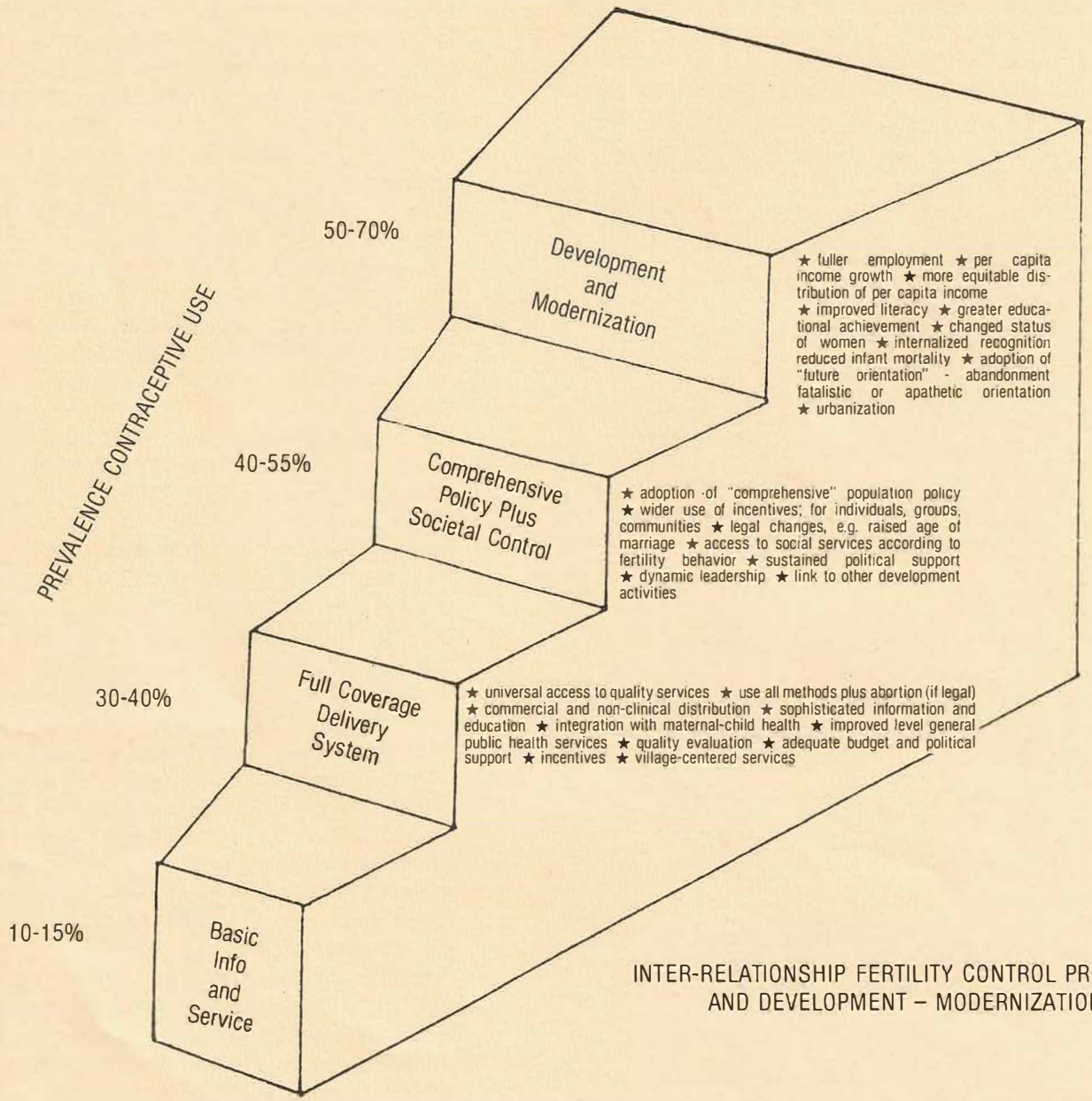

FIGURE 1

FIGURE 1

SPECTRUM OF EXTERNAL INFLUENCES AFFECTING FERTILITY BEHAVIOR

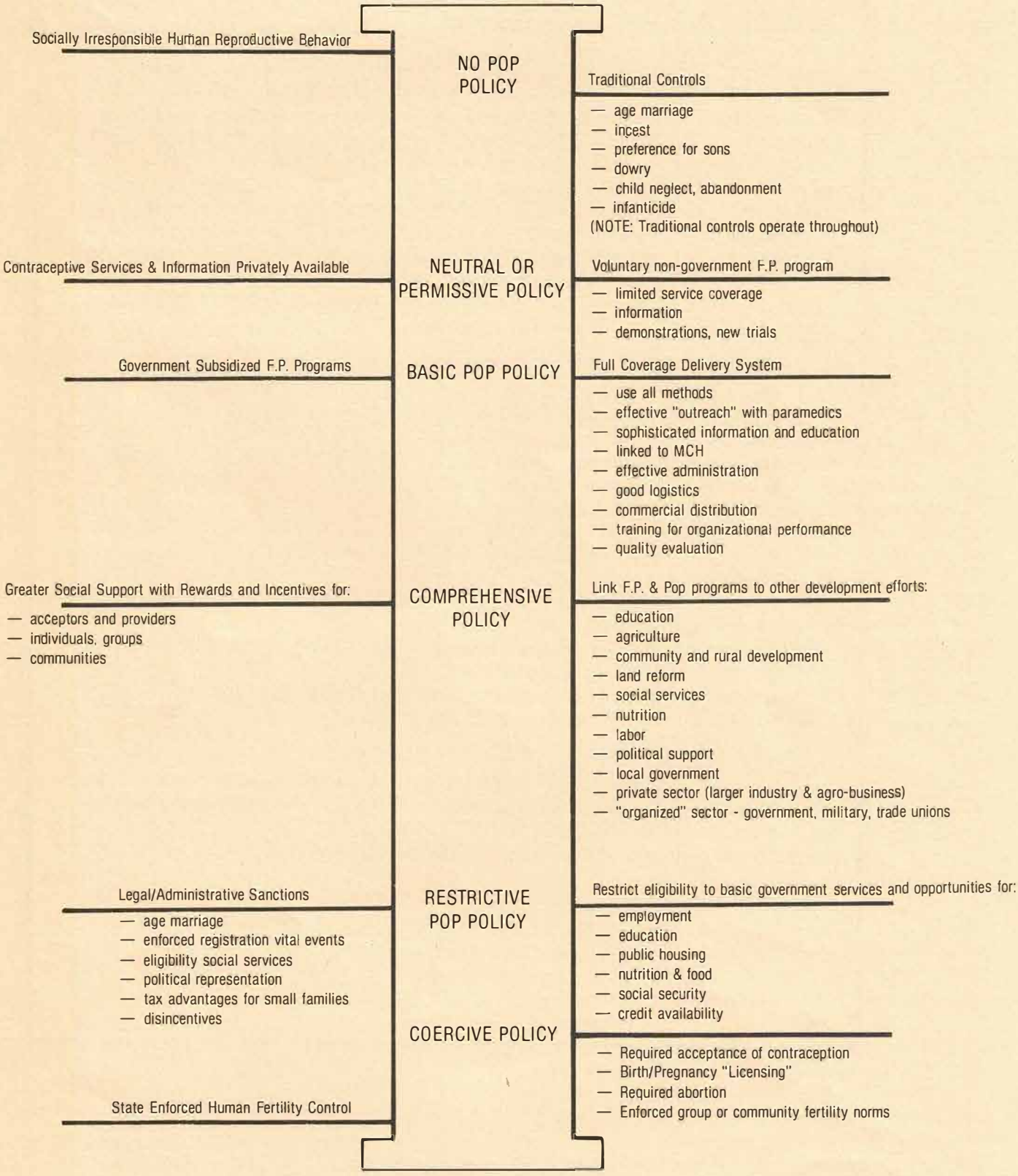

FIGURE 2

Population Communication Activities

Population Communication Staff and Board Members have worked on incentive programs in eight countries for the past twenty-one years. The populations in the developing countries have increased 60 to 80 percent during the last two decades. In India and Bangladesh, there are so few services offered to the public, that there are few incentives that can be given and almost nothing that can be taken away. In China, only 30 to 40 percent of the population can be offered all of the incentives in the one child certificate program. For this reason, imaginative plans at the individual and community levels need to be explored, with villages and local communities participating in the planning, implementing, and evaluating of the programs. It is the purpose of Population Communication to provide the information on how to develop plans to national and community leaders.

Population Communication is exploring the following areas of assistance:

1. Providing planning grants for incentive and disincentive projects.
2. Distributing a semi-annual newsletter on the status of incentive and disincentive projects and programs.
3. Having national leaders sign a declaration on population stabilization, including a need for incentive and disincentive programs.
4. Continuing the survey of national leaders' views on incentives and disincentives, with specific emphasis on what national leaders can do in developing rewards and supervising constraints in the public and private sector.
5. Sending information to national leaders reinforcing the value of incentives and disincentives.
6. Providing annual awards to those individuals or institutions who actively plan and implement incentive projects.
7. Preparing a fact-finding questionnaire to determine the feasibility of various incentive and disincentive concepts.

The following materials are available upon request:

1. Reprints of this report - **Fertility Incentives and Disincentives** - $1.00
2. Findings of a survey of national leaders' views on population stabilization in 16 countries - $1.00
3. The Statement on Population Stabilization by World Leaders - 30¢

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