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The Philippine Population Problem: Myth or Reality

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On 31 December 1990, the Philippine population was reported to then President Corazon C. Aquino to number 60.7 million as of 1 May, the census date. The total signified that the average annual rate of growth during the eighties was around 2.35 percent. However, the United Nations (UN) medium variant projections placed the Philippine population at 62.4 million as of mid-1990 (UN 1991a). Indeed, there are strong indications that the census was undercounted and the intercensal rate of growth underestimated, so that the mid-1990 population may well have been over 62 million, thus resulting in an average intercensal growth rate of 2.58 percent.

Death rates have fallen slowly in the recent past while birth rates remain relatively high. As a result, natural increase (births minus deaths) averaged 3 percent in the sixties, 2.75 in the seventies and 2.58 in the eighties. If the latter rate continues, the Philippine population will double in 27 years. In contrast, the Thai population averaged about 2.1 percent in 1981, falling to around 1.4 percent a decade later. Indonesia's intercensal growth rate during the eighties averaged some 1.98 percent yearly, down from 2.32 percent in the previous decade.

Average life expectancy for Filipinos is in the neighborhood of 65.5 years for both sexes during the current quinquennium 1990–1995. This represents a steady increase since post-World War II, reflecting medical and health improvements. Between 1950 and 1990, the expectation of life at birth rose from about 43 to around 64.9 years.

Youthful Population, Future Growth

The population of the Philippines is still young, a result of the long history of high birth rates and, to a lesser extent, the more recent declines

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in infant and child mortality. According to the 1990 population census, at least 39 percent of the population is under age 15. In contrast, 22 percent of the Canadian population and 18 percent of Japan's population is below 15. On the other hand, both Bangladesh and Pakistan have 44 percent of their population in the 0-14 age group.

The youthful age structure imposes an economic burden because a significantly greater share of development resources must cover the immediate requirements of the young. For example, education commands some 13 percent of the national budget. The large percentage of children generates a built-in momentum for future population growth. Even if fertility falls immediately to the "replacement" level of a little over two children per woman, births would still exceed deaths and population would continue to grow for at least 50 years. If replacement fertility were to be attained instantly, the population would still double, owing to the impetus contained in its youthful age structure.

In reality, of course, reduction of the present high fertility rate to replacement level will take at least two decades, that is, beyond 2010. The UN medium variant projects a population of 77.5 million at the end of the century. By 2025, the country's population could reach 111.5 million. The UN assumes that the total fertility rate (TFR) will decline from 4.3 children per woman during the period 1985-1990 to 3.5 in 1995-2000 and to 2.1 in 2020-2025 (UN 1991a). The TFR is the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.

Under the UN's high variant projection which is based on a slower decrease in fertility (from 4.3 children per woman in 1985-1990 to 2.6 in 2020-2025), the population will reach 80.1 million at the end of the century, and 124.2 million by 2025. The UN low variant projection assumes a rapid fertility drop to 1.6 children per woman in 2020-2025. The population would then reach 75.9 million at the turn of the century and 101.8 million by 2025.

Migration

The Philippine population is still distinctively rural. But the country has been urbanizing at a fast pace, fueled by a constant stream of migrants from the countryside and the high rate of natural increase in the cities themselves. Population movements during the 1960s signaled a

definite shift from a frontierward to an urbanward orientation as development policies shifted to industrialization as exemplified by import-substitution schemes (Pernia 1985). The UN estimates that the urban population increased nearly fivefold between 1950 and 1990, from 5.7 million to 26.6 million. By 2025, the urban population could well attain a total of 72.9 million (UN 1991b). The urban dwellers, only 27 percent of the 1950 population, now make up about 43 percent of the Philippine population and could constitute 65 percent by 2025.

Perez (1992) estimated that Metropolitan Manila absorbed 51 percent of the total urbanward migration in 1975–1980. In 1980, nearly one in five females (19 percent) in the nation's capital was a migrant. In contrast, the corresponding proportion in all other urban areas in the country was one in ten. More than half (54 percent) of female migrants to the capital region were single; the comparable proportion for other towns and cities was 49 percent.

