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**Philippine Institute for Development Studies**  
*Surian sa mga Pag-aaral Pangkaunlaran ng Pilipinas*

## Population Policy in the Philippines, 1969-2002

*Alejandro N. Herrin*

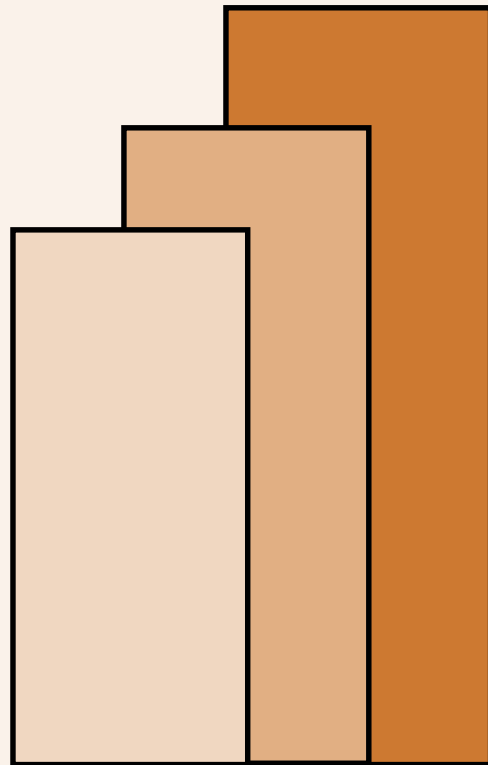
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# Population Policy in the Philippines, 1969-2002

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## **Population Policy in the Philippines, 1969-2002**

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### **Abstract**

A review of population policy statements from various official documents from 1969 to 2002 shows that there has been a lack of stable consensus on the policy on fertility and population growth. Moreover, the family planning program has been characterized by shifting objectives of fertility reduction, upholding reproductive rights, and promoting maternal health. Perhaps the single most important factor influencing population policy making since its formulation in 1969, and may partly explain its ever shifting focus, is the persistent and consistent opposition of the Catholic Church hierarchy to the policy of reducing population growth as well as the promotion of artificial family planning methods. In contrast, the views of the general public are generally favorable to the policy of reducing population growth and the promotion of modern artificial contraception. It appears, however, that such views have not been as influential in public policy decisions as those of the Catholic Church hierarchy. Although the government cannot expect the Catholic Church hierarchy to promote artificial contraception, there are opportunities for working closely in other areas of population policy and family planning. While organized stakeholders are more vocal in their views regarding population growth and fertility reduction, there is a need to also listen to the larger, albeit unorganized and silent constituency – the married couples with unmet needs for contraception – whose consistent views are well documented in nationally representative demographic surveys and opinion polls.

**Keywords:** fertility, population, population and family relation, reproductive health, family planning, population and development

# Population Policy in the Philippines, 1969-2002

Alejandro N. Herrin

July 31, 2002

## Executive Summary

This paper provides an inventory and analysis of population policies, focusing on the evolution of the most controversial of such policies, namely, the policy related to fertility and population growth. The **evolution of policy** is traced by examining the provisions of the Philippine Constitution, and policy statements contained in various legislation, the National Economic and Development Authority (NEDA) Medium-Term Philippine Development Plans (MTPDP), Commission on Population (POPCOM) Population Plans, and DOH administrative orders.

Part I of the paper provides a simple **framework for analyzing population policy**. Then the justification for government intervention in population matters, particularly in fertility decisions of couples, is discussed. The discussion on the role of government in population matters is based on the standard arguments of market failure, specifically, imperfect information in decision making, and externalities of a couples' fertility decision on other couples and to society as a whole. This framework provides a benchmark for assessing how Philippines authorities, and their critics, have perceived population problems and what justification they used for government action or inaction on these problems.

Part II describes the **policies on fertility and population growth** adopted by different administrations, from President Marcos to President Arroyo. The review shows that there had been no consistency in population policy with respect to fertility and population growth and the role of family planning. While there was a strong fertility reduction objective during the Marcos era, there was none during the Aquino administration. Instead family planning as a means to reduce fertility and population growth was rejected and the family planning was only seen as a health intervention although with possible fertility consequences.

The Ramos administration revived the policy of reducing fertility through the family planning program in the early years, but subsequent POPCOM plans showed that family planning was increasingly seen as part of promoting reproductive health. The Estrada administration called for an aggressive family planning program to reduce fertility in its PPMP Directional Plan 2001-2004, but this administration was short-lived.

Under the Arroyo administration, judging from the policy statement issued by the DOH, family planning is again seem primarily as a health intervention and as a means to help couples achieve their fertility preference. Achieving the fertility preferences of couples, however, could still imply higher than replacement fertility and a continued high rate of population growth.

To help understand the changes in the policy thrusts, Part III looks at the major **influences to Philippine policymaking on population**. These influences included various international conferences that helped shape the framework adopted by POPCOM in the preparation of its Plans. For example, the conferences on the environment helped shape the population, resource and environment framework, while the International Conference on Population and Development in 1994 helped shape the reproductive health framework of the Plan. National reviews and assessments of the population policy and program have been influential in providing new directions. Perhaps the most important of these was the Special Committee to Review the Philippine Population Program (SCRPPP) commissioned by President Marcos in 1978. The Committee recommended an expansion of population policy to include broader aspects of family welfare in addition to the goal of fertility reduction. And in line with the recommendations of the 1974 World Population Plan of Action, the Committee called for a closer integration of the population dimension in economic and social policies and programs.

Perhaps the single most important factor influencing population policy making since its formulation in 1969, and may partly explain its ever shifting focus, is the persistent and consistent opposition of the Catholic Church hierarchy to the government population policy of reducing population growth as well as its promotion of artificial family planning methods. The Catholic Church's position is quite clear: the use of artificial contraception is not allowed because it is morally wrong to use such artificial means, and, therefore, the Church objects to its dissemination and use. The only family planning method allowed is the natural family planning method but only for "GRAVE MOTIVES".

The views of the general public regarding population growth and family planning as gleaned from the National Demographic Surveys the Social Weather Station (SWS) surveys are generally favorable to the policy of reducing population growth and the promotion of modern artificial contraception. It appears, however, that such views have not been as influential in public policy decisions as those of the Catholic Church hierarchy.

Part IV provides some **observations and recommendations**. First, although there is a need to broaden population concerns in line with national interest and international commitments, there is still an urgent need to address the issue of rapid population growth and fertility reduction.

Secondly, given the controversial nature of the issue of population growth, there is a need for clear statements of policy. The review of policies shows there has been a lack of stable consensus on the policy on population growth and fertility reduction. The family planning program has been characterized by shifting objectives of fertility reduction, upholding reproductive rights, and promoting maternal health. In more recent policy statements, it appears that the fertility reduction objective of family planning has been downplayed if not rejected. There are several views that could be taken with respect to fertility and population growth reduction, and several possible objectives for the family



planning program. The government must state clearly what its position is with respect to these alternatives and then forge a stable consensus on the path to be taken.

Thirdly, once a stable consensus is achieved, the government should marshal the resources needed to effectively implement the chosen policy and strategy. One indicator of this is that the government actually appropriates money to purchase contraceptives for distribution to its outlets. Data from 1994 and 1998 family planning expenditures by sources show that not a single cent was appropriated by Congress to purchase contraceptives. The contraceptive supplies of DOH have all been financed from donor contributions, mainly from USAID and to some extent from UNFPA but such assistance is not likely to continue in the same magnitude in the future.

Fourthly, although the government cannot expect the Catholic Church hierarchy to promote artificial contraception, there are opportunities for working closely in other areas of population policy and family planning. One is in the area of promoting social and economic policies that can influence fertility indirectly in the long run, and the other is on the promotion of modern natural family planning methods, the only methods that the Catholic Church hierarchy considers as morally acceptable. A framework for such collaboration as well as a working model is available.

Finally, while organized stakeholders are more vocal in their views regarding population growth and fertility reduction, there is a need to listen to the larger, albeit unorganized and silent constituency – the married couples with unmet needs for contraception – whose consistent views are well documented in nationally representative demographic surveys and opinion polls.

## **Introduction**

One of the objectives of the project “Policy Evaluation Research of the Philippine Population Management Program” jointly implemented by POPCOM and PIDS is the preparation of a comprehensive inventory of population policies and programs, especially as they relate to the Philippine Population Management Program (PPMP). This paper provides an inventory and analysis of population policies. Although population policy in the Philippines encompassed a wide range of concerns, this paper will focus on the evolution of the most controversial of such policies, namely, the policy related to fertility and population growth. The evolution of policy is traced by examining the provisions of the Philippine Constitution, and policy statements contained in various legislation, the National Economic and Development Authority (NEDA) Medium-Term Philippine Development Plans (MTPDP), Commission on Population (POPCOM) Population Plans and DOH administrative orders.

The inventory of policies and programs was facilitated by the continuing work of POPCOM in the preparation of a series of Policy Manuals. These Policy Manuals contain a compilation of statutes, decrees, executive orders, proclamations and other Presidential issuances, department memoranda and circulars promulgated to promote the program and strengthen its implementation.

The paper is divided into four parts. Part I provides a simple framework for analyzing population policy. Then the justification for government intervention in population matters, particularly in fertility decisions of couples, is discussed. The discussion is based on the standard arguments of market failure, specifically, imperfect information in decision making, and externalities of a couples' fertility decision on other couples and to society as a whole. This framework is expected to serve as a map to see how Philippines authorities perceived population problems and what justification they used for government action on these problems. The framework also helps to pinpoint policy shifts from one administration of presidents or POPCOM Board chairpersons or Secretaries of Health to another. Finally, the framework also helps in identifying which aspect of population policy do critics, especially the Catholic Church hierarchy, object to, that is, whether the objections are with respect to the government's perception of the population problem, the justification for government to intervene, or the proposed government intervention to the problem.

Part II describes the policies on fertility and population growth adopted by different administrations, from President Marcos to President Arroyo. As it will become clear later, there had been no consistency in population policy with respect to fertility and population growth and the role of family planning. While there was a strong fertility reduction objective during the Marcos era, there was none during the Aquino administration. Instead the family planning is seen primarily as a health intervention and rejected family planning as a means to reduce fertility and population growth. The Ramos administration revived the policy of reducing fertility through the family planning program in the early years, but subsequent POPCOM plans showed that family planning was increasingly seen as part of promoting reproductive health. The Estrada

administration called for an aggressive family planning program to reduce fertility in its PPMP Directional Plan 2001-2004, but this administration was short-lived. Under the Arroyo administration, judging from the policy statement issued by the DOH, family planning is again seen primarily as a health intervention and as a means to help couples achieve their fertility preference. Achieving the fertility preferences of couples, however, would still imply a high rate of population growth.

To help understand the changes in the policy thrusts, Part III looks at the major influences to Philippine policymaking on population. These influences included various international conferences that helped shape the framework adopted by POPCOM in the preparation of its Plans. For example, the conferences on the environment helped shaped the population, resource and environment framework, while the International Conference on Population and Development in 1994 helped shape the reproductive health framework of the Plan. National reviews and assessments of the population policy and program have been influential in providing new directions. Perhaps the most important of these was the Special Committee to Review the Philippine Population Program commissioned by President Marcos in 1978. The Committee recommended an expansion of population policy to include broader aspects of family welfare in addition to the goal of fertility reduction. And in line with the recommendations of the 1974 World Population Plan of Action, the Committee called for a closer integration of the population dimension in economic and social policies and programs.

What influenced Philippine policy making in the Philippines the most is the view of the Catholic Church hierarchy on a number of aspects. These included the nature of the population problem, the justification for government intervention in fertility decisions of couples, and the moral acceptability of artificial contraception that the government wishes to promote even for the objective of improving health and achieving couple's desired fertility preferences.

The views of the general public regarding population growth and family planning as gleaned from the Social Weather Station (SWS) surveys are also reported. These views are generally favorable to the policy of reducing population growth and the promotion of modern contraception. It appears, however, that their views have not been as influential to public policy as those of the leaders of the Catholic Church hierarchy.

Part IV of this paper offers some additional comments and recommendations.

