Family Planning Programs in the Third World

(Ronald Freedman, 1990)

闫誉腾 2021000735

Summary

1、概述： Freedman在这篇论文认为，第一，家庭计划项目是在1960年至1990年间迅速发展而来的全球性政策，在1990年时，世界上大多数发展中国家（LDCs）已建立了致力于提高家庭福祉、降低生育率的家庭计划项目；第二，60年代以来的生育率下降，除社会、经济发展影响外，同期开展的家庭计划项目起到了重要作用。他举例了快速发展经济体（台湾）、适度发展经济体（中国、印尼）均有显著下降，而欠发达经济体（印度、巴基斯坦、撒哈拉以南非洲如苏丹）虽然由于传统家庭制度，仍有较高生育率，但在一些家庭计划政策试点区（孟加拉Matlab试点、肯尼亚Chogoria试点）仍有显著下降。

2、评价：本文侧重家庭计划项目的成果介绍，可结合晚近《全球家庭计划项目30年》一书第一章、 Goodkind及其后续争论进一步理解人口政策的历史、作用。

Author Introduction

Ronald Freedman (1917–2007)

He was an international demographer and founder of the Population Studies Center at the University of Michigan.

He led pioneering survey research on fertility in Asia.

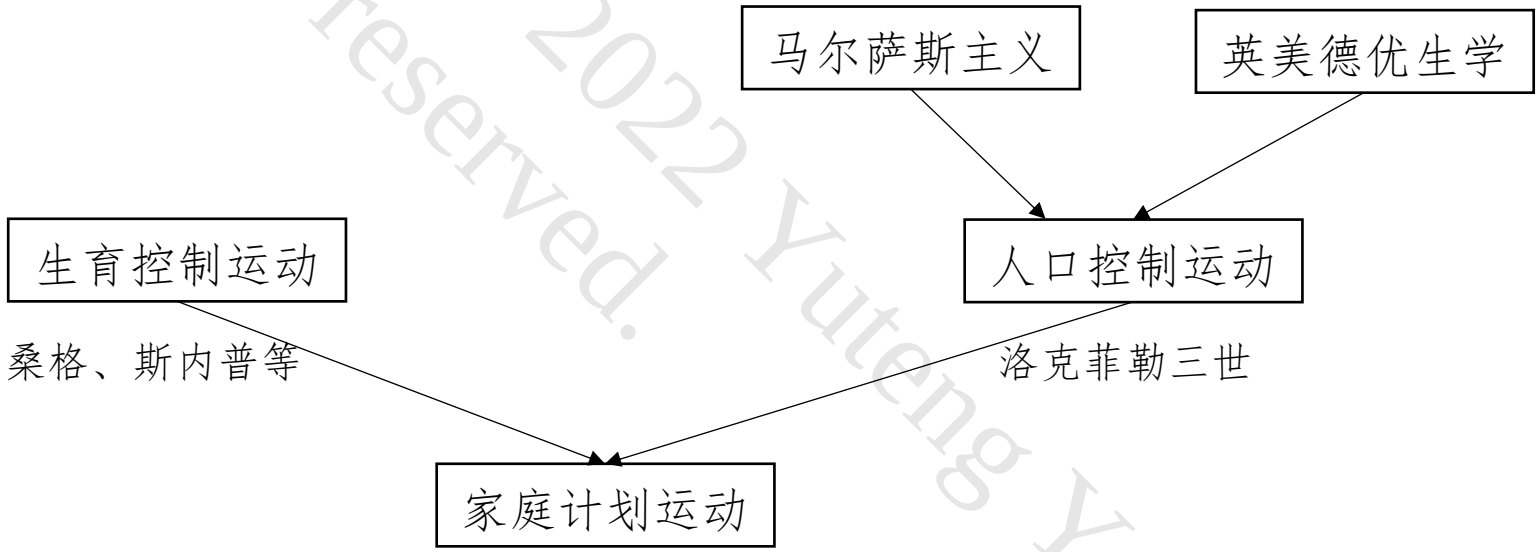
He was a Guggenheim Fellow, a Fulbright Fellow, President of the Population Association of America, a member of the National Academy of Sciences.