According to Cabegin and Kabamalan (1993) the primacy of Metro Manila as a destination continued in the late eighties but its diminishing absorptive capacity was also reflected. The process of deconcentration is now evident in the city of Manila proper. Two patterns of redistribution are emerging: outward dispersion of central city residents to outlying municipalities; and increasing concentration of migrants from other regions in the ring municipalities/cities of Metro Manila at the expense of the city of Manila.

In recent decades, overseas contract workers (OCWs) have been a notable feature of the population landscape. The search for better-paying jobs in the Middle East, Hong Kong, Japan, Malaysia, Singapore, and Southern Europe has attracted large numbers of Filipinos of both sexes, many of whom are undocumented and therefore risk arrest and repatriation. The magnitude of such labor movements can be impressive.

The 1988 National Demographic Survey (NDS) reported that some 973,000 Filipinos went abroad at least once during the five-year period, 1983–1988. More than three-quarters of this number were OCWs. Eight of ten OCWs headed for Asian countries, with 61 percent going to Saudi Arabia. Japan, Hong Kong and Singapore absorbed nearly 20 percent of the total Filipino OCWs to Asia, with Japan garnering about 8 percent of the total (Tia and Feranil 1991).

Three out of five OCWs were male, almost half of whom were in the age group 25 to 34 years. The corresponding percentage among females was 44 percent. Worth noting was the more than a third of female OCWs who were in their late teens and early twenties.

Most of the male OCWs were married (77 percent) while the majority (55 percent) of their female counterparts had never contracted marriage. Two of five female OCWs were reported to be married. In general, female OCWs were better educated than their male fellow workers—34 percent of the females had college degrees compared with 26 percent for the males. Similar fractions of the two groups had high school diplomas (39 percent for males as against 37 percent for females).

Population Growth and Development

Philippine social and economic development is being hampered by fast population growth. Most visibly, it hinders efforts to elevate overall living standards, feed people adequately, maintain the resource base essential for future development, meet the demand for employment, education and health services, and cope with exploding cities.

A high rate of economic growth does not necessarily mean widespread improvement in living standards, especially where national incomes are distributed unequally. On the other hand, when the population is growing faster than the economy, improvements in living standards are highly unlikely.

The Philippines has witnessed a decade of economic stagnation and declining living standards. The GNP per capita in 1960 was reported to be US\$165; in 1987 it was US\$590. The percentage change in relative per capita GNP (using an Asian developing country average as base) was -30.7 during the period 1960–1987. In contrast, Indonesia, Malaysia and Thailand posted positive percentage changes of 14.7, 26.1 and 71.5, respectively (Jones 1991).

The agricultural sector (comprising crops, livestock and poultry, fishery and forestry) of the Philippine economy performed remarkably well during most of the post-World War II period (Balisacan 1991). The sector posted an annual average growth rate of 4.6 percent in 1965–1980 at the height of the so-called Green Revolution. However, growth decelerated to 1.8 percent in the eighties. While the Philippine annual agricultural growth rate compared favorably with those of Thailand and Indonesia in the sixties and seventies, it was way below the averages for these countries (3.7 for Thailand and 3.1 percent for Indonesia) in the eighties.

The six decades preceding the sixties were marked by increasing cultivated area per farm worker, decreasing output per cultivated area, and virtually unchanged per capita agricultural output (Hooley 1968).

Since the closure of the agricultural land frontier in the sixties resulting from increased population pressure, the more important source of production growth has been growth in output per hectare, accounting for about 80 percent of total agricultural production growth. David, Barker and Palacpac (1984) reported that whereas cultivated area per farm worker declined by an annual average of 2.5 percent in the sixties and seventies, yield grew by an annual average of about 5 percent, enabling agricultural output per farm worker to increase by about 2 percent annually. In the 1980s, production efficiency declined for major crops like rice and corn due to the expansion into marginal lands, shortened fallow periods, serious land degradation and the conversion of agricultural areas into other land uses.

