philippine studies

Ateneo de Manila University • Loyola Heights, Quezon City • 1108 Philippines

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Philippine Studies vol. 24, no. 4 (1976) 417-438

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The Formulation of Philippine Population Policy* MARIA ELENA LOPEZ ANA MARIA R. NEMENZO

The population problem has emerged as one of the major issues confronting the modern world. In quest of promoting a better quality of life for present and future generations, governments have increasingly supported programs to control population growth. The present article focuses on the manner in which this commitment was pursued in the Philippines. By describing the forces that have shaped and continue to shape population policies, it hopes to provide a broader base for evaluating these policies that purport to respond to people's needs.

Embodied in three major documents — the Statement on Population Policy and Program (1969); Republic Act 6365, or the Population Act (1971); and Presidential Decree 79, or the Revised Population Act — Philippine population policy has been adopted in response to the problem of high rate of population growth which is perceived to threaten the fulfillment of national development plans.

The Philippine government's Four-Year Development Plan (1972-75) states that rapid population increase reduces the country's per capita income while augmenting the proportion of young dependent persons in the population. Hence, resources that could be channeled to direct development projects are diverted to feed and educate this dependent population. Furthermore, it avers that unemployment grows as the population grows. The 1974-77 Plan adds that problems of income distribution, poverty, and urbanization are magnified by unchecked population increase.

The present Philippine population policy reconciles various

^{*}This is a revised version of a paper submitted to the Cultural Values and Population Policy Project: Conference of Country Study Directors and Research Task Force, sponsored by the Institute of Society, Ethics, and Life Sciences, in New York, 25-27 March 1976. Aside from sources cited, information for this paper was obtained from key officials of the USAID, the Commission on Population, and the Catholic hierarchy.

conflicting interest groups and the forces these groups have brought to bear on the matter. A full account of the facts, values, and interests that have shaped the development of governmental population policy in the Philippines is problematic, mainly because many of the decisions were made behind the scenes. From available records, however, it is possible to summarize the roles of selected national and international persons and groups. These include the private institutions and local governments that initiated family planning programs in the country, international figures who aroused public consciousness regarding the population problem, the Executive Office and the Commission on Population, the National Economic Council, the Philippine legislature, the U.S. Agency for International Development (USAID), the mass media, and the Catholic Church.

THE FIRST INITIATIVES

Prior to government's involvement in population policy, the private sector and a few local governments initiated family planning programs. Individual efforts can be traced to the early twenties but it was in the sixties that greater activity ensued with the formation of volunteer associations. Assisted by the Pathfinder, the International Planned Parenthood Foundation (IPPF) and USAID funds, these voluntary organizations established programs in family planning education, training, and clinic services. In 1965 the Family Planning Association of the Philippines (FPAP) was organized by Catholic doctors, and the following year Protestant doctors founded the Planned Parenthood Movement. These two groups merged in 1969 to form the Family Planning Organization of the Philippines (FPOP).

The Institute of Maternal and Child Health (IMCH) established a training center in 1967 to provide family planning education and training for medical and paramedical personnel. A year later, it offered family planning clinic services.

Local government institutions like the Manila City Health Department and the Davao City Council also initiated small-scale family planning programs, as did the government-supported Philip-

^{1.} Juan M. Flavier, "Population Planning Policy in the Philippines," International Journal of Health Services 3 no. 4 (1973):811-19.

pine General Hospital. The program at the Manila Health Department operated without the knowledge of the mayor but with the backing of influential doctors in the department.²

The private voluntary organizations provided significant educational and clinic services to couples already receptive to family planning. They were later to prove instrumental in convincing government to follow their initiative and were eventually represented in the government's Commission on Population, established in 1969. Amidst criticism and opposition from the Catholic hierarchy and other elements of society, these concerned individuals and their organizations continued their efforts to run family planning programs.

Noted international figures on family planning came to the country and aroused support for local family planning endeavors. Dr. Alan Guttmacher of the IPPF, who visited the country in the early 1960s, on several occasions argued that family planning was an alternative to abortion. In an effort to bring Protestant family planning groups to join the FPAP, he suggested that to be successful in a predominantly Catholic country, the movement had to be led by Catholics.

Other authorities in population research who visited the country included Philip M. Hauser (University of Chicago), C. Chandrasekaran (ECAFE), and You Poh Seng (University of Singapore), who all delivered papers in a 1965 conference on population sponsored by the U.P. Population Institute, established in 1965.

In 1967, John D. Rockefeller III of the international Population Council convinced President Marcos to join other world leaders in signing the United Nations Population Declaration on Human Rights Day.³ The President's support of the declaration signalled the government's first official step in the formulation of a population policy.

During the middle through the late sixties, the Philippine mass media devoted an increasing amount of time and space to the population problem and its consequences, attesting to the worldwide interest in population at the time.

In 1969, under a USAID contract, the Social Communications

^{2.} Gayl D. Ness and Hirofumi Ando, "The Politics of Population Planning in Malaysia and the Philippines," *Journal of Comparative Administration* 3, no. 3 (1971): 296-329.

