Graduate School of International Affairs Ming Chuan University Master's Thesis

A Study of the Factors that Contribute to the Inefficient Implementation of Population Policy in the Philippines: A Comparative Perspective

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Abstract

This paper focuses on the factors that affect the implementation of the population

control policies of the Philippines with a comparative perspective with other Southeast

Asian countries, particularly, Thailand.

This paper will look into the factors that continue to hinder the successful

implementation of the population control programs. These factors include, the strong

influence of the Catholic Church, which illustrates the Church's influence in

decision-making process. Another is cultural beliefs. Many couples or parents believe

that children are blessing from God. So the more children they have the more blessings

it is for them. Education is another factor observed. Not many couples are educated and

many of them are unaware of the government's family planning methods. Accessibility

is also one of the factors. Contraceptives and other artificial methods of birth control are

not given free by the government. They are sold in drugstores and other medical

supplies stores. Some people do not have the means and the capacity to buy the pack.

Then again, some of them do not have the knowledge of how to take the pills. The other

factor is the lack of political will of government leaders to impose the programs.

By discussing these factors, this paper argues that it will be impossible for the

government agency that implementing population control programs to achieve their

aims or objectives.

This paper will also relate population with poverty. It is believed that population

plays a big part in the number of poor people in a country.

Keywords: Population control, family planning, poverty, efficient

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Chapter 1

INTRODUCTION

1.1 Background

According to the CIA World Factbook, as of July 2009, the Philippine population is recorded at 97,976,603. Since 2007, the Philippines is now considered as the 12th most populous country in the world.¹

The Philippines started its extensive population control measures in 1969 after the late President Ferdinand Marcos joined other world leaders by signing the Declaration on Population in 1967.² Soon after, President Marcos issued Executive Order 171 establishing the Commission on Population (POPCOM), and in 1970 Executive Order 233 empowered POPCOM to direct a national population program.³

The Philippines undertakes its own Responsible Parenthood and Natural Family Planning program as a primary population control policy. The objective of the Philippines' population control policies is to promote natural family planning, birth spacing (three years birth spacing) and breastfeeding which are good for the health of the mother, child, family, and community.⁴ While local government units can promote artificial family planning because of local autonomy, the national government advocates natural family planning.⁵ However, despite this program, 2010 National Statistics Office (NSO) surveys bring the number of Filipinos to about 90 million.⁶

¹ Christina Hermoso, "Philippines now the 12th most populous nation," *Manila Bulletin*, September 1,

^{2007.}The Population Council, "Declaration on Population: The World Leaders Statement." *Studies in*

⁴ Commission on Population, Republic of the Philippines, www.pocom.gov.ph. (Accessed October 11, 2010)

⁶ National Statistics Office, www.census.gov.ph. (Accessed October 11, 2010)

According to international data, 44 per cent of the Filipino population subsisted on US\$2 or less a day.⁷ In 2020, according to a CIA study (2009), the number of poor Filipinos will reach 24.9 million, or 22.9 per cent of the population.

Understandably, poverty is posing a serious threat to stability in the Philippines.

Previous studies show that if the country's population is brought to the minimum, the country's poverty situation will improve a great deal. This argument will be discussed further in the second chapter of this thesis.

1.2 Motivation

Between the 1950s and 1960s, the Philippines is considered among the rich countries in Asia. It was way ahead of the pack of its Southeast Asian neighbours so to speak. But due to adverse corruption, it went far behind and its economy dwindled as more and more Filipinos suffered from poverty.

Some of our population policies are similar to those in other Asian countries. But we continue to grow in numbers every year. There must be a problem somewhere around there. Evidence clearly shows that the policies that are being implemented are not actually solving the Philippines' problems. The relationship of the increase in population and poverty has been highlighted in this paper based on accounts and studies conducted by previous scholars.

It is hence important to identify the possible factors that hinder the unsuccessful implementation of these programs.

It is upon this foundation that the writer is being motivated to take part in this specific study.

⁷ Absolute poverty is defined as living on the equivalent of US\$2 a day or less. http://www.worldmapper.org/display.php?selected=180 (Accessed October 15, 2010).

1.3 Significance of the Thesis

This thesis deals with the various factors that are attributed to the possible inefficient implementation of population policy in the Philippines.

There have been previous studies about population policies and all its effects on the Philippine population policy system. Previous authors may have identified the different policies that were undertaken by previous administrations and are still being undertaken to this time. This thesis will be the first to go in the field of analyzing the factors that may be viewed as the possible reasons behind the failures to these policies. It is also important to consider the policies being undertaken by some Southeast Asian countries. The Philippines can learn a lot from its Asian neighbours in developing policies that will cater to its citizens.

1.4 Thesis Structure

The paper is divided in six chapters. Chapter 1 talks about introduction of the thesis topic and showing the Philippine situation. The writer explained about her motivation for writing this paper as well as the significance of the study.

Meanwhile, Chapter 2 mentions about the poverty situation in the Philippines and how a sound population control policy might be able to help improve a country's situation. Likewise, in this chapter, the writer analyzes previous studies and related literatures that talk about the research topic. The researcher is also going to link the connection of poverty and population control illustrating the population control policies in the Philippines as well as in other Asian countries such as Thailand and Indonesia. Initially, the writer wanted to write a study linking population with poverty. Thus a

considerable number of pages were devoted to this poverty in the literature review of this research.

Later on, the writer will walk you through the methodologies used in the conduct of this research in Chapter 3. A detailed research design is presented in this chapter. Also, the writer explains why it is important to conduct an in-depth interview as a research methodology. There will also be a section on chapter 3 about the researcher's limitations of this study.

Chapter 4 will present the comparative results of the research conducted as well as an analysis of the findings. Chapter 5 will be the conclusions and recommendations.

The researcher provides her personal conclusions based on the research conducted. She will also provide recommendations on how to make the current population control policies become more successful.

Chapter 2

LITERATURE REVIEW

Both population policy and population control in this study will be used in similar context. These two may be used interchangeably to describe the population policies of the Philippines and the countries being compared in this study.

The first part of this chapter is devoted to a discussion on population control and poverty reduction. Population control policies of the Philippines and some Southeast Asian countries will also be discussed.

2.1 Population Control and Poverty Reduction

Encarta (2010) describes poverty as the lack of basic human needs, such as clean water, nutrition, health care, education, clothing and shelter, because of the inability to afford them.⁸ Poverty has two kinds. One is absolute and the other is relative. Absolute or extreme poverty is being described by the World Bank (2007) as living on less than US \$1.25 per day.⁹

Meanwhile, relative poverty, on the other hand, is said to be a measure of income inequality. Michael Blastland (2009) explains that relative poverty is being measured as the percentage of population with income less than some fixed proportion of median income. Developed countries used relative poverty measures as official poverty rates.¹⁰ As such these poverty statistics measure inequality rather than material deprivation or

⁸ Encarta Poverty definition. Encarta.msn.com. (Accessed October 10, 2010).

⁹ M. Ravallion; S. Chen; and Prem Sangraula, Dollar a day Revisited, *World Bank Economic Review*, Volume 23, No. 2. (2009): 163-184

⁹Michael Blastland, "Just what is poor?". BBC NEWS. http://news.bbc.co.uk/2/hi/uk_news/magazine/8177864.stm. (Accessed October 14, 2010)

hardship.

Assessment of poverty in the Philippines is done by using Family Income and Expenditure Surveys of the NSO which is done by determining the family's per capita income which is then compared with the poverty line. This poverty measurement uses relative poverty to measure the Philippines' poverty threshold. As Virola (2005) puts it, when one's income is below the poverty line, the family is considered poor.

There have been previous studies which point to population control as a means to curb poverty. British mathematician Thomas Robert Malthus was the first known proponent of this idea. According to Malthus (1978), exponential growth would inevitably lead to famine.

Malthus's dire warning was widely taken seriously until the advent of mechanized farming. The surge in food productivity, helped by the Green Revolution of the 1960s, gave the impression that Earth's bounty was limitless. But due to continuously rising demand, thinning farmland, exhausted fish stocks, decreasing water tables and the threat of climate change have in recent years brought the Malthusian dilemma back as a fresh issue.¹¹

Likewise, Emily Rauhala (TIME, 2008) contends that population has a big impact to poverty. Rauhala said that access to nutrition, education and employment decreases dramatically when a family outgrows its means.¹²

Saw Swee-Hock (2005) illustrates that the term "population policies" are normally used to mean policies that are being adopted by the government to influence the course of population trends and patterns in these countries.

Josefina Cabigon (2010) argues that population affects poverty and at the same time poverty affects population. In her article published in The Forum (2010), she says

David Biello, "Another Inconvenient Truth: The World's Growing Population Poses a Malthusian Dilemma". Scientific American. (2009): 243-250

¹² Emily Rauhala, "The Philippines' Birth Control Battle," TIME. (2008):48

that "poor families are the most affected, demographically entrapped in a cycle of poverty and ill health. Sustained economic growth is essential to eradicate poverty. Rapid population growth is an obstacle to sustained economic growth. Hence, finding the intersections between population policy and poverty alleviation policy is crucial". 13

Arguments about poverty as an issue have been going on since the ancient time. Confucius (551-478 B.C.) claimed that excessive growth of population may cause poverty. According to the Chinese writer, "excessive growth may reduce output per worker, repress levels of living for the masses and engender strife". ¹⁴ Aristotle (384-322 B.C.), on the other hand, maintained that poverty, civil strife and ineffective government are the products of uncontrolled population growth. 15

Malthus (1798) stressed that population grows geometrically but food supply grows arithmetically. For Notestein (1974), speedy population growth complicates the process of modernization. Hardin (1968), meanwhile, said that increasing population without limit in a limited world brings ruin to all. For Ehrlich and Ehrlich (1990), too many people, too little food and degrading environment cause the earth as a dying planet. For King (1999), population is the critical component in all major human problems.

Orbeta (2003) believes that poverty incidence is higher among big families. In his study, 57.3% of families with seven children are in poverty while only 23.8% of families with two children live below the poverty threshold. 16

De dios (1993) argues in the same breadth. "High population growth is one of the reasons for poverty in the Philippines other than the failure of growth and the lack of

Ibid

¹³ Josefina V. Cabigon, "Hard Evidence to Justify the RH Bill". *The Forum.* July-August 2010 - (Vol

¹⁴ Anonymous, *The Titi Tudorancea Bulletin, English Edition*. October 5, 2010

A. Orbeta, "Population and poverty: a review of the links, evidence and implications for the Philippines," *Philippine Journal of Development* 30(2): 195-227. 2003.

employment opportunities; inequality of income; declining productivity; and inadequate provision of social services."¹⁷ De dios and his fellow researchers went to stress further that high population growth heightens poverty as it unduly affects the poor who tend to have larger families.

Reyes (2002) believes the same as he reveals that the incidence of poverty increases with family size (a family size of 1 with about 10 % in poverty to a family size of 8 with about 55% falling in poverty over time). Based on calculations by the NSO (2007), to stay out of poverty, an average Filipino family of five members needed at least P 6,195 monthly income.

Notice that a generous amount of space was devoted on the discussion of poverty. This is because initially poverty reduction was the main theme of this paper. Later on, the study is more focused on the factors that make implementation of population policies inefficient.

2.2 The Population Control Policies in the Philippines

The Philippines prides itself with a family planning method that hopes to lessen the number of Filipinos. The method is two-fold: natural and artificial. Natural family planning method calls for the use of natural methods such as rhythm and abstinence or the absence of sexual intercourse itself. Artificial birth control method, meanwhile, employs the use of condoms, birth control pills, among others.¹⁸

Ironically, there are barriers that continue to block the successful implementation of these programs. This thesis will look into these barriers and will try to bring out simple ways that will hopefully spell significant difference.

¹⁷ De dios et al, "Poverty, Growth and the Fiscal Crisis". *Philippine Institute for Development Studies and International Development Research Center* (1993):98-100

¹⁸ Responsible Parenting Handbook. Commission on Population. February 2007

The Philippine population has almost quadrupled in 52 years (from 19.2 million in 1948 to 76.5 million in 2000). The growth rate was about 3 per cent in the 1960s slowing down to 2.3 percent in the 1990s (table 2.1). This growth rate is still very high compared to the country's ASEAN neighbors. Thailand and Indonesia, for instance, reduced their growth rates 0 1.4 and 1.6, respectively, in the 1990s. Consequently, in comparison to Thailand that almost had the same population size in 1965, the country had about 14 million more people around year 2000.

Table 2.1. Average Annual Population Growth Rate for the Philippines

Reference Period	Average Annual Population Growth Rate for the Philippines (in percent)		
2000-2007	2.04		
1990-2000	2.34		
1980-1990	2.35		
1970-1980	2.75		
1960-1970	3.01		

Source: Cebu-Philippines.net (Accessed October 20, 2010)

According to Orbeta (2003), the number of the poor Filipinos even rose from 4.6 million in 1985 to 5.14 million in 2000. Comparing the Philippines with its Asian neighbors, our poverty reduction record using the US\$1 a day poverty threshold is slower. Likewise, most Asian countries were able to do what seems to be an impossible task of reducing the number of people in poverty.

According to Saw Swee-Hock (2005), fertility policy is one of the population policies that are being implemented. He said there are two types of fertility policies. Swee-Hok (2005) describes the policies that persuade Singaporeans to produce less

¹⁹ Source: Cebu-Philippines.net (Accessed October 20, 2010)

children in order to lower the rate of population growth as *antinatalist* policies. The other type of fertility policy is the opposite of the previous one, *pronatalist*, or those policies designed to encourage childbearing.

Burgonio (Philippine Daily Inquirer, 2010) reports that the Philippine population is projected to continue to grow in the next 50 years even if each couple limits children to two based on projections of the PopCom.

Data obtained from the United Nations Economic and Social Commission on Asia and the Pacific, United Nations Development Program and other countries, the Philippines posted the highest population growth rate among Southeast Asian countries at 2.04 percent.²⁰

Currently, a reproductive health bill, also known as the RH Bill²¹ is being deliberated in the Philippine Congress. The bill is a legislative bill aiming to provide universal access to reproductive health care services, supplies and information in the Philippines.²² Many Filipinos are in favor of family planning. It is ironic that while the Catholic Church teaches the necessity of responsible parenthood and correct family planning (one child at a time depending on one's circumstances), it also teaches that large families are a sign of God's blessings. It advocates that modern natural family planning, a method of fertility awareness, is in accord with God's design, as couples give themselves to each other as they are. The RH bill intends to help couples have government funded access to artificial contraception methods as well.

The Senate Economic Planning Office Policy Brief (2009) reported that with over 80% of Filipinos being Catholic, it is not surprising to encounter assertions in family planning or population control policies that population management infrastructure and

²⁰ World Bank, World Development Indicators, http://data.worldbank.org/indicator (Accessed November 10, 2010)

²¹ A detailed presentation on the Reproductive Health Bill is discussed in Chapter 4

²² G.H. Ambat, "Promoting Reproductive Health: A Unified Strategy to Achieve the MDGs," *Senate Economic Planning Office Policy Brief* (2009), p. 3.

operations "largely reflect the Catholic Church's position on family planning which emphasizes responsible parenting, informed choice, respect for life and birth spacing." However, a survey conducted recently showed that 69% of Filipinos are actually in favor of the government's efforts in controlling population growth with the Reproductive Health bill that is being deliberated in Philippine Congress.²³

Orbeta (1996) points out that the essence of an effective poverty alleviation program is good targeting. Without good targeting, poverty alleviation efforts can be very expensive making it more difficult to sustain. Many of the ultra poor are chronic poor. For them, a sustained effort is necessary. Thus, it is extremely important that all efforts to disregard good targeting must be resisted.

Other scholars like Sachs (2010) argue that poor families are worried about the high rates of child mortality, and compensate by having large families. Poor families lack access to contraception and family planning. In the Philippines, for instance, some poor families would rather buy food than spend the little money they have on contraceptives like birth control pills.

POPCOM, the government agency responsible in controlling population growth set a target for reducing the growth rate to 1 percent by 2000. Apparently, this target was not met as mentioned above by an officer from the same agency. POPCOM recommended that families have a maximum of two children, that they space the birth of children at three-year intervals, and that women delay marriage to age twenty-three and men to age twenty-five. This recommendation, however, has fallen on deaf ears as more Filipinos get married at a very young age.

To quote Pernia, "the absence of an unambiguous population policy reflects a lack

Pulse Asia's October 2010 Ulat ng Bayan Survey: Media Release on the Reproductive Health Bill. Conducted among on a sample of 1,200 representative adults 18 years old and above. November 30, 2010

of seriousness in promoting long-term economic growth and poverty reduction."²⁴

The Philippines, through POPCOM, undertakes its population policies from the national level down to the local/barangay level. Figure 2.2 shows the flowchart of how the policies are carried out from one level to the next. From the national level, the policies are brought down to the regional offices across the country. From here, the policies are then handed down to the municipal government offices or levels. The municipal offices will then deliver or instruct the same policies to the local or barangay level. This, the writer believes is where the real battle begins since the policies will either get the support or the rejection of the target audience.