Several factors other than rapid population growth and drought have contributed to the present food imbalances. Frequently, government policies depress food production rather than encourage it. Price controls have usually worked to the benefit of urban consumers and the detriment of rural producers. Insurgency has seriously disrupted farming in many areas. In addition, the country is no longer land rich.

The expanding population has contributed to deforestation and land degradation, undermining the ability of the country to achieve sustainable development. Sustainable development provides for basic needs while preserving the long-term productivity of the resource base. In present-day Philippines, the rapid destruction of this resource base fundamentally menaces long-term sustainable development.

Forests are being depleted at a disturbing rate due to uncontrolled logging, forest fires, encroachment of swidden agriculturists onto forest land, pests and diseases and other causes. Between 1980 and 1989, a total of 252,649 hectares of forests were destroyed (DENR 1991). In 1972, the country had about 10.4 million hectares of natural forest covering 34 percent of the total land area. By 1990, only 6.2 million hectares remained, or about 20.5 percent of the total land area.

The imbalance between available jobs and workers is one of the most fundamental development issues facing the country. The National Statistics Office estimates that in 1990, about 9 percent of the entire labor force was unemployed. The following year, the country's labor force expanded by 12 percent due to new entrants to the working age population (15-64 years). This expansion, coupled with the economy's inability to absorb all the new jobseekers, mostly fresh graduates, altered the employment picture significantly. About two-fifths of the total employed were in agriculture, fishing and forestry.

The working age population expanded from 55 percent in 1980 to 59 percent in 1990. This implies that the large number of babies born during the high-fertility sixties and seventies swelled the size of the working group. In effect, the population problem of the 1960s had transformed itself into the employment problem of the 1980s and 1990s. About 800,000 new entrants are being added to the working population annually. The capital stock must continually increase merely to maintain current productivity and work opportunity for the mounting number of workers. Unless this occurs, each worker will be producing less, thus leading to lower or stagnating incomes. When wages fall in relation to expenditures, leading to income inequalities, it is again the poor who suffer.

For incomes to rise, investment should grow faster than the labor force. But this will entail a similarly rising demand on spending for education, health, energy, public works, and so forth, just to keep things going. But for an already cash-strapped economy, it would be difficult to expand educational spending if population multiplies too rapidly.

Ironically, improvements in educational attainment have only aggravated the labor situation. Among Filipinos, education is seen as the path to a better job, and escape from the tedium and poverty of traditional rural life. Obtaining a modern job is not assured, but the rewards are large for those who do. Those who fail are forced into informal jobs in the cities or back into traditional, often subsistence-level, jobs in the countryside. The frustrated aspirations of innumerable young people who fail to land jobs after leaving school may escalate social and political demands eventually.

The average life expectancy for Filipinos in 1990 was an estimated 65 years. Deaths of infants under age one are still relatively high, averaging around 57 per 1,000 live births. In contrast, infant mortality rates in the United States, Canada and Western Europe usually range from 7 to 9 deaths per 1,000 births.

The chief causes of death among infants and young children are communicable diseases and diarrhea with consequent dehydration and malnutrition. Improved diets, better sanitary practices and health care could reduce death rates further. In 1989, the United Nations Children's Fund (UNICEF) began a child survival campaign in selected provinces for four basic low-cost measures: oral rehydration therapy, a simple treatment to stop diarrheal dehydration; immunization against six major childhood diseases (known as the Expanded Programme of Immunization or EPI); breastfeeding for at least six months and better weaning practices; and growth monitoring to enable mothers to detect malnutrition early.

Swift growth in numbers hampers improvements in health and in the delivery of health services in several ways. First, in the face of economic stagnation, it is difficult to maintain, and more so, upgrade services for the growing number of people. Second, elevated birth rates generate a sizable fraction of young children in the population—the group with the highest illness and mortality rates in developing countries and hence, with the utmost need for health services. Third, too many births as well as those that are closely spaced are linked with high rates of maternal and child mortality.