^{3.} Flavier, "Population Planning," p. 813.

Center, headed by Rev. Cornelio Lagerway, OMI, prepared a series of comic books and soap opera scripts aimed at promoting the concept of family planning and responsible parenthood. The project indirectly resulted in communicating to readers and listeners the idea that the Catholic church favors the general idea of family planning and responsible parenthood.⁴

THE EXECUTIVE OFFICE

Although the President signed the United Nations Population Declaration, the first steps toward implementing its principles came only two years later, with the creation, by Executive Order, of the Commission on Population, which was "to recommend policy, make program recommendations, and undertake research." Its establishment was largely initiated by Rafael Salas, who headed the Presidential Economic Staff. Through his office, technically competent persons and organizations interested in population planning gained access to the President. These early initiatives suffered a setback, however, when Salas resigned in late 1969 to join the United Nations Fund for Population Activities.⁵

The composition of the first Commission on Population reflects not only the caution with which the President approached the issue of fertility control but also the tactic of gaining wide support for the program through expansion of membership in the commission. The President appointed members from almost every influential group in Philippine political, religious, health, and educational sectors, including the private groups who had piloted family planning programs. Aware of the sensitivity of the population issue in a Catholic country, the commission delayed and postponed its meeting as the November 1969 elections approached. It held off presenting recommendations to the President until the elections were over. Political leaders, however, did not treat the population problem as an election issue. They either did not consider popula-

^{4.} Aurora Go and Frank Lynch, "IPC/POPCOM 1971 Mass Media Study," mimeographed (Quezon City: Institute of Philippine Culture, Ateneo de Manila University, 1971), p. 43. An important publication appearing in 1970 was Responsible Parenthood in the Philippines, Vitaliano Gorospe, ed. (Manila: Ateneo Publications Office, 1970); a compilation of articles on the population problem by behavioral scientists, theologians, and married couples, it sought to promote dialogue among Catholics and to elicit from the hierarchy a course of action to be followed.

^{5.} Ness and Ando, "Politics of Population," p. 312.

tion growth a problem or did not want to risk confrontation with the potentially powerful Catholic Church.⁶ More likely, however, both reasons operated.

Following his 1969 reelection, President Marcos pursued a more energetic and open government policy of fertility control. This took the form of support in official statements and the incorporation of population planning in the 1971-74 Four-Year Development Plan. Of invaluable assistance, too, were the efforts of Mrs. Imelda Romualdez-Marcos, who approached donor agencies for funding assistance. It was largely through her efforts that the Population Center Foundation was established in 1974, not only to provide grants for research but also to plan innovation strategies and give technical assistance in population control. Even as early as 1966, while the government was silent on the population issue, Mrs. Marcos had already shown great interest in a family planning program for the country. Dr. Gregorio Lim of the FPAP recalls that Mrs. Marcos gave the impression that "she would not hesitate to throw the whole weight of her public figure behind the movement."7

In December 1969, the Commission on Population's recommendations to the President were published in the Statement on Population Policy and Program. The commission suggested that reduction of the high rate of population growth was vital to the interest of the nation, and that the government was responsible not only for informing couples how they may safely, effectively, and freely determine their family size but also for providing the necessary family planning services. These services would provide for all methods except abortion, which was firmly opposed as a family planning method. Surgical sterilization was not encouraged. Beyond this, if family planning was not to be considered simply as contraception but as part of a disciplined way of life, education of the young in responsible family living was essential. Furthermore steps to implement a population policy should guarantee freedom of choice.

The population policy statement also reflected a concern for legal and administrative measures, like raising the minimum age of marriage, revising policies on maternity benefits and import duties

^{6.} Ibid., pp. 316-17.

^{7.} Josefa M. Ilano, "The History of Family Planning in the Philippines," Accent 2, no. 4 (1974):36-39.

on contraceptives, reduction of infant and maternal mortality, problems of internal migration, and the acceptability of foreign assistance in population programs.

Although the National Economic Council (NEC) conducted studies pinpointing the high costs of population growth, these had little relevance to policy formation on population control. Moreover, its chairman openly opposed population control programs, arguing that the population problem could be solved through economic growth and industrialization. This argument in fact filtered to the Executive Office. While President Marcos in his 1970 State of the Nation message supported population control, he viewed the crisis and its solution in economic terms:

There is nothing inherently wrong in rapid population growth. The problem is to increase the rate of national growth over and above population growth. But to suppose that this can easily be done is, to be frank, a dangerous illusion. This emphasizes the importance of measures for population control.¹⁰

Similarly, while the NEDA (National Economic Development Authority) presently supports population control in its Four-Year Development Plans, it continues to emphasize improvements in income, employment, and other economic dimensions to effect a reduction of the birth rate.