Outline

1. Background
2. Causes of the rise in contraceptive prevalence
3. Cases
   - LDCs with rapid development
   - Countries with moderate development
   - Countries with relatively little development
4. Discussion
   - Prospects and policies in poorly developed countries
   - External support from developed countries
   - The role of unforeseen social change

1.Background

1) 家庭计划项目的发端



1952

国际计划生育联合会、人口理事会

福特基金会、美国人口危机委员会、联合国人口基金

1.Background

2) 家庭计划项目的历史

第一阶段 1952至1966 经济学家推动的共识

第二阶段 1966至1974 项目初期失望及争论：人口学家与公共卫生学家的两次争论

如何（实施效果不好是技术问题么）、是否（降低人口是否有助经济增长）

第三阶段 1974 布加勒斯特会议：先发国家（欧美）与后发国家（苏联支持）的争论

印度代表“发展是最好的避孕药”、仍形成共识文件《世界人口行动计划》

第四阶段 1974至1994 生育革命：全球狂飙突进

但1984至1994 变化先兆：美国里根政府右倾、现实已经快速下降、人权组织运动

第五阶段 1994 开罗会议：立场完全转变 家庭计划运动的结束

1.Background

2) 家庭计划项目的历史

第五阶段　　1994 开罗会议：立场完全转变 家庭计划运动结束（或转向）

束时已几乎被完全遗忘。开罗会议后，家庭计划也几乎成为被遗忘的术语，实际上行动纲领中关于服务项目的主要章节的名称在会议前的文件中是“家庭计划、生殖权利和生殖健康”，而在有 180 多个代表团出席的会议上通过的最终版本中所使用的名称是“生殖权利和生殖健康”。

开罗会议是家庭计划史真正意义上的分水岭。有些人把开罗会议看作是家庭计划运动的结束，许多女权主义者与妇女权利和人权活动家为此而庆贺，而传统的人口项目支持者（包括很多人口学家和担忧高生育率的其他人）对会议放弃数十年来对稳定人口的承诺而备感遗憾。开罗会议结束后的多年，全球范围内对人口问题的关注已经将人口增长从政治或发展的中心移开，与此同时，艾滋病毒感染的蔓延和艾滋病死亡的上升受到决策者的关注。在 2000 年几乎所有国家都同意的联合国千年发展目标中，没有任何关于人口增长或生殖健康或家庭计划的内容。实际上，在 20 世纪 90 年代的一系列全球会议上提出的目标中，开罗会议提出的人人享有生殖健康服务的目标，是唯一没有纳入千年发展目标中的全球目标。此外，从

1.Background

1) Prevalence of Family Planning Program at 1990

By 1983, 76 percent of the population of less developed countries (LDCs) lived in countries with official policies and national family planning programs to reduce their population growth by reducing fertility. An additional 17 percent lived in countries that officially supported family planning programs to improve the health and welfare of their mothers and children.

Such national polcies and famlly planning programs are a new phenomenon. In 1960 only one country, India, had such a program and that was ineffectual. At that time probably less than 10 percent of the married women of childbearing age in LDCs were using contraception and much of that practice was ineffective. By 1985 an estimated 45 percent - about 400 million women - were using contraception.

1.Background

Contraceptive Methods

80 percent of that practice involved such effective methods as the contraceptive pill(避孕药), the intrauterine device (IUD) (宫内节育器), and sterilization (结扎). The most widely used method in LDCs, as in the world as a whole is now sterilization.

1.Background

2) TFR is decreasing, but the rate of population growth is changing at a slow pace.

While the contraceptive prevalence rates were rising in LDCs between 1960-65 and 1980-85, the fertility rates were falling, partly because of rising age at marriage but mainly because of deliberate fertility limitation within marriage. The total fertiity rate fell from 6.1 to 4.2, a 31 percent decline. Despite the decline in fertility, the decline in the rate of population growth in LDCs as a whole has been small, because there was a simultaneous decline in mortality, which largely offset the fertility decline.