For many Filipinos, the possibility of a better life in the cities is an irresistible magnet. The fortunate few who find jobs in industry, business or government earn incomes many times greater than they would in rural areas. Cities also claim the largest share of modern social services—schools, health facilities, potable water and entertainment. Despite the squalor, lack of housing, pollution, congestion and physical danger, urban centers still provide a faint hope for a brighter tomorrow.

Metro Manila's density of 12,315 per square km of land area has pushed the urban infrastructure and other services to their limits. Such a situation has resulted in major breakdowns in these basic services as manifest in the brownouts, traffic congestion, excessive sulfur dioxide emissions, and diminishing water supply, among others.

Determinants of High Fertility

As the Philippines is transformed into a world of modern medicine, education, wage employment and scientific farming, fertility will certainly drop to replacement level. For the present, however, a multitude of cultural and economic factors combine to keep Philippine fertility higher than her Association of Southeast Asian Nations (ASEAN) neighbors.

Filipinos are generally farmers with small holdings, earning meager incomes and with low educational levels. Poverty and a rural lifestyle are coupled with high fertility just about anywhere in the world. In the Philippines, these factors help explain the persistence of many cultural beliefs and practices that keep birth rates high.

Although the incidence of rural poverty diminished, according to the results of the nationwide 1965 and 1971 Family and Expenditure Surveys, the decline was minimal compared to those of other Asian countries (Balisacan 1991). The slight reduction in poverty was accompanied

by an increase in inequality in the size-distribution of rural household income. Unhappily, comparable estimates of poverty incidence for the rest of the seventies are unavailable. However, other economic welfare indicators suggest that poverty has not been minimized. For example, Balisacan (1991) reported that real wages in rural areas fell unremittingly during the seventies and early eighties. The reduction was also pronounced in the rice sector where the rapid growth in yield was fed by the diffusion of high-yielding seed varieties and investments in irrigation. For landless workers and small farmers who depend on off-farm work to supplement their incomes, a reduction in real wages indicates diminishing economic well-being (Papanek 1989; Oshima 1990).

Farming is not always the main occupation of rural households even if they are classified as poor and/or are located in resource-poor regions. Even if they are, these households have a variety of off-farm and nonagricultural sources of supplementary income. Of the total rural households, nonfarm households comprised about a third and accounted for a fifth of total rural poverty (Balisacan 1991). Among farm households, about one-fifth of total household income comes from off-farm and nonagricultural sources. Landless farm workers, the poorest of the poor, acquire 30 to 40 percent of their household income from sources other than farm wages. There is a probable association between the intensity of poverty and the share of off-farm income in the total household income of the poor.

The primary roles of Filipino women are still seen as those of wife and mother. Owing to the limited opportunities women have, particularly in rural areas, the status imparted by childbearing assumes greater importance. Children are valued for their labor as well. With the daily chores of cooking and housekeeping, fetching water and rearing large families, it is little wonder that parents welcome the assistance provided by their offspring. Large families are valued because of the demand for labor, the need for economic security and for someone to care for the parents in their old age.

The psychological benefits of children cannot be overestimated in the Philippine setting. In a world marked by the drudgery of subsistence agriculture, progeny and family provide the greatest psychological satisfaction in many lives. Conversely, infertility is regarded as a curse. A barren woman is usually viewed with contempt and her infertility is often considered a punishment for previous transgressions.

In the Philippines, between 6 and 8 percent of all children die prior to their fifth birthday. Parents want a large number of children to ensure

that some will survive to adulthood. Studies in other countries have shown that fertility does seem to drop modestly when infant and child mortality decreases. However, reductions in infant and child mortality alone do not appear to cause sharp alterations in fertility behavior. Even though death rates have declined, the days of high death rates and loss of children are more than lingering memories.

