

Lack of Consensus Characterizes Philippine Population Policy

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A review of policies shows that there had been a lack of stable consensus on the Philippine government's policy on population growth and fertility reduction that continues to this day. The national family planning program has been characterized by shifting objectives of fertility reduction, upholding of reproductive rights, and promotion of maternal health. This lack of policy consensus had slowed down Philippine fertility transition as evidenced in the fact that the country's fertility decline has been the slowest compared to neighboring countries such as South Korea and Thailand. As a result, the Philippines did not have the advantage of a more favorable age distribution (the so-called demographic bonus) that these countries had which contributed to their sustained economic growth and higher standards of living.

Given the controversial nature of the issue of population growth, there is a need for clear statements of policy. There are several views that could be taken with respect to fertility and population growth reduction, and several possible objectives for the family planning program. The government

must state clearly what its position is with respect to these alternatives and then forge a stable consensus on the path to be taken.¹

Role of government in fertility decisionmaking

A first thing that needs to be clarified is the role of government in fertility decisions of couples. The fact that rapid population growth due to high fertility has negative effects on economic growth and development is not a sufficient justification for the government to intervene in the fertility decisions of couples. It is possible that parents, given the

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¹The choices are: (1) leave couples totally alone to decide what is best for themselves; (2) provide FP information and services but only for the purpose of helping couples achieve their desired fertility; (3) provide FP information and services for purposes of helping couples achieve their desired fertility and promote maternal and child health; and (4) provide FP information and services for purposes not only of helping couples achieve their desired fertility and promote maternal and child health but also of advocating for a smaller family size norm. With respect to methods of family planning, the choices are: (1) make available a wide range of legal and safe methods and leave couples to decide which methods to use based on preferences and affordability; or (2) promote only a small set of methods such as the natural family planning methods.

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value that they have regarding children, may prefer to have the benefits of having more children than the achievement of other economic goals. On the other hand, the fact that couples have the right to determine the number and spacing of their children does not necessarily mean that the government does not have any role to play in the fertility decisionmaking of parents.

How should we, therefore, view the proper role of government in fertility decisions of couples/parents?

First, consider the case where couples have perfect information *and* where their fertility decisions neither affect the health of the mother and child nor the welfare of other families. In this case, the role of government is simple: "Families should be left to judge what they consider best for themselves, and society should accept the decision of individual families with strict neutrality." (Demeny, 1971: 99).²

However, even in the absence of these adverse effects on the health and welfare of other families, couples may not

²Demeny, Paul. 1971. The economics of population control. In *Rapid population growth: consequences and policy implications*, Vol. II. Washington, D.C.: National Academy of Sciences.

³The case where there are such external effects on a couple's decisions is described by Demeny (1975) as follows: "If couples on the average raise four surviving children, population doubles in the short span of a single generation. The prospect of such a doubling may be found an attractive one for any particular family, but it may be deemed dismal if applied to the nation as a whole. If each family had a choice, they might rather see their four children grow up into adulthood in a country that did not have to absorb twice as many people as that which claimed its resources a mere 25 years ago, and hence did not have to suffer the impact of such growth on employment, wage levels, urban amenities, and a host of other indicators of economic and social well-being. The inconsistency of private and public interests is rooted in the presence of negative externalities attached to individual fertility behavior. The birth of a child, perceived as a gain for the single family, imposes costs on all other members of the society in which it is born - costs that are not taken into account in the private decisions that determine fertility" (p. 155). Demeny, Paul. 1975. Population policy: the role of national governments. *Population and Development Review* 1(1):147-161.

⁴For a more detailed description, see Herrin, A. N. 2002. Population policy in the Philippines, 1969-2002. *PIDS Discussion Paper Series No. 2002-08*. Philippine Institute for Development Studies.

have correct and adequate information to decide intelligently on their fertility. They may, for instance, lack or have incorrect information on the types, costs, availabilities, and legal and medical aspects of the means to prevent conception. When some of the information cannot be adequately provided by the for-profit private sector, a strong case for government action can be made to fill in this role.

Second, fertility has potential health effects on the mother and the child in that high fertility is associated with high maternal and infant mortality. In this case, couples may not have full information on the various health hazards associated with pregnancy and birth delivery, and like in the first case, such information may not be adequately provided by the for-profit private sector, thereby making a case for government action to provide said health information.