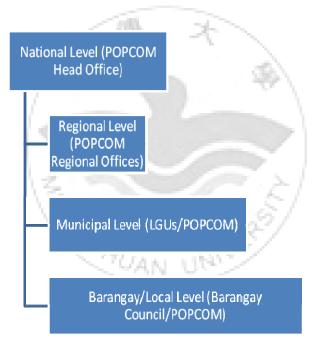


Figure 2.1 The flowchart of the Philippines' population control policy implementation.

Constructed by the author

²⁴ Pernia, E. and Deolalikar Anil, *Poverty Growth and Institutions in Developing Asia*. (Palgrave 2003)

2.3 Experience from Neighboring Countries in Southeast Asia

This section has a brief comparison on the population policies between the Philippines along with some of its neighbours in Southeast Asia, including, Thailand, Indonesia, Singapore, among others.

The population of the Philippines grew steadily from about 27million in 1960 to over 90 million in 2008. Starting from similar populations in 1960, Thailand, Myanmar and South Korea now have lower populations, and the disparity among them is more marked.²⁵

Significantly, Thailand and the Philippines, for instance, have practically the same number of population in 1965 of 31 million people. In terms of per capita income in US dollars, however, the Philippines had 725 while Thailand had a much lower 465. Then in 2000, the Philippine population is 76.5 million while Thailand has 62.8 million or nearly 14 million more people.

The big difference between the two countries lies in the divergence in fertility levels with Thailand being able to bring down their total fertility rate or TFR²⁶ to around replacement level of 2.1 at the beginning of the 1990s while the Philippines still at more than 4 at that time and until today is still over 3 per woman. In terms of infant mortality, there is not much difference since both countries were able to reduce their mortality levels in a very similar fashion with Thailand protecting her initial gains all throughout the period. Given that the fertility rates are hardly closing, this difference in dependency burden is sure to continue for more years. Among the known impact of high dependency burden is that it depresses savings, consequently, also physical as well

²⁵ Sean Murphy, "Philippines' RH Bills: The shape of things to come?" Legal Commentaries. July – August (2010)

The total fertility rate or TFR, according to the CIA world factbook (2010) is the average number of children that would be born to a woman during her lifetime.

as human capital investments.

On the other hand, the growth rate was 1.9 percent in Cambodia, 1.6 percent in Malaysia, 1 percent in Vietnam and Indonesia, and 0.4 percent in Thailand. Indonesia, however, is by far the most populated in the region with 229.9 million people.²⁷

Marcelo (2010) also reported that the Philippines also recorded the highest fertility rate of 3.3, compared with Cambodia's 3, Malaysia's 2.5, Indonesia's and Vietnam's 2.1, and Thailand's 1.5. Meanwhile, the population growth rates of Thailand and Indonesia went down to 1.4% and 1.5%, respectively as shown in figure 2.2.²⁸ Citing the same table, Thailand's poverty incidence is down to 9.8% and Indonesia's to 18.2%, the Philippines' poverty incidence remains high at 33%.²⁹

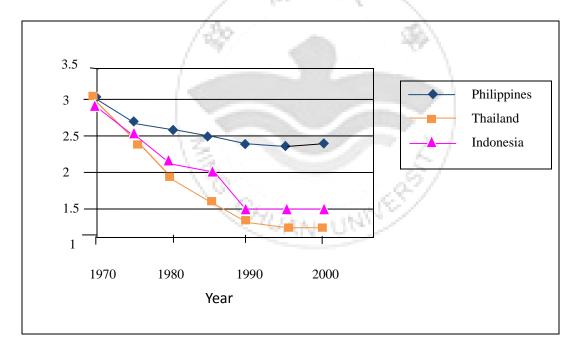


Figure 2.2 Population Growth Rates (%) of Thailand, Indonesia and the Philippines Source: World Bank, World Development Indicators 2002; Population Resource Center, Washinton D.C.

²⁸ R. Alonzo, et al., "Population and Poverty: The Real Score." (Paper presented at the School of Economics, University of the Philippines, Diliman, Quezon City) 2004

²⁷ Op cit

Poverty incidence is the proportion of the population below a defined poverty line – here, a country's official poverty line.

A comparison of these three countries is especially necessary, as Alonzo (2004) noted, in determining the links between governance, population policy, and poverty. Thailand is seen as the best among the three countries on all three determinants, which shows that good population policy along with good governance could mean positive results in rapid economic growth and poverty reduction.³⁰ Indonesia, on the other hand, has basically worse governance and corruption ratings than those of the Philippines, which suggests that a good population policy by itself can affect significantly a country's poverty reduction.³¹ Simply put, population policy has a huge impact.

The above figure likewise shows that in 1975, both Thailand and the Philippines had similar population sizes of 41 to 42 million. Then Bangkok launched a major family planning effort. In 2009, Thailand has a population of around 67.8 million and is the world's top exporter of rice. Meanwhile, the Philippines with a population of 92 million and become the world's top importer of the grain. Thailand had a gross annual income per capita of about 7,880 in US dollars in 2007, while in the Philippines was 3,730 in US dollars.³²

The population of the Philippines grew steadily from about 27 million in 1960 to over 90 million in 2008. Starting from similar populations in 1960, Thailand, Myanmar and South Korea now have lower populations, and the disparity among them is more pronounced.³³ Table 2.2 below shows the population growth of Thailand and the Philippines between the years 1960 to 2009. In the beginning, both countries have almost the same number of population at 27 million. The drastic change was felt 30 years later with Thailand's population recorded at 56 million while the Philippines

³⁰ Op cit

³¹ Ibid

³² On cit

This is taken from a commentary on the Reproductive Health Bills entitled: Philippines "RH Bills": the shape of things to come?

population was set at 62 million.³⁴ In 2009, according to the same source, Thailand population was only 67 while the Philippines' was a whopping 92 million.³⁵

Table 2.2 Population of Thailand and the Philippines in Millions

Population of Thailand and the Philippines for every 10-year period							
(in Millions)							
	1960	1970	1980	1990	2000	2009	
Philippines	27	36.6	48.1	62.4	77.7	92	
Thailand	27.6	37.2	47.3	56.7	62.3	67.8	

Source: World Bank. World Development Indicators

Hence, with its similarities with the Philippines, Thailand is being chosen in this study as a possible "role model" for the Philippines because of its remarkable level of success in reducing its fertility rate.

According to the United Nations Development Programme (2000), Thailand was able to lower its 5.0 fertility rate in the 1970-1975 period to 1.7 in the 1995-2000 period.³⁶

It is also worth mentioning that Thailand's social condition is also relatively similar to that of the Philippines. In the year 2000 human development index (HDI)³⁷ ranking of the United Nations Development Programme, Thailand ranked 76, the Philippines, 77. Thailand and the Philippines were almost of the same size in 1965 but because of the difference in population growth rates, 30 years later there are about 10 million more people now in the Philippines.

 $^{^{34}\,}$ World Bank World Development Indicators. http://data.worldbank.org/indicator (Accessed December 13, 2010)

³⁵ Ibid.

³⁶ UNDP 2000 http://www.beta.undp.org/undp/en/home.html. (Accessed October 29, 2010)

According to the UNDP, HDI is a composite index based on three indicators: longevity, as measured by life expectancy at birth; educational attainment, as measured by a combination of adult literacy [two-thirds weight] and the combined gross primary, secondary and tertiary enrolment ratio [one third weight]; and standard of living, as measured by GDP per capita.

Reyes believes that the Philippines can learn a lot of lessons from Thailand. The country has successfully integrated its population program with the community-based health delivery system. The first project was carried out in the Potharam District in 1964-66. During the eighteen months of clinic and field activities, more than 30% of eligible women accepted family planning.³⁸

According to Pernia, a professor at the University of the Philippines, if the Philippines had followed the population growth patterns of Thailand between 1975 and 2000 the per capita income would have been at least 22 percent higher and there would have been 5 million less poor people.³⁹

The Office of the National Economic and Social Development Board (NESDB) in Thailand comes up with five-year population control policies and targets and submits the same to the government. This organization is responsible in offering comments and suggestions to the Thailand government on other issues not only about population control measures but also economic measures as well. According to Phyormyomt (1993), earlier population policies in Thailand were aimed at increasing the size of population through *pronatalist* and public health measures. Eventually these types of policies had to be altered after population growth rate were recorded to as high as 3% per annum. Initially, Thailand's first 5-year family planning program was included in the health plan of the Third National Economic and Social Development Plan (NESDP) (1972-1976). When the 1977-1981 NESDP came to life, population policies were shifted to more comprehensive to cover all dimensions of population, including population growth; quality of population; and population distribution and human settlements.

38 National Economic and Social Development Plan Phase II of the NESDB. 1961 - 1966

³⁹ E. Pernia and Anil B. Deolalikar, *Poverty growth and institutions in developing Asia* (Palgrave 2003)

P. Phyormyont, Prachakon Warasan, Sangkhom Lae, "Population policy in Thailand". *PubMed*. 1992 Jul-1993 Jan;4 (1-2):1-37, 125.

Thailand's Ministry of Public Health (MOPH brochure, 1998) enumerates at least four important factors that it says could have contributed to the successful implementation of its family planning. These factors include:

- The so-called policy of "de-medicalizing" birth control methods. This means
 that the government allowed auxiliary hospital staffs to prescribe
 contraceptive pills making them available to more women.
- The involvement of the private sector. The government openly encouraged the
 participation of the private sector in the implementation of their own family
 planning methods and did not interfere in their projects.
- 3. The effective information campaign with the use of printed materials and radio. This created the rapid national awareness on the importance and advantage of using family planning. One important element under this factor is the integration of family planning methods in music programs, documentaries, and programs which answers letters from listeners with health concerns.
- 4. The MOPH's institution of a management information system. The monthly data on new users of family planning services allowed the MOPH to adjust and improve its program.⁴¹

On the other hand, Indonesia, the fourth largest population in the world, was able to reduce its annual growth rate in 1990 by 2.0 percent, down from 2.2 percent in the 1975-1980 period.⁴² As of 2009, Indonesians are numbering about 229,964,720 according to World Bank's world development indicators (Accessed May 3, 2011). Frederick and Worden (1993) said that this success can be attributed to the easy

⁴¹ Ministry of Public Health, Thailand. 1998

⁴² William H. Frederick and Robert L. Worden, editors. *Indonesia: A Country Study*. (Washington: GPO for the Library of Congress, 1993)

availability of birth control procedures, mass education and more mobile family structures in Indonesia.

Frederick and Worden (1993) believe that in some respects Indonesia was slightly better off than other developing countries in the early 1990s because it was able to initiate some of the world's most ambitious programs to control its population problem. The key features of these initiatives were the national birth control program and the massive Transmigration Program, in which some 730,000 families were relocated to under populated areas of the country.⁴³

Singapore is another unique but interesting case. Singapore has its Singapore Family Planning and Population Board (SFPPB) that initiates and undertakes population control program in Singapore. According to Swee-Hock, Singapore's family planning program are designed "to reduce the rate of population increase so as to facilitate and reinforce government efforts in advancing rapid economic development geared towards raising the per capita income of the masses". In the 1970s, Singapore introduced its two child policy to limit their family sizes providing them with incentives.

Singapore's population control program in the post-war years was geared toward raising the living standard of the people. At that time, however, Singapore had to deal with the horrible realities the Second World War brought to the entire world. Leow Bee Geok (2000) reports that the total population of Singapore is about 4.16 million as of mid 2002. Of this number, about 3.38 million citizens and permanent residents, and 785,400 foreigners.

Eventually, Singapore changed its population control policies during the 80s. In 1987, a new policy called "Have three or more if you can afford it" replaced the "Stop at two" policy which was in effect since 1972.⁴⁴ Geok (2000) said that the government

⁴³ Ibid

⁴⁴ Barbara Leitch Lepoer, ed. *Singapore: A Country Study*. (Washington 1989)

authorities also introduced incentive packages to encourage couples in having children. This change in policy is being classified as a relaxation of the old policies; to help women combined work and family roles; and to reduce the financial burden of childbearing.

Nearly half of the estimated 3.1 million pregnancies that occur every year in this Southeast Asian country are unplanned. Around half a million end in illegal and often dangerous back-street abortions.

Among the countries in Southeast Asia, Thailand appears to have successfully achieved its goals by controlling its population.

2.4 Possible Factors Contributing to the Success or Failure of Population Policies: A Hypothesis

After reviewing the current situation in the Philippines and the experience of other Asian countries, we can hypothesize several factors that possibly contribute to the insufficiency of the Philippines' population control policies.

The first hypothesis is the Catholic Church. The Catholic Church's influence in Philippine politics is particularly obvious especially during elections. It's during these times when the Church issue pastoral letters read during Eucharistic masses detailing specifically which candidate the people should vote and not to vote. Eventually, some Catholics will base their decision from these letters which the Catholic Church issue from time to time.

The proposed reproductive health bill will likely never see the light of day as the influential Catholic Church is violently opposing the artificial birth control – defined as a violation of its religions norms. The Church has denounced the bill as "morally

unacceptable" and warned politicians, particularly senators who ran for the presidency in the 2010 elections, that their stance will be remembered.

Majority of Filipinos are Catholic. The Catholic Church's influence is felt in almost every aspect of their personal lives. In 1986 for instance, it was a Catholic archbishop who called on every Filipinos to stand up against the dictator with what is called People Power Revolution. Through the People Power Revolution, the late President Marcos was ousted from office. They are also influential during election season. Political candidates normally will seek the signs of approval of the Catholic Church or otherwise known a Church's blessing.

Likewise, the Church discourages the use of contraceptives advocating natural methods instead. They say that these contraceptives are against the teachings of the entire Catholic Church.

We have seen how successful Thailand and Singapore with their population control policies. Although their policies are similar to that of the Philippines' policies, it is important to take their successful experience into account, which leads us to the second hypothesis which is good targeting. As Orbeta (1996) mentioned previously, good targeting is often the key to an effective program. All the government's efforts will go to waste without good targeting. This may be viewed as the second factor. The government must be very clear in targeting the right people or the right audience in its population policies.

Another hypothesis is the accessibility of the resources available to people. The Philippines has health centers situated in various locations. Here, people are given the opportunity to get free contraceptives like condoms as family planning tools. However, sometimes, these health centers run out of supplies so those who are in need of them are told to come back when the supplies become available.

Sachs provided another possible factor which is the forth hypothesis. Sachs (2010) mentioned poor families would rather buy food than purchase contraceptives, a case which is clearly happening in the Philippines. Contraceptives are not cheap and the government does not provide free contraceptives.

While a relatively small middle class in the Philippines can easily afford contraceptives, millions of poor women cannot. A month's supply of the pill costs about 375.00 pesos or around \$8.00 around half the average daily salary of almost half of the population.⁴⁵

On the other hand, some couples would rather have a big number of children for labor or manpower reason, which constitute another hypothesis. This is happening in some third world countries in Asia, Africa and Latin America. As Betsy Hartmann (1995) argues, children's labor is an important part of the family's economy. The more children they have the more people they can rely on to help tend the farms, fetch water and food or even take care of the younger siblings, thereby allowing their parents to perform more tasks.⁴⁶ This is yet another factor why population control policies from these countries are not working effectively.

Hartmann (1995) also argued that the real problem is not on the number of people or resources but rather it is how some people tend to monopolize the many resources that are available. "The problem is not one of absolute scarcity, but one of distribution," Hartmann said. This is the sixth hypothesis.

To sum it up, at least six hypotheses were discovered during the course of this study. To illustrate, these hypotheses are: 1. The influence of the Catholic Church; 2.

⁴⁵ Price is based on the price of Dianne35, a popular brand of birth control pill available over the counter

⁴⁶ Betsy Hartmann, Reproductive Rights and Wrongs: The Global Politics of Population Control. South End Press. Boston. 1995. P 6

Good targeting; 3. Accessibility of the resources; 4. Cost; 5. Labor or manpower; 6. Monopoly of resources.

2.5 Summary

This chapter explained the Philippine situation and the population policies that are being undertaken by some countries in Southeast Asia. We have seen the factors that affect the implementation of the Philippines' population policies.

The Philippines basically has the same population control policies with those from other countries, however, the factors illustrated here showed why it has been inefficient all along. It must be noted that the Philippines can still learn a lot from its neighbours.

Likewise in this chapter, we have seen the factors why Thailand was successful in its policies. Among the factors that made Thailand a good case was that its government allowed auxiliary hospitals to prescribe contraceptive pills. Another outstanding quality of Thailand was that the private sectors actively participated in the implementation of their own family planning methods.

