

Population & Reproductive Health

Ten Crucial Issues that Every Candidate Should Know

1. Do we really have a population problem?

Yes. **Our total population now stands at 82 million and the country currently ranks 12th among the most populated countries in the world** (US Census Bureau, 2003). With a growth rate of 2.36% per year, our population is expected to double in 29 years (NSO). The 2.36 growth rate is still very high compared to the country's ASEAN neighbors. Thailand and Indonesia, for instance, have reduced their growth rates to 1.4 and 1.6, respectively, in the 1990s (Orbeta, 2002). As a consequence, while Thailand and the Philippines had almost the same population size in 1965, in 2000, the country had about 14 million more people than Thailand (Orbeta, 2002).

Our large population impacts on the government's capacity to provide for basic social services. Consider the following:

- **In 2003, the government spent a mere 37 centavos per day for the health care of every Filipino** (ISSA, 2003); The health budget is 4 times smaller than defense and 20 times smaller than the allocation for debt servicing (ISSA, 2003);
- **There is only 1 government doctor for every 28,493 people; 1 government nurse for every 16,986; and 1 government midwife for every 5,193; there is only one rural health unit to provide service to 29,746 people** (ISSA, 2003);
- There is an estimated shortage of 20,000 classrooms in the elementary and secondary levels (1999);
- The country needs additional 9,000 teachers per year to cope with the ever increasing number of enrollees (Philippine Human Development Report, 2000);
- There is one teacher for every thirty-six students (1:36) at the elementary level, and one teacher for every thirty-four (1:34) students at the secondary level (DepEd, 2000);
- The average class in public elementary schools consists of 41 students. In high school, the average class size is 50. The internationally acceptable class size is only 35 (DepEd, 2000; PHDN, 2000);
- **Only 66% of students entering grade 1 complete the elementary level** (UN, 2003);

- Approximately 3.4 million Filipinos are unemployed, while 4.6 million are underemployed (NSO, 2002);
- By age bracket, 37% of the total population belongs to the 0-14 age group, while only 4% to that of 65 and above. Therefore, there exists a high dependency ratio that strains our resources both at the household and national levels (NSO, 2000).

2. How does our large and still rapidly growing population contribute to the country's worsening poverty?

The country's progress towards reducing poverty remains excruciatingly slow. This is because the population problem, which is one among the crucial factors in the fight against poverty, is not being addressed.

- **39.4% percent of our population or almost 31 million Filipinos are living on less than 38 pesos a day** (UN, 2003);
- Although subsistence poverty declined from 20.4% in 1991 to 16.7% in 2000, the magnitude of food-poor families increased from 2.4 million families in 1991 to 2.5 million families in 2000. About 78.8% of these families live in the rural areas (UN, 2003);
- Poverty incidence is greater among families that have more children. **Only 15.7% of two-child families are poor; by contrast, almost half (48.7%) of the families that have seven children are poor** (NSO, 2000);

Poverty Incidence by Family Size

Family Size	Poverty Incidence					
	1985	1988	1991	1994	1997	2000
National	44.2	40.2	39.9	35.5	31.8	33.7
1	19.0	12.8	12.7	14.9	9.8	9.8
2	20.0	8.4	21.8	19.0	14.3	15.7
3	26.6	23.2	22.9	20.7	17.8	18.6
4	36.4	31.6	30.1	25.3	23.7	23.8
5	42.9	38.9	38.3	31.8	30.4	31.1
6	48.8	45.9	46.3	40.8	38.2	40.5
7	55.3	54.0	52.3	47.1	45.3	48.7
8	59.8	57.2	59.2	55.3	50.0	54.9
9 or more	59.9	59.0	60.0	56.6	52.6	57.3

SOURCE:

Orbeta, Aniceto Jr. Population and Poverty: A Review of the Links, Evidence and Implications for the Philippines.

Philippine Institute for Development Studies. December 2002.

Source of basic data Family Income and Expenditures Surveys, 1985-2000, NSO.

