

**Population, Poverty, Politics
and the Reproductive Health Bill**

By

Ernesto M. Pernia, Stella Alabastro-Quimbo, Maria Joy V. Abrenica, Ruperto P. Alonzo, Agustin L. Arcenas, Arsenio M. Balisacan, Dante B. Canlas, Joseph J. Capuno, Ramon L. Clarete, Rolando A. Danao, Emmanuel S. de Dios, Aleli dela Paz-Kraft, Benjamin E. Diokno, Emmanuel F. Esguerra, Raul V. Fabella, Maria Socorro Gochoco-Bautista, Teresa J. Ho, Felipe M. Medalla, Maria Nimfa F. Mendoza, Solita C. Monsod, Toby Melissa C. Monsod, Fidelina Natividad-Carlos, Cayetano W. Paderanga, Gerardo P. Sicat, Orville C. Solon, Edita A. Tan, and Gwendolyn R. Tecson.

University of the Philippines
SCHOOL OF ECONOMICS

11August 2008

The opinions expressed in this paper represent solely the views of the authors and not the official position of the University of the Philippines School of Economics.

Population, Poverty, Politics and the Reproductive Health Bill¹

The population issue has long been dead and buried in developed and most developing countries, including historically Catholic countries. That it continues to be debated heatedly in our country merely testifies to the lack of progress in policy and action. The Catholic Church hierarchy has maintained its traditional stance against modern family planning (FP) methods, particularly modern (also referred to as “artificial”) contraceptives. On the other hand, the State acknowledges the difficulties posed for development by rapid population growth, especially among the poorest Filipinos. But it has been immobilized from effectively addressing the issue by the Catholic hierarchy’s hard-line stance, as well as the tendency of some politicians to cater to the demands of well-organised and impassioned single-issue groups for the sake of expediency. Caught between a *hard Church* and a *soft State* are the overwhelming majority of Filipinos who affirm the importance of helping women and couples control the size of their families and the need for government to give budgetary support for modern FP methods.

Renewed impetus to the debate has been given by the public and political interest in the pending bill (HB No. 16) on “Reproductive Health, Responsible Parenthood and Population Development” (RH Bill, for short). Unfortunately, serious discussion has been hampered by the lack of reliable information and the proclivity of some parties in the debate to use epithets that label the bill as “pro-abortion”, “anti-life”, and “immoral”.

There are a few aspects of the bill to which some groups have expressed strong objections, which we can understand. Among these are whether the State should subsidize family planning by the unmarried; whether reproductive health and sex education in public schools should be compulsory, and at what grade-level it should start. Moreover, the notion of two children being the “ideal family size” (Section 13 of the RH Bill) may be difficult to defend.

But the main thrust of the bill – “enabl(ing) 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” – is something we strongly and unequivocally support.

In what follows, we explain why.

¹ Ernesto M. Pernia, Stella Alabastro-Quimbo, Maria Joy V. Abrenica, Ruperto P. Alonzo, Agustin L. Arcenas, Arsenio M. Balisacan, Dante B. Canlas, Joseph J. Capuno, Ramon L. Clarete, Rolando A. Danao, Emmanuel S. de Dios, Aleli dela Paz-Kraft, Benjamin E. Diokno, Emmanuel F. Esguerra, Raul V. Fabella, Maria Socorro Gochoco-Bautista, Teresa J. Ho, Felipe M. Medalla, Maria Nimfa F. Mendoza, Solita C. Monsod, Toby Melissa C. Monsod, Fidelina Natividad-Carlos, Cayetano W. Paderanga, Gerardo P. Sicat, Orville C. Solon, Edita A. Tan, and Gwendolyn R. Tecson. The opinions expressed in this paper represent solely the views of the authors and not the official position of the University of the Philippines School of Economics.

The real score on population and poverty

First, the experience from across Asia indicates that a population policy *cum* government-funded FP program has been a critical complement to sound economic policy and poverty reduction. Moreover, the weaker is the state's ability to tax and mobilize resources (including spending on the right priorities), the greater the negative impact on economic development of a rapidly growing population, which in every developing country is largely accounted for by the least urbanized, least educated, and poorest segments of the population.

Second, at the micro level, family size is closely associated with poverty incidence, as consistently borne out by household survey data over time. In short, poor families are heavily burdened when they end up with more children than they themselves desire. The latest data show that poverty incidence is less than 10% for a family with one child; but it rises steadily with the number of children to 57% for a family with nine or more children (NDHS 2003). Larger families also make less investments per child in human capital, investments that are crucial in breaking the chain of intergenerational poverty. Average annual spending on education per student falls from P5,558 for a one-child family to P682 for a family with nine or more children, and average health spending per capita drops correspondingly from P1,700 to P150 (FIES 2003).

Third, there is evidence that the poor prefer smaller families, except that they are unable to achieve their preference. On the average, among the poorest ten-percent of women of reproductive age, 44% of pregnancies are unwanted (FPS 2006).