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Chapter 3

METHODOLOGY

This chapter explains the methodologies used in the conduct of this study. This research is based on non-empirical data which will either support or not the researcher's hypothesis of studying the possible factors in why population control measures are not effectively working in the Philippine setting.

3.1 Research Design

This paper uses qualitative research approach with the writer opting to use an in-depth interview. An in-depth interview is very useful in further investigating the responses of the respondents thereby providing us a better understanding of the phenomenon.⁴⁷

An in-depth interview is advantageous in this particular study since it will be able to bring out pertinent information during the conduct of the interview. Qualitative interview questions were devised for respondents or interviewees.

The writer believes that an interview is best suited for this study since it will help in bringing up the issues openly. During the interview process, the writer was able to ask relevant questions that brought to light the necessary answers as to what factors are really affecting the success or failure of the country's population control policies.

During these interviews, the writer and the interviewees were able to discuss freely, albeit objectively, these factors providing the important details.

The writer believes that these data can be achieved by undertaking an in-depth

⁴⁷ Carter McNamara, General Guidelines for Conducting Interviews, (Minnesota, 1999)

interview. This interview process was conducted between January to April, 2011.

Likewise, the writer also conducted a simple survey among a small sample of respondents from randomly selected number of people using Survey Monkey.

The writer looks at the factors that continuously hinder the inefficient implementation of the government's population control policies.

3.2 Research Area

Personal interviews were conducted in January 2011 in Manila, Philippines and April 2011 in Taiwan, ROC. The researcher had personally visited the office of POPCOM during the Winter break between the dates January 17 to 31, 2011. During these interviews, the interviewees were asked about the population control policies or efforts of the government of the Philippines to control the country's population. Another interview was conducted in April 2011 in Taiwan through the Internet.

The researcher likewise has gathered pertinent data from other sources such as documentary evidence that were taken from both government agencies namely the DOH and POPCOM as well as from other sources available from the Internet. The writer attempted to conduct an interview with the Office of the National Economic and Social Development Board (NESDB)⁴⁸ of Thailand via the Internet. Communications to this office were sent via email. However, sadly, the said office in Thailand never replied to any of these communications.

The researcher will also analyze relevant documents, research reports, other materials and publications in relation to this study.

⁴⁸ The NESDB is responsible in drafting 5 year national economic and social development plans, as well as population control policies, and propose these plans to the government of Thailand.

3.3 Participants

The researcher conducted an open-ended, in-depth interview with Tomas Osias, the executive director of POPCOM and Luis Marcelo, the provincial head of the same government agency and gathered necessary information about the country's population control policy and or family planning methods.

A small survey was conducted at the barangay level randomly selected using Survey Monkey. Participants to the survey were chosen randomly from an email list. They are mostly situated in Metro Manila and Tarlac province. The respondents are government employees, entrepreneurs and housewives. Because of the small sample size, an in-depth interview was conducted.

The government agencies mentioned are the agencies assigned to implement the country's population control policies. Each agency assigns a point person responsible in handling specific areas of the program.

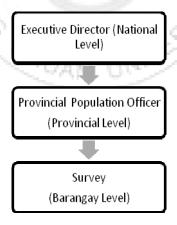


Figure 3.1 Flowchart of the Interview/survey Process.

Constructed by the Author.

3.4 Limitations of the Study

In order to make this a comprehensive study, an in-depth interview with the Philippine counterparts in Thailand or Indonesia should be made. However, due to lack of time and resources, the researcher is limited in gathering data and information from the said countries. Personal visits are deemed impossible.

A formal communication sent through email was sent to the Office of the National Economic and Social Development Board (NESDB) in Thailand. For reasons unknown to the writer, the said office never replied to any of the communication. The writer decided to look into the NESDB's website instead. However, all information in the said website was written in the Thailand language. Google translate was not reliable in translating long sentences. Luckily, the writer was able to look for other sources written in English from various websites. Relying mostly on secondary information, the researcher took into account documentary evidence available from the country profiles of the countries in study. The researcher also worked on available data sourced from the library and the Internet.

Most of the data from Indonesia and Thailand were sourced through the Internet since it is both physically and financially impossible for the writer to gather data from the said country. It is important to note that the Internet has become an important and a good source of information since organizations around the globe may be accessed via the World Wide Web.

It is also important to consider that the writer tried to send the survey questionnaires to at least a hundred participants. Unfortunately, only 26 of those surveyed responded were valid.

3.5 Framework

Thomas Smith's model of policy implementation was used to evaluate the population policies.⁴⁹ This policy model will be discussed further in the analysis section in chapter 4. However, not all the elements of this model will be discussed in this research study. Smith's model illustrates the aspects of the implementation process by focusing on at least four components. These components include:

- 1. The idealized policy which is the "idealized patterns of interaction policy makers are attempting to induce";
- 2. The target group are the individuals who will be directly affected by the policy and who must change to meet the demands;
- 3. The implementing organization/s are usually the government agencies responsible in implementing the policy; and
- 4. The environmental factors influenced by the policy's implementation which includes the general public and other special interest groups.

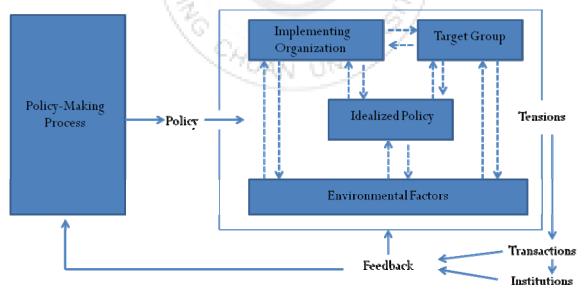


Figure 3.2 A Model of the Policy Implementation Process
Source: Thomas Smith's Model of Policy Implementation 1973

⁴⁹ Smith, Thomas B. *The Policy Implementation Process*. Elsevier Scientific Publishing Company. (Amsterdam 1973). Pp 197-209

3.6 Summary

This research was conducted using an in-depth interview and a simple survey anchored on Smith's model of policy implementation process. The research proper was conducted between January to April 2011. Participants to the interviews are agency heads from POPCOM while survey respondents were taken randomly.

Conduct of personal interviews in Thailand, Indonesia and Singapore were considered impossible and included in the limitations of this study.



Chapter 4

RESULTS, ANALYSIS AND DISCUSSION

At this particular section of this research, the writer will discuss the elements of the implementation process. Emphasis will be given to the factors discovered during the conduct of this study. These factors will fall under environmental factors in Thomas Smith's policy implementation model.⁵⁰ Likewise, a look into the tensions and transactions portion of Smith's study will also be discussed.

As mentioned in the previous chapter, Smith's model on policy implementation is used in this research to look into the factors. The following table will be discussed in detail based on the results from the interviews and survey conducted by the writer:

4.1 The Policy

The Philippines' population control policy is being handled by the Population Commission. On the onset, a problem is already obvious. The Philippines has no clear national policy on population control although it has for its policy the so-called Responsible Parenthood and Natural Family Planning program. This policy's primary objective is to promote natural family planning, birth spacing (three years birth spacing) and breastfeeding which are good for the health of the mother, child, family, and community.

There was no special mention of how many children a woman gives birth to. What was specific in the policy is birth spacing. This decentralized policy is being undertaken by the DOH, POPCOM and local government units (LGUs). The unique feature of this

⁵⁰ Ibid

program is that while LGUs can promote artificial family planning because of local autonomy, the national government advocates natural family planning.⁵¹ During the interviews conducted, the interviewees showed strong indication that the current population policy is not effective.

Based on the POPCOM's Responsible Parenthood Manual (February 2007), responsible parenthood refers to "the will and ability of parents to respond to the needs and aspirations of the family and children. It is a shared responsibility between husband and wife to determine and achieve the desired number, spacing and timing of their children according to their own family life aspirations, taking into account psychological preparedness, health status, socio-cultural, and economic concerns policy."52

4.2 Implementing Organization

The implementation of family planning or population control program in the Philippines is not decentralized. The DOH, POPCOM, and local government units are in charge in the implementation of the Responsible Parenthood and Family Planning Program. Presidential Decree number 79 is the law that created POPCOM. Section 4 of this decree specifically mentions the purposes and objectives of the agency.⁵³ These are:

a) To formulate and adopt coherent, integrated and comprehensive long-term plans, programs and recommendations on population as it relates to economic and social

⁵¹ POPCOM's policy as stated in the agency's website. www.popcom.gov.ph (Accessed May 26, 2011)
⁵² Commission on Population. Responsible Parenthood Manual. February 2007

CONNECTOR December 8, 1972

development consistent with and implementing the population policy which shall be submitted to and approved by the President;

- b) To make comprehensive studies of demographic data and expected demographic trends and propose policies that affect specific and quantitative population goals;
- c) To organize and implement programs that will promote a broad understanding
 of the adverse effects on family life and national welfare of unlimited population
 growth;
- d) To propose policies and programs that will guide and regulate labor force participation, internal migration and spatial distribution of population consistent with national development;
 - e) To make family planning a part of a broad educational program;
- f) To encourage all persons to adopt safe and effective means of planning and realizing desired family size so as to discourage and prevent resort to unacceptable practice of birth control such as abortion by making available all acceptable methods of contraception to all persons desirous of spacing, limiting or preventing pregnancies;
- g) To establish and maintain contact with international public and private organizations concerned with population problems;
 - h) To provide family planning services as a part of over-all health care;
- i) To make available all acceptable methods of contraception, except abortion, to all Filipino citizens desirous of spacing, limiting or preventing pregnancies.

To be able to implement these purposes and objectives effectively, the lead agency

must have enough budgetary requirements to finance all its projects and programs. Based on the Department of Budget and Management's budget allocation, table 4.1 below shows the agency's operating budgets for the period 2009 – 2011. Notice that its 2009 budget of P396 million has decreased in 2010 with appropriations recorded only at P267 million.

Table 4.1 Budgetary Appropriations for POPCOM 2009 – 2011.

	2009		2010		2011	
General Administration and Support	P	59,520,000	P	56,241,000	P	75,491,000
Services						
Operations (Coordination of the	P	336,463,000	P	211,127,000	P	215,169,000
Population Policy and Programs)	Jan	/		1		
Total	P	395,983,000	P	267,368,00	P	290,660,00
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Source: Department of Budget and Management.

General administration and support services include general and management and supervision while operations covers the following: 1. Coordination of the implementation of approved national, sectoral and regional population plans and programs; 2. Provision of grants, subsidies and contributions in support of population programs; and 3. Formulation and development of long-range and annual population and family planning plans and programs and coordination of the implementation of national population policies.⁵⁵ Whether or not this budgetary allocation is enough to cover the expenses of family planning method is not clear.

⁵⁴ The Department of Budget and Management (DBM) undertakes the formulation of the annual national budget to ensure the appropriate prioritization and allocation of funds to support the annual program of government.

55 General Appropriations Act. Department of Budget and Management website.

http://www.dbm.gov.ph. (Accessed June 4, 2011).

ORGANIZATIONAL CHART BOARD OF COMMISSIONERS OFFICE OF THE EXECUTIVE DIRECTOR Management Information System Unit Planning & Monitoring Division Policy Analysis & Development Division Policy Analysis & Development Division Policy Analysis & Division

Figure 4.1 Organizational Chart of the Commission on Population or POPCOM Source: POPCOM website. www.popcom.gov.ph

POPCOM is being governed by a Board of Commissioners composed of fourteen (14) members. This group is composed of eleven (11) members from government and three (3) members representing the private sector. Figure 4.1 above illustrates the organizational chart of the commission.

The secretary of the Department of Health acts as the chairperson of the Board of Commissioners. Members of the board come from other government agencies such as the Department of Social Welfare and Development (DSWD), National Economic and Development Authority (NEDA), Department of Trade and Industry (DTI), Department of Labor and Employment (DOLE), Department of Education (DepED), Department of Agriculture, (DA), department of Agrarian Reform (DAR), Department of Interior and Local Government (DILG), Department of Public Works and Highways (DPWH) and the Director of the University of the Philippines Population Institute (UPPI). Meanwhile,

those from the private sectors are appointed by the President of the Philippines.

Under the board is the Secretariat which is headed by the Office of the Executive Director who mostly handles the overall management of the entire organization. The Executive director supervises the entire operations nationwide. He is being assisted by regional population officers in 15 regional units around the country.

POPCOM is an agency under the Department of Health. However, it is being governed by Board of Commissioners from at least 14 various government and non-government organizations. For POPCOM to be able to fulfil its mandates, all it takes is an executive director that will have the strong conviction to implement the agency's functions. POPCOM has good population control policies that can benefit the country as a whole to be implemented through its offices scattered around the country.

4.3 Target Group

The Philippine population policy's main targets are parents and couples, including individuals. Luis Marcelo, POPCOM provincial head said that education is one of the factors which is why these population policies are not successful. According to him, not many people, especially in remote villages, are aware of the government's population policies. Either they are not properly informed or they are not educated. ⁵⁶

POPCOM conducts seminars within their scopes of coverage like cities, municipalities and villages or barangays. "These seminars are not only focused on family planning. We teach them about family planning, marital relationships, parent-child relationships and the natural method of family planning. However, among the problems that we encounter is the husband's commitment. It is important that both couples are involved in this seminar or family planning method," Marcelo said.

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⁵⁶ Marcelo Luis, Winter, 2011

Unlike some of its Asian counterparts, the Philippines does not have sex education in its school curriculum. With its conservative society, Filipino adolescents almost always learn about sex through their peers or through the mass media. Thereby, adolescents are not fully informed of the consequences of unsafe sex or even unwanted pregnancies.

Based on a small survey conducted in April of 26 individuals chosen randomly from an email list, 80% said they are aware of the government's population control policies. The remaining 20% admitted they are not aware of the country's population policies. Asked which population control measure is more effective between artificial and natural method, 60% (15) of the respondents said that both are considered effective but 24% of them said that the artificial method is more effective than the natural way of birth control.

Apparently, POPCOM is not effective in reaching its target audience. According to Marcelo during the interview, "people are lazy to attend the seminars being offered free by the commission. Family planning should be a concern of both husband and wife. However, the husband's commitment is not always available. It is important that both couples are involved in these seminars."

Tomas Osias,⁵⁸ Executive Director of POPCOM, stressed that education is an important factor of population control policy. He said that what the government can do is to have the political will to stress upon its citizens the importance of family planning methods.

⁵⁸ Tomas Osias, Winter 2011.

⁵⁷ Ibid

4.4 Idealized Policy

Smith's policy model describes idealized policy as the idealized patterns of interaction policy makers are attempting to induce.⁵⁹ In the Philippine case, the idealized policy would be to have a sound and an efficient population policy measure that should be implemented nationwide. Both Osias and Marcelo recommended that the reproductive bill being deliberated in Philippine Congress should be passed. They said that this will be a perfect population policy ingredient for the Philippines since it will put everything in the right perspective.⁶⁰

Forty percent of those surveyed agree that a country's huge population adversely affect its economy as against the 4% who strongly disagree. Although it was just a simple survey, it gives us an idea that the people believe that in order for the country to prosper economically, it must manage its population more efficiently.

Several factors account for the successful implementation of population policy in Thailand. According to Phyormyont (1993), Thailand's success may be attributed to Thailand has not experienced religious opposition to family planning, compared to the Philippines since Buddhists favor limiting children. Thailand's successful implementation of its population control policy is also being attributed to the program's demographic-economic approach, which stresses the economic implications of population growth.

In Thailand, all government hospitals have a family planning clinic while midwives, nurses and doctors went through family planning training. And unless clients can demonstrate that they are unable to pay, all family planning services carry a

⁵⁹ Thomas B. Smith, *The Policy Implementation Process*. (Elsevier Scientific Publishing Company. Amsterdam 1973).

⁶⁰ Osias and Luis, Commission on Population, Winter 2011

standard fee.⁶¹ Bhiromrut said that Thailand's population program started from a purely family planning contraceptive service to a community development program designed to improve the productivity of individuals. The government has implemented the Thailand Business Initiative in Rural Development, which involves the participation of civic-minded business groups in assisting community development. Something which a country like the Philippines can really learn a lot from.

The National Family Planning Program of Thailand was so successful primarily because it has strongly advocated the following: 1) public information campaigns that promoted 2-child families and contraceptive use; 2) increased service delivery of all 7 contraceptive methods through 8000 government health outlets; 3) paramedical training increased the number of health care providers by training nurses to handle IUD insertion and post-partum sterilization, midwives were taught to give injections and insert IUDs, and villages volunteers were trained in prescribing pills and condoms; and 4) coordination programs that allow all related government ministries and 6 private associations to work together.⁶²

Thus if religion were a huge factor in the unsuccessful implementation of the Philippine policy, Thailand do not have to suffer through this being a Buddhists nation. Thailand appears to have an idealized policy from the other countries. It has all the ingredients needed to make a population control program successful. However, the above situation showed us the importance of having a government who strongly advocates a population control policy without putting so much consideration on religion. It is necessary to have a very good program and the strong conviction from the government to implement these programs rightfully and efficiently.