- Contraceptive use among poor women is much lower (42.9%) than non-poor women (51.5%); unmet need for family planning is much higher for poor women (26.4%) than non-poor women (17.9%) (NSO, 2002);
- **Per capita income, which was 44,591 pesos in 2000 or roughly 124 pesos per person per day, is one of the lowest in the world (UN, 2003).** We have the lowest GDP per capita growth in East and Southeast Asia at less than 1.5% (Pernia, 2003).

These data point to the fact that the **country's large and rapidly growing population is one of the most critical factors causing and perpetuating the intergenerational cycle of poverty.**

3. How does our large and still rapidly growing population contribute to the further degradation of the environment?

Our large population and the trend towards "urbanization" impacts negatively on the environment's carrying capacity.

- Because of illegal logging and upland migration, **the country loses 119,000 hectares of forest cover per year.** From 6 million hectares in 1990, forest cover has been further reduced to 5 million hectares in 1997, consequently reducing its share to total land area from 21% to 18% (UN, 2003);
- **Metro Manila produces 8-10 tons of garbage daily.** Davao produces 1,200-1,500 tons, while Cebu produces 2,000-2,500 tons of garbage every day (PLCPD, 2000);
- The air pollution level in Metro Manila is three times higher than the standard set by the World Health Organization for air quality (PLCPD, 2000);
- 16,000 factories dump their waste in Laguna Lake alone. 50 out of the country's 421 river systems are now biologically dead (PLCPD, 2000);
- Because of dynamite fishing, which destroys coral reefs and marine life, **fish catch from municipal fishing has declined by more than 100 metric tons per year (PLCPD, 2000).**

4. What is reproductive health?

Reproductive health is 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 satisfying and safe sex life, and that women and men attain equal relationship in matters related to sexual relations and reproduction (ICPD Programme of Action).

The concept of reproductive health encompasses ten elements that include:

- a. Maternal, infant and child health and nutrition;
- b. Family planning information and services;
- c. Prevention of abortion and management of its complications;
- d. Adolescent and youth health;
- e. Prevention and management of reproductive tract infections (RTIs), HIV/ 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;
- i. Male involvement and participation in reproductive health; and
- j. Prevention and treatment of infertility and sexual dysfunction.

Reproductive health care thus includes the constellation of methods, techniques and services that addresses all ten elements of reproductive health.

The current reproductive health situation of Filipinos is a cause for great alarm. Consider the following data:

- ➔ **10 women die every 24 hours from pregnancy or childbirth-related complications** (Commission on Population, 2000).
- ➔ The country still has a high maternal mortality rate of 172 deaths per 100,000 live births, an infant mortality rate of 29 deaths per 1,000 live births, and an under-five mortality rate of 40 deaths per 1,000 live births (UNFPA, 2004). Maternal deaths account for 14% of deaths among women 15 to 49 years old (1998 National Demographic and Health Survey).
- ➔ Only 37% of deliveries are attended by skilled health personnel (UNFPA, 2004);
- ➔ At 49%, our contraceptive prevalence rate is low compared to other Asian countries; **70.1% of contraceptive users depend on the government for their supply of contraceptives** (2002 Family Planning Survey, NSO);
- ➔ **20.5% of married women have an unmet need for family planning**; this is the reason why, despite the wanted fertility rate of 2.7, the total fertility is 3.7. This means that **Filipino couples have one more child than they would have wanted** (2002 Family Planning Survey, NSO).
- ➔ There are an estimated 400,000 cases of abortions in the Philippines annually, with teenagers accounting for 17% of them (UN, 2003). This figure translates into **1 in 6 pregnancies ending in induced abortion** (ISSA, 2003). **One of the top three reasons cited for terminating pregnancies is economic difficulty** (UN, 2003).

- ➔ Reported cases of violence against women (VAW) are increasing. 2.2 million women (9%) aged 18 and over are reported to have suffered violence (UNFPA, 2004).
- ➔ 73.4% of young females and 35.7% of young males 15-24 years old have experienced at least one reproductive health problem. However, they generally do not seek medical help for their RH problems (Commission on Population, 2003).
- ➔ Services for infertility are provided only by a few training hospitals in the country. Data on infertility reveals that 10% of couples are not able to conceive after a year of unprotected, adequately timed intercourse (UN, 2003).

5. What is the problem with the government's current population and reproductive health policy?

Due to the lack of laws on population and reproductive health, programs and policies of every administration have tended to be erratic and unsustained.