THE USAID

The USAID provided the major impetus in family planning programs. One official relates that the agency's interest was aroused by a growing recognition that it was practically fighting a losing battle in development if its inputs in economic assistance programs were not matched with a program to slow down the population growth rate. In spite of advances in agricultural production, there were an additional million mouths to feed year after year. There was a concern too that overpopulation coupled with prevailing social and economic inequalities endangered the political stability of the country. The push for family planning programs in the

^{8.} The NEC has been reorganized and named National Economic and Development Authority (NEDA).

Ness and Ando point out that this position may have stemmed partly from the chairman's Catholic orientation.

^{10.} See Family Planning Organization in the Philippines, ed., Selected Readings on Population (Quezon City: Vibal Printing Co., 1974). p. 1.

Philippines reflects the priorities of the United States foreign assistance program at the time. The emphasis on population programs in Washington was correspondingly implemented by local officers. Moreover, in appropriating a budget to support USAID population programs, the United States Congress stipulated that these funds could be used only for population programs. Unused funds were to be reverted to the agency's Washington office. This condition gave added incentive to local USAID administrators to work for population activities.

Technically, the USAID should have channeled its funds through the NEC, but with a chairman opposed to family planning programs, a means was devised to circumvent this obstruction. In 1968 the USAID signed a contract with the Department of Health (DOH) to create a Project on Maternal and Child Health (POMCH); through the project, the USAID was able to mask its support of family planning programs. Because one of the functions of the POMCH was to coordinate USAID-assisted health projects that included family planning, the USAID was given the opportunity to work with and thereby influence a number of Filipino private organizations. A significant asset of the USAID at this time was the presence in Manila of experienced American administrators, who provided important decisions regarding the types of projects undertaken and the strategy for dealing with the Philippine government and the Catholic hierarchy. 12

The strategy employed by the USAID in establishing a population program in the Philippines is known to have violated a few of the agency's canons. While the normal operating procedures call for institution-building in carrying out programs, a family planning program was launched among a number of private organizations competing with one another for donor agency funding. The programs did not involve extensive host government administration, and United States support was not conditioned on traditional self-help financing. In fact, the USAID consciously offered near total financing for projects it deemed promising. In risking heavy monetary and leadership inputs, the USAID assumed that the program's initial success would eventually arouse the interest and

^{11.} Ness and Ando, "Politics of Population," p. 313.

^{12.} Brent Ashabranner, "Philippine Population Program and Policy Development: A Review," in *Readings on Population Information Education* (New York: Ford Foundation, 1973), p. 39.

financial support of the Philippine government – assumptions which later proved to be correct.¹³

The USAID was also instrumental in placing population planning activity eventually in the Commission on Population, an independent body under the Office of the President, rather than in the Department of Health which had already established the POMCH. In fact, the Commission later took over the functions of the POMCH. Had the program been placed in the DOH, key USAID officials felt it would have been slow in developing because the DOH was saddled with many problems of its own. Besides, they assumed that the health administrators would put many things ahead of population control in a country where maternal and infant mortality was still substantially prevalent. Based on past experience, American administrators felt that if population planning was assigned to one department, other government agencies would not really feel it was their business to actively participate in that program. Lastly, family planning was seen not only as a health concern but as one that involved social welfare, agricultural extension, community development, and education. By supporting an independent commission to coordinate the family planning programs of various private and governmental institutions, the USAID hoped that the population program would progress quickly, and it eventually did.

Not only did the USAID influence events leading to the adoption of national policy, it also directed program operations to a considerable extent. Through its control of funds, the agency encouraged projects with an impact on reducing birth rates. Contraceptives were provided for free distribution in clinics. Research priority was given to demographic studies as these would provide a base for population projections and a means for measuring fertility decline. USAID-sponsored research likewise emphasized measurement of acceptor rates. This type of performance evaluation eventually gave rise to a quota system among agencies, and within agencies, among field personnel. In the drive to fulfill quotas of new acceptors, client grabbing, double reporting and misreporting emerged as undesirable consequences.

THE LEGISLATURE

In his State of the Nation message on 25 January 1970, the President announced his decision to propose legislation making family planning programs an official policy of his administration. In May 1970, prior to legislative enactment of a population bill, the Commission on Population was authorized by executive order to implement the policy adopted in December 1969.

The population bill became law in July 1971. Responsible for introducing and securing passage of the bill were Congressman Gualberto Lumauig in the Lower House, and Senator Benigno Aquino, Jr. in the Upper House. In the congressional deliberations preceding passage of the bill, several issues were raised, among them:

- 1. Brain drain. The exporting of Filipino talents abroad does not warrant measures for population control.
- 2. Population and resources. First, there is no population problem because the country has sufficient resources to maintain the population. In fact, the country is underpopulated and limiting population growth should become a concern only when the country's natural resources can no longer support the country's population. Second, numerical strength is important for defense. Third, the wealth of a country is its people.
- 3. Imperialism. If the country finds itself in an economic crisis it is not because it is overpopulated but because the best opportunities have been given "to heartless foreigners who strangle the poor." Moreover, the promulgation of a population policy in the Philippines suspiciously seems to be a condition to receiving World Bank funding. USAID assistance is deceptive because Filipinos will in the long run be shouldering an unnecessary expense.
- 4. Administrative overload. There is no need for a Commission on Population. Structures exist, especially the Department of Health, which can absorb the functions of the commission. It is incongruous to create a new body when government is seeking to reorganize and streamline its numerous agencies. Moreover, funds will have to be appropriated and government is short of money.¹⁴

While the oppositors raised serious objections to the bill, no congressman, and none of the oppositors, voted against the bill.¹⁵

^{14.} These issues are reported in the Congressional Record of the House, 12-15 April 1971.