P. Bhiromrut, "A model for other countries." *PubMed*. (1991) Dec;(30):18-21.

⁶² Thailand's Ministry of Public Health Brochure. 1998.

4.5 Environmental Factors

Both Marcelo and Osias agree on some factors why the Philippine population control policies are not successful. Among the factors mentioned during the interview are the following: 1. Cultural beliefs; 2. Education; 3. The Catholic Church/church leaders; and 4. Lack of political will of government leaders to impose the programs. Having children is being considered as the ultimate outcome of marriage. This is the most anticipated occasion among Filipino families. There are various reasons which parents attach to having children. Among them is economic. According to POPCOM, children are being "viewed as investments, security for old age, help in the farm or in the house, to take care of their younger siblings, or help parents earn a living". ⁶³

Among other things, the spiritual perspective carries more weight among many Filipinos. According to POPCOM, children are looked upon as gifts and blessings from God. They are to be treasured and must be cared for with special care. ⁶⁴ So the more children they have, the more blessings they get from God.

Based on the survey conducted, 47% signified that the church has the most influential factor in the implementation of the Philippines' population control policies. Lack of access to contraception and family planning comes next among the factors with 21.7% and the lack of political will of government leaders was recorded at 17.4%. As mentioned above, Thailand is considered fortunate for not having a group as influential as the Catholic Church in the Philippines. The Catholic Church value life so much that they consider abortion a graver offense than having a child beaten to death by abusive parents.

Political leaders, on the other hand, are afraid of enforcing these population policies because of fear of the church's getting back at them. Recently, no less than

⁶³ Responsible Parenting Handbook. Commission on Population. February 2007. P.3

⁶⁴ Op cit

Philippine President Benigno S. Aquino, Jr. was threatened to be excommunicated by the Catholic Church for openly advocating the RH bill. He was also branded as a bad catholic by the Catholic Bishops Conference of the Philippines.⁶⁵

4.6 Tensions

Smith describes tensions in the policy implementation process as generated between and within the four components of the implementing process: idealized policy, implementing organization, target group, and environmental factors. Accordingly, the tensions result in transaction patterns which may or may not match the expectations of outcome of the policy formulators.⁶⁶

As seen in the discussion above, there are existing tensions among the aforementioned components – the idealized policy which is being implemented, the implementing organization headed by the Commission on Population (POPCOM), the target group, specifically the married couples who are torn between making their own choice or that of the society's, and the environmental factors affecting the entire process. These tensions make up the whole policy implementation process.

4.7 Feedback

Like any other policies, the population control policy of the Philippines has received both positive and negative feedbacks from different groups or individuals. Feedbacks are being sent to different channels such as surveys, debates, letters to the editors, among others.

⁶⁵ The Catholic Bishops Conference of the Philippines (CBCP) is the official organization of the Catholic hierarchy in the country.

⁶⁶ Thomas B. Smith, *The Policy Implementation Process*, Elsevier Scientific Publishing Company. (Amsterdam 1973). P. 197

The current administration of President Benigno S. Aquino III promises a transparent form of governance. One of its ways of reaching out to people is opening a government website where anyone can send his comments regarding government programs and projects, including population control.

The website is being handled by the Presidential Communications Development and Strategic Planning Office. The messages, complaints or suggestions and other feedbacks are screened properly and sent to the concerned government agencies.

However, it is not clear whether these government agencies have people who handles these feedbacks, compiles them and send them to the right authorities to act on them. In order for these feedbacks to reach the right people, the government should have personnel who will handle them carefully and come up with a mechanism to study them and incorporate them to their program implementations if necessary.

During the interview, Osias said that PD79 contains everything to implement a good population program. "The problem is that the very spirit of PD79 has been changed by some of our national leaders – conservative leaders would want to promote only natural family planning but the very spirit of PD79 is to promote all legally and medically approved family planning methods," he said.⁶⁷

The transaction patterns may become crystallized into institutions. Both the transaction patterns and the institutions may generate tensions which, by feedback to the policymakers and implementors, may support or reject further implementation of the policy.

By application of the model, policymakers can attempt to minimize disruptive tensions which can result in the failure of policy outcomes to match policy expectations.

⁶⁷ Tomas Osias, Winter 2011

4.8 Reproductive Health Bill

Two separate reproductive health bills are being deliberated in the lower (House of Representatives) and upper house (Senate of the Philippines) of congress. One is House Bill 5043 which is an act providing for "a national policy on reproductive health, responsible parenthood and population development, and for other purposes". The other is Senate Bill 3122 which specifically provides for "a National Policy on Reproductive Health and for other Purposes". Both bills have basically the same provisions. Eventually, the house bill will be taken to the senate and merged with the senate version.

There are continuing debates going on right now on the issue of reproductive bill. Among its provisions is that private companies as well as public and private elementary and secondary schools will be mandated to participate in the information and product dissemination as a way of controlling the population of the Philippines. Proponents of the bill claim that its primary aim is to improve the quality of life of Filipinos through a consistent and coherent national population policy. According to the bill's explanatory note, one of the main concerns is that current population of the Philippines makes it "the 12th most populous nation in the world today" while it also cites studies which show that "rapid population growth exacerbates poverty while poverty spawns rapid population growth."

The bill specifically mandates the Philippine government to "promote, without bias, all effective natural and modern methods of family planning that are medically safe and legal."

⁶⁸ The Reproductive Health Bill, popularly known as the RH Bill, is a Philippine bill aiming to guarantee universal access to methods and information on birth control and maternal care.

⁶⁹ Lira Dalangin-Fernandez, "RH bill OK'd at House committee level," Philippine Daily Inquirer, February 1, 2011

Another key feature of the bill, according to Dalangin-Fernandez (2011) is that, although abortion is considered illegal and punishable by law, the bill categorically states that "the government shall ensure that all women needing care for post-abortion complications shall be treated and counseled in a humane, non-judgmental and compassionate manner."

No less than Philippine President Benigno S. Aquino Jr. brought out this public statement "the State must respect each individual's right to follow his conscience and religious conviction on... the unity of the family and the sacredness of human life from conception to natural death."

The reproductive health bill will eventually become the law that will give the people the freedom to choose the kind of population control method suited to their needs. Providing a universal access to methods and information on birth control is the bill's main thrust.

4.8.1 Criticisms and Praises on the Bill

Among the bill's leading oppositionists, Pro-Life Philippines (2011) argues that "it should not be the intent of governments or other agencies to decide for couples but rather to create the social conditions which will enable them to make appropriate decisions in the light of their responsibilities to God, to themselves, to the society of which they are part, and to the objective moral order." The group believes that population control is not the solution to a country's poverty problem. For them, the real causes may be seen in the internal causes including social injustice, unjust distribution of wealth, the absence of equal opportunity for all in education and economic life, poor political and economic administration combined with widespread corruption,

⁷⁰ Ricky Poca, "Bothered by RH Bill," *Cebu Daily News*, April 27, 2011

exaggerated military budgets in contrast to inadequate spending on health and education, overconcentration of productive capacity in urban centers, the unbridled pursuit of profit at the expense of the common good, the heavy burden of foreign debt accompanied by lack of controls on the flight of capital, unequal access to property, etc.⁷¹

Another group that opposes the bill, the Kapatiran Party⁷² bares that the bill openly fund the procurement and distribution of abortifacient contraceptives such as oral contraceptives, other hormonal contraceptives, and the IUD⁷³. The Party insists that such contraceptives, however, have been shown to cause early-term abortions by preventing the implantation and development of the fertilized egg – which is already a newly-conceived human being – in the womb.⁷⁴

Bill proponents, meanwhile, argue that contraceptive use among married women has increased very slowly in the past 10 years, from 47% in 1998 to 51% in 2008. Figure 4.2 below shows an average increase of about 1% per year. Likhaan, a women's health group thinks that contraceptive use increased more rapidly in the early 1990s, from 40% in 1993 to 47% in 1998.

They listed several factors to explain this phenomenon. Among the factors they mentioned in their argument include the phasing out of contraceptive supplies from USAID, the national government's focus on natural family planning, the ban on public provision of modern contraceptives in Manila and other parts of the country, and policymakers' poor attention to quality of care.⁷⁵

http://prolife.org.ph/home/index.php/anti-life-issues/population-control/why-pop-control-is-not-the-solution-to-poverty (Accessed May 16, 2011).

⁷¹ Pro-Life Philippines,

Ang Kapatiran Party (AKP) is a national political party, whose objective is focused on so-called enhancing the common good, promoting the politics of virtue and the politics of duty.

The intrauterine device (IUD) is an object, placed in the uterus, to prevent pregnancy. Dorland's Medical Dictionary 2011.

⁷⁴ A Position Paper on the Reproductive Health Bills. Ang Kapatiran Party. November, 2010

⁷⁵ Likhaan Center for Women's Health, Inc. Facts on Barriers to Contraceptive Use in the Philippines.

In addition, there are many local barriers to increasing contraceptive use throughout the Philippines: geographic isolation, poverty, shortages of contraceptive supplies, LGUs' inability to procure and allocate contraceptive supplies, and a lack of male involvement in family planning.⁷⁶

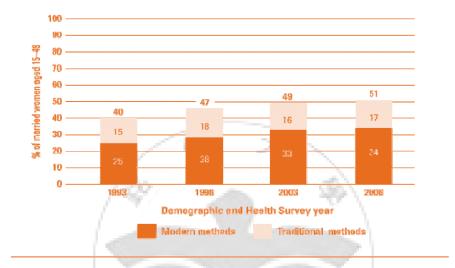


Figure 4.2 The Proportion of Married Women Using a Contraceptive Method Source: Likhaan Center for Womens' Health, Inc.

Edcel Lagman, one of the main authors of the bill said that it's important to institutionalize reproductive health. He said the current policies are only occasionally being implemented, which are often subject to the biases of the different administrations. "RH Bill is not focused on pills, condoms alone. Coverage includes family planning, maternal and infant health, Lagman stressed.⁷⁷

A group of university professors from the University of the Philippines have express their vote of approval for the bill citing its main thrust as the main reason for supporting the bill. Ernesto Pernia, Arsenio Balisacan, Solita Monsod et al (2008) said

http://www.likhaan.org/content/facts-barriers-contraceptive-use-philippines (Accessed May 10, 2011).

Ron I et al., *Local-Level Contraceptive Prevalence Rate Performance Analysis in the Philippines:*Selected Main Findings vis-à-vis Study Objectives, Manila, Philippines: ABT-PSP-One and UPPI, 2010.

Cong. Edcel Lagman during the interpellation of the RH bill in Congress. May 18, 2011.

that the bill specifically implies that it will enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to carry out their decisions.⁷⁸



 $^{^{78}\,}$ Ernesto Pernia, Arsenio Balisacan, Solita Monsod, et al. UP School of Economics: Population, Poverty, Politics and the Reproductive Health Bill. August 11, 2008

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

This research's main objective is to find out the factors why the Philippine population control policy is inefficient or unsuccessful. The Philippine population policy is considered inefficient since it has not met its target or goals. Among the factors that were witnessed are: 1) Influence of the Catholic Church; 2) Program targeting; 3) Accessibility of the resources; 4) Cost; 5) Manpower; 6) Monopoly of resources; 7) Inefficient information dissemination campaign; 8) Cultural beliefs; 9) Education; and 10) Lack of political will of government leaders to impose the programs. Moreover, this research also studied the Philippine population control policy using Smith's Model of Policy Implementation Process. The results are shown in Table 5.1 below.

Table 5.1 Analysis of the Philippine Population Control Policy using Smith's Model of Policy Implementation Process

Hypothesis	Results	Analysis	Suggestions
Implementing	Not very	Too many groups	POPCOM can
Organization	effective	within the	stand on its own
		organization.	without a Board
			of
			Commissioners
Idealized Policy	Not very	There are many	The Philippines
	effective	loopholes in the	can adopt the
		policy	Thailand model
Environmental Factors	Influence of	The influence of the	The government
	the Catholic	Catholic Church has	should do more
	Church,	been over-estimated.	to implement a
	education,		nationwide

	etc.		population
			control program.
Feedback	Not effective	No assigned person	The government
			should have a
		who looks into the	strong feedback
		feedback	mechanism.

Source: Constructed by the Author

To better understand the above table, the writer has the following analysis:

Implementing Organization - As mentioned in the previous chapter, POPCOM as an organization can easily implement the Philippines' population control policies without having a board of commissioners. Although members of the Board of Commissioners come from various organizations, POPCOM can stand on its own. The real battlegrounds are in the villages where POPCOM personnel can serve as key players to execute its programs properly. Having too many people around the board only delays the process

Idealized Policy – An idealized policy is a policy that is effective and worth emulating. We have seen how Thailand managed to implement its own population control policies effectively. It is not enough for the government to do it alone. It is important that support from the private sectors and the civil society as a whole is needed to be able to effectively implement the Philippine policy on a nationwide scale.

Environmental factors – the Catholic Church has always been said to be the culprit of why the Philippine population policy is not working well. However, it is now obvious the influence of the Catholic Church has been over-estimated. The government should and obviously can do more to implement its policies.

Feedback – the success of any program or project may be gauged with how an agency looks and analyzes the feedbacks being sent to them through different channels

or methods. With the ongoing debates on the RH Bill, POPCOM should actively enforce a sound feedback mechanism to look through the messages being sent by many Filipinos. POPCOM or the government as a whole should have a strong feedback mechanism so they can study the feedbacks whether they will help in the improvement of the policies or not.

Philippine legislator Kaka Bag-ao said that the Church is having the same line of reasoning with RH bill it applied more than 50 years ago with Rizal law. According to bag-ao, "they said that the Rizal Law⁷⁹ violates the Catholic's right to conscience and religion. They argue with the same thought now."

In 1955, the church charged then Senator Claro M. Recto, the author of the Rizal bill, of being a communist and an anti-Catholic. However, despite the church's strong opposition, the bill was eventually signed into law and Recto was even elected as Senate president during that same year. Thus this particular situation proved that the Church may not be as influential after all.

Pernia (2010) concludes that fewer children will enable the poor to put their extra resources in other more important aspects of their lives such as education and health for their children that will improve their lives when they grow up.

Hermoso, in 2007, has reported that the Philippines is the 12th most populous nation in the world.⁸² A recent BBC documentary showed the consequences of having a huge number of children.⁸³ Josh West, the bus driver in the said documentary, was

⁷⁹ Republic Act No. 1425, known as the Rizal Law, mandates all educational institutions in the Philippines to offer courses about José Rizal, the Philippine national hero. The measure was strongly opposed by the Roman Catholic Church in the Philippines due to the anti-clerical themes in Rizal's *Noli Me Tangere* and *El Filibusterismo*.

⁸⁰ Christina Mendez, "JPE, Joker confident of compromise on RH bill", *Philippine Star*, May 23, 2011

Patricio N. Abinales and Donna J. Amoroso. *State and society in the Philippines* (Lanham, Maryland: Rowman & Littlefield, p. 187, ISBN 9780742510241, 2005)

Maryland: Rowman & Littlefield. p. 187. ISBN 9780742510241. 2005)

82 Christina Hermoso, "Philippines now the 12th most populous nation," *Manila Bulletin*, September 1 2007

⁸³ The Toughest Place to Be a Bus Driver, a documentary shown on BBC, brought one London bus driver to try to drive a bus (jeepney) in Manila for ten days.

moved to tears upon learning about the hardship of living with a family of 8 people all living under one roof. The documentary showed the vast difference between London and Manila, Philippines. West drives a state of the art bus in the streets of London. So when he was asked to drive the Philippine version of this bus, he was extremely shocked.

It is obvious that in this time of Facebook and Twitter, not many couples are aware of how to control the number of children they want to have. Either they are not educated or do not have the liberty of time to learn the ropes.

Population explosion is a serious problem thus it deserves to be taken seriously. Thailand was able to effectively address the three important elements necessary for a successful population program, namely, a sound national policy, an effective information and advocacy campaign, and service availability.

Gumato-Pare observes that if the Philippines should look at what its Asian neighbours did to control its population and learn a lot from their policies and they might work well for the country.⁸⁴

The writer shares the views with Marcelo and Osias in voicing out their recommendation that the reproductive health bill should be passed. It's high time the Philippines should have its own national family planning program like that of Thailand. The reproductive health will provide solutions to the current population problem of this country.

There are ways to deal with the Philippines problem. One way of effectively implementing handling the problem is to have a strong national population and reproductive health program. However, a sound national population and reproductive

http://www.youtube.com/watch?v=e_Ht_19N8Uw

⁸⁴ Gumato-Pare, A. A Frightening Uncontrollable Growth of Population in the Philippines and the Bad Profile of Its Economy. *HubPages*.

http://hubpages.com/hub/arvingumatoparejaeconomicsandpopulationsissues (Accessed May 12, 2011)

health policy needs to be backed by effective implementing strategies as well as strong information and advocacy campaigns. The RH bill provides specific provisions for budgetary requirements of info dissemination. POPCOM and other government agencies will be able to inform its targeted individuals or groups by providing them the right information about family planning.