Relatively high fertility creates serious problems for Filipino families. Small land holdings are fragmented in size; the land becomes less productive; education is expensive and at times inaccessible; health care becomes more difficult to obtain. Yet, the first response to the increased population pressure is to seek alternative ways to support the growing number of people rather than to reduce fertility.

One of the alternatives followed by rural families is to send some of their members to work in urban areas or overseas so they can remit money to their relatives back home. In this way, many Filipino families have been able to sustain large families despite increasingly limited land resources.

The amount of arable land per rural inhabitant is now a mere 0.38 hectare. Therefore, a family of six composed of parents and four children will have only 2.28 hectares. Furthermore, about half of the country's land area is hilly or mountainous, which is more highly vulnerable to soil erosion. The rapid growth in the country's inhabitants has resulted in growing landlessness and heightened encroachment into the uplands.

In addition to the many cultural and economic factors encouraging high fertility in the Philippines, access to safe, effective contraceptive methods is quite limited. Fertility surveys in the 1980s revealed that modern contraception was used by about one-fifth of currently married women of reproductive age (Casterline 1991). Comparable rates in neighboring countries were much higher, 65 percent in Thailand and 48 percent in Indonesia.

Despite nearly universal knowledge about modern contraceptives, less than four out of ten women in their childbearing years are currently using family planning methods. In addition, among the three-fifths of women who said they did not want any more children, only less than half were resorting to contraception.

Family Planning Program

Family planning was first launched in 1970 under government sponsorship with the explicit goal of reducing fertility for national welfare.

Originally, the Commission on Population (POPCOM) served as the central coordinating and policy-making body. Family planning services were delivered primarily through the Department of Health (DOH), complemented by nongovernmental organizations (NGOs) and other government agencies.

Surveys undertaken in the mid-1970s disclosed that contraceptive prevalence rates (CPR) in rural areas were less than half those in urban areas with the rates dropping with increasing distance from clinics. The Outreach Project was launched in 1976 in an effort to improve accessibility of services, as well as to broaden and deepen local government support for the family planning program. In keeping with prevailing international views which held that family planning should be a vertical initiative distinct from that of health and because the DOH's rural care network was still in its infancy, the family planning outreach was separated from that of the health system.

Although well-meant, this strategic decision had a number of unforeseen negative outcomes. First, two dichotomized family planning service delivery structures sprung up. By the early eighties, POPCOM had in effect become an implementing arm of the program. As its role expanded beyond program coordination to encompass technical and logistical support, local governments provided counterpart funding and staff. Consequently, POPCOM and the DOH began to compete and oppose one another. The latter's attention focused more on extending rural primary care and less on family planning. Although DOH remained the country's major service provider, the DOH's Family Planning Service staff shrank from 150 in 1976 to fewer than 50 thirteen years later. The number of new acceptors registered by the DOH diminished to only 179,603 in 1984 from 336,577 in 1973.

Second, the saliency of the Outreach Project stimulated increasing public debate over the program's emphasis on fertility reduction and the focus on contraceptives to achieve the program goal. Eroding political support and related changes in internal leadership and policy orientation were associated with severe budgetary constraints, all of which hindered POPCOM's program management. Even with the change of government in 1986 and while the policies were being debated, institutional development and service delivery continued to drop off. Imports of oral contraceptives in 1989 and 1990 fell below annual requirements, and both public and private family planning service providers experienced disruptions in supply as commodities were delayed in customs or in the logistics system.

The first and most fundamental step toward establishing a new population policy framework was taken in early 1987, with the adoption of a new Constitution which recognized the right of couples to choose for themselves the number of children they would like to have consistent with their religious convictions and with responsible parenthood considerations. A new Medium-Term Development Plan and POPCOM Board endorsement of a new population policy which recognized the close interrelationship of population and a number of other factors, including maternal and child health, followed.