^{15.} The Lower House approved the bill with 59 affirmative, and no negative votes; 46 were absent.

Party politics appeared to dominate the debate: the proponent of the bill belonged to the Nacionalista Party, while the oppositors belonged to the Liberal Party. Liberal Party spokesmen lost little opportunity in attacking the Marcos administration in their emotionally laden speeches. Moreover, the crux of the debates lay in creating and financing the commission rather than in establishing family planning programs. The campaign to integrate family planning with the Department of Health appears to have been the department's lobby to retrieve the functions of the POMCH which were transferred to the Commission on Population by the 1970 Executive Order. When the bill was sent to the Senate, revisions were made in terms of the document's technical language, composition of the commission, and increase in annual appropriations. Unlike in the House of Representatives, no formal speech from the opposition party was delivered against the bill, which was not surprising since its was introduced by the opposition (Liberal) Party. Besides, the Executive Office under a Nationalista administration was already predisposed to the idea of population control. As in the Lower House, questions were raised on the validity of the bill in the face of the international migration of Filipinos and the capacity of untapped natural resources to sustain the still underpopulated Philippines. The bill, however, was passed at second reading, with no one in the Senate voting against it.

At the time the bill was introduced, interested groups lobbied for membership in the Population Commission, since this could facilitate access to funds for family planning programs that the groups had already established or could establish. Some observers comment that interest was motivated by the fashionability of the population issue and the presence of funds, rather than concern for instituting viable action programs. Both Liberal and Nacionalista representatives in Congress were approached to endorse these private and governmental agencies.

The deliberations in Congress reflected the radical arguments against population programs as an instrument of continuing imperialism. Filipino leftist student organizations denounced family planning as a fascistic and imperialistic move to repress the downtrodden, and as a racist scheme to prevent the Eastern hemisphere from overwhelming the West. ¹⁶ On the other hand, Dr. Onofre D.

Corpuz, then Secretary of Education and chairman of the Population Commission, argued publicly that radical movements and violent student unrest could be blamed on the population explotion.¹⁷ Although radical arguments did not influence the substance of population policies, the aggressive presence of radical groups taken within the turbulent political context at the time apparently contributed to the urgency of adopting a policy on population control.

With the passage of the population bill, the Commission on Population replaced the ad hoc commission created by a Presidential Executive Order, which bears the imprint of congressional endorsement of population planning in the Philippines. Like the previous 1969 Statement, the 1971 law upheld freedom of choice. It also provided for the establishment of family planning education and clinic services, further reduction of mortality and morbidity rates, and adoption of policies relating to labor force participation and internal migration. The functions of the commission were outlined quite broadly to cover coordination of family planning projects being undertaken by private and government agencies, direction of research, and dissemination of related information.

THE CHURCH

In a predominantly Catholic country the major force opposing public policy on fertility control has been the Church. The controversy has involved mainly the question of means, specifically contraceptive methods made available by the national family planning program.¹⁸ Prior to 1969, Philippine church leaders tended to ignore the issues of population and birth control, and to assume that the undesirable consequences of uncontrolled growth would eventually be resolved by modernization and development. A pastoral letter from the Catholic hierarchy issued on 12 October 1968 took a clear and definite official stand for the Philippine church in support of Pope Paul VI's encyclical Humanae Vitae and its prohibition of artificial contraception. 19 However, in July

^{17.} Ness and Ando, "Politics of Population," p. 316.18. Vitaliano Gorospe, "Freedom and the Ethics of Philippine Population Control," Philippine Studies 24, no. 1 (1976):37-63.

^{19.} Catholic Bishops Conference of the Philippines, "Pastoral Letter on the Encyclical Letter Humanae Vitae," Boletin Eclesiastico de Filipinas 43(January 1969):31-48.

1969, five months after the creation by Presidential Executive Order of the Commission on Population, the Catholic Bishops promulgated an official statement urging public discussion on all aspects of the Philippine population problem.²⁰ Among the points they raised in their pronouncement were the following.