Remarks made by the President on various occasions have shown her flip-flopping stance on population and reproductive health concerns. During the 4th World Meeting of Families in January

2003, she gave recognition to the "direct link among poverty, family size, and the quality of life of children and parents," and announced the four pillars of her population policy, namely responsible parenthood, respect for life, birth spacing and informed choice.

However, after questions from the Catholic Bishops' Conference of the Philippines (CBCP), the President quickly "clarified" her position as one exclusively supportive of natural planning, and that her administration would not spend a single centavo for the purchase of contraceptives.

Consequently, the program of the DOH focuses on the promotion of natural family planning methods only. According to Health Secretary Manuel Dayrit, this is because in the past, much attention had already been given to the promotion of modern FP methods. This, despite the 18.5 failure rate of natural FP methods (i.e. rhythm or calendar, withdrawal, etc), as compared to only 5% for modern methods (Zablan, 2004).

Following an open letter from the PLCPD questioning why P267 million funds allocated for family planning, both modern and natural family planning, Sec. Dayrit admitted that the FOH had indeed diverted P63 million from this amount to buy "GMA 50" low-cost medicine, while another 50 million has been spent on a joint natural FP program with the Catholic group Couples for Christ (PDI, Nov, 25, 2003).

6. Do the people want reproductive health and population policies and programs?

Yes. The results of National Demographic Surveys (NDS) from 1968 to the late 1990s and surveys done by the Social Weather Stations (SWS) from 1991-1995 and in 2000, and Pulse Asia in 2000 and 2004 all reveal **a consistent and overwhelming clamor for family planning services, and for population and reproductive health policies and programs:**

- **The NDS findings have consistently shown high approval rates among married women on the use of family planning (FP) methods, both artificial and natural;**
- The 1993 SWS results showed that the great majority of Filipinos (2/3 of the respondents) said that the government should promote FP more vigorously; In 1994, 78% said that the government should try to slow down production growth to develop the Philippines fast; In 2000, 70% said that they agree with the government's program allowing married couples the freedom to choose FP methods. These figures have increased consistently through the years.
- **In the 2000 Pulse Asia survey, 94% of Catholic respondents would favor candidates who are pro-family planning;** 80% said they favored candidates supporting a program on woman's health; and 76% would support candidates who favor a law on population issues.
- In the 2004 Pulse Asia Survey, 71% say that a fast increasing Philippine population hinders the country's development; 82% say they would support candidates who are in favor of giving couples free choice of family planning methods; **86% say they would support candidates who are in favor of a program on women's health;** 83% say they would support candidates in favor of a government budget of FP; and **82% say they would support candidates who are in favor of a law or measure on family planning.**

7. Does religion play a major factor in the family planning decision of Filipinos?

No. According to the 2002 Family Planning Survey, religion is generally considered a factor in people's family planning decisions. **Prohibition by religion is cited by only 2.3% of women as their reason for not using contraceptives.**

8. Are there initiatives from other sectors to address these concerns?

Yes. Because of the lack of comprehensive and definitive policies and programs to address population and reproductive health issues at present, there are many sectors that are currently trying to fill in the gap through different initiatives:

a)

In the legislative arena, legislators who are committed to the cause of addressing these issues have filed the Integrated Population and Development Act (HB 6123 and SB 791), and the Reproductive Health Care Act (HB 4110 and SB 2325) during the 12th Congress.

The Population bill aims to fully integrate population concerns into the development strategies, planning, and implementation of programs at all levels of government, and to undertake programs that address the interrelationship between population, development, and environment.

On the other hand, The Reproductive Health Care bill aims to provide couples and individuals timely, complete, and accurate information and education on reproductive health; provide couples and individuals access to safe, affordable, and quality reproductive health care services; and ensure the planning, implementation, and evaluation of appropriate and effective reproductive health care programs at the national and local levels that will address all 10 elements of FH. It also aims to establish a Reproductive Health Management Council (FHMC) in the Department of Health to incorporate reproductive health and rights concerns into its plans, programs and services. The RHMC shall be composed of various national agencies, local government units, and civil society organizations.

b)

In the executive branch, various government line and attached agencies have formally expressed their position of support to the Population and RH bills. Among them are the National Commission on the Role of Filipino Women (NCRFW), National Anti-Poverty Commission (NAPC), Women's Sectoral Council, Department of Education (Dep Ed), Commission on Higher Education (CHED), Department of Social Welfare and Development (DSWD), Commission on Human Rights (CHR), Council for the Welfare of Children, Civil Service Commission (CSC), Commission on Population (Pop Com), Department of Health (DOH), and Philippine Health Insurance Corporation (PhilHealth).