The POPCOM Board resumed its role as a coordinating and policy-making body for the overall National Population Program. The POPCOM Secretariat was given the responsibility for monitoring and documenting interactions between population dynamics and other aspects of economic development, and for providing support to all participating agencies, including the DOH.

The new policy principles and "program thrusts" endorsed by the POPCOM Board asserted the importance of family welfare and responsible parenthood; rejected abortion; stressed the need for enhanced public-private sector partnerships; and adopted an integrated approach to delivery of health, nutrition and family planning services.

In 1988, the DOH was designated as the lead agency for family planning, charged with establishing policies and standards for its own activities and those of participating government agencies and NGOs. Other government agencies included the Departments of Labor and Employment; Education, Culture and Sports; Environment and Natural Resources; National Defense; Municipal and City Governments; the National Nutrition Center; and the Bureau of Agricultural Extension. Major participating NGOs included the Institute for Maternal and Child Health (IMCH), the Family Planning Organization of the Philippines (FPOP), and the Population Center Foundation (PCF).

In July 1989, the POPCOM Board approved a new Five-Year Directional Population Plan, which formed the basis for subsequent articulation of the DOH's 1990-1994 Family Planning Program Plan. The Program Plan was reviewed at a Consultative Meeting of donors and participating agencies the following year.

The program's stated objective is to respond to the demands of families for assistance in meeting their health and fertility aspirations. Specific objectives include increasing the number of acceptors and the proportion of women practicing family planning; decreasing the dropout rate; and continuing services to current users. To meet these objec-

tives, projected accomplishments are quantified for establishing services in public and private facilities with unused capacity, maintaining existing service outlets, and training of health workers.

A Puzzle

Filipinos have large families because they want them and perceive them to be to their economic and personal interest. Filipino couples' choice of large families is sensible in the wake of high infant and child mortality, poverty and limited economic opportunities, insecurity, and restricted access to education. Still, large families and the resultant rapid population growth are prejudicial to the country's social and economic development effort, thus negatively affecting most families.

Along with this dilemma at the individual level, there is a vicious circle at the public level. Ultimately, poverty and limited opportunities produce a break between public and private interest, between the need to decelerate population growth rates to advance development and the desire for large families. But rapid population growth rates render it increasingly difficult for the Philippines to keep poverty down and improve people's lives.

Historically, desired family size and, consequently, actual fertility have fallen as development progresses. Based on the experience of the developed world and some developing countries like the Republic of Korea, Singapore and Hong Kong, it seemed that industrialization, a large proportion of city dwellers, and relatively large incomes per capita were indispensable for fertility decline. Now it has been demonstrated that fertility can decline markedly in countries such as China, Indonesia, Thailand and Sri Lanka where economies are not yet highly industrialized, where per capita incomes are low, and where the populations are still largely rural. Recent fertility declines have been associated less with per capita income levels than with improvements in life expectancy, in female education, and a relatively equitable distribution of income and access to services, including family planning (World Bank 1984).

How does the Philippines compare with other countries relative to changes in fertility and in the evolution of its family planning program? ASEAN's Indonesia and Thailand started their family planning programs at about the same time as the Philippines. They also set out with roughly similar demographic rates. Between 1965-1969 and 1988, Indonesia's

TFR dropped by 2.2 births, Thailand's by 3.3 while the Philippines' reduced by only 1.4.

Changes in CPR as published by the UN (1989) revealed that for ten Asian countries the annualized changes when compared with that of the Philippines were lower only in China (1.4 percent) and Sri Lanka (5.1 percent). However, both these countries started with much higher CPRs. The corresponding annualized changes for the Philippines, Thailand and Indonesia were 6.2, 7.8, and 9.3 percent, respectively. The two largest changes were those of Nepal, 21.5 percent, and Vietnam, 30.5 percent.

Between 1965 and 1980, average annual Gross Domestic Product (GDP) growth was relatively high in Indonesia, Thailand and the Philippines (8.0, 7.2 and 5.9 percent, respectively). Growth in GDP continued to be high in the first two countries through 1988 but that of the Philippines plunged to 0.1 percent. One might argue that these economic performance differences during the eighties affected some of the indirect, socio-economic or individual determinants of fertility.