- 1. Government's role lies in promoting macromeasures that indirectly control fertility, e.g., raising the minimum age at marriage and integrating sex education in the school curriculum. Moreover, population growth must be situated in national development. Raising the standard of living effects a rapid decline in fertility.
- 2. Personal fertility control must be inculcated with an educational rather than technological emphasis. As such fertility control should be integrated in educational, rather than in health programs.
- 3. The public has the right to be informed about aid in population from external sources. Because of the restrictive character of foreign aid, it is better to exclude nonnational grantors in formulating population policies and programs.
- 4. Population control is not an ultimate value. While the problems of socioeconomic development are important, material welfare is subordinate to the basic human values of the Filipino family. Thus, while the Catholic hierarchy called for open dialogue, it continued to espouse the traditional stand toward birth control and the self-discipline implied in the exercise of responsible parenthood.

The Catholic Bishops Conference of the Philippines (CBCP) had been made a member of the Commission on Population during the first years of its existence as an advisory body to the Executive Office. This was a strategic political move as it brought a threatening force to collaborate with government in formulating policy on a sensitive issue. Certain themes espoused by the hierarchy, like the emphasis on responsible parenthood and examination of macromeasures for fertility control, were reflected in the 1969 Statement on Population Policy and Program. The commission, however, upheld integration of family planning in the health care system, and the acceptability of foreign assistance. While most bishops remained firm in their support of official Catholic teaching, theologians in

^{20.} Catholic Bishops Conference of the Philippines, "Statement of the Catholic Bishops on Public Policy Regarding Population Growth Control," in Selected Readings on Population, ed. Family Planning Organization of the Philippines (Quezon City: Vibal Printing Co., 1974).

the commission's Committee on Culture and Religion recognized the primacy of the couple's freedom of choice to select the type of contraceptive to be adopted. This paved the way for the cafeteria approach of service delivery rather than a purely rhythm program, which some Church leaders had hoped for.

Unfortunately, in its annual meeting in 1971 the CBCP decided to withdraw the Episcopal representative to the commission. One theologian interpreted the move, supported by the papal nuncio to the Philippines, as being in line with the alleged general Vatican policy against artificial birth control. The main reason given by the CBCP was that its presence in the commission was being used by some field workers to support the claim that the Church approved all methods.

An offshoot of the sensitivity of implementing a family planning program was the formation, in late 1969, of the Responsible Parenthood Council (RPC), which offered a purely rhythm-method approach. Managed by young technocrats originally associated with Salas's office and by noted Filipino businessmen, the program gained endorsement by the Catholic hierarchy and the President. The RPC program was accepted by the Catholic Church for its reliance on volunteer citizens rather than on government employees as motivators. The strategy safeguards freedom of conscience among implementors who may otherwise feel constrained to follow organizational directives. Moreover, the program's thrust is education-oriented rather than contraceptive-oriented. It seeks to complement fertility control with socioeconomic development projects.²¹ While the CBCP claimed to "actively and wholeheartedly support it," the RPC was funded by foreign donors through the Commission on Population. As a grantee, it had to abide by national policy and inform clients on all family planning methods with equal emphasis. With Church support (the CBCP is represented in the board of directors) and backed by political figures close to the President, the RPC eventually achieved representation in the Commission on Population's executive committee up to 1972, when private agency representation was restricted by the Revised Population Act of 1972 (Presidential Decree 79). Dissatisfaction with RPC management procedures eventually resulted in one donor

^{21.} Catholic Bishops Conference of the Philippines, "Catholic Bishops Program for Responsible Parenthood," reprinted in *Responsible Parenthood*, ed. Vitaliano Gorospe, pp. 258-60.

withdrawing its support for RPC activities. Further disagreement over new policies of the commission on method mix prompted the RPC's resignation as a participating agency in the commission's program.

At the national level, the Church has been supportive of the general idea of population control and responsible parenthood. However, it looks at the population problem not so much as a problem of numbers, as one of social justice. Since the population problem is a problem of the care of peoples, one aspect of that concern is the condition of the impoverished masses and the affluent few. This concern stems from respect for human dignity, individual rights and moral integrity which are not adequately safeguarded under the present population program. Moreover, the Church thinks that internal human sexual control rather than the use of artificial contraceptives is crucial to population control. This sexual discipline and the education that goes with it, a fundamental respect for human life and the institution of marriage, together underlie the concept of responsible parenthood.²²

Hence, the Church has favored officially the rhythm method because it is the only method based on natural law. Other birth control methods have been objected to on moral and theological grounds. Its fundamental opposition to abortion, still an unacceptable method of family limitation under Philippine law, has also been quite firm and clear. Despite this, the Church has not waged a systematic campaign against nonrhythm contraceptive methods. While religious objections were cited in some areas as one of the main obstacles in implementing a family planning program, this problem is by no means exclusively or even significantly responsible for nonadoption or discontinuance of contraceptives. The Church, in fact, is considered by Lynch as a "silent partner in population control" - in a sense, assuming a neutral position, in view of the fact that the Church has neither campaigned for nor against family planning.23

The Church's silence has been interpreted by Ness and Ando as stemming from the larger problem the hierarchy faces regarding the extent of authority inherent in a church official.²⁴ Among bishops

^{22.} Gorospe, "Freedom and Population Control," p. 48.