Unwanted births represent a considerable unmet need² for family planning services. Among the poorest families, 22% of married women of reproductive age express a desire to avoid pregnancies but are still not using any family planning method (FPS 2006). Contraceptive use remains extremely low among poor couples because they lack information about and access to them. For instance, among the poorest twenty percent of the women, over half do not use *any method* of family planning whatsoever, while less than a third use *modern* methods (FPS 2006). Among the poorest women who want to avoid pregnancy, at least 41% do not use any contraceptive method because they lack information.³

Fourth, lack of access to contraception has important health implications. Maternal mortality is currently a high 162 per 100,000 live births and is unlikely to reach the Millennium Development Goal (MDG) target of 52 by 2015. Having too many and too closely-spaced children raises the risk of illness and premature deaths (for mother and child alike). Ten women die daily owing to pregnancy and causes associated with childbirth (NDHS 2003). Moreover, many unwanted pregnancies result in induced and illegal abortions, numbering nearly half a million annually, as estimated from reported cases in 2000 (Juarez et al. 2005).

Fifth, the health risks associated with mistimed and unwanted pregnancies are higher for adolescent mothers, as they are more likely to have complications during labor (FPS 2006). Almost a fourth of uneducated teenagers have already begun childbearing compared with only three percent of those who have attended college or higher (FPS 2006).

² Unmet need for family planning refers to the proportion of currently married women who are not using any method of family planning but do not want any more children or prefer to space births.

³ The fact that only three percent of the poorest complained of the cost of contraceptives and inconvenience of use is itself alarming – it implies that many of them are not even aware of the availability of contraceptives from either public or private sources.

Sixth, there are unintended social costs (negative externalities) arising from mistimed and unplanned pregnancies. Parents who are able to space their children and achieve their desired number are also more likely to fully bear the cost of raising and educating them. By contrast, poor families having more children than desired are constrained to rely more on public education and health services and other publicly provided goods and services. In short, in a situation where government is already hard pressed in financing even the most basic items of public spending, having no national population policy is tantamount to burying one's head in the sand.⁴

Moreover, women who have children sooner than planned are rarely in the best of health during pregnancy and are more likely to seek medical treatment. And poor women are more likely to utilize public rather than private health care facilities. Public education and health facilities are already congested and decongesting them would entail increased taxation. Providing facilities for planning and spacing pregnancies is one way of alleviating the tax burden. Teen pregnancies also impose a social cost. Since teen mothers are more likely to drop out of school, they are also less able to internalize the cost of rearing their children and more likely to shift this burden to the government.

Seventh, ensuring access to the full range of modern (“artificial”) FP methods *cum* appropriate information raises the success rate of achieving the desired family size. Limiting FP options to “natural family planning (NFP) methods only” fails to address the private and social costs of mistimed and unwanted pregnancies. NFP methods – which include the basal body temperature method, the cervical mucus or ovulation method, the calendar method and the sympto-thermal method – have a theoretical or perfect-use failure rate ranging from 2% to 9% depending on the specific method. But perfect use is hardly achieved, so that NFP methods typically have 24% failure rates (Ponzetti and Hoefler 1988) – meaning that if 100 women adopt NFP, 24 of them would typically become pregnant in a year.

Data from 1973 to 2006 highlight the importance of full information and access to the whole range of modern methods, rather than NFP only. The chart (shown after the References) shows a close association between the reduction in the average number of children a woman bears, use of modern methods and, to some extent, reduced utilization of traditional methods. The RH Bill addresses both the private and social costs of uninformed, unplanned and unprotected reproductive health behaviour.

A notable weakness of the bill, however, is that it fails to explicitly identify the poor and the uneducated as its target population, which could have implications for the cost-effectiveness of the program. Moreover, while the integration of education on sexual health and rights in the curriculum of public and private schools flows naturally out of what we observe on the ground, there could be logistical, design, and private-rights issues that need to be sorted out. For instance, parents who for religious reasons believe that their children should not go through the school system's education in sexual and reproductive health should be given the room to opt out.

Another weakness of the bill is that it reduces the autonomy of local governments by obliging them to spend on reproductive health care services half of the 20-percent of the IRA allotted

⁴ Spending on social services has chronically suffered, owing largely to poor revenue collection. Government's tax collection now amounts to only 14% of GNP, even including the expanded and increased VAT, which many who oppose the RH Bill also want scrapped. Recent reports that 17 % of elementary school-age children are not in school – a figure up from 10 % just ten years ago – is depressing, indeed.

to local development projects (Section 9 of the RH Bill). If reproductive health is really high on the national government's priorities, the funding must come from the national government itself. And if national government wants LGUs to spend more on reproductive health, it should give incentives for them to do so, rather than tell them how much to spend.

Nevertheless, these and other shortcomings of the bill are not fundamental and should be dealt with through the proper amendments. But all things considered, the RH Bill, even if it becomes law in its entirety, is definitely better than the *status quo*.