The current population control policies are anchored on the old policies based on PD79. This is the law that created POPCOM in 1972 making it obsolete. This new law, on the other hand, is tailor-made for the current situation in the Philippines and the world.

Philippine policy makers and health care professionals may find valuable insights in the strategies that Thailand adopted in implementing its various population projects from the 1970s to the present. Likewise, like in Thailand, the Philippines can also tap the resources of private individuals to make the project successful.

An effective family planning program can spell a huge difference to a country like the Philippines. With a new administration and a reproductive health bill in Congress, the Philippines will be able to finally find the solutions to its population problem. President Aquino is very vocal in his support for the bill. The bill specifically provides that the Filipinos should learn and understand the family planning methods and make his choice based on his personal convictions, a choice which could also be based on his spiritual well-being.

Sex education is also an important component of a good family planning measure. Even children should be well informed at a young age of the reproductive system. A conservative society like the Philippines may find this hard to accept but it must learn to adapt to the current trends brought by globalization. With informed citizens, unwanted pregnancies will be avoided; sexually transmitted diseases will also be dealt with.

The government can also offer incentives to families with fewer children in the forms of tax perks, jobs, discount for medicines, discounted or even free medical services, among others. This reward form will encourage couples to have fewer children.

Although there will be oppositionists to this suggestion, but the government should learn when to put it's put down. Good governance or political will on the part of the government will enable the successful implementation of the program.



BIBLIOGRAPHIES

Books:

- Abinales, Patricio N.; Amoroso, Donna J. *State and Society in the Philippines*. Lanham, Maryland: Rowman & Littlefield. p. 187. ISBN 9780742510241. 2005
- Ebenstein, William and Ebenstein, Alan. *Great Political Thinkers, Plato to the*Present, 6th ed. Thomson Wadsworth, 2000
- Edmonds, C. M. Reducing Poverty in Asia: Emerging Issues in Growth, Targeting and Measurement. Edward Elgar Publishing Limited. 2003
- Ehrlick, Paul and Ehrlick, Anne. *The Population Explosion*. Doubleday New York. 1990.
- Estrella D. Solidum. *Outline of Readings in Political, Social, and Economic Thought*. Quezon City, 1994
- Geok, Leow Bee. *Census of Population 2000*. Advance Data Release, Singapore: Department of Statistics 2001.
- Hartmann, Betsy. Reproductive Rights and Wrongs: The Global Politics of Population Control. South End Press. Boston. 1995
- Krugman, Paul, and Robin Wells. *Macroeconomics* 2. New York City: Worth Publishers, 2009.
- Lepoer, Barbara Leitch, ed. *Singapore: A Country Study*. Washington: GPO for the Library of Congress, 1989
- McNamara, Carter. General Guidelines for Conducting Interviews. Minnesota, 1999
- Pernia, E. and Deolalikar, Anil B. *Poverty Growth and Institutions in Developing Asia*.

 Palgrave 2003
- Ron I et al., Local-Level Contraceptive Prevalence Rate Performance Analysis in the

- Philippines: Selected Main Findings vis-à-vis Study Objectives, Manila, Philippines: ABT-PSP-One and UPPI, 2010.
- Seidel, J. Qualitative Data Analysis. 1998
- Shariff, M. Poverty Reduction an Effective Means of Population Control Theory,

 Evidence and Policy. Ashgate Publishing Company. 2007
- Smith, Thomas B. *The Policy Implementation Process*. Elsevier Scientific Publishing Company. Amsterdam 1973.
- Weiss, J. Poverty targeting in Asia. Edward Elgar Publishing. 2005
- Weiss, J. and Khan, H. A. Poverty strategies in Asia. Edward Elgar Publishing. 2006

Periodicals:

- Alcantara, A.A., Rodriguez, M.V. and Cabigon, J. V. "Determinants of child mortality and morbidity." *PSSC Social Science Information: Papers on the 1998 National Demographic Survey:* A Special Issue of the University of the Philippines Population Institute. 28(2) (2002):1-32.
- Ambat, G.H. "Promoting Reproductive Health: A Unified Strategy to Achieve the MDGs." *Senate Economic Planning Office Policy Brief.* (2009): 3-12.
- Biello, David. "Another Inconvenient Truth: The World's Growing Population Poses a Malthusian Dilemma." *Scientific American*. (2009): 243-250
- _____ "Birth rates 'must be curbed to win war on global poverty." *The Independent*. (2007):67-75.
- Bhiromrut P. "A model for other countries." *PubMed*. 1991 Dec;(30):18-21.
- Cabigon, Josefina V. "Hard Evidence to Justify the RH Bill." *The Forum.* July-August 2010 (Vol 11 Issue 4):56
- De dios and Associates. "Poverty, Growth and the Fiscal Crisis". *Philippine Institute* for Development Studies and International Development Research Center.

- (1993):98-100
- Hardin, Garrett. The Tragedy of the Commons. Science 162 (1968):1243-1248.
- Herrin, Alejandro N., "Lack of Consensus Characterizes Philippine Population Policy." *Philippine Institute for Development Studies*, *Policy Notes*, No. 2003-03 (2003):42-56.
- International Monetary Fund, "World Economic Outlook Database, October 2010: Nominal GDP list of countries". *IMF Publications*. (2009):27.
- King, M., "The US Department of State is Policing the Population Policy Lockstep". *BMJ* 319 (9 October 1999): 998-1001.
- Malthus, Thomas. "Essay on the Principle of Population as it Affects the future Improvement of Society, with Remarks on the Speculations of Mr. Godwin, M. Condorcet, and Other Writers". (1798):230-238
- Murphy, Sean. "Philippines' RH Bills: The Shape of Things to Come?" *Legal Commentaries*. (July August 2010):7- 9
- National Statistics Office (NSO), "2006 Family Planning Survey Philippines Fact Sheet". NSO (Manila: NSO, 2007): 3-8.
- Nepomuceno, T. "The 'Anatomy' of Thailand's Successful Family Planning Program". *ICMH News*. 1991 Jan-Feb;18(189):1-7.
- Notestein, Frank W. "Economic Development Would be Helped by a Reduction of Fertility," *UNESCO Courier*. (1974):75
- Orbeta, Aniceto Jr. C. "Poverty, Fertility Preferences, and Family Planning Practices in the Philippines." *Philippine Journal of Development, Philippine Institute for Development Studies*. Vol. (1and2) (2006):129-160.
- _____. "Population and Poverty: A Review of the Links, Evidence and Implications for the Philippines." *Philippine Journal of Development, Philippine Institute for Development Studies.* Vol. (2), (2003): 195-227
- Phyormyont P. Warasan Prachakon Lae Sangkhom. "Population policy in Thailand".

- PubMed. 1992 Jul-1993 Jan 4(1-2):1-37
- Rauhala, Emily. "The Philippines' Birth Control Battle". TIME. (2008):48-53.
- Ravallon, M., Chen, S., Sangraula, Prem. "Dollar a Day Revisited". *World Bank Economic Review*. Volume 23, Number 2 (2009): 163-184
- Reyes, Diwata A. "Population and Health Policies in Thailand and the Philippines: A Comparative Study". *The Asian Scholar.* Issue 1 (2000): 53-58
- The Population Council, "Declaration on Population: The World Leaders Statement." *Studies in Family Planning*. No. 26 (January, 1968):25-28
- William H. Frederick and Robert L. Worden. "Indonesia: A Country Study". *GPO for the Library of Congress*. (1993): 147-156
- Yap, M. T. "Fertility and Population Policy: the Singapore Experience". *Journal of Population and Social Security (Population)*. Supplement to Volume 1 (2003): 23-27

Conference Papers:

- Alonzo, R., et al. "Population and Poverty: The Real Score." Paper presented at the School of Economics, University of the Philippines, Diliman, Quezon City

 December 2004
- Herrin, A. N. "Population policy in the Philippines, 1969 2002". Paper presented for the Philippine institute for development studies, Manila, Philippines. September 2002
- Mandap, Anne Bernadette. "Assessment of Poverty Alleviation Policies and Programs in the Philippines". Micro Impacts of Macroeconomic Adjustment Policies Project MIMAP Research Paper No. 54. January 2002
- Reyes C. "The Poverty Fight: Have We Made an Impact". PIDS Discussion Paper No.

Newspapers:

Anonymous. The Titi Tudorancea Bulletin, English Edition. October 5, 2010

Burgonio, T.J. "PH population growth rate fastest in region". *Philippine Daily Inquirer*.

November 10, 2010

Dalangin-Fernandez, Lira. "RH bill OK'd at House committee level". *Philippine Daily Inquirer*. January 31, 2011

Hermoso, Christina. "Philippines now the 12th most populous nation." *Manila Bulletin*, September 1, 2007. http://www.mb.com.ph/node/30779

Hood, Marlowe. "Population growth driving climate change, poverty experts". *Agence France-Presse*. September 21, 2009.

Mendez, Christina. "JPE, Joker confident of compromise on RH bill". *Philippine Star*.

May 23, 2011.

Poca, Ricky. "Bothered by RH Bill." Cebu Daily News. April 26, 2011

Internet:

"Apostle Endangered". *Time*, December 7, 1970.

http://www.time.com/time/magazine/article/0,9171,877149,00.html

Blastland, Michael. "Just what is poor?". *BBC NEWS*. July 31, 2009. http://news.bbc.co.uk/2/hi/uk_news/magazine/8177864.stm.

Commission on Population, Republic of the Philippines, *About Us*. http://www.popcom.gov.ph/about_us/index.html. Accessed May 23, 2011

David-Jimenez, Rina. "At Large: Rethinking Population Policy". *Philippine Daily Inquirer*. April 8, 2008.

- http://opinion.inquirer.net/inquireropinion/columns/view/20080408-129190/Rethin king-population-policy. Accessed October 20, 2010
- Dumlao, Doris. "23 million Filipinos living below Asia-Pacific Poverty Line". *Philippine Daily Inquirer*. August 27, 2008.
 - http://globalnation.inquirer.net/news/breakingnews/view/20080827-157167/23-mill ion-Filipinos-living-below-Asia-Pacific-poverty-line. Accessed November 10, 2010
- Gumato-Pare, A. "A Frightening Uncontrollable Growth of Population in the Philippines and the Bad Profile of Its Economy". *HubPages*. http://hubpages.com/hub/arvingumatoparejaeconomicsandpopulationsissues. Accessed November 22, 2010
- National Statistical Coordination Board, "Regional Poverty Estimates". *NSO*. www.nscb.gov.ph/poverty/2003/subInc.asp. Accessed November 23, 2010
- Promoting Reproductive Health: A Unified Strategy to Achieve the MDGs. Senate of the Philippines Economic Planning Office. July 2009. PB-09-03. Accessed November 10, 2010
- Republic of the Philippines. "2000 Census-based Population Projection". *National Statistics Office*. 2006. www.nso.gov.ph . Accessed October 13, 2010
- Rosenberg, Matt . "Thomas Malthus on Population," http://geography.about.com/od/populationgeography/a/Malthus.htm.

 Accessed October 11, 2010
- Sachs, Jeffrey. "Economic Solidarity for a Crowded

 Planet". http://www.bbc.co.uk/radio4/reith2007/lecture4.shtml. Accessed October
 20, 2010
- Thailand Country Profile, 2003. "International Planned Parenthood Federation".

 http://ippfnet.ippf.org/pub/IPPF_Regions/IPPF_CountryProfile.asp?ISOCode=TH.

 Accessed April 20, 2011

- Thailand Health and Population, World Bank. http://www.worldbank.or.th Accessed April 20, 2011
- Virola, Romulo A. "Poverty Statistics 2000 2003: Has Economic Growth Been Pro-Poor?" www.nscb.gov.ph/headlines/StatsSpeak/021405_rav_povstat03.asp. Accessed December 10, 2010
- World Bank. World Development Indicators. http://data.worldbank.org/indicator.

 Accessed December 12, 2010
- World Bank PovcalNet. "Replicate the World Bank's Regional Aggregation" at http://iresearch.worldbank.org/PovcalNet/povDuplic.html. Accessed October 24, 2010
- "World Population Clock Worldometers". http://www.worldometers.info/population/.
 Accessed October 25, 2010
- World Population Data Sheet, 2003. Population Reference Bureau. www.prb.org.

 Accessed November 26, 2010

Appendix 1

Interview with Marcelo P. Luis, provincial population officer

Question 1: What are the country's population control programs?

We have two methods: artificial and natural methods of family planning

Question 2: What are the objectives of these population control methods?

To be able to improve the quality of life is one of the trusts of the PopCom.

Question 3: do you think these measures/programs are effective? Why or why not?

Artificial is more effective than natural method. Uneducated people tend to look at it at a different way. Our personnel are trained to educate them what is effective and what is not. But it is up to them to make a choice.

The factors that make our efforts ineffective are the following:

Cultural beliefs

Education

Church/church leaders

Political will of government leaders to impose programs

Question 4: Do you think a big population affects the country's poverty situation?

I think so. The more family members, the more mouths to feed. If the family only have small income, the more it will be difficult for them. Also, with big number of children in the family, nutrition becomes a special concern. They may not have enough nutritious food to eat

Question 5: What should the government do to effectively implement its population control measures?

There must be political will on the part of our government leaders. At the moment we are running short of contraceptives. We are currently self-reliant. Local government

units but these contraceptives which are being subsidized by the government. We only seek voluntary payment from our acceptors. We used to have donations from the USAID but even that is not enough.

The government should also approve the RH Bill. Politicians should never be afraid of what the church leaders would do against them.

In the end, it is up to the couple to decide which method to take whether artificial or natural. It is also important to take into consideration the health issues of the family aside from the economic issue.

It is important also for the government to motivate or educate its people. PopCom conducts Responsible Parenthood Movement seminars in various municipalities to do this. This seminar is not only focused on family planning. We teach them about family planning, marital relationships, parent-child relationships and the natural method of family planning.

However, among the problems that we encounter is the husband's commitment. It is important that both couples are involved in this seminar or family planning method. Another factor which we see that is contributing to the unsuccessful implementation is the couple's level of education. It is sometimes difficult to emphasize the importance of family planning when their intelligence will not be able to grasp them

CYLLAN UNIVE

Appendix 2

Thesis title: A Study of the Factors that Contribute to the Inefficient Implementation of Population Policy in the Philippines: A Comparative Perspective

Interview with Tomas Osias, POPCOM Executive Director

Interview Questions:

- 1. Do you think current population control policies/programs are effective? Why or why not?
 - It depends on how you will view the population policy. If we will look and decipher PD79 everything is there to implement a good population program, but the problem is that the very spirit of PD79 has been changed by some of our national leaders conservative leaders would want to promote only natural family planning but the very spirit of PD79 is to promote all legally and medically approved family planning methods. So I believe that it is important to pass a new law i.e. RH Bill to ensure universal access to RH and FP information and services to all Filipinos who would need them; and to make also our population policy and program attuned to latest developments both at the national and international levels: new laws including local government codes, MTPDP, Magna Carta of Women etc.,and international commitments such as: ICPD POA in Cairo, Women in Benjing, MDGs, etc.
- 2. In your opinion, does having a big population affect the country's economic development?
 - Yes, several studies will show that Rapid Population Growth will have negative impact on social and economic development and in the Philippines we all know that RPG will deplete our resources and will impede our development because we will not have enough savings to invest in capital forming programs that will create employment and propel economic development.
- 3. What should the government do to effectively implement its population control measures?
 - Pass the RH Bill and allocate budget for the implementation of the Population Management Program.
- 4. Why do you think Thailand was able to keep its population at a minimum considering that we practically have the same population control measures?

Because they have good Population Program and they have already reached demographic dividend where they have more people gainfully employed than there dependents and there generate more savings to propel Thailand's economic development.

5. Do you think the government should strictly enforce a population control measure among its citizens?

I would like to term it population management which would mean trying to strike a balance between population size, growth, and distribution with resources and development.

6. Any additional comments?

Our policy as stated in the RH Bill should be based on respect for life, responsible parenthood, birth spacing, and informed choice/decision.