^{23.} Frank Lynch, "The Catholic Church: Philippines' Silent Partner in Population Control" (Paper presented at the FAO/UNDP Asia and the Far East Seminar on Strengthening Family Life, Los Baños, Laguna, 28 April – 7 May 1971). 24. Ness and Ando, "Politics of Population" p. 315–16.

and priests, positions on the birth control issue have been far from homogeneous. This crisis derives from the deep internal controversy involving theological interpretations of natural law which is the basis for Church acceptance of family planning. This situation could not but place the Church in an awkwardly ambiguous position.

If the Church in general has appeared silent or neutral with regard to the family planning program, it has nevertheless been vocal about the manner in which the program has been implemented. A year after the Revised Population Act was issued in 1972, the hierarchy came out with a pastoral letter criticizing the conduct of the program (e.g., the bias for pills and IUD, adoption of the quota system of acceptors) and the proposed innovative strategies of the commission (e.g., the utilization of paramedics for pill dispensing and IUD insertion) as violating freedom of choice and the exercise of moral integrity.²⁵

How did the client population react to the Church position on family planning and contraceptive methods? The Church in the sixties thru early seventies did not seem to have had great influence on the clients' attitude toward family planning. The more important influence for the approval of family planning was the economic burden of supporting a large family.²⁶ While disapproval of family planning was derived from the perception of its being "sinful" or "against God's will," this segment of the population did not resist family planning because of Church influence, for these were the same people who seldom attended church regularly or consulted a pastor on serious family concerns. Neither had they enrolled in a Catholic school. More likely, their opposition sprang from a cultural imperative that arose in response to high infant and child mortality. Where the survival of family and community was at stake, the drive toward having numerous children was a necessity that gained folk religious sanction.²⁷

Surveys conducted by the Statistical Center and the Population Institute of the University of the Philippines and by the Ateneo de Manila's Institute of Philippine Culture showed the public's re-

^{25.} See the pastoral letters of the Catholic hierarchy on the population problem and on family life and moral norms for Catholic hospitals and Catholics in health services, both issued in 1973, and reprinted by St. Paul Publications, Pasay City.

^{26.} Lynch, "The Catholic Church," p. 6.

^{27.} Frank Lynch and Perla Q. Makil, "The BRAC 1967 Filipino Family Survey," in Responsible Parenthood in the Philippines, ed. Vitaliano Gorospe, pp. 53-74.

ceptivity to family planning even before the government launched a national program. In the middle thru late sixties Filipino women desired moderate-sized families, often preferred limiting their family sizes to that which they already had, and were interested in learning more about family planning.²⁸ The nationwide Baguio Religious Acculturation Conference (BRAC) survey on the Filipino family conducted in 1967 revealed that while women believed that their local pastor disapproved of family planning, a majority of them personally approved of it nonetheless.²⁹ A follow-up survey in 1970 after the promulgation of the papal encyclical Humanae Vitae further revealed that among Filipinos who perceived the pope's disapproval of family planning, the majority still personally approved of it.30 While the BRAC study indicated that there were well-educated Catholics who seemed influenced by Church teachings to favor the rhythm method, the 1972 National Acceptor Survey revealed that many Filipino women, mostly Catholics, generally thought that their church approved methods like the pill or the IUD.31 In fact, method choice was influenced by safety, convenience and effectiveness rather than by moral or religious considerations.³²

POPULATION POLICY UNDER MARTIAL LAW

Within less than three months after the declaration of martial law on 21 September 1972, a more aggressive population policy was put into effect. Unlike the earlier documents, the Revised Population Act (P.D. 79) emphasizes service strategies and incorporates such untested outreach innovations as the commercial distribution of contraceptives and the utilization of paramedics in dispensing family planning methods. Sterilization, previously

^{28.} Mercedes B. Concepcion and Gerry E. Hendershot, "Prospect of a Fertility Decline in the Seventies," mimeographed (Paper presented at the Second Conference on Population, Manila, 27-29 November 1967), pp. 10-12.

^{29.} Concepcion and Hendershot, "Factors Associated with Married Women's Ideal Family Size and Approval of Family Planning," Saint Louis Quarterly 6, no. 3 (1968): 355-74.

^{30.} Lynch and Makil, "IPC-POMCH National Survey, mimeographed (Quezon City: Institute of Philippine Culture, Ateneo de Manila, 1971), p. 25.

^{31.} Lynch and Makil, "BRAC 1967 Survey," p. 65; John E. Laing, "Selected Response Distribution from the 1972 National Acceptor Survey," mimeographed (Manila: University of the Philippines Population Institute, Family Planning Evaluation Office, 1973), p. 22.

^{32.} Laing, "1972 National Acceptor Survey," p. 22.

allowed but not encouraged, is included as part of the service delivery program.

Comparatively, the 1969 statement was lofty in conception; it reflected the influence of the commission's subcommittee on Religion and Culture in stressing education for responsible parenthood. Presidential Decree 79, on the other hand, is more pragmatic in orientation. It provides for family planning as part of a long-range educational program, but gives greater concern to means for the immediate adoption of family planning.