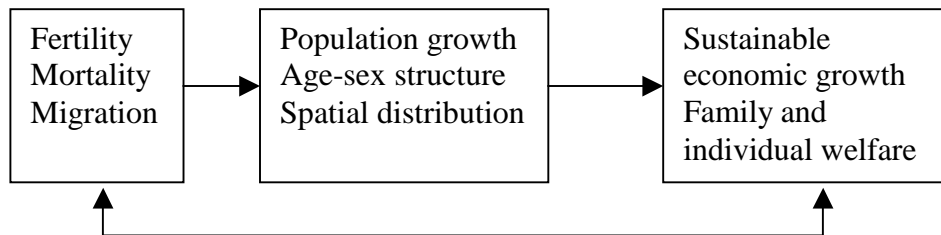
## Part I: Framework

### Population and the Role of Government

#### *Population Concerns and Population Policy*

The concerns related to population are quite broad. It includes concerns regarding the impact of population growth, structure and distribution on sustainable economic growth and on family and individual welfare. As the 1974 World Population Plan of Action aptly described it: "Where trends of population growth, distribution and structure are out of balance with social, economic and environmental factors, they can at certain stages of development, create additional difficulties for the achievement of sustained development." (United Nations, 1974, para. 2).

The key demographic processes that determine population growth, structure and distribution are fertility, mortality, and migration (See Figure below.) With the purpose of helping achieve overall development goals and objectives, population policies are "purposeful measures aimed at affecting demographic processes, notably fertility, mortality and migration." (Demeny, 1975:147).



Viewed from a macro perspective, the effect of demographic processes on development work through their impacts on population growth, age-sex structure, and spatial distribution. With the increasing emphasis on defining development in terms of “capacities” and “functioning” and the expansion in the range of choice, one can consider having a greater ability to achieve one’s fertility preferences, a long life, and freedom of movement in search of economic and social opportunities to have direct effects on the well-being of the individuals concerned, in addition to indirect effects through the macro route. (Hence, in the above framework, we draw an arrow that goes from fertility, mortality and migration to individual welfare to reflect this relationship.)

Because a long life is valued in itself, high mortality is a major population as well as a health policy concern. The reduction of mortality and mortality differentials among various subgroups of the population is universally accepted as an important area of public policy intervention.

At the macro level, changes in fertility and mortality, but mainly fertility at the national level, and changes in fertility, mortality and migration, but mainly migration at

the sub-national level, result in shifts in the age and sex distribution of the population. Such shifts have also been viewed with concern in different contexts. A large proportion of young population leads to concerns regarding the ability of the economy to provide for basic health, nutrition and education to this group of the population. In contrast, an aging population, i.e., a large proportion of the population in the older ages leads to concerns regarding how to provide for the health and other specific needs of the elderly, how to sustain economic productivity and innovations, and how to ensure the viability of current social security and pension systems.

The concern for internal migration includes the concern about its impact on the rapid growth of cities that tend to worsen problems of congestion and pollution. Because of the age-sex selectivity of migration, there is also the concern that rapid aging in rural areas as a result of the out-migration of younger population, and the "brain drain" from rural to urban areas would have adverse social and economic impact on rural areas relative to urban areas. There are also concerns regarding the effects on family life and child rearing of the temporary absence of one of the spouses or parents, respectively, due to population movements motivated by the search for better wage employment.

At the international level, concerns relate to the proper treatment of migrants in countries of destination as well as "brain drain" from developing to industrialized countries.

While all these population concerns have attracted the attention of national policymakers and of the international community, none has perhaps generated more controversy than the concern for rapid population growth in developing countries even as slow growth and declining population in some industrialized countries have also generated concern in these countries. The concern, of course, is not with population growth as such, but rather with its adverse implications for the attainment of a wide range of commonly accepted social and economic goals. Moreover, what contributes to the policy controversy is that, among the demographic processes that affect population growth, fertility is the only variable that can feasibly be directly modified to affect national population growth rates.<sup>1</sup> And there are conflicting views regarding the proper role of government with respect to the most intimate of all decisions - the fertility decisions of couples.

In describing a framework for an assessment of population policy, we focus on the concern for rapid population growth and the proper role of government in fertility decisions of couples. Moreover, we draw on the basic principles of welfare economics. What essentially creates a population problem that requires or could justify government intervention? As we shall discuss below, while rapid population growth may have negative implications for the achievement of economic and social development goals, this alone does not justify government action. It is possible that individuals and couples, with

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<sup>1</sup>As Demeny (1975) succinctly puts it: "Since manipulation of mortality is not considered a suitable instrument for lowering population growth, and since out-migration is rarely a feasible or indeed desirable instrument on the national level, the concern with rapid demographic growth is really a concern with excessively high levels of fertility." (p. 154).

full information on the effects of their actions on themselves and society, in deciding freely on the number of their children, preferred to have more children than a higher per capita income. What creates a problem that requires government intervention is that there may be market failures associated with fertility decisionmaking. The most important of these are imperfect information and externalities.

### ***The Role of Government***

Government action in fertility decisions of couples can be justified in the following contexts: first in the context of imperfect information but in the absence of externalities, and then in the context of externalities in fertility decision making (Demeny 1971). One should also distinguish the case for government action in the context of modifying fertility behavior to affect population growth rate (demographic objective), and in the context of simply helping couples achieve their fertility preferences or to improve maternal and child health. Helping couples to achieve their fertility preference (which is part of upholding the couple's reproductive rights) or to improve maternal and child health through family planning would have a fertility impact, but such fertility impact is not the main object of policy.

### ***Perfect Information and Absence of Externalities***

In the case where couples have perfect information and where the fertility decisions of couples do not affect the welfare of other families (i.e., there are no external effects or externalities in their decisions), the role of government is simple, namely, "Families should be left to judge what they consider best for themselves, and society should accept the decision of individual families with strict neutrality." (Demeny, 1971: 199).

However, as Demeny argues, even in the absence of externalities, individual families may not have correct and adequate information to decide intelligently regarding their fertility. For reasons enumerated below, the information available to individual families may be erroneous or lacking.

1. Families may falsely assume that society expects them to follow certain norms of behavior. Thus the psychic cost attached to defying these imagined norms is removed if families are informed that no particular demands on their fertility behavior are imposed from the outside.
2. Families may be unaware of pertinent information concerning types, costs, availabilities, and technical and aesthetic properties, etc. of means for preventing conception, or may have incorrect information on these matters. In either case the resulting decision will necessarily be suboptimal.
3. Choices with respect to parenthood are taken under conditions of uncertainty that can be lessened if parents are provided with pertinent information. Individual foresight in regard to the families' future

economic prospects, opportunities, and interests and their appreciation of the dependence of these prospects on their fertility may be more limited than is warranted by the true uncertainty on these matters.

4. Intrinsic imperfections of the "demand" for children also decrease the chances of obtaining results that will be considered optimal ex post: purchases of children are lumpy and only moderately repetitive, the learning process is slow and largely retrospective. Many of the consequences of having a child are felt only in the long run, and purchases are irreversible.

Demeny further argues that while prospective parents would try to obtain the above information on their own, there are "some elements of an optimum informational package" such as messages through the mass media that could not be provided, or would be inadequately provided, by the for-profit private sector. Thus, in this situation, there arises a strong case for government action in providing information to improve efficiency.

Furthermore, even if couples have adequate information, they may not have the financial means to afford certain types of contraception. Although contraceptive supplies and services are private goods, from an equity or poverty alleviation standpoint, a case can be made for public subsidies for contraception similar to the case for subsidizing health care and other social services.

In the light of the above efficiency and equity considerations, a double policy conclusion would follow from the no-externalities model, namely, that "First, societies should leave families free to determine what level of fertility they choose, and second, society should provide the best available information and means to make that freedom meaningful." (Demeny, 1971:213)

### *Presence of Externalities*

A key policy question in considering population growth is whether a couple's childbearing decisions impose costs on, or provide benefits for, other families.<sup>2</sup> The existence of such externalities (effects external to the decision maker)

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<sup>2</sup>The case where there are externalities is described by Demeny (1975) as follows:

"If couples on the average raise four surviving children, population doubles in the short span of a single generation. The prospect of such a doubling may be found an attractive one for any particular family, but it may be deemed dismal if applied to the nation as a whole. If each family had a choice, they might rather see their four children grow up into adulthood in a country that did not have to absorb twice as many people as claimed its resources a mere 25 years ago, and hence did not have to suffer the impact of such growth on employment, wage levels, urban amenities, and a host of other indicators of economic and social well-being. The inconsistency of private and public interests is rooted in the presence of negative externalities attached to individual fertility behavior. The birth of a child, perceived as a gain for the single family, imposes costs on all other members of the society in which it is born - costs that are not taken into account in the private decisions that determine fertility." (p. 155)

provides a case for government intervention in fertility decision calculated to balance public and private interests.<sup>3</sup>

The presence of negative externalities implies that even if all parents achieve their desired family size, the number of births may still be above the social optimum. A case can, therefore, be made for policies that go beyond simply providing information and contraceptive services through an effectively managed family planning program. The controversy arises as to how far "beyond family planning" is both desirable and effective. The various options include the following, each having advantages (e.g., acceptable, effective, impact observable in the short-run) and disadvantages (not acceptable, impact only in the long-run, ineffective)

1. Family planning program that include a "persuasion" element to encourage couples to adopt a small family size norm.
2. Incentives and disincentives. These involves eliminating all implicit subsidies for large families; offering financial or other incentives for small families; and imposing disincentives for large families. Singapore adopted such incentives and disincentives in the 1970.
3. Birth quotas imposed on families. Only China implements such a policy.

The problem in building a case for government intervention in fertility decision of couples based on the presence of externalities is first on the identification and measurement of the externalities involved as bases for formulating the appropriate intervention. Again as Demeny argues:

It should be recognized however that the guidance economists are at present able to give for policymakers on such [type of interventions in the case where externalities are present] matters is less than solid. The extremely diffuse nature of the externalities involved; the fact that many of these externalities will manifest themselves through not easily traceable changes in the relative prices of factors and of outputs; the problem of taking into account the numerous positive externalities enjoyed by various segments of the society; the problem of considering the equity of existing income distribution; the problem of weighing long-term effects against short-term consequences; and the necessity to introduce the intergenerational welfare considerations: all these problems make the applicability of cost-benefit analysis for policy decisions extremely restricted. These difficulties are compounded by the necessity to attach a cost measure to the corrective policy itself: a matter involving complex

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<sup>3</sup> As in the case of pollution externalities, an argument can be made that equating social and private costs yields gains that could potentially increase the well-being of all members of society (National Research Council, 1986)



political, moral, and cultural considerations besides the often considerable purely economic ones.(Demeny, 1971:216)

Nonetheless, Demeny believes that “a substantial refinement of the analysis and identification of the microeconomic distribution of the net negative externalities resulting from high fertility” and a continuing search for alternative policy measures that could bring private and social costs of fertility decisions into near equality should be made. (Demeny, 1971:217)

### *Conclusion*

The main policy conclusion that emerges from the above discussion is that, in the absence of externalities, efforts should be made to ensure the freedom of families to determine their own fertility. According to Demeny, such a policy would require (a) government action for removal of positive restrictions on birth control; (b) provision of information that families need to make intelligent choices; (c) provision of the best available means for family planning; and (d) development of improved means of contraception.

For those who believe that free individual choices may result in excessive fertility for society as a whole, the policy is merely a step forward and in the right direction. However, it is desirable to consider “beyond family planning” policies as a matter of principle, although what would be desirable, acceptable and feasible given cultural and other factors will depend on individual societies. For example, in some countries, birth quotas or even incentives and disincentives would not be acceptable measures.

Independent of the objective of reducing fertility to moderate population growth, a case can be made for government intervention in fertility decisions to achieve two other related but distinct policy objectives, namely, (1) to enable couples to achieve their desired family size, and (2) to promote maternal and child care. Couples who have limited information and who could not afford the family planning methods that are suitable for them may end up with “unwanted” fertility. Thus providing information and subsidizing contraceptives may be justified to enable these couples to achieve their fertility preferences, and thereby directly improve their well-being. Similarly, a case can be made for government efforts to provide information and services to help couples plan the number and timing of their births in order to promote the health of the mother and child.

### **Population Policy and Family Planning Perspectives**

To assist in identifying the population policy adopted by different administrations of government to be described below, it is useful to layout the different policy perspectives with respect to fertility and population growth. These perspectives (in terms of the nature of the problem and the policy options) are as follows:

1. Population growth is a problem.
  - a. Accommodate population growth as best as possible and hope that welfare gains from other policies more than compensate for the welfare losses generated by rapid population growth.
  - b. Reduce fertility only indirectly through socio-economic development.
  - c. Reduce fertility both indirectly through socio-economic development and directly through family planning that only provides information and, to a certain extent, subsidizes contraceptives for those who cannot afford them.
  - d. Reduce fertility both indirectly through socio-economic development and directly through family planning that provides information, subsidizes contraceptives for those who cannot afford them, and promotes a small family size norm (through “beyond family planning” measures that might include “persuasion”, incentives and disincentives or birth quotas).
2. Population growth is not a problem but high fertility is a problem at both the individual and family levels in terms of inability to achieve fertility preferences and adverse health impacts on mothers and children.
  - a. Adopt family planning to help couples achieve their fertility preferences.
  - b. Adopt family planning to promote maternal and child health.