Indeed, aggregate data indicate that both Indonesia and Thailand achieved significant increases in female primary school enrolment between 1960 and the mid-1980s, reaching nearly universal enrolment in the later period. But the Philippines began with a gross female ratio of 93 percent. If anything, this ratio should have contributed to a higher rate of fertility decline. By 1987, female primary enrolment in the Philippines was universal. Almost 70 percent of girls of secondary school age were enrolled.

Thus, it is not manifest that socioeconomic variations tend to explain the differential rates of TFR reduction and of CPR increase among these three countries. Existing differences should have contributed to better relative performance by the Philippines.

In all three countries, the family planning programs have been government-sponsored. In both Indonesia and Thailand, nearly four-fifths of services are delivered through public facilities. The comparable figure for the Philippines is estimated at between 60 and 70 percent. In all three countries, government services have been provided free of charge.

In both Indonesian and Thailand, the public health systems have been the predominant source of family planning services. In the Philippines, while the DOH has remained the major service provider, as mentioned earlier, its emphasis on primary health care expansion has resulted in somewhat less attention being paid to family planning services between 1976 and 1986. Data from the 1988 NDS show that full-time outreach workers and barangay supply point officers who are not DOH workers

were the source of last supply for nearly 30 percent of users surveyed in the Philippines. In Indonesia, less than a fifth of users obtained their supply from field and extension workers.

Manifestly, the structure and organization of the national programs have been similar in Indonesia and the Philippines. Both have had national bodies, BKKBN in Indonesia and POPCOM in the Philippines, responsible for policies and program implementation involving multiple public and private agencies. The division of responsibility among regional and local government entities has also been roughly parallel. Financial commitment to family planning has also been similar, averaging about 0.5 percent of total government budget.

An assessment of the family planning program by Entwisle (1989) suggests substantial differences among Indonesia, Thailand and the Philippines with respect to program organization and management. Indonesia scored 29.5 on program organization and management, Thailand 25.1, while the Philippines got only 15.6, the lowest of any country in East and Southeast Asia.

Access to health services has improved considerably in both Indonesia and Thailand, as reflected in the population per nurse ratio between 1965 and 1984, which dropped from 9,490 to 1,260 in the former and from 4,970 to 710 in the latter. In contrast, the Philippines' ratio more than doubled from 1,140 to 2,740.

One striking contrast between Indonesia and the Philippines is in the method mix. Indonesia relies heavily on reversible methods while voluntary surgical contraception has become the most prevalent method in the Philippines. More striking is the difference in the proportion of contraceptive users employing modern community-based methods. By 1987, this group comprised well over 90 percent in Indonesia. The corresponding proportion for the Philippines was below 60 percent in 1988.

The Philippine experience in comparative perspective as reviewed suggests that factors internal to the family planning program itself, rather than economic conditions, best explain the program's failure to achieve its goals.

Conclusion

The Philippines has undergone relatively rapid population growth compared with many of her neighbors. The outcomes of this growth have been unevenly felt across the archipelago as a consequence of significant

spatial movements. The swift growth of population has also contributed to the persistently high poverty levels and to a rising number of people with incomes below the poverty threshold. Fast population growth has adversely affected the environment, particularly the rural resource base. Although health status indicators for the population as a whole have shown a modest improvement over the past two and a half decades, continuing high levels of fertility have had negative consequences on the health of mothers and children.

Public policy is intended to promote improved standards of living and to bring about the conditions whereby all citizens can realize their full potential. The slow pace of development cannot be blamed on unchecked population growth alone. Nor will moderating population growth by itself ensure economic progress. But retarding population growth can complement other development efforts in enhancing human welfare and improving the quality of life. Continued development requires equal commitment to a judicious population program as a vital part of the leadership's effort to improve the lives of all Filipinos.

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