Whereas the 1969 statement was conceived in general terms explaining the what and why of its principal elements, the decree goes a step further in specifying how fertility control is to be effected. It is quite likely that the still uncertain atmosphere in 1969 warranted a statement general enough to be accepted by all; while two and a half years later, the presidential decree (no. 79) capitalized not only on the favorable atmosphere (evident from continuing Knowledge-Attitude-Practice [KAP] studies) to broaden the service strategy but also on the administrative experience of the Commission on Population to define in greater detail its duties and functions. Needless to say, the political situation left no opposition to the innovative programs — at least not at the formulative stage.

On the issue of sterilization, the Church figured once more as a force with which the government would collaborate rather than confront, although pressures were felt from other quarters that favored the method. The Church continued to uphold freedom of conscience on the part of program personnel and clientele, objecting strongly to the inclusion of sterilization as another step toward the gradual depersonalization of people. In response to the opposition, the commission refrained from immediately financing or participating in sterilization activities. The inclusion of sterilization in the decree had been premised on the society's pluralistic character: non-Catholics wishing sterilization should not be denied the service although the Catholic Church objected to it. This may explain why the first sterilization clinic was located in a Protestant hospital. To avoid further confrontation, the commission kept a low-keyed promotion of the sterilization program. In an interview, a Church official expressed the opinion that sterilization was adopted through the influence of external funding agencies.

A trend to move away from merely inducing couples to adopt contraception also began gaining ground. Disincentives were in-

tituted in the form of limiting maternity benefits and restricting tax exemptions to cover not more than four dependents.

SUMMARY AND CONCLUSIONS

Philippine population policy has been shaped by several forces: (1) the pressure exerted by the USAID in establishing family planning programs coupled with its ability to provide abundant resources; (2) the private sector's initiative in establishing family planning long before a national government program was created; (3) the lack of interest in the issue among Congressional leaders and the NEC; (4) the position of the Church; (5) despite the nation's predominantly Catholic character, the public's favorable attitude toward family planning and contraceptive methods.

The USAID has been most influential in arousing interest and directing the thrust of population programs in the Philippines. Without its massive financial support and technical assistance it is doubtful whether the Philippines would have achieved in a relatively short period of time a high degree of local expertise and program sophistication. However, the ultimate test of USAID's inculcation of the necessity to continue if not to expand efforts in fertility reduction remains to be seen in the Philippine government's willingness to rapidly assume greater support costs in the coming years. This may be rather difficult when the USAID deals with NEDA, which is the country's negotiator for foreign aid, rather than directly with the Commission on Population. The NEDA seems to be more inclined to invest in economic programs.

The private sector has played an innovative role in family planning. Not only did it introduce a basic program encompassing information, education and motivation, and clinic services, but it has been the vanguard of strategies like utilizing traditional birth attendants in pill dispensing, operating clinics with vasectomy services in public markets, and maintaining a telephone service for confidential family planning information and referrals. When the sterilization program was introduced and was met with adverse reaction from the hierarchy, the services were initially established in the Protestant Mary Johnston Hospital. Presently, private organizations outnumber government agencies in setting up sterilization centers either in private or in government hospitals.

Moreover, in November 1974 and March 1975 the FPOP

sponsored symposia on abortion — events which earned the ire of the Church and subsequent reprimand from the Commission on Population.

While private agencies have proven to be aggressive proponents of family planning, their future role is uncertain. As government assumes greater financial responsibility and eventually total funding costs, will it support the private agencies while the Department of Health continues to be inadequately supported for its various projects? The Population Center Foundation provides grants to private agencies, but the amounts are insufficient to support these agencies' present programs and expansion efforts.

With the declaration of martial law, the legislature, a potentially effective channel for criticizing and evaluating the population program, was abolished. The Executive Office remains a powerful source of support for family planning. Both the President and the First Lady have endorsed the programs of the Commission on Population, but it can be assumed that the First Couple's will to support the program is only to the extent that the means employed to achieve fertility reduction will not jeopardize public support for other development programs, if not for the new order itself.

The Commission on Population, as the country's policy-formulating body, has been influential in the development of policy. The first Commission on Population's subcommittee on religion and culture was instrumental in defining voluntarism or noncoercion as a basic tenet of the population program. As policy developed over time, the guiding principles of voluntarism, integration of family planning into development programs, and government and private sector participation remained unchanged. A more vigorous policy, however, developed. While the earlier statements on population control were formulated in broad terms, there has been a shift to define more specifically service delivery strategies. It is apparent that later documentation reflects a concern for programmatic efficiency — within the bounds where freedom of choice is not violated at least conceptually in the formulation stage.