With respect to family planning as a policy measure, it is important to distinguish among these three sets of policy objectives:

1. Reduction of fertility and population growth (when rapid population growth is a problem );
2. Assisting couples to achieve their fertility preferences (when population growth is not a problem, but couples are unable to achieve their desired family size); and
3. Promoting maternal and child health (when population growth is not a problem, couples are able to achieve their family size, but additional desired births pose certain health hazards).

Because family planning can help achieve multiple goals, it is necessary in assessing population policy to see how clearly and explicitly the objectives of family planning are stated.

If fertility reduction is an explicit objective of family planning, the family planning program could adopt alternative strategies. It could reduce fertility by simply helping couples achieve their fertility preferences if the gap between actual and desired fertility is large. It could reduce fertility by reducing high risk births as a mean to promote maternal and child health if the proportion of high risk births to total births are high. In addition to both these strategies, it could also adopt “persuasion” to encourage couples to adopt a small family size norm.

## **Part II: Population Policy Under Different Government Administrations**

### **Population Policy Under the Marcos Administration (1967-1986)**

#### ***Policy Statements in Legislation and Presidential Decrees***

In December 1967, President Marcos, together with 17 other heads of state, signed the UN Declaration of Population. This Declaration proclaimed, among other things, that "the population problem must be recognized as a principal element in long-range national planning if governments are to achieve their economic goals and fulfill the aspirations of their people." (Concepcion, 1973).

On February 1969, President Marcos signed Executive Order No. establishing a study and recommendatory body called the Commission on Population (POPCOM). The Commission was vested with a number of functions and duties, which included the undertaking studies on the Philippine population and the formulation of policy and program recommendations on population as it relates to economic and social development. Indeed, the Commission recommended that abortion and sterilization should not be included as a method of family planning, which President Marcos approved in December 1969 (Concepcion, 1973). In later years, one of the criticisms of the Catholic Church hierarchy is that the government says one thing and later changes its mind. This is with reference to sterilization, which the Church disapproves as a method of family planning together with the other artificial methods.<sup>4</sup>

In the Ninth Special Session of the Sixth Congress of the Philippines in June 1969, a joint House resolution that establishes basic policies to achieve economic development and attain social justice was approved. This resolution contained a policy on population which read as follows:

A high rate of population growth poses grave social and economic challenges. The state shall meet these challenges both by positive social and economic measures that will increase the productivity of human work, so as to promote economic growth, and by programs of family planning which respect the religious beliefs of the individuals involved, so as to increase the share of each Filipino in the fruits of economic development. (Quoted in Concepcion, 1973:53)

In 1970, acting upon the recommendation of the 1969 Ad Hoc Commission on Population, the government launched a National Population Program aimed at reducing

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<sup>4</sup> In December 8, 1973, the Catholic Church hierarchy issued a pastoral letter, which among others observed that there is a common pattern among countries of an "escalation from the less radical method of artificial contraception to the more radical measures of sterilization and abortion". The Philippines appears to follow this pattern as it noted that the Department of Justice then, has just "removed all legal impediments to contraceptive sterilization by officially granting it legal clearance. Where formerly the population policy of the country explicitly gave the pledge not to encourage contraceptive sterilization, that reservation has now been dropped."

the high rate of population growth. In 1971, the government established the National Population Policy and created the Commission on Population (POPCOM) through Republic Act 6365.

Presidential Decree No. 79 issued in 1972 revised Republic Act 6365 to strengthen the Population Program. It restated the population policy contained in RA 6365 as follows:

“The Government of the Philippines hereby declares that for the purpose of furthering the national development, increasing the share of each Filipino in the fruits of economic progress and meeting the grave social challenge of high rate of population growth, a national program of family planning involving public and private sectors which respect the religious beliefs and values of the individuals involved shall be undertaken.” (Presidential Decree No. 79, Section 2, December 8, 1972).

The role of the government in population was later enshrined in the 1973 Constitution. The Constitution provided that: “It shall be the responsibility of the State to achieve and maintain population levels conducive to the national welfare.” (Article XV, Section 10).

From these statements of policy, it is clear that a major concern is the negative implication of rapid population growth on the attainment of social and economic objectives. Implicit in this view is the recognition that the free exercise of fertility decisions of couples is not consistent with the common good, i.e., there are externalities in the fertility decisions of couples. Hence, there is need for government to intervene as a matter of policy. The intervention chosen is that of family planning, "which respects the religious beliefs and values of the individuals involved."

### ***Policy Statements in the Philippine Development Plans***

Statements (or lack thereof) with respect to population policy were also contained in the Philippine Development Plans prepared during the period. The Development Plans that were prepared during the Marcos Administration were as follows.

*Four-Year Development Plan FY 1971-1974 (Adopted by the National Economic Council, July 1970 under Acting Chairman Placido L. Mapa, Jr.)*

This was the first national development plan that included a chapter on population. It starts by noting the world-wide concern about the problem of population growth, but it did not specifically state that such is a concern in the Philippines. The chapter matter-of-factly described the rapid growth of the population in the Philippines based on census data, and described the family planning activities undertaken by both public and private organizations. The Plan noted that government participation in family planning was limited to a few clinics in Manila, Davao, Angeles City and Laguna, and

some rural health units of the Department of health. With the efforts of both public and private sector, the Plan expected that the population growth rate estimated at 3.5 percent in 1970 will be reduced to 3.2 percent in 1974. To achieve this, the Plan estimated the “required coverage” of family planning users per year in terms of users, users who discontinue, and continuing users. Both the rhythm method and the use of the pill and IUD are accepted.

In the chapter on health, family planning was considered a new program “undertaken by the Department of Health as part of the improvement and expansion of the maternal and child care program” (p. 209). Administratively supervised by the Secretary of Health, the Plan proposed to establish pilot clinics (within the rural health units) in different parts of the country so that family planning services and counseling can be made available to the public.

*Four Year Development Plan FY 1974-1977(Adopted by NEDA in 1973 under NEDA Director General Gerardo P. Sicat)*

In the “Overview”, it stated that the “intensification of the family planning program” was one of the major socio-economic reforms that have been instituted subsequent to the proclamation of the martial law.

In Chapter 1 (National Goals, Programs and Policies) under “Challenge of Development in the Years Ahead”, high population growth was recognized as one of the challenges. It states:

“Unless this rapid population growth [rapid growth rate of 3.01 percent during the last 10 years] is checked, further development efforts would be doubly difficult. In the first place, a high population growth rate imposes needs that eat up vital and critical development resources. In the second place, it magnifies the unemployment problem generating an additional pressure on the economy to provide more jobs and raise income levels.” (p. 16.)

The Plan contained a chapter on population (Chapter 23)<sup>5</sup>. In the introductory section, it states:

The magnitude of population growth is particularly important to a developing country. A high population growth rate poses needs that take away vital and critical resources from the economic development effort. It magnifies problems of unemployment, the supply and quality of social

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5 The chapters contained 11 sections: The Philippine Situation; A National Population Policy; The Population Program; Main Areas of Population Activity; Performance and Targets: FY 1972-FY 1973; Research and Evaluation; The Four-Year Population Program FY 1974-1977; Targets FY 1974-77; Financing; and Sources of Financing. The Chapter on Population contained detailed description of population trends, population policy, family planning activities and accomplishments, the population program, population targets in terms of population growth, and family planning acceptors.

services, poverty, income distribution and urbanization. Consequently, the achievement of the desired level of social and economic development becomes a considerably more difficult task.

This complicity of the population problem in constraining the social and economic development of a country brings the issue within the immediate and long-run concern of development planning. (p. 340).

*Five-Year Philippine Development Plan, 1978-1982 including the Ten-Year Development Plan, 1978-1987 (Adopted September 1977 under Gerardo P. Sicat, Secretary of Economic Planning).*

In Chapter 1: National Goals and Policies, under Challenge of Development in the Years Ahead, the “Heavy Pressure of a Rapid Population Growth” was emphasized among other challenges. The Plan states that the social and economic costs of absorbing the addition to the country’s population will be consequently large, and unless reduced to a more manageable level, rapid population growth will compound problems currently facing the country and make solutions more difficult to reach. (p. 7).

Under “Policy Framework”, the Plan states its Population Policy as follows: “The state will maintain population growth levels most conducive to national welfare. This policy will be pursued without prejudice to the health status and religious beliefs of individuals.” (p. 11).

In the Chapter 9: Health, Nutrition, and Family Planning, the Plan explicitly adopts a family planning program aimed to reduce population growth rate (2.5 in 1978 to 2.1 in 1987) through increased family planning activities. It also sets contraceptive prevalence rate targets from 27 percent in 1978 to 50 percent in 1987. In addition contraceptive effectiveness is targeted to increase from 86 percent in 1978 to 90 percent in 1987.

*Five-Year Philippine Development Plan, 1983-1987 Technical Annex (Adopted in May 1982; NEDA Director-General was Placido L. Mapa, Jr.)*

In Chapter 1: Development Goals and Strategies, the Plan states that “The country’s national goals will be the attainment of (a) sustainable economic growth; (b) more equitable distribution of the fruits of development; and (c) total human development. Among the problems the Plan recognizes is “Population Growth”, however, it appears that population growth is something to be accommodated rather than to be influenced. The Plan states:

Although population growth is expected to decline to an average of 2.2 percent annually during the period 1983 to 1987 as a consequence of changes in family styles arising from industrialization and urbanization, and to the country’s population program, the population, nevertheless, will increase from 52 million in 1983 to 56.8 million in 1987. Accordingly, the

needs of the increasing number of Filipinos will have to be provided for. (p. 5.).

Population is discussed in Chapter 10: Population and Social Services. The Plan states that “A total population policy geared towards individual and family welfare has been adopted.” However, there is no mention of population growth targets, much less fertility or contraceptive prevalence rate targets. Instead it speaks of addressing the needs of various demographic groups, e.g., the youth and the elderly.

In Chapter 7: Health and Nutrition, there is no mention of family planning. Its policies and strategies include increase of access to health and nutrition services; development of self-reliance; increased complementation of indigenous and existing resources; adoption of total, integrated approach; strengthening of private sector participation; and promotion of more efficient program implementation, monitoring, evaluation and research.

It is interesting to note that while the Sicut Plans tend to closely reflect the view regarding the negative implications of rapid population growth contained in the legislation, the Mapa Plan tend to view population growth as something to be accommodated. Moreover, the Mapa Plan shifts the objective of population policy from fertility and population growth reduction to broadly the “achievement of individual and family welfare”. The Plan's tendency to broaden the objectives of population policy, while desirable, has been interpreted by some observers as a way of quietly rejecting the fertility reduction objective. Indeed, the 1983-1987 Plan made no mention of family planning. Dr. Mapa, of course, is known for his conservative views on fertility that is consistent with the views of the Catholic Church hierarchy. His appointment as head of NEDA and Chair of the POPCOM Board in 1981 affected the implementation of the national family planning program. In particular, the promotion of voluntary surgical contraception (VSC) suffered a setback when Dr. Mapa discontinued the payment of incentives for providers of VSC.

However, in 1983, the Minister of Department of Social Welfare and Development (DSWD), who was more supportive of the family planning program, was appointed as the new Chair of the POPCOM Board to replace Dr. Mapa. The program adopted a more aggressive family planning targets. The new POPCOM Chair with an equally energetic Executive Director put back the fertility reduction objective of family planning in the policy agenda. POPCOM planned to achieve replacement fertility by year 2000. To achieve this target, the Population Program adopted the "high scenario" target for contraceptive prevalence from 34 percent in 1983 to 50.2 percent in 1993 at the same time increasing overall rates of use effectiveness of methods (Jamias, 1985). However, it would appear that in spite of this planned aggressive implementation of the family planning program to achieve fertility reduction, the stated goal of replacement fertility by year 2000 is not likely to be achieved. The TFR of 4.8 births per woman in 1983 was expected to decline only to 3.7 in 1993.