Appendix 3

MALACAÑANG

Manila

PRESIDENTIAL DECREE No. 79 December 8, 1972

REVISING THE POPULATION ACT OF NINETEEN HUNDRED AND SEVENTY-ONE

WHEREAS, Republic Act 6365, entitled "An Act Establishing a National Policy on Population, creating the Commission on Population and for other purposes" was enacted into law on August 15, 1971;

WHEREAS, in order to effectively implement the population program, vital amendments to R.A. 6365 are necessary;

WHEREAS, the population program is an integral and vital part of social reform and economic development;

WHEREAS, one of the objectives of Proclamation No. 1081 is to effect social, economic and political reforms, and thus bring about the transformation of a new society in our country, a society designed to improve the quality of life of each Filipino; *lawphil@alf*

WHEREAS, family planning and responsible parenthood assure greater opportunity for each Filipino to reach his full potential and to attain his individual dignity;

NOW, THEREFORE, I, FERDINAND E. MARCOS, President of the Philippines, by virtue of the powers vested in me by the Constitution of the Philippines as Commander-in-Chief of all the Armed Forces of the Philippines and pursuant to Proclamation No. 1081 dated September 21, 1972 and General Order No. 1 dated September 22, 1972 as amended, and in order to effect desired changes and reforms in the social, economic, and political structures of our society, do hereby adopt, approve and make as part of the law of the land, the attached measure.

Changes and modifications in this Revised Population Act shall be made from time to time, as necessity requires, to be correspondingly announced by me or by my duly authorized representative.

This Decree shall take effect immediately.

Done in the City of Manila, this 8th day of December, in the year of Our Lord, Nineteen hundred and Seventy-two.

REVISING THE POPULATION ACT OF NINETEEN HUNDRED AND SEVENTY-ONE.

Section 1. This decree shall be known as the *Revised Population Act of the Philippines*.

Section 2. *Declaration of Policy*. 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 and economic challenge of high rate of population growth, a national program of family planning involving both public and private sectors which respect the religious beliefs and values of the individuals involved shall be undertaken.

Section 3. *Commission on Population: Creation.* There is hereby created an agency under the Office of the President, a Commission on Population hereinafter referred to as POPCOM, to carry out the purposes and objectives of this Decree.

Section 4. *Purposes and Objectives*. The POPCOM shall have the following purposes and objectives:

- a) To formulate and adopt coherent, integrated and comprehensive long-term plans, programs and recommendations on population as it relates to economic and social development consistent with and implementing the population policy which shall be submitted to and approved by the President;
- b) To make comprehensive studies of demographic data and expected demographic trends and propose policies that affect specific and quantitative population goals;
- c) To organize and implement programs that will promote a broad understanding of the adverse effects on family life and national welfare of unlimited population growth;

- d) To propose policies and programs that will guide and regulate labor force participation, internal migration and spatial distribution of population consistent with national development;
- e) To make family planning a part of a broad educational program;
- f) To encourage all persons to adopt safe and effective means of planning and realizing desired family size so as to discourage and prevent resort to unacceptable practice of birth control such as abortion by making available all acceptable methods of contraception to all persons desirious of spacing, limiting or preventing pregnancies;
- g) To establish and maintain contact with international public and private organizations concerned with population problems;
- h) To provide family planning services as a part of over-all health care;
- i) To make available all acceptable methods of contraception, except abortion, to all Filipino citizens desirious of spacing, limiting or preventing pregnancies.

Section 5. *Duties and Functions of the POPCOM*. The POPCOM shall have the following duties and powers:

- a) To employ physicians, nurses, midwives to provide, dispense and administer all acceptable methods of contraception to all citizens of the Philippines desirious of spacing, limiting or preventing pregnancies: Provided, That the above mentioned health workers, except physicians, for the purpose of providing, dispensing and administering acceptable methods of contraception, have been trained and authorized by the POPCOM in consultation with the appropriate licensing bodies;
- b) To undertake such action projects as may be necessary to promote the attainment of this Decree and to enter, in behalf of the Republic of the Philippines, into such contracts, agreements or arrangements with government or private agencies as will be necessary, contributory or desirable in the implementation thereof;
- c) To undertake, promote and publish information, studies and investigations on Philippine population in all its aspects;

- d) To utilize clinics, pharmacies as well as other commercial channels of distribution for the distribution of family planning information and contraceptives;
- e) To call upon and utilize any department, bureau, office, agency or instrumentality of the Government for such assistance as it may require in the performance of its functions.

Section 6. *Board of Commissioners*. All functions and powers of the POPCOM shall be vested in, and exercised by a Board of Commissioners hereinafter referred to as the Board, composed of: Secretary of Education and Culture, Secretary of Health, Secretary of Social Welfare, Dean of the University of the Philippines Population Institute and the Director-General of the National Economic Development Authority.

Section 7. *Powers and Duties of the Board.* The Board shall have the following powers and duties:

- a) To adopt and prescribe policies, rules, regulations and procedures for the government of the POPCOM and to modify, amend or repeal the same;
- b) To receive, evaluate, modify and approve project proposals on population matters from whatever source and to coordinate and evaluate their implementation in accordance with the approved plans and programs;
- c) To approve the annual and or supplemental budget of POPCOM as may be submitted to it by the Executive Director from time to time; and

To perform such other duties as may be assigned to it by the President of the Philippines.

Section 8. Chairman of the Board, Powers and Duties. The Board shall elect a Chairman from among its members. The Chairman shall have the following powers and duties:

- a) To call and preside over the meetings of the Board;
- b) To disburse, administer and obligate appropriations of the POPCOM, subject to the Approval of the Board;
- c) To appoint, determine the qualifications, fix the number and salaries of such personnel as may be necessary for the proper discharge of the duties and

functions of the POPCOM, and, with the approval of the Board, to remove, suspend, or otherwise discipline for just cause, any subordinate employee of the POPCOM;

- d) To submit not later than July 31st of each year an annual report, through the Board, to the President of the Philippines, providing copies thereof to the two Houses of Congress;
- e) To accept on behalf of POPCOM, gifts, grants or donations and administer, obligate and disburse the same in accordance with the provisions of this Decree;
- f) To perform such other duties as may be assigned to him by the Board from time to time;
- g) To constitute continuing or ad-hoc committees consisting of members of the Board or such other experts as are deemed necessary to conduct studies for the POPCOM or to assist in the discharge of its functions.

Section 9. *Meetings.* The Board shall meet at least once every four months or oftener at the call of the Chairman. Three members of the Board shall constitute a quorum and no action of such quorum shall be treated as a valid decision of the Board unless it carries a unanimous vote of the three members present and constituting the quorum. Members of the Board who are government officials shall serve without additional compensation; however, they shall be allowed commutable travelling, representation and other necessary allowances.

Section 10. Executive Director, Powers and Duties. The POPCOM shall have an Executive Director to be appointed by the Chairman, subject to the approval of the Board. The Executive Director shall have the following powers, duties and responsibilities:

- a) To act as action officer of the POPCOM;
- b) To sit in all meetings of the Board and participate in its deliberations but will not have the right to vote;
- c) To be responsible for the operation of the office staff and of the national population program and for making decisions on day-to-day basis subject to the direction and supervision of the Chairman;

- d) To prepare periodic review of program progress; lawphil.net
- e) To submit annual and/or such supplemental budget estimates to the Board of Commissioners;
- f) To recommend policies and programs to the Board, and
- g) To perform such other duties as may be assigned to him by the Board from time to time.

Section 11. *Personnel*. The POPCOM shall have such personnel as may be necessary for the performance of its basic functions and such other personnel as may be assigned or detailed from other agencies of the Government. All positions, except technical and professional staff and such other positions as the Board may declare to be highly technical, policy determining or primarily confidential, shall be subject to Civil Service rules and regulations and coverage of the plans of the Wage and Position Classification Office: Provided, That, all personnel shall be entitled to the benefits and privileges normally accorded to government employees, such as retirements, GSIS insurance, leave and similar matters: Provided, further, That, in the appointment and promotion of employees, merit and efficiency shall serve as basis, and no political test or qualification shall be prescribed and considered for such appointments or promotion: Provided, finally, That the POPCOM shall be the final authority on appeals on personnel matters concerning its professional and technical personnel.

Section 12. *Donations*. The POPCOM shall be authorized to receive grants, donations or gifts, in whatever form and from whatever sources: Provided, That, said grants, gifts, or donations shall be administered, obligated and disbursed in accordance with the terms thereof, or in the absence of such terms, in such manner as a majority of the Board may in its discretion determine: Provided, finally, That said grants, gifts, donations shall be subject only to such limitations as the grantor, giver or donor may impose as accepted by the POPCOM.

Section 13. *Appropriations*. The sum of fifteen million pesos is hereby appropriated annually out of any funds in the National Treasury not otherwise appropriated, as operating funds of the POPCOM starting in the fiscal year nineteen hundred and seventy-four: Provided, That, out of this sum shall be disbursed the equivalent of the amount of three hundred fifty thousand dollars as annual contributions of the Republic of the Philippines to the United Nations Fund for Population Activities; Provided, further, That, at least seventy-five percent of said amount of P350,000 shall be used

annually to finance population projects in the Philippines pursuant to this Act which are approved by the United Nations for Population Activities; And provided, finally, That, said amount may be increased or decreased in the succeeding years by POPCOM in accordance with its financial position. This appropriation shall hereafter be included in the annual General Appropriations Act.

Section 14. *Repeal.* Any and all Acts, Statutes, Rules, Regulations, or parts thereof inconsistent herewith are hereby repealed.

Section 15. *Separability.* If for any reason, any part of this Act is declared unconstitutional or invalid, no other provision of this Act shall be affected thereby.

Section 16. *Effectivity.* This Decree shall take effect immediately.

Done in the City of Manila, this 8th day of December, in the year of Our Lord, nineteen hundred and seventy-two.

Appendix 4

HOUSE BILL NO. 5043

AN ACT PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH, RESPONSIBLE PARENTHOOD AND POPULATION DEVELOPMENT, AND FOR OTHER PURPOSES

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. Short Title. – This Act shall be known as the "Reproductive Health and Population Development Act of 2008".

SEC. 2. **Declaration of Policy**. – The State upholds and promotes responsible parenthood, informed choice, birth spacing and respect for life in conformity with internationally recognized human rights standards.__

The State shall uphold the right of the people, particularly women and their organizations, to effective and reasonable participation in the formulation and implementation of the declared policy.

This policy is anchored on the rationale that sustainable human development is better assured with a manageable population of healthy, educated and productive citizens.

The State likewise guarantees universal access to medically-safe, legal, affordable and quality reproductive health care services, methods, devices, supplies and relevant information thereon even as it prioritizes the needs of women and children, among other underprivileged sectors.

- SEC. 3. **Guiding Principles**. This Act declares the following as basic guiding principles:
- a. In the promotion of reproductive health, there should be no bias for either modern or natural methods of family planning;
- b. Reproductive health goes beyond a demographic target because it is principally about health and rights;
- c. Gender equality and women empowerment are central elements of reproductive health and population development;
- d. Since manpower is the principal asset of every country, effective reproductive health care services must be given primacy to ensure the birth and care of healthy children and to promote responsible parenting;

- e. The limited resources of the country cannot be suffered to, be spread so thinly to service a burgeoning multitude that makes the allocations grossly inadequate and effectively meaningless;
- f. Freedom of informed choice, which is central to the exercise of any right, must be fully guaranteed by the State like the right itself;
- g. While the number and spacing of children are left to the sound judgment of parents and couples based on their personal conviction and religious beliefs, such concerned parents and couples, including unmarried individuals, should be afforded free and full access to relevant, adequate and correct information on reproductive health and human sexuality and should be guided by qualified State workers and professional private practitioners;
- h. Reproductive health, including the promotion of breastfeeding, must be the joint concern of the National Government and Local Government Units(LGUs);
- i. Protection and promotion of gender equality, women empowerment and human rights, including reproductive health rights, are imperative;
- j. Development is a multi-faceted process that calls for the coordination and integration of policies, plans, programs and projects that seek to uplift the quality of life of the people, more particularly the poor, the needy and the marginalized;
- k. Active participation by and thorough consultation with concerned non-government organizations (NGOs), people's organizations (POs) and communities are imperative to ensure that basic policies, plans, programs and projects address the priority needs of stakeholders;
- 1. Respect for, protection and fulfillment of reproductive health rights seek to promote not only the rights and welfare of adult individuals and couples but those of adolescents' and children's as well; and
- m. While nothing in this Act changes the law on abortion, as abortion remains a crime and is punishable, the government shall ensure that women seeking care for post-abortion complications shall be treated and counseled in a humane, non-judgmental and compassionate manner.
- SEC. 4. **Definition of Terms**. For purposes of this Act, the following terms shall be defined as follows:

- a. Responsible Parenthood refers to the will, ability and commitTrient of parents to respond to the needs and aspirations of the family and children more particularly through family planning;
- b. Family Planning refers to a program which enables couple, and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to carry out their decisions, and to have informed choice and access to a full range of safe, legal and effective family planning methods, techniques and devices.
- c. Reproductive Health -refers to the state of physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its funcitions and processes. This implies that people are able to have a satisfying and safe sex life, that they have the capability to reproduce and the freedom to decide if, when and how often to do so, provided that these are not against the law. This further implies that women and men are afforded equal status in matters related to sexual relations and reproduction.
- d. Reproductive Health Rights refers to the rights of individuals and couples do decide freely and responsibly the number, spacing and timing of their children; to make other decisions concerning reproduction free of discrimination, coercion and violence; to have the information and means to carry out their decisions; and to attain the highest standard of sexual and reproductive health.
- e. Gender Equality refers to the absence of discrimination on the basis of a person's sex, in opportunities, allocation of resources and benefits, and access to services.
- f. Gender Equity refers to fairness and justice in the distribution of benefits and responsibilities between women and men, and often requires. women-specific projects and programs to eliminate existing inequalities, inequities, policies and practices unfavorable too women.
- g. Reproductive Health Care refers to the availability of and access to a full range of methods, techniques, supplies and services that contribute to reproductive and sexual health and well-being by preventing and solving reproductive health-related problems in order to achieve enhancement of life and personal relations. The elements of reproductive health care include:
- 1. Maternal, infant and child health and nutrition;
- 2. Promotion of breastfeeding;

- 3. Family planning information end services;
- 4. Prevention of abortion and management of post-abortion complications;
- 5. Adolescent and youth health;
- 6. Prevention and management of reproductive tract infections (RTIs), HIV/AIDS and other sexually transmittable infections (STIs);
- 7. Elimination of violence against women;
- 8. Education and counseling on sexuality and sexual and reproductive health;
- 9. Treatment of breast and reproductive tract cancers and other gynecological conditions;
- 10. Male involvement and participation in reproductive health;
- 11. Prevention and treatment of infertility and sexual dysfunction; and
- 12. Reproductive health education for the youth.
- h. Reproductive Health Education refers to the process of acquiring complete, accurate and relevant information on all matters relating to the reproductive system, its functions and processes and human sexuality; and forming attitudes and beliefs about sex, sexual identity, interpersonal relationships, affection, intimacy and gender roles. It also includes developing the necessary skills do be able to distinguish between facts and myths on sex and sexuality; and critically evaluate. and discuss the moral, religious, social and cultural dimensions of related sensitive issues such as contraception and abortion.
- i. Male involvement and participation refers to the involvement, participation, commitment and joint responsibility of men with women in all areas of sexual and reproductive health, as well as reproductive health concerns specific to men.
- j. Reproductive tract infection (RTI) refers do sexually transmitted infections, sexually transmitted diseases and other types of-infections affecting the reproductive system.
- k. Basic Emergency Obstetric Care refers to lifesaving services for maternal complication being provided by a health facility or professional which must include the following six signal functions: administration of parenteral antibiotics; administration of parenteral oxyttocic drugs; administration of parenteral anticonvulsants for pre-eclampsia and iampsia; manual removal of placenta; and assisted vaginal delivery.