Several local government units at the provincial, municipal, and barangay levels have already passed resolutions supporting the two bills, and enacted ordinances allocating budgets for RH programs and services.

c)

The support from civil society to reproductive health and population concerns has been tremendous. Hundreds of non-government organizations, particularly women's groups, all over the country are now advocating for population management and reproductive health care. This has been proven by the thousands of participants who attended the PLCPD-sponsored Provincial Population and Reproductive Health Policy Conferences held in six different

areas in Luzon, Visayas, and Mindanao. Likewise, conferences, forums, and large gatherings initiated by other organizations never failed to attract hundreds of participants and supporters of these causes.

There is also strong support for population and reproductive health concerns from the religious sector. The Interfaith Partnership for the Promotion of Reproductive Health and Family Planning Programs, composed of various churches and faith-based organizations including Iglesia ni Cristo, mainline Protestant Churches (National Council of Churches in the Philippines, United Church of Christ in the Philippines), Evangelical Churches in the Philippines, United Church of Christ in the Philippines), Evangelical Churches (Jesus is Lord Church, Council of Christian Bishops in the Philippines, Philippine Council of Evangelical Churches), and the Muslims, represented by the Office on Muslim Affairs, have issued a Declaration of Unity expressing their strong support for the Population and RH bills, and their commitment to promote and implement programs to address population and RH concerns.

The business sector (Philippine Chamber of Commerce and Industry, Employers' Confederation of the Philippines, Philippines, Inc.) and members of the media have also shown strong support for these concerns. Various media groups across the country have become advocates of reproductive health and population management themselves. Coverage of these issues in both print (75%) and broadcast media has also been tremendously favorable.

9. Given the abovementioned conditions, why is a definitive policy on population and reproductive health still absent?

The Catholic hierarchy has vigorously opposed and proposed measure on population management and reproductive health, employing all means that their vast resources offer to exert pressure on legislators.

There have been numerous reports of members of the Catholic clergy using the pulpit to campaign against politicians who support the Population and RH bills, threatening these legislators with "political backlash" in the coming elections. Members of the clergy have also approached several legislators, convincing them to withdraw support for the bills and prevent their passage.

Because of this, the few legislators and administration officials who chose to bend under the Catholic hierarchy's pressure rather than base their decisions on their constituents' needs have tried to block the passage of the bills at every opportunity.

Despite these maneuverings and threats however, many legislators have courageously stood by the RH and Population bills, fervently defending them during committee hearings and delivering privilege speeches on the floor. They even went out of the confines of formal legislature to discuss the bills in numerous forums and conferences launched in various areas across the country.

Their efforts were not for naught, as they were able to draw massive support for the bills from various sectors. Consequently, both the Population and RH bills have been passed at the committee level of the House of Representatives.

10. As a candidate in the 2004 elections and future government official, what could you do to address this problem?

You can definitely do something to address this problem.

First, if you truly want to address the needs of your constituents, you must realize that population and reproductive health programs and services are among their basic rights and foremost needs, and that these concerns impact on other areas such as poverty, education, health, and ultimately, their entire well-being.

You can break the silence on these issues and give people something hopeful to look forward in these elections by including these issues in your platform of government, by including these in your discussions with the voting public, and by engaging other candidates in debate. This way, the constituents may see which candidates are truly responsive to their needs, and they will definitely vote accordingly.

However, mere statements of support are not enough. You should include concrete programs and services on population and reproductive health in your platform, so that the people would be able to see how sincere you are about the matter. You should also be willing to allocate resources for the implementation of these programs.

Remember, survey results have consistently shown that people favor candidates who are pro-population, reproductive health and family planning.