Thus, while population policy under the Marcos administration as reflected in the Constitution and various legislations had remained intact through 1986, the implementation of its main direct policy measure, the family planning program, shifted from vigorous to benign neglect depending on who was the head of the POPCOM Board. The aggressive pursuit of family planning targets in 1983 was cut short by the EDSA revolution. A significant shift in policy occurred with the installation of President Aquino, who was well known for her conservative views on population – views that were in line with the views of the Catholic Church hierarchy, although this was not yet evident in the Medium-Term Philippine Development Plan that was formulated during the first year of her assumption to office.

### **Population Policy Under the Aquino Administration (1986-1992)**

*Medium-Term Philippine Development Plan 1987-1992 (Adopted by the NEDA Board, 1986; NEDA Director-General was Solita Collas Monsod)*

The Plan was explicit about the objective of moderating fertility with a target of achieving replacement fertility by 2010. The objective was to be achieved by intensifying family planning efforts coupled with the promotion of a small family size norm, among others. Under "Chapter 1: Development Challenges, Goals, Strategies and Policies" the Plan states as part of its national development strategy and policies:.

To harness the economy's long-run capacity to achieve a better life for all, population policy will continue to promote the attainment of small family size on a voluntary basis and a reduced population growth aligned with replacement fertility level by 2010. Responsible parenthood, along with efforts to make available the knowledge, means, and opportunity to practice family planning, shall be intensified. Likewise, efforts to improve women's education, health and increased socioeconomic opportunities will be pursued to promote the overall welfare of women and bring about a long-term reduction in fertility. This will promote a population level that is more conducive to development. (p. 40)

But in describing these activities in another chapter of the Plan, one finds that family planning was viewed mainly as a means to improve maternal and child health, while the inculcation of the value of a small family size norm was targeted only to adolescent groups rather than to couples of reproductive ages. The following statements are found in "Chapter 7: Health, Nutrition and Family Planning" under the section on "Policies and Strategies":

Family planning shall be more strongly advocated as a vital component of comprehensive maternal and child health. Specifically, the policy aims to reduce infant and maternal morbidity and mortality, as well as to promote family well being.



Family planning promotion shall be firmly rooted on one basic principle, that is, respect for the right of couples to determine their family size and voluntarily choose the means of family planning which conforms to their moral and religious convictions. In this regard, full and sustained information shall be provided in the delivery of medically approved, morally and legally acceptable, more effective and affordable family planning methods as the couple's basis for free choice. (p. 231)

The need to promote family planning as a component of responsible parenthood calls for the stronger integration of population education at all levels. Special emphasis shall be given to the adolescent groups among whom the values of responsible parenthood and small family size shall be inculcated. (p.231)

Thus it would appear that the reduction of fertility, given that such reduction is desirable from the standpoint of achieving sustained development, will be achieved through the indirect impact of development efforts particularly education, health, and employment opportunities for women on fertility in the long run and as an unintended consequence of promoting family planning to improve maternal and child health..

#### *The 1987 Constitution and the 1987 POPCOM Population Policy Statement*

In contrast to the 1973 Constitution, the 1987 Constitution omits any statement regarding the role of the government in “maintaining population levels conducive to the national welfare”. Instead, the 1987 Constitution emphasized the “right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood.” Against the background of the national family planning program that was implemented with renewed vigor to achieve a fertility reduction objective during the last three years preceding the Aquino administration, supporters of the family program were anxious to see how the new administration will operationalize the provision of the new Constitution regarding fertility. For a while, POPCOM, which was then Chaired by the Secretary of DSWD who was known for her conservative views on family planning, was silent on POPCOM’s official stance regarding family planning and population policy.

After a year of official silence, POPCOM finally issued in April 1987 a policy statement entitled “Policy Statement on the Philippine Population Program”. The policy stated as its ultimate goal the “improvement of the quality of human life in a just and humane society”. It called for a broadening of population concerns beyond fertility reduction to include concerns about family formation, the status of women, maternal and child health, child survival, morbidity and mortality, population distribution and urbanization, internal and international migration, and population structure.

The Policy Statement did recognize the role of population growth on socioeconomic development. It stated that "if current economic and demographic trends continue, the pursuit of alleviating poverty and improving the quality of life will become

doubly difficult in the future as rapid population growth exerts more and more pressure on scarce resources as well as on an environment that is already showing signs of strain". Accordingly, the Statement aimed "to provide support to efforts directly towards achieving consistency between the country's population growth rate and the state of her resources." The Statement, however, did not explicitly say that the population growth should be moderated to achieve this consistency unlike the policy statements under the Marcos administration.

According to the Statement, the basic principles governing population policy included, among others, (1) orientation towards overall improvement of family welfare, not just fertility reduction; (2) respect for the rights of couples to determine the size of their family and to choose voluntarily the means which conform to their moral convictions and religious beliefs; (3) promotion of family solidarity and responsible parenthood; and (4) rejection of abortion as a means of controlling fertility. The policy statement, however, although broad in scope, did not contain a strong and explicit fertility reduction objective. The phrase "not just fertility reduction" after the phrase "improvement of family welfare" is not inconsistent with a rejection or at least a downgrading of the fertility reduction objective of population policy. The suspicion that the fertility reduction objective of population policy is either rejected or downgraded is supported by the statements of the program thrusts contained in the same Statement. One of the program thrusts is an "Integrated approach to the delivery of health, nutrition, and family planning services, a subset of which is the integration of value formation, responsible parenthood *and family planning as a vital component of comprehensive maternal and child health.*" (emphasis supplied)

In the meantime, the government's ambiguous stand on the role of family planning, adversely affected the implementation of the national family planning program by POPCOM and its partners. Some sectors of government, however, recognized that the slowing down of the implementation of the program could have serious consequences, if not on fertility reduction, then on the health and survival of mothers and children. In response to this, the POPCOM Board in 1988 transferred the institutional and operational responsibility for the family planning program from the POPCOM Secretariat to the Department of Health (DOH). The program then was justified as mainly a health program with the primary goal of improving the health of the mother and the child.

The policy development during this critical period of the Aquino administration was described by the then Secretary of Health Alfredo R.A. Bengzon as follows:

The family planning program which had been well-established for 20 years suddenly found itself in the doldrums. It was torn apart by policy debate regarding its perceived fertility and population control objectives. There was confusion in its management structure, and field services disintegrated badly. *In our opinion, there was a fundamental flaw in its orientation: it viewed family planning simply in demographic terms, which was a mistaken view* [emphasis supplied]. Given the presidential mandate to reorient the program, we declared that the imperatives for family

planning primarily stemmed from the need to provide good health care to mothers and children. This reorientation was not semantic. It flowed from the scientifically-established fact that 35-50 percent of maternal deaths, particularly among poor women, could be attributed to the poor spacing of children and the poor planning of pregnancies. We argued that wide access to family planning services by a well-informed clientele was a rational approach to guaranteeing the health and safety of women and children.

This recasting of policy had far-ranging implications for operations, including training, public information, and logistics which needed to be revamped. Nonetheless, the policy already responds to many concerns, including those related to the right of women and couples to make informed personal choices. We have been told by experts that this policy of addressing family planning from the health imperative has the net effect of dampening population growth. This is certainly a welcome bonus that fortifies our conviction in the need for family planning to safeguard our people's health." (p.65)

Under DOH management, the distinction between family planning as primarily a health intervention and family as principally a demographic intervention became clear. As the statements by Dr. Bengzon above shows, there was a clear policy shift towards family planning as a health intervention and away from family planning as a demographic intervention.

In 1989, the POPCOM Board approved the Philippine Population Program Five-Year Plan, 1989-1993 that confirmed this policy shift. The Plan focused on two program components: Responsible Parenthood/Family Planning (RP/RH) and Population and Development (POPDEV). The stated general objectives of the RH/FP component of the Plan were (1) to increase the number of Married Couples of Reproductive Age (MCRA) practicing family planning and responsible parenthood in order to contribute to the improvement of maternal and child health by expanding the coverage during the plan period and improving the quality of service to encourage and sustain FP practice; and (2) to promote the values of responsible parenthood which include responsible sexuality, delayed marriage, childspacing, and small family size.

### **Population Policy Under the Ramos Administration (1992-1996)**

Since the change of administration in mid-1992, support for the family planning program from the Executive branch of government has been much stronger, and the fertility reduction objective was again emphasized but within the context of the population-resources-environment (PRE) framework. The PRE framework promotes a balance between and among population levels, resources, and the environment.

*Medium-Term Philippine Development Plan 1993-1998(Approved by the NEDA Board December 1992; the NEDA Secretariat was headed by Cielito F. Habito, Director-General NEDA and Secretary of Economic Planning).*

The Plan gave explicit recognition of the role of rapid population growth in constraining socio-economic progress. The Plan also set an explicit objective of reducing the population growth rate and fertility. In terms of policies and strategies, the Plan stated that the family planning program to moderate population growth will be implemented vigorously. Thus in the Plan document, the policy objective of fertility and population growth reduction is quite explicit as is the role of family planning in achieving such objective.

The negative implications of rapid population growth on the achievement of sustainable development was clearly stated in "Part 1: The Vision of Development" under Section 1: "The Setting", as follows:

Rapid population growth continues to be a constraint to raising incomes per person. The most recent census of households places the population at 60.7 million, growing at the rate of 2.4 percent per year. With this growth rate, population would double in 30 years. A large population impedes economic growth, since large families cannot raise enough savings to bequeath adequate amounts of human, financial and physical capital to their children. Population pressure also weakens the capacity of government to provide enough investments in human capital, say, in education, training, and health. Moreover, high population density contributes to the degradation of the environment making it exceedingly difficult to provide for future generations. (p. 1)<sup>6</sup>

The Plan targeted a population growth rate reduction from 2.36 percent in 1990 to less than two percent by 1998 (p. 10). In promoting the balance between population, resources and environment to ensure sustainable development, one of the strategies adopted is to "implement vigorously the Family Planning Program to moderate population growth" (p. 1-14). Clearly, the pursuit of family planning with a fertility reduction objective was now back in the development agenda while continuing to intensify family planning efforts to improve health. To strengthen the Population Program, the Plan also sought the passage of a bill to strengthen the Commission on Population (POPCOM). The proposed bill provides for the reorganization of POPCOM and its transfer to the Office of the President.

#### *POPCOM Population Program Plans*

During the Ramos administration, POPCOM produced two population program plans. These were the Philippine Population Program Plan (PPPP) 1993-1998, which was prepared in 1993 and The Directional Plan of the Philippine Population Management Program (PPMP) 1998-2003, which was completed in July 1997.

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<sup>6</sup> Note that this statement was made on page one of the Plan!

The stated goal of PPPP was to attain population levels conducive to development by promoting a balance among population, resources and environment. Reflecting the strong fertility reduction objective of the MTPDP 1993-1998, the specific objectives of the PPPP included the pursuit of "a strong FP program not only in the context of improving maternal and child health but also in the context of moderating the population growth rate" (p. 23). However, its targets for population growth reduction and total fertility rate (TFR) reduction appear modest. The population growth rate was targeted to decline from 2.46 percent in 1993 to 2.28 percent in 1998, while the TFR was targeted to decline from 3.85 children per woman in 1993 to 3.57 children per woman in 1998 (pp. 23-24).

In 1997, POPCOM completed the Philippine Population Management Program (PPMP) Directional Plan.<sup>7</sup> The PPMP Directional Plan was formulated using the Sustainable Development Framework, or the Population, Resource and Development (PRE) Framework. This framework stresses the importance of the relationships among three vital elements of sustainable development - population, resources and environment.

In the PPMP, the goal was to contribute to the achievement of "rational population growth and distribution defined in relation to availability of resources and environment situation." Among the Plan's specific objectives with respect to fertility is "To help couples and individuals meet their reproductive goals in a framework that promotes over-all health, responsibility and well-being." Noticeably absent is the clear and explicit statement of fertility reduction as an objective of policy. And by using the phrase "should go beyond reducing population growth", which is similar to the phrase used in the 1987 POPCOM Policy Statement (i.e., "not just fertility reduction"), the Plan created a certain ambiguity as to whether fertility reduction is still a major demographic goal. The relevant statements are as follows:

In the next six years, PPMP shall promote the reproductive health approach in the implementation of population policies and programs. As such population policies should go beyond reducing population growth, instead, the well-being of women and men be the paramount end. These should foster enabling conditions to enable women and men to take control of their reproductive rights and exercise informed choice and pursue socio-economic opportunities to guarantee their health and well-being. (p. 17)

The Philippine Family Planning Program (PFPP) adopts a reproductive health orientation to family planning. It gives premium to the reproductive health needs of the population by providing clients with high quality care and by enhancing the efficiency and effectiveness of health service delivery including Family Planning. (p. 17)

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<sup>7</sup> The Philippine Population Program was renamed as the Philippine Population Management Program.