- 1. Comprehensive Emergency Obstetric Care refers to basic emergency obstetric care plus two other signal functions: performance of caesarean section and blood transfusion.
- m. Maternal Death Review refers to a qualitative and in-depth study of the causes of maternal death with the primary purpose of preventing future deaths through changes or additions to programs, plans and policies.
- n. Skilled Attendant refers to an accredited health professional such as a licensed midwife, doctor or nurse who has adequate proficiency and the skills to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complication in women and newborns.
- o. Skilled Attendance refers to childbirth managed by a skilled attendant under the enabling conditions of a functional emergencyobstetric care and referral system.
- p. Development refers to a multi-dimensional process involving major changes in social structures, popular attitudes, and national institutions as well as the acceleration of economic growth, the reduction of inequality and the eradication of widespread poverty.
- q. Sustainable Human Development refers to the totality of the process of expending human choices by enabling people to enjoy long, healthy and productive lives, affording them access to resources needed for a decent standard of living and assuring continuity and acceleration of development by achieving a balance between and among a manageable population, adequate resources and a healthy environment.
- r. Population Development refers to a program that aims to: (1) help couples and parents achieve their desired family size; (2) improve reproductive health of individuals by addressing reproductive health problems; (3) contribute to decreased maternal and infant mortality rates and early child mortality; (4) reduce incidence of teenage pregnancy; and (5) enable government to achieve a balanced population distribution.
- SEC. 5. The Commission on Population (POPCONI). Pursuant to the herein declared policy, the Commission on Population (POPCOM) shall serve as the central planning, coordinating, implementing and monitoring body for the comprehensive and integrated policy on reproductive health and population development. In the implementation of this policy, POPCOM, which shall be an attached agency of the Department of Health (DOH) shall have the following functions:
- a. To create an enabling environment for women and couples to make an informed choice regarding the family planning method that is best suited to their needs and personal convictions;

- To integrate on a continuing basis the interrelated reproductive health and population development agenda into a national policy, taking into account regional and local concerns;
- c. To provide the mechanism to ensure active and full participation of the private sector and the citizenry through their organizations in the planning and implementation of reproductive health care and population development programs and projects;
- d. To ensure people's access to medically safe, legal, quality and affordable reproductive health goods and services;
- e. To facilitate the involvement and participation of non-government organizations and the private sector in reproductive health care service delivery and in the production, distribution and delivery of quality reproductive: health and family planning supplies and commodities to make them accessible and affordable to ordinary citizens;
- f. To fully implement the Reproductive Health Care Program with the following components:
- (1) Reproductive health education including but not limited to counseling on the full range of legal and medically-safe family planning methods including surgical methods;
- (2) Maternal, pen-natal and post-natal education, care and services;
- (3) Promotion of breastfeeding;
- (4) Promotion of male involvement, participation and responsibility in reproductive health as well as other reproductive health concerns of men;
- (5) Prevention of abortion and management of post-abortion complications; and
- (6) Provision of information and services addressing the reproductive health needs of the poor, senior citizens, women in prostitution, differently-abled persons, and women and children in war AND crisis situations.
- g. To ensure that reproductive health services are delivered with a full range of supplies, facilities and equipment and that service providers are adequately trained for reproductive health care;
- h. To endeavor to furnish local Family Planning Offices with appropriate information and resources to keep the latter updated on current studies and research relating to family planning, responsible parenthood, breastfeeding and infant nutrition;

- i. To direct all public hospitals to make available to indigent mothers who deliver their children in these government hospitals, upon the mothers request, the procedure of ligation without cost to her;
- j. To recommend the enactment of legislation and adoption of executive measures that will strengthen and enhance the national policy on reproductive health and population development;
- k. To ensure a massive and sustained information drive on responsible parenthood and on all methods and techniques to prevent unwanted, unplanned and mistimed pregnancies, it shall release information bulletins on the same for nationwide circulation to all government departments, agencies and instrumentalities, non-government organizations and the private sector, schools, public and private libraries, tri-media outlets, workplaces, hospitals and concerned health institutions;
- l. To strengthen the capacities of health regulatory agencies to ensure safe, high-quality, accessible, and affordable reproductive health services and commodities with the concurrent strengthening and enforcement of regulatory mandates and mechanisms;
- m. To take active steps to expand the coverage of the National Health Insurance Program (NHIP), especially among poor and marginalized women, to include the full range of reproductive health services and supplies as health insurance benefits; and
- n. To perform such other functions necessary to attain the purposes of this Act.

The membership of the Board of Commissioners of POPCOM shall consist of the heads of the following AGENCIES:

- 1. National Economic DevelopmentAuthority (VEDA)
- 2. Department of Health (DOH)
- 3. Department of Social Welfare and Development (DSWD)
- 4. Department of Labor and Employment (DOLE)
- 5. Department of Agriculture (DA)
- 6. Department of the Interior and Local Government (DILG)
- 7. Department of Education (DepEd)
- 8. Department of Environment and Natural Resources (DENR)
- 9. Commission on Higher Education (CHED)
- 10. University of the Philippines Population Institute (UPPI)
- 11. Union of Local Authorities of the Philippines (ULAFI)
- 12. National Anti-Poverty Commission (NAPQ

- 13. National Commission on the Role of Filipino Women (NCRFW)
- 14. National Youth Commission (NYC)

In addition to the aforementioned, members, there shall be three private sector representatives to the Board of Commissioners of POPCOM who shall come from NGOs. There shall be one (1) representative each from women, youth and health sectors who have a proven track record of involvement in the promotion of reproductive health. These representatives shall be nominated in a process determined by the above-mentioned sectors, and to be appointed by the President for a term of three (3)years.

- SEC. 6. **Midwives for Skilled Attendance**. -Every city and municipality shall endeavor to employ adequate number of midwives or other skilled attendants to achieve a minimum ratio of one (1) for every one hundred fifty (150) deliveries per year, to be based on the average annual number of actual deliveries or live births for the past two years.
- SEC. 7. **Emergency Obstetric Care**. Each province. and city shall endeavor to ensure the establishment and operation of hospitals with adequate and qualified personnel that provide emergency obstetric care. For every 500,000 population, there shall be at least one (1) hospital for comprehensive emergency obstetric care and four (4) hospitals for basic emergency obstetric care.
- SEC. 8. **Maternal Death Review**. All LGUs, national and local government hospitals, and other public health units shall conduct maternal death review in accordance with the guidelines to be issued by the DOH in consultation with the POPCOM.
- SEC. 9. **Hospital-Based Family Planning**. -Tubal ligation, vasectomy, intrauterine device insertion and other family planning methods requiring hospital services shall be available in all national and local government hospitals, except: in specialty hospitals which may render such services on an optional basis. For indigent patients, such services shall be fully covered by PhilHealth insurance and/or government financial assistance.
- SEC. 10. **Contraceptives as Essential Medicines**. Hormonal contraceptives, intrauterine devices, injectables and other allied reproductive health products and supplies shall be considered under the category of essential medicines and supplies which shall form part of the National Drug Formulary and the same shall be included in the regular purchase of essential medicines and supplies of all national and lord hospitals and other government health units.
- SEC. 11. **Mobile Health Care Service**. -Each Congressional District shall be provided with a van to be known as the Mobile Health Care Service (MHOS) to deliver health care goods and services to its constituents, more particularly to the poor and needy, as

well as disseminate knowledge and information on reproductive health: *Provided*, That reproductive health education shall be conducted by competent and adequately trained persons preferably reproductive health care providers: *Provided*, *further*, That the full range of family planning methods, both natural and modern, shall be promoted.

The acquisition, operation and maintenance of the MRCS shall be funded from the Priority Development Assistance Fund (PDAF) of each Congressional District.

The MHCS shall be adequately equipped with a wide range of reproductive health care materials and information dissemination devices and equipment, the latter including but not limited to, a television set for audio-visual presentation.

SEC. 12. Mandatory Age-Appropriate Reproductive Health Education. –

Recognizing the importance of reproductive health rights in empowering the youth and developing them into responsible adults, Reproductive Health Education in an age-appropriate manner shall be taught by adequately trained teachers starting from Grade 5 up to Fourth Year High School. In order to assure the prior training of teachers on reproductive health, the implementation of Reproductive Health Education shall commence at the start of the school year one year following the effectivity of this Act. The POPCOM, in coordination with the Department of Education, shall formulate the Reproductive Health Education curriculum, which shall be common to both public and private schools and shall include related population and development concepts in addition to the following subjects and standards:

- a. Reproductive health and sexual rights;
- b. Reproductive health care and services;
- c. Attitudes, beliefs and values on sexual development, sexual behavior and sexual health;
- d. Proscription and hazards of abortion and management of post-abortion complications;
- e. Responsible parenthood.
- f. Use and application of natural and modern family planning methods to promote reproductive health, achieve desired family size and prevent unwanted, unplanned and mistimed pregnancies;
- g. Abstinence before marriage;
- h. Prevention and treatment of HIV/AIDS and other, STIs/STDs, prostate cancer, breast cancer, cervical cancer and other gynecological disorders;

- i. Responsible sexuality; and
- j. Maternal, peri-natal and post-natal education, care and services.

In support of the natural, and primary right of parents in the rearing of the youth, the POPCOM shall provide concerned parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching reproductive health education to their children.

In the elementary level, reproductive health education shall focus, among others, on values formation.

Non-formal education programs shall likewise include the abovementioned reproductive Health Education.

- SEC. 13. **Additional Duty of Family Planning Office**. Each local Family Planning Office shall furnish for free instructions and information on family planning, responsible parenthood, breastfeeding and infant nutrition to all applicants for marriage license.
- SEC. 14. **Certificate of Compliance**. No marriage license shall be issued by the Local Civil Registrar unless the applicants present a Certificate of Compliance issued for free by the local Family Planning Office certifying that they had duly received adequate instructions and information on family planning, responsible parenthood, breastfeeding and infant nutrition.
- SEC. 15. Capability Building of Community-Based Volunteer Workers. –

Community-based volunteer workers, like but not limited to, Barangay Health Workers, shall undergo additional and updated training on the delivery of reproductive health care services and shall receive not less than 10% increase in honoraria upon successful completion of training. The increase in honoraria shall be funded from the Gender and Development (GAD) budget of the National Economic and Development Authority (NEDA), Department of Health (DOH) and the Department of the Interior and Local Government (DILG).

- SEC. 16. **Ideal Family Size**. The State shall assist couples, parents and individuals to achieve their desired family size within the context of responsible parenthood for sustainable development and encourage them to have two children as the ideal family size. Attaining the ideal family size is neither mandatory nor compulsory. No punitive action shall be imposed on parents having more than two children.
- SEC. 17. **Employers' Responsibilities**. Employers shall respect the reproductive health rights of all their workers. Women shall not be discriminated against in the matter of hiring, regularization of employment status or selection for retrenchment.

All Collective Bargaining Agreements (CBAs) shall provide for the free delivery by the employer of reasonable quantity of reproductive health care services, supplies and devices to all workers, more particularly women workers. In establishments or enterprises where there are no CBAs or where the employees are unorganized, the employer shall have the same obligation.

- SEC. 18. Support of Private and Non-government Health Care Service Providers. –
- Pursuant to Section 5(b) hereof, private reproductive health care service providers, including but not limited to gynecologists and obstetricians, are encouraged to join their colleagues in non-government organizations in rendering such services free of charge or at reduced professional fee rates to indigent and low income patients.
- SEC. 19. **Multi-Media Campaign**. POPCOM shall initiate and sustain an intensified nationwide multi-media campaign to raise the level of public awareness on the urgent need to protect and promote reproductive health and rights.
- SEC. 20. **Reporting Requirements**. Before the end of April of each year, the DOH shall submit an annual report to the President of the Philippines, the President of the Senate and the Speaker of the House of Representatives on a definitive and comprehensive assessment of the implementation of this Act and shall make the necessary recommendations for executive and legislative action. The report shall be posted in the website of DOH and printed copies shall be made available to all stakeholders.
- SEC. 21. **Prohibited Acts.** The following acts are prohibited:
- a) Any health care service provider, whether public or private, who shall:
- 1. Knowingly withhold information or impede the dissemination thereof, and/or intentionally provide incorrect information regarding programs and services on reproductive health including the right to informed choice and access to a full range of legal, medically-safe and effective family planning methods;
- 2. Refuse to perform voluntary ligation and vasectomy and other legal and medically-safe reproductive health care services on any person of legal age on the ground of lack of spousal consent or authorization.
- 3. Refuse to provide reproductive health care services to an abused minor, whose abused condition is certified by the proper official or personnel of the Department of Social Welfare and Development (DSWD) or to duly DSWD-certified abused pregnant minor on whose case no parental consent is necessary.

- 4. Fail to provide, either deliberately or through gross or inexcusable negligence, reproductive health care services as mandated under this Act, the Local Government Code of 1991, the Labor Code, and Presidential Decree 79, as amended; and 5. Refuse to extend reproductive health care services and information on account of the patient's civil status, gender or sexual orientation, age, religion, personal circumstances, and nature of work; *Provided*, That all conscientious objections of health care service providers based on religious grounds shall be respected: *Provided*, *further*, That the conscientious objector shall immediately refer the person seeking such care and services to another health care service provider within the same facility or one which is conveniently accessible: *Provided*, *finally*, That the patient is not in an emergency or serious case as defined in RA 8344 penalizing the refusal of hospitals and medical clinics to administer appropriate initial medical treatment and support in emergency and serious cases.
- b) Any public official who prohibits or restricts personally or through a subordinate the delivery of legal and medically-safe reproductive health care services, including family planning;
- c) Any employer who shall fail to comply with his obligation under Section 17 of this Act or an employer who requires a female applicant or employee, as a condition for employment or continued employment, to involuntarily undergo sterilization, tubal ligation or any other form of contraceptive method;
- d) Any person who shall falsify a certificate of compliance as required in Section 14 of this Act; and
- e) Any person who maliciously engages in disinformation about the intent or provisions of this Act.
- SEC. 22. **Penalties**. The proper city or municipal court shall exercise jurisdiction over violations of this Act and the accused who is found guilty shall be sentenced to an imprisonment ranging from one (1) month to six (6) months or a fine ranging from Ten Thousand Pesos (P10,000.00) to Fifty Thousand Pesos (P50,000.00) or both such fine and imprisonment at the discretion of the court. If the offender is a juridical person, the penalty shall be imposed upon the president, treasurer, secretary or any responsible officer. An offender who is an alien shall, after service of sentence, be deported immediately without further proceedings by the Bureau of Immigration. An offender who is a public officer or employee shall suffer the accessory penalty of dismissal from the government service.

Violators of this Act shall be civilly liable to the offended party in such amount at the discretion of the proper court.

- SEC. 23. **Appropriations**. The amounts appropriated in the current annual General Appropriations Act for reproductive health and family planning under the DOH and POPCOM together with ten percent (10%) of the Gender and Development (GAD) budgets of all government departments, agencies, bureaus, offices and instrumentalities funded in the annual General Appropriations Act in accordance with Republic Act No. 7192 (Women in Development and Nation-building Act) and Executive Order No. 273 (Philippine Plan for Gender Responsive Development 1995-2025) shall be allocated and utilized for the implementation of this Act. Such additional sums as may be necessary for the effective implementation of this Act shall be Included in the subsequent years' General Appropriations Acts.
- SEC. 24. **Implementing Rules and Regulations**. Within sixty (60) days from the effectivity of this Act, the Department of Health shall promulgate, after thorough consultation with the Commission on Population (POPCOM), the National Economic Development Authority (NEDA), concerned non-government organizations (NGOs) and known reproductive health advocates, the requisite implementing rules and regulations.
- SEC. 25. **Separability Clause**. If any part, section or provision of this Act is held invalid or unconstitutional, other provisions not affected thereby shall remain in full force and effect.
- SEC. 26. **Repealing Clause**. All laws, decrees, Orders, issuances, rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.
- SEC. 27. **Effectivity**. This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of national circulation.

Appendix 5

FOURTEENTH CONGRESS OF THE REPUBLIC OF THE PHILIPPINES Second Regular Session

SENATE

S.B. NO. 3122

(In substitution of Senate Bill Nos. 40, 43, 187, 622, 1299 taking into consideration P.S. Res. No. 376)

Prepared by the Committees on Health and Demography (Subcommittee on Reproductive Health); Youth, Women and Family Relations; Finance; Local Government and Ways and Means with Senators Biazon, Lacson, Ejercito Estrada, Santiago, Cayetano, P., Legarda, Angara, Madrigal, Aquino III as authors thereof.

AN ACT PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines assembled:

SYLAN UNIS

SEC. 1. Title

This Act shall be known as the "The Reproductive Health and Population and Development Act of 2009."

SEC. 2. Declaration of Policy

It is hereby declared the policy of the State to recognize and guarantee:

(a) the human rights of all persons including the right to equality and equity, the right to sustainable human development, the right to health which includes reproductive health, the right to education and the right to choose and make decisions for themselves in accordance with their religious convictions, cultural beliefs, and the demands of responsible parenthood; and

(b) the promotion of gender equality, equity and women's empowerment as a health and human rights concern. The advancement and protection of women's human rights shall be central to the efforts of the State to address reproductive health care. As a distinct but inseparable measure to the guarantee of women's human rights the State recognizes and guarantees the promotion of the welfare and rights of children.

Toward these ends, the State shall guarantee universal access to information and education, and safe, affordable, quality and non-hazardous reproductive health care services.

The State shall address and seek to eradicate discriminatory practices, laws and policies that infringe on a person's exercise of sexual and reproductive health and rights.