1.Background

3) Contraceptive prevalence rates cited for all LDCs are weighted averages of widely varying country rate.

The rates are moderately to very high in all of East Asia and in parts of Southeast Asia —over 65 percent in China, Hong Kong, Singapore, Korea, and Taiwan and close to 50 percent in Indonesia. In Latin America the overall rate is 54 percent, with especially high rates in Brazil, Mexico, Colombia, and Costa Rica,moderate rates—40 to 60 percent—in most other countries, but a rate as low as 7 percent in Haiti.

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   - The role of unforeseen social change

2. Causes of the rise in contraceptive prevalence

1) Conventional ideas of TFR Falling

Social economic development, Urbanization, Higher education levels, Modern nofamilial economy, Lower mortality increased the cost and decreased the benefits of children.

2) Recent ideas of TFR Falling

But in recent decades, however, empirical studies have indicated that explaining the causes of the transition from high to low fertility is not so simple. Cultural factors as secularism language and ethnicity.

Experience of LDCs since 1960 indicates that adoption of birth control and fertility decline occur under variety of condition……Changing demand for children, Family planning methods, Supply of birth-control service and information……Ideational factors diffused by international mass-media network.

2. Causes of the rise in contraceptive prevalence

3) Discussion of Recent ideas

(a) Organized national family planning programs is not necessary

Eg. Brazil

(b) Confounding effects of social economic development and contraceptive use in fertility decline

(c) Effective family planning programs are controversial

Eg. Education, Mass-media programs, Incentives, Social and political pressure.

I believe that, on balance, the evidence is that family planning programs can have an effect that is interdependent with, but not merely reflective of, social and economic development.

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3. Cases

1) LDCs with rapid development

Big Trans: Fertility rates haven fallen especially rapidly in areas with considerable social and economic developments as well as effective family planning programs - Korea, Taiwan, Singapore, and Mexico.

Doubt: Decline would have been as rapid without the family planning programs, especially among the disadvantaged masses—— the poor, the uneducated, and the rural.

Taiwan:

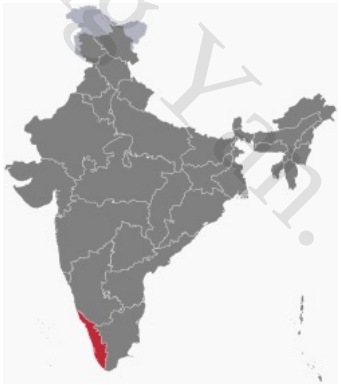
- More important, among illiterate women contraceptive use during this period increased from 19 to 51 percent. By 1975, the differentials in con- By 1975, The differentials in contraceptive use between strata defined by education, urbanization or income had virtually disappeared.
- In 1985 60% of Taiwanese couples ere getting their contraceptive services through the government programs.
- A large majority of older Taiwanese were living with married sons and about 2/3 of recently married couples began married life living with the husbands' parents.

3. Cases

2) Countries with moderate development

Some social and economic conditions were considered to be unfavorable prior to their programs and fertility decline.

- China TFR fell from 6.3~2.9 between 1970~1980. Family planning program was a major force in the rapid decline.
- Indonesia. Contraceptive prevalence risen from 2% to 48 % between 1970~1987. Traditional authority of village leader and organized peer pressure have played an important role.
- Thailand.
- Kerala, Indian.
- Sri Lanka.



3. Cases

3) Countries with relatively little development

Countries with little socioeconomic development and weak infrastructure where individuals still receive most of their physical and emotional support from familial institution and children are perceived to yield significant benefits as compared to their costs.

Eg. Sub-Saharan Africa, India, Pakistan, Bangladesh and smaller countries of SW Asia.

Features:

- Having sons is regarded as a positive good……there is no significant demand for their services.
- Family planning system is weak with poor-quality services provided in ways that are inappropriate for the local culture.

3. Cases

3) Countries with relatively little development

Very little effect

- India: Program has been poorly executed.