To strengthen the reproductive health program, the DOH issued in January 1998 Administrative Order No. 1-A, which created the Reproductive Health Program. The Program contained 10 elements, namely: (1) Family Planning; (2) Maternal and Child Health and Nutrition; (3) Prevention and Treatment of Reproductive Tract Infections (RTIs); (4) Prevention and Management of Abortion and its Complications; (5) Breast and Reproductive Tract Cancers; (6) Education and Counseling on Sexuality and Sexual Health; (7) Adolescent Health; (8) Violence against Women and Children (VAWC); (9) Men's Reproductive Health; and (10) Infertility Prevention and Treatment.

### **Population Policy Under the Estrada Administration (1998-2001)**

The Estrada administration inherited the PPMP Directional Plan 1998-2001, which was prepared during the last 12 months of the Ramos Administration. President Estrada did not make any official pronouncements regarding his administration's policy on population growth and family planning. During his first year in office he was quoted in the newspapers as against family planning and talked about the advantages of a large family.

*Medium-Term Philippine Development Plan 1999-2004(Adopted by NEDA Board in 1999; NEDA Secretariat was headed by Felipe M. Medalla, NEDA Director-General and Secretary of Economic Planning)*

The population policy perspectives contained in this PPMP appeared to have heavily influenced the preparation of the The Medium-Term Philippine Development Plan 1999-2004, christened *Angat Pinoy 2004* . The MTPDP emphasized the need to achieve balance among population, resources and environment.

With respect to fertility, the MTPDP's policy was "[to assist] couples/parents to achieve their desired family size within the context of responsible parenthood and consistent with Article II, Section 12, and Article XV, Sections 1-4 of the Constitution." With respect to specific activities, the MTPDP planned "[to intensify] provision of family planning services to address unmet needs of married couples and other continuing users."

In sum, the MTPDP 1999-2004, compared to its predecessor Plan 1993-1998, did not articulate a strong policy to moderate population growth and to implement a family planning with a fertility reduction objective. It is of interest that the then Director-General of NEDA, Dr. Felipe M. Medalla was known for his strong views on the need to moderate population growth. As Chair of the POPCOM Board, he was later to influence to the preparation of the next PPMP with the support of some members of the Board, in particular the Secretary of Health, Dr. Alberto G. Romualdez, Jr., who also strongly believed in the policy objective of moderating the continued rapid growth of the population. Their views were later reflected in the new PPMP 2001-2004, which called for a more aggressive family planning program to reduce fertility.

### *Directional Plan for the Philippine Population Management Program 2001-2004*

The PPMP Directional Plan 2001-2004 adopted a new framework called the Population and Sustainable Development Framework, which expands the PRE framework that formed the basis of the previous PPMP Directional Plan for 1998-2003. A key to this expanded framework is the direct link between the achievement of a couple's fertility preferences and the couple's well-being. Since the data from national demographic surveys have consistently shown that actual fertility had always exceeded desired fertility by a significant margin (one birth per woman in 1998 or equivalent to 27 percent of total fertility), helping couples to achieve their desired family size not only directly improves the couple's well-being but also contribute to the demographic goal of reducing fertility and moderating population growth. This, in turn, would contribute to the attainment of sustainable growth and improved individual and family welfare.

The Reproductive Health and Family Planning strategy adopted by the PPMP is to "assist couples to achieve their desired family size within the context of responsible parenthood." The actions under this strategy include advocacy for reproductive health and family planning efforts, and gender equity in fertility decision-making.

The DOH under the leadership of Secretary Romualdez considered a more aggressive family planning program that not only promoted reproductive health but also contributed to a reduction in fertility. Demographic and contraceptive scenarios were prepared to determine the feasibility of achieving replacement fertility by year 2004. Such policy development was reflected in the PPMP. Under the "Directions for 2001-2004", the PPMP maintained the health rationale of family planning. However, it also aimed "to achieve the desired number of children of 2.7 and ultimately the replacement fertility of 2.1 children per couple in the year 2004". In other words, the PPMP recognized and adopted a demographic objective with respect to family planning in addition to the objective of promoting maternal health.

Three scenarios were set by varying fertility assumptions in year 2004. The best scenario assumes a TFR of 2.1; the better scenario assumes a TFR of 2.7; and good scenario assumes TFR of 2.9. Translating these scenarios into timing for the replacement-level fertility, best scenario will attain replacement level in year 2004 while better scenario will attain replacement level in the year 2007 and good scenario is in year 2010.

The three assumptions on fertility decline were combined with assumptions on contraceptive method mix in year 2004. Achieving the TFR of 2.1 in 2004 meant not only a higher contraceptive prevalence rate but also a shift from the current contraceptive method mix towards a greater reliance on modern methods, particularly voluntary surgical contraception (VSC) and injection.

Population policy is now back to emphasizing the importance of population growth in development and the urgent need to implement a family planning program with a fertility reduction objective in addition to its universally accepted health rationale. The PPMP concludes its "Overall Directions" with the following statements:

Our population in year 2004 would be about 84 million, if we do not modify the prevailing contraceptive method mix and if we do not work for a fast and accelerated decline in fertility. Doing nothing now means providing for basic services of at least half a million to 2 million more at the end of the Estrada administration.

The above discussion, therefore, emphasize the urgent need for some action now. The POPCOM Board has agreed to aim for a desired fertility rate of 2.7 and ultimately the replacement of 2.1 children by year 2004. (p.9)

The Estrada administration, however, was short-lived, and so was the term of the members in the POPCOM Board, including the Chair (NEDA Director-General) and the Secretary of Health. President Arroyo assumed office in January 2001.

### **Population Policy Under the Arroyo Administration (2001 - )**

The Arroyo administration came in a year after the PPMP 2001-2004 was completed, and therefore, has inherited the program. Many, however, feared that the closeness of the administration to the Catholic Church hierarchy may again mean lukewarm support for the family planning program and outright rejection of a fertility reduction objective for the program as in during the Aquino administration.

In her speech at the Asia Pacific Conference on Reproductive Health on February 2001, President Gloria Macapagal-Arroyo underscored the need for government "to adopt policies that will take into consideration population and reproductive health approaches that respect culture, values and equality between men and women." She also called on local government units to support and fund population and RH initiatives. On family planning, she said: "The government has the responsibility to provide information on medically safe and socially acceptable means *to address our high birth rate and its consequences on maternal and child health as well as population growth*"(Link, 2001, Volume IX No.3. Emphasis supplied.).

We take the phrase "to address our high birth rate" to mean a commitment to a fertility and population growth reduction objective. However, the President's subsequent statements on population growth and family planning do not suggest such commitment. Her views regarding population growth and family planning are ambiguous at best. On rapid population growth the President was quoted to have said in a radio interview on June 2, 2002 that she is not worried about forecasts that the Philippine population would double in 29 years) "because the world's population will also more or less double, and it is not only our problem, but it's the whole world's."<sup>8</sup> In a meeting with Inquirer editors and staff, she was asked about her views on family planning. Her response was that in line with the Constitutional provision, which respects the right of every couple to

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8 *Philippine Daily Inquirer* editorial ("Time bomb") July 16, 2002, quoting French news agency Agence France-Presse report.



determine the size of the family and the number of their children, the government's policy on family planning is "to respect the right of every couple to make decisions for themselves and choose their preferred method of family planning."<sup>9</sup> On the provision of artificial contraceptive, the President was quoted as saying that in the event that bilateral and multilateral donors stop funding the purchase of contraceptive supplies for distribution to public health facilities, she expects the NGOs to take up the lack of contraceptives rather than the government.<sup>10</sup>

*The Medium-Term Philippine Development Plan 2001-2004 (Approved by the NEDA Board in 2001; NEDA Secretariat under Dante B. Canlas, NEDA Director-General and Secretary of Economic Planning)*

The MTPDP prepared under the Arroyo administration made strong statements regarding the negative implications of rapid population growth on development. Under the chapter on "Comprehensive Human Development and Protecting the Vulnerable" (Chapter 6), the Plan states:

A binding constraint to the efforts of the administration in infusing a social bias to development is rapid population growth rate. To help ease this constraint, a population management program will be pursued. The program is based on sound reproductive health for women, men, and adolescents. It upholds freedom to choose from a menu of family planning services and respects cultural and religious beliefs in support of responsible parenthood. Poor couples are guaranteed access to family planning services. The national government will continue to forge partnerships with LGUs and nongovernment organizations to achieve the goals of its population management program.

In "Chapter 11: Enhancing Health Care", the Plan states:

... demographic factors hamper the ability of the government to supplement household investments in health. Given the still rapid growth of the population, it is difficult to maintain a constant increase in public expenditures in health. It is, therefore, vital to slow down the population growth rate. A good starting point is to address the unmet need for family planning services and to inculcate responsible parenthood, particularly among the poor whose family size exceeds desired number.

Reduction of fertility under the Plan involves assisting couples to achieve their desired fertility, which is estimated at 2.7 births per woman based on the 1998 National Demographic and Health Survey. Actual fertility estimated by the same survey was 3.7 births per woman.

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<sup>9</sup> Rina Jimenez-David, "GMA up close", *Philippine Daily Inquirer*, July 7, 2002.

<sup>10</sup> Ibid.

## *DOH National Family Planning Policy*

In September 2001, DOH issued Administrative Order No. 50-A, which spelled out the National Family Planning Policy of the DOH. In this policy statement, family planning is seen mainly as a health intervention, specifically, as an element of reproductive health. The general objective of the Program is "to help couples and individuals achieve their desired family size within the context of responsible parenthood and improve their reproductive health towards the attainment of sustainable development." Family planning is seen as a means to achieve a number of objectives, namely: family planning as a health intervention, as a means to prevent high-risk pregnancies, as a means to reduce maternal deaths, as a means to prevent abortions, as a reproductive right for women, as means towards responsible parenthood, and as a means to reduce poverty. None of the objectives included family planning as a means to reduce fertility and population growth.

Among the Program's specific objective is the attainment by year 2004 of a reduction in TFR from 3.7 in 1998 to 2.7 in 2004. This target is based solely on the objective of attaining desired fertility estimated in 1998. The DOH policy under the Arroyo administration effectively reversed the fertility and population growth reduction objective of the DOH under the Estrada Administration and adopted in the PPMP 2001-2204, which called for the achievement of replacement fertility (or TFR of 2.1 births) by year 2004.

In June 5, 2002, the DOH issued Administrative Order No. 125 s. 2002, which detailed the National NFP Strategic Plan Year 2002-2006. The overall goal of the plan is to reduce health risks to women and children due to short birth intervals and too frequent pregnancies and childbirth by mainstreaming modern natural family planning (NFP) as one of the modern methods of family planning.<sup>11</sup> This focus on modern NFP methods aims to provide balance in the provision of information and services of the various FP methods since in the past artificial methods have been given greater emphasis than NFP. A budget of 50 million pesos was allocated by Congress for the first year of implementation of the plan. Activities include training of providers, service delivery, and advocacy.

### **Summary**

From the review of policies under different government administrations, the following observations can be made:

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<sup>11</sup> The modern methods of NFP include cervical mucus method, basal body temperature method, symptothermal method, and lactational amenorrhea method. According to DOH, the rhythm or calendar method has been deleted from the official program methods of the Philippine Family Planning Program (PFPP) in 1994, while the withdrawal method has never been officially endorsed from the beginning. Thus, only the modern NFP methods are recognized as official NFP methods of the PFPP.

1. From the standpoint of government administration as a whole, there has been constant shifts in policy with respect to fertility/population growth from a strong commitment to reduce fertility and population growth under the Marcos administration, to a lack of commitment if not outright rejection of the policy under the Aquino administration, to a resurgence of commitment in fertility/population growth reduction under the Ramos and Estrada administrations, and to an ambiguous commitment under the Arroyo administration.
2. Within each administration, there are different policy statements found in different policy documents. This can be understood in terms of either an evolution in policy within an administration (less likely) or a lack of coordination among policy centers (more likely). We note the following:
  - While there was strong commitment to the policy of fertility/population growth reduction under the Marcos administration as reflected in the Constitution and early legislation and in the early development plans, the last development plan (1983-1987) did not adopt such a policy.
  - The development plan under the Aquino administration was explicit about population growth as a problem, but later POPCOM policy and DOH policy did not adopt a family planning program with an explicit and clear fertility reduction objective.
  - While the development plan and the first POPCOM plan under the Ramos administration had strong statements regarding the problems of population growth and the need for family planning with a fertility reduction objective, the subsequent population plan (PPMP 1998-2003) was somewhat ambiguous as to fertility/population growth reduction. Family planning was seen as part of the promotion of reproductive health.
  - The development plan under the Estrada administration had weak statements on the problem of population and did not explicitly adopt a family planning program with a fertility reduction objective. Instead the family planning program was viewed as part of the promotion of reproductive health. The POPCOM PPMP plan, however, made strong policy statements on population growth and adopted a family planning program with explicit fertility reduction objectives.
  - Finally, the development plan under the Arroyo administration have strong statements regarding the adverse consequences of continued rapid population growth and the need to reduce fertility, however, it's family planning program is geared only to helping couples achieve their fertility preferences. The DOH policy adopts as the objectives of family planning the achievement of desired fertility and the promotion of maternal and child health without mention of the policy objective of fertility and population growth reduction.