SEC. 3. Guiding Principles

This Act declares the following as guiding principles:

- a. Freedom of choice, which is central to the exercise of any right, must be fully guaranteed by the State like the right itself.
- b. The state shall guarantee the free exercise of religious belief in the enforcement of this Act.
- c. Since human resource is the principal asset of the country, effective reproductive health care services must be given primacy to ensure maternal health, birth of healthy children, their full human development, and the promotion of responsible parenting.
- d. The provision of medically-safe, accessible, affordable and quality reproductive health care services is essential in the promotion of people's right to health.
- e. The state will promote, without bias, all modern methods of family planning.
- f. The State shall endeavor to promote a program that aims to:
- (1) enable couples to have the number of children they desire with due consideration to the health, particularly women, and resources available to the family.
- (2) encourage equitable allocation and utilization of resources;
- (3) promote effective partnership among the national government; local government units and the private sector in the design, implementation, coordination, integration, monitoring and evaluation of people-centered programs towards quality of life and environmental protection; and

- (4) conduct studies to analyze demographic trends towards sustainable human development.
- g. Reproductive health must be the joint responsibility of the National Government and Local Government Units,
- h. Active participation by and thorough consultation with non-government organizations, communities and people's organizations is crucial to ensure that reproductive health and population and development policies, plans, and programs will address the priority needs of the poor, especially women.
- i. While nothing in this Act changes the law on abortion, as abortion remains a crime and is punishable, the government shall ensure that all women needing care for post-abortion complications shall be treated and counseled in a humane, non-judgmental and compassionate manner.

SEC. 4. Definition of Terms

For the purpose of this Act the following terms shall be defined as follows:

- 1. "Adolescence" refers to a life stage of people with age from 10 up to 19.
- 2. "Adolescent sexuality" refers to, among others, the reproductive system, gender identity, values or beliefs, emotions, relationships and sexual behavior of young people as social beings.
- 3. "Basic Emergency Obstetric Care" refers to lifesaving services for maternal complications being provided by a health facility or professional, which must include the following six signal functions: administration of parenteral antibiotics; administration of parenteral oxytocic drugs; administration of parenteral anticonvulsants for pre-eclampsia and eclampsia; manual removal of placenta; removal of retained products; and assisted vaginal delivery.
- 4. "Comprehensive Emergency Obstetric Care" refers to basic emergency obstetric care plus two other signal functions: performance of caesarean SEC. and blood transfusion.
- 5. "*Employer*" includes any person acting in the interest of an employer, directly or indirectly. The term shall not include any labor organization or any of its officers or agents except when acting as an employer.

- 6. "Family planning" refers to a program which enables couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so, and to have informed choice and access to a full range of safe and effective modern methods of preventing pregnancy.
- 7. "Gender equality" refers to the absence of discrimination on the basis of a person's sex, in opportunities, in the allocation of resources or benefits or in access to services.
- 8. "Gender equity" refers to fairness and justice in the distribution of benefits and responsibilities between women and men, and often requires women-specific projects and programs to end existing inequalities.

9. "Healthcare Service Providers" refers to

- (a) a health care institution, which is duly licensed and accredited and devoted primarily to the maintenance and operation of facilities for health promotion, prevention, diagnosis, treatment, and care of individuals suffering from illness, disease, injury, disability or deformity, or in need of obstetrical or other medical and nursing care;
- (b) a health care professional who is any doctor of medicine, nurse, or midwife;
- (c) public health workers engaged in the delivery of health care services; and
- (d) barangay health workers who has undergone training programs under any accredited government and non-government organization and who voluntarily renders primarily health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH).
- 10. "Male involvement and participation" refers to the effort, commitment and joint responsibility of men with women in all areas of sexual and reproductive health, as well as the care of reproductive health concerns specific to men.
- 11. "*Maternal Death Review*" refers to a qualitative and in-depth study of the causes of maternal death with the primary purpose of preventing future deaths through changes or additions to programs, plans and policies.
- 12. "Modern Methods of Family Planning" refers to safe, effective and legal methods to prevent pregnancy such as the pill, intra-uterine device (IUD), injectables, condom, ligation, vasectomy, and modern natural family planning methods include mucus/billing/ovulation, lactational amenorrhea, basal body temperature and standard days method.

- 13. "Reproductive health" refers to the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. This implies that people are able to have a safe sex life, that they have the capability to reproduce and the freedom to decide if, when and how often to do so, provided that these are not against the law. This further implies that women and men attain equal relationships in matters related to sexual relations and reproduction.
- 14. "Reproductive Health Care" refers to the access to a full range of methods, techniques, facilities and services that contribute to reproductive health and well being by preventing and solving reproductive health-related problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations. The elements of reproductive health care include:
- a. maternal, infant and child health and nutrition including breastfeeding
- b. family planning information and services;
- c. prevention and management of post-abortion complications;
- d. adolescent and youth reproductive health;
- e. prevention and management of reproductive tract infections (RTIs), HIV and AIDS and other sexually transmittable infections (STIs);
- f. elimination of violence against women;
- g. education and counseling on sexuality and sexual health;
- h. treatment of breast and reproductive tract cancers and other gynecological conditions and disorders.
- i. male involvement and participation in reproductive health; and
- j. prevention and treatment of infertility and sexual dysfunction
- 15. "Reproductive Health Care program" is the systematic, integrated provision of reproductive health care services to all citizens especially the poor, marginalized and those in vulnerable situations.
- 16. "Reproductive tract infection (RTI)" includes sexually transmitted infections, and other types of infections affecting the reproductive system.
- 17. "Reproductive Health and Sexuality Education" refers to the process of providing complete, accurate and relevant information on all matters relating to reproductive health.

- 18. "Reproductive rights" the rights of individuals and couples, subject to applicable laws, to decide freely and responsibly the number, spacing and timing of their children; to make other decisions concerning reproduction free of discrimination, coercion and violence; to have the information and means to do so; and to attain the highest standard of sexual and reproductive health.
- 19. "Skilled Attendant" refers to accredited health professional such as a midwife, doctor or nurse who has been educated and trained to proficiency in the skills needed to manage normal or uncomplicated pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns. Traditional Birth Attendants or traditional midwives--trained or not--are excluded from this category.
- 20. "Skilled Birth Attendance" refers to childbirth managed by a skilled attendant plus the enabling conditions of necessary equipment and support of a functioning health system, including transport and referral facilities for emergency obstetric care.
- 21. "Sustainable Human Development" refers to bringing people particularly the poor and vulnerable, at the center of development process, the central purpose of which is the creation of an enabling environment in which all can enjoy long, healthy and creative lives, and done in a manner that protects the life opportunities of future generations and the natural ecosystem on which all life depends.

SEC. 5. Midwives for Skilled Birth Attendance

The Local Government Units (LGUs) with assistance of the Department of Health (DOH), shall deploy an adequate number of midwives to achieve a minimum ratio of one (1) fulltime skilled birth attendantfor every one hundred fifty (150) deliveries per year, to be based on the annual number of actual deliveries or live births for the past two years.

SEC. 6: Emergency Obstetric Care

Each province and city shall ensure the establishment or upgrading of hospitals with adequate and qualified personnel, equipment and supplies to be able to provide emergency obstetric care. At the very least, for every 500,000 population there shall be at least one (1) hospital for comprehensive emergency obstetric care and four (4) hospitals for basic emergency obstetric care.

SEC. 7. Surgical Family Planning

Modern family planning methods requiring hospital services shall be available in all national and local government hospitals, except in specialty hospitals which may render such services on optional basis. For poor patients, such services shall be fully covered by PhilHealth Insurance and/or government financial assistance.

After the use of any PhilHealth benefit involving childbirth and all other pregnancy-related service wherein the beneficiary wishes to space or prevent her next pregnancy, PhilHealth shall pay for the full cost of family planning for the next three (3) years. Provided, that the beneficiary retains her membership with PhilHealth. The benefit payments shall be channeled to appropriate local or national government health facilities.

SEC. 8. Maternal Death Review

All Local Government Units (LGUs), national and local government hospitals, and other public health units shall conduct annual maternal death review in accordance with the guidelines to be issued by the DOH.

SEC. 9: Family Planning Supplies as Essential Medicines

Hormonal contraceptives, intrauterine devices, injectables and other safe, effective and legal family planning products and supplies shall be included under the category of essential medicines and supplies which shall form part of the National Drug Formulary and the same shall be included in the regular purchase of essential medicines and supplies of all national and local hospitals and other government health units.

SEC. 10. Procurement and Distribution of Family Planning Supplies

The DOH shall spearhead the efficient procurement, distribution to LGUs and usage-monitoring of family planning supplies for the whole country. The DOH shall coordinate with all appropriate LGU bodies to plan and implement this procurement and distribution program. The supply and budget allotments shall be based on, among others, the current levels and projections of the following:

- a. number of women of reproductive age and couples who want to space or limit their children;
- b. contraceptive prevalence rate, by type of method used;
- c. cost of family planning supplies;

SEC. 11. Mobile Health Care Service

Each Congressional District shall be provided with a van to be known as the Mobile Health Care Service (MHCS) to deliver health care goods and services to its constituents, more particularly to the poor and needy, as well as disseminate knowledge and information on reproductive health. The purchase of such vans shall be funded from the Priority Development Assistance Fund (PDAF) of each Congressional District. The subsequent operation and maintenance of the MHCS shall be subject to an agreement entered into between the district representative and the recipient province. The MHCS shall be adequately equipped with a wide range of reproductive health care materials and information dissemination devices and equipment, the latter including but not limited to a television set for audio-visual presentations. All MHCS shall be operated by LGUs of provinces and highly urbanized cities.

SEC. 12. Mandatory Age-Appropriate Reproductive Health and Sexuality Education

Reproductive Health and Sexuality Education in an age-appropriate manner shall be taught by adequately trained teachers starting from Grade 5 up to Fourth Year High School. Reproductive Health and Sexuality Education shall commence at the start of the school year immediately following one year from the effectivity of this Act. The Department of Education (DEPED) shall formulate the Sexuality Education curriculum, which shall be common to both public and private schools, based on but not limited to the following subjects:

- a. Knowledge and skills in self-protection against discrimination, sexual violence, sexual abuses, STIs, HIV and AIDS and teen pregnancy.
- b. Values formation
- c. Physical, Social and Emotional Changes in Adolescents
- d. Children and women's rights
- e. Fertility awareness
- f. Population and development education
- g. Responsible relationship
- h. Family planning methods
- i. Proscription and hazards of abortion
- j. Gender and development
- k. Responsible parenthood

The DepEd shall provide concerned parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching reproductive health

education to their children. This shall be complementary to the parents' role in rearing their children.

Non-formal education programs shall likewise include the above-mentioned Reproductive Health Education.

SEC. 13. Capability Building of Barangay Health Workers

Barangay Health Workers shall undergo training on the promotion of reproductive health and shall receive at least 10% increase in honoraria upon successful completion of training. The increase in honoraria shall be funded from the Gender and Development (GAD) budget of the Local Government Units.

SEC. 14. Employers' Responsibilities

The Department of Labor and Employment (DOLE) shall ensure that employers respect the reproductive rights of their workers. Employers with less than 200 workers shall enter into partnership with hospitals, health facilities, and or health professionals in their areas for the delivery of reproductive health services.

All Collective Bargaining Agreements (CBAs) shall provide for the free delivery of reasonable reproductive health care services and devices to workers, more particularly the women.

Employers shall also uphold the right of women to know work conditions which affect their health, particularly those related with their reproductive health. Employers shall furnish in writing the following information to women employees and applicants:

- a. The medical and health benefits which workers are entitled to, including maternity leave benefits and the availability of family planning services;
- b. The reproductive health hazards associated with work, including hazards that may affect their maternal functions;
- c. The availability of facilities for women which are required under Presidential Decree No. 442, as amended, also known as the Labor Code, Article 132.

SEC. 15. Multi-Media Campaign

The DOH shall initiate and sustain a heightened nationwide multi-media campaign to raise the level of public awareness on the protection and promotion of reproductive health and rights including family planning and population and development.

SEC. 16. Implementing mechanisms

- a. Pursuant to the herein declared policy, the DOH and the Local Health Units shall serve as the lead agency for the implementation of this Act and shall integrate in their regular operations the following functions:
- i. Fully and efficiently implement the Reproductive Health Care Program;
- ii. Ensure people's access to medically safe, legal, quality and affordable reproductive health goods and services;
- iii. Ensure that reproductive health services are delivered with a full range of supplies, facilities and equipment and that service providers are adequately trained for such reproductive health care delivery;
- v. Expand the coverage of the Philippine Health Insurance Corporation (PhilHealth), especially among poor and marginalized women, to include the full range of reproductive health services and supplies as health insurance benefits;
- v. Strengthen the capacities of health regulatory agencies to ensure safe, high-quality, accessible, and affordable reproductive health services and commodities with the concurrent strengthening and enforcement of regulatory mandates and mechanisms;
- vi. Facilitate the involvement and participation of non-government organizations and the private sector in reproductive health care service delivery and in the production, distribution and delivery of quality reproductive health and family planning supplies and commodities to make them accessible and affordable to ordinary citizens;
- vii. Furnish local government units with appropriate information and resources to keep the latter updated on current studies and researches relating to family planning, responsible parenthood, breastfeeding and infant nutrition; and
- viii. Perform such other functions necessary to attain the purposes of this Act.
- b. The POPCOM, as an attached agency of DOH, shall serve as the coordinating body in the implementation of this Act and shall have the following functions:
- i. Integrate on a continuing basis the interrelated reproductive health and population development agenda into a national policy, taking into account regional and local concerns;

- ii. Provide the mechanism to ensure active and full participation of the private sector and the citizenry through their organizations in the planning and implementation of reproductive health care and population development programs and projects;
- iii. Conduct sustained and effective information drives on sustainable human development and on all methods of family planning to prevent unintended, unplanned and mistimed pregnancies.

SEC. 17. Prohibited Acts

The following acts are prohibited:

- a) Any healthcare service provider, whether public or private, who shall:
- 1. Knowingly withhold information or restrict the dissemination thereof, and/or intentionally provide incorrect information regarding programs and services on reproductive health including the right to informed choice and access to a full range of legal, medically-safe and effective family planning methods as well as the information required under Section 14 of this Act;
- 2. Refuse to perform legal and medically-safe reproductive healthcare and services on any person of legal age on the ground of lack of third party consent or authorization. In case of married persons the mutual consent of the spouses shall be required. However in case of disagreement, the decision of the one undergoing the procedure shall prevail. In the case of abused minors with parents and/or other family members as perpetrators as certified to by the Department of Social Welfare (DSWD) and Development and/or local social welfare offices, no prior parental consent shall be necessary;
- 3. Refuse to extend quality health care services and information on account of the person's marital status, gender, sexual orientation, age, religion, personal circumstances, or nature of work, provided that, the conscientious objection of a healthcare service provider based on his/her ethical or religious beliefs shall be respected; however, the conscientious objector shall immediately refer the person seeking such care and services to another healthcare service provider within the same facility or one which is conveniently accessible; provided further that the person is not in an emergency condition or serious case as defined in RA 8344 penalizing the refusal of hospitals and medical clinics to administer appropriate initial medical treatment and support in emergency and serious cases.

- b) Any public official with power and authority over any subordinate who shall prohibit or intentionally restrict provision of legal and medically-safe reproductive healthcare services, including family planning to such subordinate.
- c) Any employer who shall require or cause a female applicant for employment or an employee to submit herself to sterilization or any contraceptive method, as a condition for employment or continued employment.

SEC. 18. Penalties

Any violation of this act shall be penalized by imprisonment ranging from one (1) month to six (6) months or imposed a fine of Twenty Thousand Pesos (P20,000.00) or both such fine and imprisonment at the discretion of the court, provided that if the offender is a public official, s/he shall also be administratively liable.

SEC. 19. Reporting Requirements

Before the end of April each year, the DOH shall submit an annual report to the President and to the Congress of the Philippines. The report shall provide the Reproductive Health Program, a definitive and comprehensive assessment of the implementation of its programs and those of other Government agencies and instrumentalities, civil society and the private sector and recommend appropriate priorities for executive and legislative actions. The report shall be printed and distributed to all national agencies, the LGUs, civil society and the private sector organizations involved in said programs.

The annual report shall evaluate the content, implementation, and impact of all policies related to reproductive health and family planning to ensure that such policies promote, protect and fulfill women's reproductive health and rights.

SEC. 20. Appropriations

The amounts appropriated in the current annual General Appropriations Act for reproductive health and family planning under the DOH and POPCOM shall be allocated and utilized for the implementation of this Act. Such additional sums necessary to provide for family planning commodity requirements as outlined in Sec. 9, and for other reproductive health services, shall be included in the subsequent years General Appropriations Acts.

SEC. 21. Implementing Rules and Regulations

Within thirty (30) days from the effectivity of this Act, the Department of Health, National Economic and Development Authority and Commission on Population shall jointly promulgate, after thorough consultation with health and national multi-sectoral non-government organizations, the rules and regulations for the effective implementation of this Act and shall ensure the full dissemination of the same to the public.

SEC. 22. Separability Clause

If any part. SEC. or provision of this Act is held invalid or unconstitutional, other provisions not affected thereby shall remain in force and effect.

SEC. 23. Repealing Clause

All other laws, decrees orders, issuances, rules and regulations which are inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

SEC. 24. Effectivity

This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

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