  Achievement: Even not good, there has been a modest rise in contraceptive prevalence and comparably modest fall in fertility in India. From 4% to 38% between 1967-1987.

  Problem: Targets are too high, too much concentration on sterilization, impede continuity in a long-run program, not in touch with the realities of life.

- Pakistan: A very low contraceptive rate in 9% and TFR is 6.

  Low-priority, poorly implemented program

  Low levels of social and economic development

  Patriarchal, familistic culture, religious barriers

3. Cases

3) Countries with relatively little development

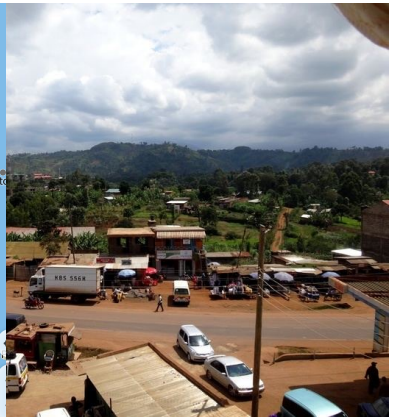
Pilot projects have improved

The increasing number of living children in each family creates pressure on traditional institutions.

The increasing numbers of Third World citizens are getting new ideas from the expanding world network of communication, transportation, and economic interdependence, whose influence increasingly reaches into even LDC villages.

- Matlab, Bangladesh.

  Contraceptive rate in 25%. In Matlab, an intensive, high quality family planning service programs can make a significant difference. From very little to 45%.
- Chogoria, Kenya.
- Sudan. 9% to 25 % in 8 years.
- Indonesia in 1976.



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4. Discussion

1) Prospects and policies in poorly developed countries

- Program should be carry out from favorable places to difficult place. Pilot projects, such as that in Matlab……have the potential of testing for latent demand in local areas, identifying the subgroups that are interested, and developing culturally relevant programs to meet the demand, if demand is found.

- Spacing rather than limiting births

  Mail, Burundi, Liberia, Senegal, and Togo found that the number of children women wanted were similar to the number they were having——6 to 7

2) External support from developed countries

- UN, WB, US Agency for International Development and so on.
- The value of technical assistance from advisers provided by external agencies is more controversial but they played an important role in legitimating family planning programs.

4. Discussion

3) The role of unforeseen social change

- Recent rises in contraceptive prevalence and declines in fertility in place like Kenya, Zimbabwe, Botswana, and Algeria.

- Rapid demographic transformations of places like Taiwan, Korean, China.

余论

Discussion of Recent ideas 题外

《计划生育，人口学以及其他 一》

https://www.douban.com/note/664407615/?_i=3363062FLBxVsx

Dianel Goodkind 2017 年在《人口学》（Demography）上发表了一篇文章计算中国计划生育政策影响的文章。文章发表后收到不同学者的反驳。最开始的反对意见收录在了2017 年10月Science 的一则评论里，有些学者甚至要求《人口学》撤掉这篇文章。

Goodkind 2017 年原作有一个比较耸人听闻的标题： The Astonishing Population Averted by China's Birth Restrictions: Estimates, Nightmares, and Reprogrammed Ambitions。文章的问题只有一个：要是没有计划生育，现在中国有多少人（ what China's fertility history might have looked like without birth planning ）？

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Goodkind的思路就是，找一些和中国情况相似的国家，通过带入这些国家的系数（生育率或者其他），然后给出一个区间表示有多少人没生出来，然后得到区间以后继续估计，因为这些没生的人，又总共导致了多少没生出来的后代……也就是说，找一些中国的对照国家出来，这些对照组最好是在其他经济社会条件方面最大限度的逼近中国，但是没有实行计划生育（again，几乎没有可能找到完美对照组，所以也就是个最大限度逼近而已）

最后Goodkind 的结论是，单独只考虑计划生育的影响，中国截至到2015年有三亿六千万~~五亿两千万少出生的人口。要是拿16个国家的大综合算，单独八九十年代的一胎化（不算七十年代晚稀少）就少生了四亿人（！！！尼玛我已经感受到其他人口学家们的熊熊怒火了）