3. Looking at the Development Plans (later called MTPDP) and the POPCOM Population Plans (later called PPMP), there has been shifts in population policy articulations. This can be understood in terms of shifts in policy under different administrations. However, even within a given administration, there are cases of reversals in policy statements in either the Development Plans or Population Plans where there is more than one plan (Development Plan or Population Plan) formulated during the same administration.
  - The Development Plans generally make statements regarding the adverse consequences of rapid population growth and the need to reduce fertility, and the family planning program is seen as the vehicle to directly influence fertility irrespective of the government administration. The only exception to this is the Development Plan of 1983-1987 under the Marcos administration when Dr. Mapa was NEDA Director-General and the MTPDP of 1999-2004 under the Estrada administration.
  - The POPCOM population plan (and later the PPMP plans) show shifting policy statements across different administrations. The POPCOM plan, which started in 1989-1993 during the Aquino administration did not contain explicit statements on population growth and family planning to reduce fertility. Instead family planning was seen only as means to promote maternal and child health. The POPCOM plan 1993-1998 under the Ramos administration had strong explicit statements, but the next POPCOM plan (the PPMP Plan 1998-2003) under the same administration had weak and ambiguous statements. However, the succeeding PPMP Plan of 2001-2004 under the Estrada administration had strong statements.

In sum, the above findings suggest that there had been no stable consensus on the policy regarding population growth and family planning. The shifting emphasis in specific dimensions of policy such as the need to broaden population policy to other concerns in addition to population growth has been due to a number of influences, foremost among these are the policy directions discussed and recommended in international conferences. But what seems to explain the recurrent ambiguity of the direction of population policy in the Philippines is the underlying opposition to such a policy by the politically influential Catholic Church hierarchy. We describe below these and other influences of Philippine population policy.

### **Part III: National and International Influences**

#### ***International Conferences and National Responses***

The broadening of population concerns noted in the various policy statements were influenced by the prevailing conventional wisdom in the international community. From an almost singular preoccupation with population growth in the early Marcos years, POPCOM and NEDA moved towards the greater recognition of population-development interrelationships and the need to take account of them in planning. This view has been

influenced by the World Population Plan of Action formulated in 1974 in Bucharest. In 1978, the Special Committee to Review of Philippine Population Program (SCRPPP) using this POPDEV perspective recommended new directions for the Program.

In assessing the Philippine Population Program, the SCRPPP found that: “While some efforts have been taken to link the Philippine Population Program with other economic and social dimensions of development, to a large extent, the program has remained up to this time a family planning program.” (SCRPPP, 1978:122) The Committee, therefore, recommended that:

The Philippine Population Program should be designed on a broader scale and be fully integrated in the national development plans of the country. Economic, social and institutional policies and programs should be evolved with a conscious consideration of their impact on demographic behavior and objectives. A total population policy should be designed to establish closer linkages between the demographic, more specifically, fertility aspects and the manpower and welfare aspects of development. Fertility and family planning policies and programs should be formulated within the context of the family welfare objective. (p. 122)

Since 1981, in response to the recommendation of SCRPPP, NEDA and POPCOM implemented POPDEV planning projects aimed at integrating population-development dynamics in planning at the national, regional and local levels. These projects are the Population and Development Planning and Research (PDPR: 1981-89) implemented by NEDA; the Integrated Population and Development Planning (IPDP: 1990-94) also implemented by NEDA; and POPDEV Planning at the Local Level (PPLL: 1996-1999) implemented by POPCOM with technical assistance from NEDA. UNFPA provided funding assistance to all three projects. In 1989, POPCOM adopted POPDEV as one of the major program strategy of the Philippine Population Program Five-Year Plan 1989-1993, the other being the Reproductive Health/Family Planning Program.

These two major programs were expanded to five program strategies in the PPMP Directional Plan 1998-2003. These five program strategies were: Population and Development (POPDEV) Integration; Reproductive Health and Family Planning, Gender Equality and Women Empowerment; Adolescent Health and Youth Development; and Migration and Urbanization. The expansion of the range of program strategies adopted by the PPMP plan including the adoption of the Population –Resource – Environment (PRE) framework reflected the influences of international conferences and national initiatives, as acknowledged by the formulators of the Plan themselves. These included:

- The UN Conference on Environment and Development in Rio de Janeiro, which produced Agenda 21 stressing the importance on population management, ecological security and well-being of the people.
- The 1994 International Conference on Population and Development (ICPD) in Cairo, which emphasized the link between population and sustainable development, gender

equality and women empowerment, and especially using the reproductive health approach in the implementation of population policy and programs.

- The 1995 World Summit on Social Development in Copenhagen, which reinforced the policy directions of ICPD and highlighted the need for poverty eradication.
- The 1995 Fourth World Conference on Women in Beijing, which highlighted the concerns about women's empowerment, gender equity and equality, and reproductive health and rights; and
- The 1996 Habitat II Conference in Turkey, which recognized population growth, age and sex composition, density and distribution as factors that are important to attain sustainable human settlements.

National-level influences included the Social Reform Agenda, the Philippine Agenda 21, the Philippine Plan for Gender-Responsive Development, and the Local Government Code.

### ***Opposition from the Catholic Church Hierarchy***

Perhaps the single most important factor influencing population policy making since its formulation in 1969, and may partly explain its ever shifting focus, is the persistent and consistent opposition of the Catholic Church hierarchy to the government population policy of reducing population growth as well as its promotion of artificial family planning methods.

During the time of Marcos in 1969, the Catholic Bishops issued a statement on public policy regarding population growth.<sup>12</sup> It first cast doubt as the government's analysis about the existence of demographic problems, particularly with respect to their magnitude. Should it be necessary to address the population growth problem, if it exists in sufficient magnitude, the Bishops argued that a number of social and development policies can be undertaken by the government such as raising the minimum age of marriage through social, economic or juridical means, and provision of pensions for old age to minimize dependence on children. Such measures were called "macro-measures of population control", and the Bishops agreed that it is within the competence of government to undertake such measures.

However, the Bishops disagreed with respect to the role of government in intervening in the fertility decision of couples by emphasizing the right of couples to determine the size of their family. The Bishops also objected to the promotion of family planning as a measure to reduce population growth. They argued that such measure would be effective in reducing population growth only if it "resolutely restricts its objectives to a reduced number of children as normative for the population, and

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<sup>12</sup> Statement of the Catholic Bishops on Public Policy Regarding Population Growth Control, July 4, 1969.

eventually includes abortion and masked infanticide as necessary components of its program.”

In 1973, a Pastoral Letter of the Catholic Hierarchy of the Philippines on Population Problem and Family Life was issued. It echoed the theme regarding the lack of consensus among “reputable scientists” that there exists a problem of shortage of resources caused primarily by the increase in population. According to the Pastoral Letter, the problem of shortage is caused principally by maldistribution of resources among the world’s population rather than the increase in numbers.

The Pastoral Letter reserves its strong sentiments when it came to contraception. It states:

In our country there has been adopted as the principal solution to the population problem, massive conception control through the artificial contraceptive approach. This approach has followed a common pattern of development in countries where it has been espoused. The patterns show an escalation from the less radical to the more radical measures of sterilization and abortion. Only recently, the Department of Justice has removed all legal impediments to contraceptive sterilization by officially granting it legal clearance. Where formerly the population policy of the country explicitly gave the pledge not to encourage contraceptive sterilization, that reservation has now been dropped.

In 1988, Cardinal Sin issued the Pastoral Letter entitled “The Population Question”. The Cardinal made a strong statement in favor of the Christian view of responsible parenthood as against contraception and sterilization. In the Cardinal’s view:

... responsible parenthood is exercised either by the deliberate and generous decision to raise a numerous family, or by the decision made **FOR GRAVE MOTIVES AND WITH DUE RESPECT FOR THE MORAL LAW**, to avoid for the time being, or even for an indeterminate period, a new birth.

It is therefore important for married couples to know how God designed their bodies. He gave the human body a natural cycle of fertility, and it is part of married life to know how to time the marital act according to their informed decision to have or not to have a child.

As an enclosure, the Pastoral Letter included the “Position Paper on the Population Question”, which summarized the official Catholic Church teaching on birth regulation and the population issue. This is reproduced below for those not familiar with the teachings of the Church.

1. The Church realizes that a rapid growth in population may present an obstacle to a country's development. However, it is not proved that "all

demographic growth is incompatible with orderly development" (Sollicitudo Rei Socialis, no. 25).

2. The Church is not against birth regulation as such. NOR is it against aiming at a particular growth rate for the country. The demographic factor can be taken into consideration when a couple is deciding the number of their children.
3. The Church believes that it is the parents who must decide conscientiously and responsibly the number of their offspring. It objects against any measure that will coerce into a decision or action to limit births.
4. The Church teaches that direct abortion, direct sterilization, and direct contraception are intrinsically wrong, i.e., that they are wrong not only because of a Church prohibition but because they are contrary to God's law. And they are wrong not only for Catholics but for any human married couple. The Church's teaching condemns artificial contraception as objectively wrong but passes no judgement on the subjective guilt of those who resort to it.

Because the Church teaches that direct artificial contraception is objectively and intrinsically wrong, Catholic centers cannot be expected to prescribe procedures of direct artificial contraception or refer people to centers employing such procedures. The most that the Church personnel can do is to tolerate such procedures.

5. The Church approves of Natural Family Planning as the unique licit method of birth regulation.
6. In the Philippines, our underdevelopment, we believe, stems not so much from overpopulation as from injustice. While we are not absolutely opposed to the slowing down of our growth rate, we are against an anti-natalist mentality, and we wish to emphasize the necessity for greater initiative and spirit of enterprise, a more just distribution of wealth and power, and a wiser use of our resources as solutions to our underdevelopment.

In 1990, the Catholic Bishops Conference of the Philippines (CBCP) issued the "Guiding Principles of the CBCP on Population Control." It expands on the earlier Pastoral Letter of Cardinal Sin. The guiding principles approved by the CBCP are as follows:

1. Respect should be given to the sacredness of human life in all its stages.
2. Marriage and the marital act have two aspects: the unitive and procreative. These two aspects are never to be separated through man's initiative.



Though it is not forbidden for couples to engage in the marital act during infertile periods.

3. Directly willed abortion, the use of abortifacients, sterilization and contraception are wrong in themselves. They are wrong not because the Church forbids them; the Church forbids them because they are morally wrong.
4. The Church teaches the need for responsible parenthood. This means, among other things, that couples should bring into this world generously the children whom they can raise up as good human beings, but they should seek to bring into the world only those that they can raise up as good human beings.
5. The Church advocates Natural Family Planning as the only morally acceptable way of practicing responsible procreation.
6. The Church rejects the contraceptive morality, i.e., the attitude that selfishly avoids the procreation of offspring solely because the couples do not want to bear the responsibility that comes with having a child. It is wrong to use even Natural Family Planning methods in pursuit of such a contraceptive mentality.
7. The Church teaches that the decision on the number of children lies solely on the parents. No one can make the decision for them. But the parents are to make their decision responsibly, that is, with a sense of their responsibility to each other, to their children already born, to their children still to be born, to society and to God.
8. Hence, the Church is against any coercion exercised on couples to pressure or force them to limit or increase the number of their children. It is also against any coercion exercised on any other person involved in helping in the regulation of birth.
9. The increase or decrease of population growth does not by itself spell development or underdevelopment. The Church does not forbid the advocacy of the acceleration or deceleration of our population growth, according to circumstances, provided this is achieved within the parameters of freedom of conscience, the responsible decision of couples and the principles of sexual and family morality. It should be kept in mind that injustice in society is a more fundamental cause of poverty in our country.
10. Because the Church regards artificial contraception as wrong in itself, the Church will object to [its] dissemination and use. Further, Church

personnel and institutions cannot be expected to cooperate with the dissemination and use of contraceptives.