Conceptual and factual distortions

The current debate on the population issue has become unnecessarily muddled by conceptual and factual distortions. Some groups, including the Catholic Bishops Conference of the Philippines (CBCP) and other "pro-life" groups, vehemently oppose the RH Bill because they claim that it is pro-abortion and is anti-life. A studious reading of the bill, however, shows that these are clearly erroneous claims. In the first place, there is an obvious definitional and scientific difference between contraception, which occurs *before* conception, and abortion, which occurs *after*⁵.

Second, the bill's main thrust is to promote full information on, and provide access to and choice from among the whole range of traditional, modern, and "natural" family planning methods for contraception. The bill is, in fact, unequivocally and explicitly against abortion – thus, "abortion shall remain penalized under the Revised Penal Code and relevant jurisprudence" (Pangalangan 2008). Some objectors to the RH Bill have further argued that the bill will only lead to promiscuity, the break-up of families, decay of moral values, and hedonism. But this is pure ideological conjecture – an assertion *sans* logic and empirical basis. *Gratis asseritur, gratis negatur*.

The current administration has sadly also contributed to the confusion. President Gloria Macapagal-Arroyo at the General Assembly of the United Nations in its 60th session on 15 September 2005 asserted that natural family planning technology was found "effective compared to artificial contraceptives" by the World Health Organization. She added that: "the Population Council of New York has found that artificial contraception contributes only 2.0% to the decline of birth rates while the combination of improving the economic condition of the family, urbanization, and breastfeeding contributes 98%". When asked for their reactions, however, both the WHO and the Population Council categorically disavowed President Arroyo's statements.

More misinformation was contained in the president's most recent SONA (28 July 2008). She asserted that her policy of natural family planning (NFP) combined with female education has reduced population growth to 2.04% during her administration compared with 2.36% when "artificial" birth control techniques were pushed. At best, the president's statement was disingenuous, since it is well-known that more educated females are more likely to use modern ("artificial") contraceptive methods. On the other hand, how could the use of "modern-NFP" have contributed to the fall in population growth when its use rate among married women of reproductive age (15-49) actually *dropped* from 0.5% to 0.3% in 2001-2006? By contrast, their use of modern ("artificial") contraceptives *rose* from 33 % to 36 % during the same period. This actually implies that it was modern ("artificial")

⁵ Even here, as in the case of the so-called "morning-after pill", there are many opinions as to whether any action taken after conception can be considered abortion.

contraceptive use that rose as women became more educated, and thus was more likely to be associated with the decline in the population growth rate.

Conclusion

Debate is always healthy: religious and other groups are perfectly free to espouse their own views and opinions. The line must be drawn, however, at that point where deliberate efforts are made to misinform and distort the true and well-meaning provisions of the RH Bill.

An unambiguous and consistent national population policy is long overdue in our country (UPSE 2004). It is an integral part of development and poverty reduction strategy. Once passed, the RH Bill can be a good instrument of national population policy.

We, therefore, strongly support the RH Bill and urge the national leadership to be fully and unequivocally behind it. Espousing “natural family planning only” is a position inconsistent with the spirit and letter of the bill and reflects a lack of seriousness in pursuing long-term economic development and poverty reduction.

It is in this spirit of debate that we express our own opinion. We say – based on serious evidence – that the RH Bill is pro-poor and *authentically* pro-life and pro-family.

References

Juarez, Fatima, J. Cabigon, S. Singh, and R. Hussain. 2005. "The incidence of induced abortion in the Philippines: Current levels and recent trends," *International Family Planning Perspectives*, Vol. 31, No. 3 (September), pp. 140-149.

National Statistics Office. 2006. *Family Planning Survey (FPS) 2006: Final Report*.

_____. 2003. *National Demographic and Health Survey (NDHS) 2003: Final Report*.

_____. 2003. *Family Income and Expenditure Survey (FIES) 2003: Final Report*.

Pangalangan, Raul C. 2008. "Separating Church and State, fact from fiction," Op-ed column, *Philippine Daily Inquirer*, July 25, p. A12.

Ponzetti J.J. Jr, and Hoefler S. 1988. "Natural family planning: A review and assessment," *Family and Community Health*, Vol. 11, No. 2 (August), pp. 36-48.

U.P. School of Economics (UPSE: R. P. Alonzo, A. M. Balisacan, D. B. Canlas, J. J. Capuno, R. L. Clarete, R. A. Danao, E. S. de Dios, B. E. Diokno, E. F. Esguerra, R. V. Fabella, M. S. Gochoco-Bautista, A. P. Kraft, F. M. Medalla, N. F. Mendoza, S. C. Monsod, C. W. Paderanga, E. M. Pernia, S. A. Quimbo, G. P. Sicat, O. C. Solon, E. A. Tan, and G. R. Tecson). 2004. "Population and Poverty: The Real Score," Discussion Paper No. 0415 (December).