余论

Discussion of Recent ideas 题外

《计划生育，人口学以及其他 二》批评

https://www.douban.com/note/664516471/?_i=3363398FLBxVsx

- Cai et.al.(蔡永)的评论，把严肃的对一胎政策的评析，变成了数字游戏。
- Susan Greenhalgh的评论，政治立场先行，把整个关于计划生育政策的讨论拉到“政府强制Vs经济增长”的二分法叙事上了
- Zhao & Zhang的评论，初婚时间和女性生育头胎年龄是没有政策干预的

余论

Discussion of Recent ideas 题外

《计划生育，人口学以及其他 三》Goodkind 的回应

https://www.douban.com/note/664664638/?_i=3363476FLBxVsx

他回顾了一下写作2017年那篇文章的历史。他的博士论文研究的是儒家文化圈特有的”龙年婴儿潮现象“，也是从那个时候起开始对中国人口现象感兴趣。1992 年博士毕业后他去做了一个人类学-人口学交叉学科的博士后项目，这个博后项目让他可以有机会在越南进行田野调查。在越南之行之前一年他在边学越南语边写了一篇工作文章，那篇写于1992年的工作文章也就是2017年发表的文章的原型。当时的工作文章的研究思路和2017年的终稿的分析思路是一样的， 但是对照组只取了越南和印度。 他当时得出的结论是从1971年到1990年因为计划生育中国少生了一亿多人。

余论

Discussion of Recent ideas 题外

《计划生育，人口学以及其他 三》Goodkind 的回应

https://www.douban.com/note/664664638/?_i=3363476FLBxVsx

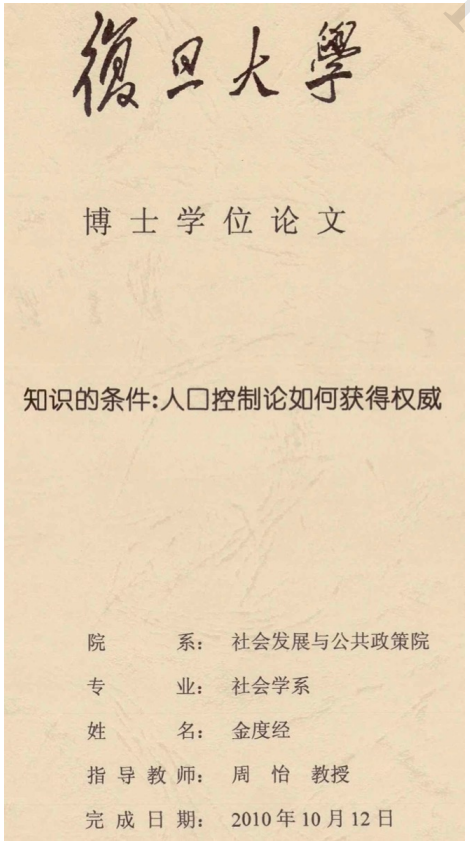
2015年当Goodkind回过头来着手继续修改1992年的工作论文的时候（啊23年的工作论文!)，他想在越南和印度之外在找一些对照组。他发现王丰和蔡泳已经做过中国和其他16个（和中国社会经济条件相似的）国家生育率的横向比较，于是就把这个思路借鉴了过来.....而反倒是王和蔡呢，当他们发现Goodkind用同样的16个国家做对照组做人口预测得出的结果居然符合官方”少生4个亿“的结论时，立即否认了这16个国家是和中国社会经济条件相似的了。

政治说客和科学家的工作就是要分开，一个人是不可以身兼二职的。现在的问题在于，所有人都紧张地盯着一个政治目标，一旦有人的结论符合中国官方说法就出来打压，结果只能是适得其反。他的经验是，当科学家可以自由地做研究的时候，他们的研究发现反倒可能出其不意地为政治说客们提供证据。

余论

Discussion of Recent ideas 题外

人口政策的落地案例：中国如何从“打倒马寅初”到“全国计划生育”？



Thanks !