11. The Church acknowledges religious freedom of conscience. But she has the duty to announce and promote the moral law regarding the regulation of population.

In sum, the bottom line is that the use of artificial contraception is not allowed because it is morally wrong to do so, and the Church objects to its dissemination and use. The only family planning method allowed is the natural family planning methods but only for “GRAVE MOTIVES”.

In the Pastoral Exhortation on Family and Life Advocacy issued in July 9, 2001, Cardinal Sin reiterated the Catholic Church’s concept of responsible parenthood, which include the “exercise, either by the deliberate and generous decision to raise a numerous family, or by the decision, made for grave motives and with due respect for the moral law, to avoid for a time being, or even for an indeterminate period, a new birth”.

The issues related to the role that rapid population growth plays in social and economic development can be debated at the conceptual and empirical levels. The Catholic Church hierarchy essentially adopts the view that the fundamental cause of our current development problems such as slow economic growth and poverty lies somewhere else (e.g., “injustice in society” and “graft and corruption”) rather than due to population growth. What can not be debated at the conceptual and empirical levels, however, is the teaching of the Catholic Church hierarchy that the use of artificial contraception is morally wrong. The impossibility of debating the issue at these levels precludes any agreement between the government policymakers and the Catholic Church hierarchy regarding the policy of promoting artificial contraceptive methods. Indeed, in the dialogue between the government panel and the panel of bishops arranged by President Aquino in 1990 failed to reach any agreements on the use of artificial contraceptive methods. Bishop Jesus Varela, in a statement issued on August 15, 1990 emphasized that “The Church, with constant firmness in its long standing teaching, condemns contraception, sterilization, and abortion.”

### ***People's Views as Gleaned from the National Demographic Surveys and the SWS Surveys***

In the first National Demography Survey in 1968 and subsequent national surveys in 1973, 1978, 1983, 1988, 1993 and 1998, the findings consistently show high approval rates among married women of the use of family planning methods, both artificial and natural. Furthermore, surveys by the Social Weather Stations, Inc. (SWS) conducted in 1991, 1992, 1993, 1994, 1995 and 2000 reveal that:

1. Filipinos do not “feel strongly restricted from using FP methods, either by the rules of their religion, by the teaching they receive in school, or by the advice given by their

physicians”, and that Filipinos are actually much more permissive than what the Catholic Church actually teaches. (SWS 1992)

2. Two-thirds of Filipino respondents said the government should promote family planning more vigorously, and that rhythm, condom and ligation are acceptable methods. (SWS 1993)
3. In the December 1993 survey, 76 percent of respondents said that the government should try to slow down population growth to develop the Philippines fast; the percentage was 78 percent in the November 1994 survey.
4. In the 1993 survey, 66 percent of respondents said that the government is right in promoting a program which will allow married couples the freedom to choose a family planning method, while 34 percent said that the Catholic Church is right in promoting natural family planning as the only acceptable family planning method. (SWS 1995). In the survey in 2000, the respective percentages were 70 percent and 30 percent. (SWS 2000)
5. In 1992 survey, the great majority (78 percent) favor electoral candidates in the coming May election who would promote free choice by couples of FP methods, while only 18 percent favor candidates who would restrict such choice. (SWS 1992)

Why policymakers in both the executive branch and in Congress do not seem to heed these views in crafting an acceptable and consistent population policy can only mean that the influence of the Catholic Church hierarchy, as viewed from the policymakers’ standpoint, is much stronger. Otherwise, the on-and-off nature of population policy with respect to fertility and population growth can be considered a curious “puzzlement”.

#### **Part IV: Comments, Observations, and Recommendations**

##### **Broadening Population Concerns: Is Population Growth Still a Relevant Issue?**

In 1974, the World Population Conference issued the World Population Plan of Action that emphasized the interrelationships between population and development and the need to integrate the population dimension into development policies and programs. Using this perspective, the SCRPPP in 1978 reviewed the Philippine population policy and program. In its review, SCRPPP found that the population program remained a family planning program preoccupied with reducing fertility to moderate population growth. The SCRPPP recommended that the population program be broadened to include not only fertility reduction but also the other dimensions of family welfare. Given the context in which this recommendation was made, it was a most appropriate recommendation. At that time, there was already a strong fertility/population growth reduction policy of government, and this was matched by an aggressive family planning program (aggressive enough to reach out to clients beyond the clinics through the

Outreach Project starting in 1976). Having set population growth policy in place, it was time to move population policy forward to other concerns.

Influenced by the 1974 World Population Plan of Action and reinforced by the 1984 and 1994 International Conference on Population and Development, other countries in the region did the same – moving population policy to broader concerns such as reproductive health and gender equality, and the welfare of special population groups such as the youth and the elderly. For these other countries, such a broadening of population concerns was facilitated by their success in fertility reduction. Indeed, after succeeding in fertility reduction, their increasing attention to other dimensions of family and population welfare was appropriate and timely.

In the case of the Philippines, due to constant population policy shifts described earlier, it has not been as successful in reducing fertility/population growth as other countries in the region, notably South Korea and Thailand - countries that had comparable economic and demographic characteristics in the 1970s. Hence, for the Philippines whose population growth continues to be high (See Annex A), the issue of rapid population growth is still as relevant and urgent as it was in the 1970s. In broadening population concerns side by side with successful countries in the region, there is a risk that population growth reduction will be given less emphasis. Such should not be the case. Among those who believe that continued rapid population growth poses a problem for sustainable development, the issue of population growth reduction still needs to be resolved.

To the opponents of the fertility reduction policy, the POPDEV revolution fueled by the 1974 World Population Plan of Action and subsequent International Conferences, was most welcome because it provided a convenient approach to deflect attention to fertility reduction. If this review is still focusing on the old issue of population growth and the role of family planning as an instrument of fertility reduction, it is because we have not yet resolved the problem that other countries have done so well to resolve. So while other countries are addressing issues broader than fertility reduction, we must still grapple with this issue even as we try, and we must, to address broader issues of population and development. In the current situation of the Philippines, which still experiences rapid population growth, the broaden population concerns must explicitly include the concern for population growth. Given the controversial nature of the issue of population growth, there is a need for clear statements of policy.

### **Need for Clear Statements of Policy**

As described earlier, there has been a lack of stable consensus on the policy on population growth and fertility reduction. The family planning program has been characterized by shifting objectives of fertility reduction, upholding reproductive rights, and promoting maternal health. In more recent policy statements, it appears that the fertility reduction objective of family planning has been downplayed if not rejected. Figure 1 shows the possible options that government policy can take. Whatever option it takes, it must state it clearly. The first aspect of policy is to state the government's view

of whether population growth is a problem that need to be addressed by policy. The second aspect is to state the approach to addressing this problem or condition.

Thus, population policy will have to address the question of whether rapid population growth is a problem or not in the context of current and prospective socioeconomic situation. If it is, then how will this problem be addressed. There are several options: do nothing to reduce fertility and accommodate the resulting population growth; reduce fertility but indirectly only through socioeconomic means; reduce fertility both indirectly through socioeconomic policies and directly through family planning that provides only information and targeted subsidies for the poor; or reduced fertility both indirectly through socioeconomic policies and directly through family planning that not only provides information and targeted subsidies for the poor but also considers some “beyond family planning” measures.

If it is believed that population growth is not a problem in the aggregate but that high fertility do have potentially adverse impact on the health and well-being of mothers and couples, then there is no need for fertility reduction as such but there would still be a need for family planning that provides information and targeted subsidies for the poor in order to promote maternal and child health and to help couples achieve their fertility preferences. The achievement of both objectives will directly improve well-being.

The objectives of family planning can similarly be clarified. Figure 2 shows the various options that government policy can take. If population growth is believed to continue to be a problem and there is a need to reduce fertility, then the family planning strategy can be clearly specified. The options include: rely on the fertility reduction effects of family planning that is designed primarily to promote health and help couples achieve their fertility preferences, or if this first strategy in considered inadequate to reduce fertility more rapidly, to consider family planning with “persuasion” to lower desired family size that does not violate human rights.

### **From Clarity of Policy Statement to Firm Commitment**

Given that a policy is based on sound evidence and analysis, an additional mark of a good policy is that it is clear. This means that it can be understood by all to mean the same thing and not subject to many and conflicting interpretations. It should be clear to those who are the subject of policy and not just to those who formulated the policy. Because policy is the product of political decision, sometimes it is considered, wrongly, that ambiguity is a virtue. Policymakers may assume that this approach is the best way to accommodate many stakeholders with conflicting aims. However, the implementors without clear guidelines, because of ambiguous policy statements, can be subjected to unnecessary pressure from these special interest groups. It is recommended, difficult as it is in view of the controversial nature of the issue of population growth and family planning, that policymakers be clear, which imply that they have to make a stand on a particular issue and to make their stand known in no uncertain terms.

A second additional mark of a good policy is one where government actually marshals the resources needed to effectively implement the policy. One indicator of this is that the government actually appropriates money to purchase contraceptives for distribution to its outlets. Data from 1994 and 1998 family planning expenditures by sources show that not a single cent was appropriated by Congress to purchase contraceptives. The contraceptive supplies of DOH have all been financed from donor contributions, mainly from USAID and to some extent from UNFPA. A contraceptive independence initiative by POPCOM and DOH during the Estrada administration was launched to increase reliance on government funding to compensate at least for the decline in donor funds. The effort was not totally successful.

### **Cooperation with the Church**

Can the government work with the Catholic Church hierarchy? In its Pastoral Letter issued in October 7, 1990, the Catholic Church hierarchy specifically instructed the medical and paramedical practitioners in the private sector “not to focus on fertility reduction. The also enjoined the legislators to review the policies of the executive branch on population growth, and the local executives to use the 1987 Constitution as the guide as to whether to allocate funds for contraceptives and “abortifacient family planning activities”.

On the area of family planning, the government cannot expect the Catholic Church hierarchy to promote the use of artificial contraception. The government should understand that such lack of cooperation is rooted in the basic teaching of the Catholic Church regarding artificial contraception. Its opposition to the proposed Population Bill currently filed in both houses of Congress is also based on this stand.

However, there are other areas of policy and action where cooperation is possible. One such area is in support to socioeconomic policies that have fertility and family welfare impacts. As early as 1969, in the “Statement of the Catholic Bishops on Public Policy Regarding Population Growth Control, July 4, 1969”, the Catholic Church hierarchy has indicated it is the “competence of government to undertake necessary macro-measures of population control”.<sup>13</sup> Here they enumerate such measures that the government can undertake. These measures include efforts

to raise the minimum age of marriage, or to delay it through social, economic or juridical means; the integration of sex education in all levels of formal education; a system of pensions for old age to minimize dependence on children for security; the expansion of recreational facilities; the control of internal migration. But of great significance is the power of the sheer process of modernization, such as the rise in

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<sup>13</sup> The Pastoral Letter, however, strongly emphasized that “When we deal with micro-measures of fertility control, ... the role of government is subsidiary. There are involved here those basic rights of spouse which both the United Nations and Vatican II insisted as setting limits to what the government can do. One such right is the right to determine the size of one’s family.”

educational and economic levels to effect, in the long run, rapid decline in fertility.

Thus in the area of socioeconomic policies to indirectly influence fertility, one may expect and count on the support and cooperation the Catholic Church hierarchy. This is obviously an opportunity the government would not want to miss. And it is line with the SCRPPP recommendation in 1978 to broaden population policy to include the formulation of economic, social and institutional policies and programs with a conscious consideration of their impact on demographic behavior and objectives. (SCRPPP, 1978:122)

More recently, opportunities for cooperation between the government and the Catholic Church hierarchy have been opened in the area of family planning. A framework for such cooperation is contained in the Pastoral Letter of Bishop Ledesma, and a model for actual cooperation is found in the province of Pangasinan. The framework for cooperation, termed “principled collaboration”, is described in the Pastoral Letter as follows:<sup>14</sup>

Natural family planning is the Church’s approved method, whether or not the government promotes it. The Church can and should always make clear its own stand – which includes respecting the freedom of choice and the dictates of conscience of married couples, Catholic or non-Catholic. The principles are also recognized by government agencies along with the clear constitutional prohibition against abortion. On several occasions, the present administration has indicated its sensitivity to Catholic ethical principles regarding family planning and population issues.

It is in this light that we could explore the possibility of moving from the Church’s earlier position of critical non-collaboration with government to one of principled collaboration. Aside from tapping the resources of government to promote natural family planning, a collaborative effort would enable the Church to share her value orientation with government workers many of whom are Catholics of good will. Would this not be a way too for the Church to enter into a dialogue on family life in the marketplace itself?