In its role of moulder and guardian of the moral conscience of people, the Church remains a formidable force on the national scene. Government leaders are sensitive to the hierarchy's opinions on matters that are its special concern. At the grassroots level, however, Church influence on people's attitudes to family plan-

ning is overshadowed by socioeconomic considerations of family security and survival. Health factors and effectiveness are also generally more decisive in the choice of method than moral or religious considerations. Thus, even among a population dominantly Catholic, the family planning program rapidly expanded in the last five years. The Church's statements on the population problem, however, continue to be a source of opposition and tension for policymakers and program implementors. Nonetheless, it should be recognized that the Church's stand comes from a concern for espousing social justice and respect for individual and family rights.

Among the clientele of the family planning program — the eligible population of married couples in their childbearing years — there has been a favorable attitude toward family planning. KAP studies in the Philippines, however, have time and again showed a wide discrepancy between approval and practice. The present problem from the administrator's point of view is that family planning is levelling off, particularly for clinics that have been operating for a long period of time. Continuation rates for the more effective methods are declining, and a greater proportion of acceptors are choosing the less effective methods.³³

A number of sociocultural factors have been forwarded to explain the difficulty of recruiting and maintaining acceptors to the program, among them the following.

- 1. Parents still believe in the economic value of children as helpers in the farm or family business and as sources of support in old age.
- 2. Children are the center of the Filipina's emotional life and the source of her self-esteem and gratification. There is a strong theme in Filipino culture about the self-sacrifice of mothers and a concomitant expectation that children will reciprocate by remaining respectful and obedient even when they have reached maturity.
- 3. There is a lingering conviction that a large family is a blessing, a folk concept that can be traced to the imperative of having large families at an earlier time when infant mortality was high. The life expectancy in the 1900s and at present certainly differ, but the perception of the changing situation has still to be realized to make an impact on norms for small family size.

^{33.} Philippines (Republic) Commission on Population, "COPE Year-End Report: Program Area of Population/Family Planning" (1975), p. 12.

4. The cultural concept of male virility which manifests itself in a large number of children surfaces in some husbands who reject family planning; fear of the wife's infidelity also enters occasionally. On the other hand, the wife desires many children to keep her husband at home. In working to support a large family he will neither have the time nor the money to support a mistress.³⁴ Moreover, a more immediate barrier to the adoption and continuation of family planning is the fear of the side effects of pills and the IUD. From the management point of view, the program has remained town-centered instead of reaching out to the barrios where the majority of Filipinos continue to live. With these sociocultural, health, and management considerations, the problem remains as to what strategy would best attract family planning clients and effect continued acceptance of the program.

The Commission on Population in 1974 adopted a new strategy called "total integrated development approach" (TIDA) which attempts to correct the weaknesses of the population program in the past. The strategy, which becomes operative in 1977, focuses on man himself, with all his basic needs and those of his community, taking these needs as entry points for the introduction of the concept and practice of family planning. To implement this thrust of the program, 3,000 full-time family motivators will be fielded in the rural areas where the great majority of the population live. They will help identify community needs, coordinate with other development workers, assist other family planning activities and perform motivational tasks. When people see that something can be done about the conditions of their lives through planning, it is assumed that people will more readily accept family planning and make it eventually a way of life.

While there have been strides in the population program, there

^{34.} For a discussion of these factors, see Lynch and Makil, "The BRAC 1967 Survey"; Rudolfo A. Bulatao, The Value of Children: Philippines (Hawaii: East-West Population Institute, East West Center, 1975); Bartlett A. Stoodley, "Some Aspects of Tagalog Family Structure," The American Anthropologist 59, no. 2 (1957): 74-85; William T. Liu, "Fertility Patterns in Cebu," in Acculturation in the Philippines: Essays on Changing Societies, ed. Peter G. Gowing and William Henry Scott (Quezon City: New Day Publishers), pp. 167-205; F. Landa Jocano, "Small Family Norms for Filipinos," in FPOP, ed. Selected Readings on Population, pp. 209-18; and "Proceedings of an Open Forum in Population Growth and Rural Development," in Seminar on Economic Development: Human Factors in Philippines Rural Development, ed. Francis C. Madigan (Cagayan de Oro: Xavier University, 1967), pp. 158-61.

has also been skepticism as to its future, especially when donoragency funding diminishes, and the world-wide interest in population decreases vis-a-vis newer social and environmental issues. The progeny of the USAID in the form of numerous organizations competing for donor agency funding is also problematic. At the field level, rivalry between agencies is not an infrequent occurrence. When one agency's program does not reach expectations it is sometimes easier to continue the existing operations rather than call the attention of the agency's representative, especially if that agency is a member of the governing board of the commission. This is not surprising when one considers that social acceptance, smooth interpersonal relations, and sensitivity to personal affront are characteristic Filipino values. Lastly, the Commission on Population was organized to coordinate numerous private and government agencies, but opinions are arising within the commission. especially as it embarks on a decentralization program, advocating that it move into implementation of its own program.

These problems are largely administrative but they also involve a shift in orientation and could lead to the reformulation of policy that may well affect not only the internal organization of the program but the course of its service, educational, research, and training components.