... the earlier negative attitude of the local church towards government programs on birth regulation, including keeping a blind eye to the population issue, may have only dented the Church’s credibility, particularly if no significant efforts are made to provide Catholic couples with a viable alternative. Instead of closing other doors, let us open our won door for natural family planning, with or without government support.

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14 Pastoral Letter: “Natural Family Planning – A Pastoral Approach” by Bishop Antonio J. Ledesma, Prelature of Ipil, Zamboanga.

An example of actual cooperation between the Catholic Church and local government units is the joint implementation of a Natural Family Planning (NFP) Program in the province of Pangasinan by the (1) Family Life Apostolate of the Lingayen-Dagupan Archdiocese – a commission of the Roman Catholic Church; (2) Kapihan sa Kumbento – a church based association of sectoral leaders in church, government, non-government and private sectors; and (3) Province of Pangasinan. This “church-government collaborative partnership” was formalized by a Memorandum of Agreement among the concerned parties with the concurrence of Archbishop Oscar V. Cruz of the Lingayen-Dagupan Archdiocese.

The parties have agreed to jointly implement a NFP program that involves training in NFP in both the public sector and church groups; utilization of community-based volunteers, government workers and lay leaders in the provision of service delivery, referrals, information, education and communication, and advocacy; setting up of NFP centers in the dioceses and at the local government health facilities; and the co-sharing of the cost and management of programs, projects and activities

### **Listen Also to the People**

The views of the unorganized married couples regarding family planning are contained in a series of nationally representative demographic surveys dating back from 1968 and in a series of nationally representative opinion polls. Married couples highly approve of the use of both artificial and natural family planning methods and desire that the government promote family planning more vigorously. The demographic surveys also show high “unmet needs” for family planning. While listening to organized stakeholders, policymakers should also take the views and unmet needs of this larger, albeit unorganized, constituency into account in forging a stable consensus on the path to be taken with respect to population growth and family planning.



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Figure 1: Population Policy Perspectives

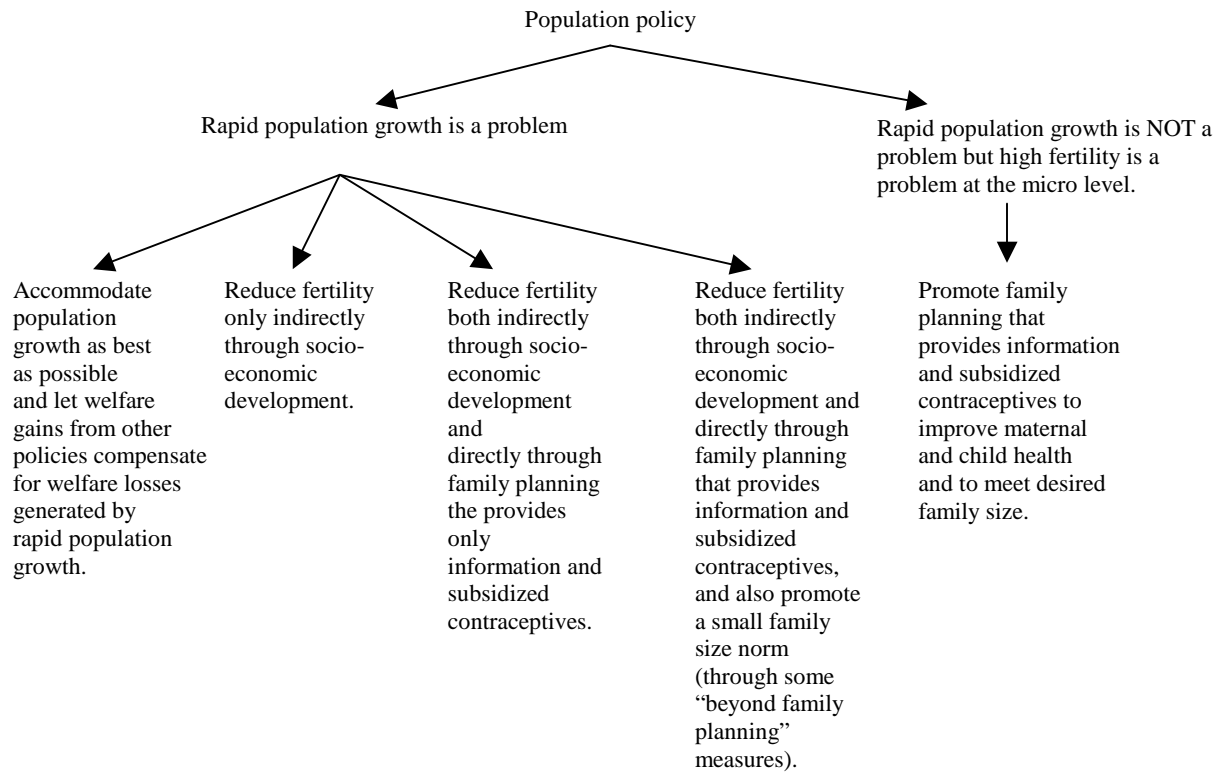
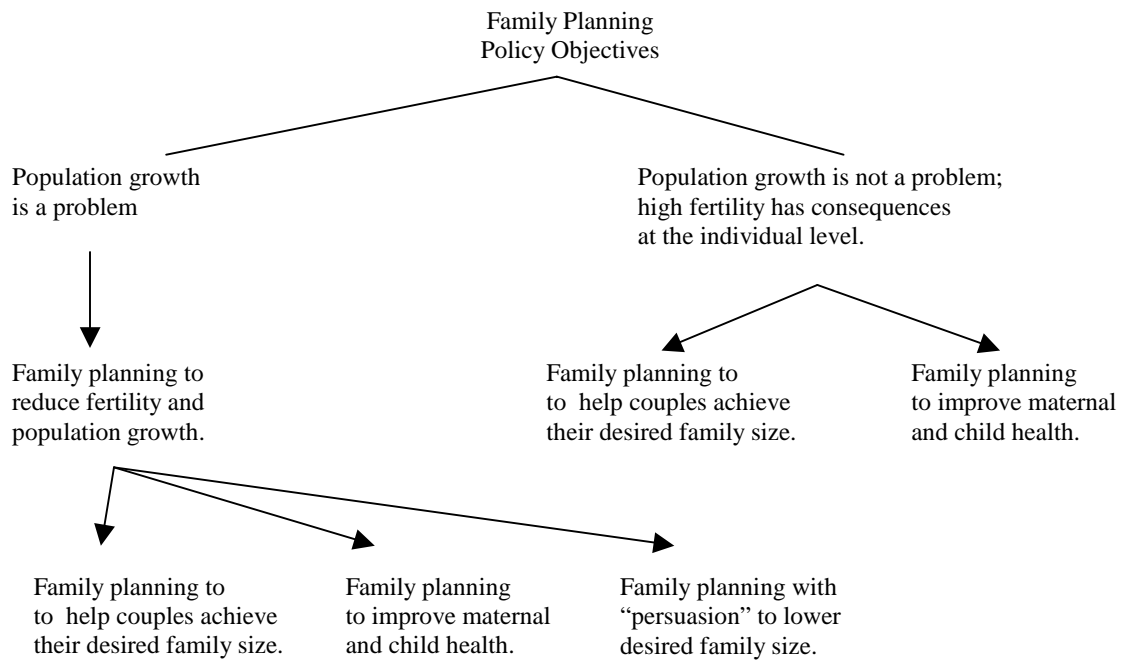


Figure 2: Family Planning Perspectives



**Table 1: Population Policy in the Philippines 1969-2002 as Gleaned from Official Documents**

	Population growth a problem; government should address problem	Family planning with direct fertility reduction objective	Family planning to achieve desired fertility	Family planning to promote maternal and child health
<b>Marcos Administration 1967-1986</b>				
1969 Joint Congress Resolution	Yes	Yes		
1970 Development Plan 1971-1974				Yes
1971-1972: RA 6365 and PD 79	Yes	Yes		
1973 Constitution	Yes			
1973 Development Plan 1974-1977	Yes	Yes		
1977 Development Plan 1978-1982	Yes	Yes		
1982 Development Plan 1983-1987	Accommodate growth			
<b>Aquino Administration 1986-1992</b>				
1986 Development Plan 1987-1992	Yes			Yes
1987 Constitution			Yes	
1987 POPCOM Policy Statement	Weak	Ambiguous		Yes
1988 DOH (Bengzon)		Not adopted		Yes
1989 POPCOM Plan 1989-1993				Yes
<b>Ramos Administration 1992-1996</b>				
1992 Development Plan 1993-1998	Yes	Yes		Yes
1993 POPCOM Plan 1993-1998	Yes	Yes		Yes
1997 POPCOM PPMP Plan 1998-2003	Balance PRE	Ambiguous	Yes	Yes
<b>Estrada Administration 1998-2001</b>				
1998 Development Plan 1999-2004	Balance PRE		Yes	
2000 POPCOM PPMP 2001-2004	Yes	Yes	Yes	Yes
<b>Arroyo Administration 2001-</b>				
2001 Speech at Conference on RH		Yes		Yes
2002 Subsequent views from interviews	Ambiguous	Ambiguous		
2001 Development Plan 2001-2004	Yes	Yes	Yes	
2002 DOH Family Planning Policy			Yes	Yes

## **Annex A**

### **A Note on Philippine Population Growth**

The population grew 2.7 percent annually in the 1970s, diminishing to 2.3 percent in the 1980s, and remaining at the same rate in the 1990s. The 2000 Census counted the population at 76.5 million, more than double the population in 1970. South Korea, Thailand, and Indonesia, which had similarly high growth rates as the Philippines had in the 1970s, have succeeded in reducing their population growth dramatically during the last 30 years. The United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) estimated that in 2000 the population growth rate of South Korea, Thailand and Indonesia was to 0.9 percent, 1.0 percent, and 1.3 percent, respectively. The estimated growth rate for the Philippines for the same year is 2.0. (UNESCAP, 2000).

Government projections based on the 1995 census data suggest that Philippine population will be 106 million by 2020, and 126 million by 2040. This assumes that fertility will decline to replacement fertility (equal to about two children per woman) by 2020 – which could still prove to be optimistic if appropriate policy measures are not put in place.

The main reason for the rapid population growth is continued high fertility. In 1973, the total fertility rate (TFR) was 6.0 children per woman, declining to 5.1 in 1983, 4.1 in 1993, and 3.7 in 1998. This fertility rate is among the highest in East and Southeast Asia. In 2000, UNESCAP estimated the TFR for the Philippines at 3.4, while countries like South Korea and Thailand have already reached replacement fertility in 2000. (UNESCAP, 2000).

The 1998 National Demographic and Health Survey revealed several important findings. First, actual TFR of 3.7 is higher than wanted TFR of 2.7<sup>15</sup>, implying that women are not able to achieve their desired fertility. Second, about half of currently married women say they want no more children. Third, of the births during the last five years prior to the survey, 27 percent were to mothers who wanted the births later, and another 18 percent were to mothers who did not want any more children. Fourth, there exist “unmet needs” for family planning: about 9 percent of currently married women who want to space births and another 11 percent who want no more children are not practicing contraception.

A proximate cause of high (unwanted) fertility is the low level of contraceptive practice among currently married women (aged 15-44). Based on data from the National Demographic Survey, the contraceptive prevalence rate for all methods rose from 17

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<sup>15</sup> Wanted fertility,” as used by demographers, is estimated based on responses to household surveys, which ask mothers whether births were planned or wanted at the time of birth. Economists, adopting the “Easterlin framework,” estimate demand for children and supply of children. For the Philippines, Boulier and Mankiw (1986) using data from the 1973 National Demographic Survey estimated the demand for children at 3.12 and the potential supply of children at 7.98. Since actual fertility was 6.23, the implied excess supply was 3.11 children.



percent in 1973 to 32 percent in 1983, and climbing further from 40 percent in 1993 to 47 percent in 1998. However, only about 30 percent of current contraceptive use is attributable to modern artificial methods. This is the same pattern reflected in the data from 1996 to 2001 obtained from the Family Planning Surveys. By contrast, contraceptive prevalence rates in Indonesia and Thailand in the early 1990s were already 55 percent and 74 percent, respectively, most of which were due to modern artificial methods.

An explanation for the problem of low contraceptive use in the Philippines can be gleaned from the national demographic surveys that began in 1968. Among those who want no more children, a major reason is the lack of information on and access to a wide range of high-quality family planning services, as suggested by the predominance of “fear of side effects” and “health” reasons.