In both of the abovementioned cases of fertility decision-making, however, couples may not have the financial means to afford certain types of contraception and health services (i.e., inadequate effective demand) even if they have adequate information. From an equity or poverty alleviation standpoint, a case can thus be made for public subsidies to be allotted for contraception and health services similar to other subsidized forms of health services and social services.

And third, a couple's childbearing decisions may impose costs on, or provide benefits for, other families.³ In this situation, a case can be made for government intervention in fertility decision that goes beyond simply providing information and contraceptive and health services through an effectively managed family planning program, to one that also advocates for a small family norm.

Population policies and programs across administrations⁴

There have been shifts in policy with respect to fertility/population growth.

During the Marcos administration (1967-1986), the emphasis was on the negative consequences of rapid population growth on the attainment of social and economic objectives.

Implicit in this view is the recognition that the free exercise of fertility decisions of couples has welfare effects on other families. Hence, there is a need for government to intervene. The intervention chosen was the family planning program, which was adopted for the first time in the country. It provided both information and services as well as advocacy for a small family size norm. Family planning program efforts, however, suffered a reversal with the appointment of a conservative Chair of the Commission on Population (POPCOM) Board from 1981 to 1983. Program efforts towards fertility reduction only resumed with the appointment of a new Chair in 1983.

Emphasis shifted once again, though, under the Aquino administration (1986-1992) where focus was placed on the rights of couples to determine the number of their children. The new 1987 Constitution states that: "The State shall defend the right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood" (Article XV, Sec. 3.1). Under the leadership of a conservative Chair of the POPCOM Board, little progress occurred in the family planning program implementation in the first two years of the Aquino administration. Then in 1988, a landmark decision was made to transfer the institutional and operational responsibility for the family planning program from the POPCOM to the Department of Health (DOH). Under this setup and understandably because of the framework of the DOH, family planning was implemented primarily as a health intervention, i.e., to promote maternal and child health, rather than as a fertility reduction intervention.

Under the Ramos administration (1992-1998), there was again the recognition of the effect of rapid population growth in constraining socioeconomic progress. However, while the development plan (MTPDP 1993-1998) and the first POPCOM plan (1993-1998) had strong statements regarding the problems of population growth and the need for family planning with a fertility reduction objective, the subsequent population plan (PPMP 1998-2003) was ambiguous on the promotion of fertility/population growth reduction. Instead, family planning became part of the promotion of reproductive health.

The Estrada administration (1998-2001) continued to promote the Ramos administration's focus on reproductive health. At the same time, however, it made explicit statements about assisting couples/parents to achieve their desired family size within the context of responsible parenthood. This is clearly spelled out in the POPCOM's Directional Plan for the Philippine Population Management Program 2001-2004. At first glance, one may think that the administration is following the same thrust of the Aquino administration since the language used was almost the same. However, the Plan also described alternative demographic scenarios and the contraceptive method mix that will achieve these scenarios. The consideration of such scenarios was based on the view that what was needed is an accelerated decline in fertility in order to reduce pressure on the provision of development services to a larger population if fertility remains high. As such, one may conclude that the Estrada administration also promoted rapid fertility decline through family planning.

And what is the present policy thrust under the Arroyo administration (2001-present)? The development plan under the current administration has strong statements regarding the adverse consequences of continued rapid population growth and the need to reduce fertility. However, its family planning program is geared only to helping couples achieve their fertility preferences as well as to promote health. This may be gleaned in Administrative Order No. 50-A issued by the DOH, which spelled out the National Family Planning Policy. In this policy statement, family planning is seen mainly as a health intervention, specifically as an element of reproductive health. In implementing the Program, emphasis is placed on the promotion of modern natural family planning (NFP) methods. As to the provision of artificial contraceptives, President Arroyo was quoted as saying that in the event that bilateral and multilateral donors would stop funding the purchase of contraceptive supplies for distribution to public health facilities, she expects the NGOs to fill up the void rather than the government.⁵

⁵Rina Jimenez-David. 2002. GMA up close. *Philippine Daily Inquirer*. 7 July.

Influences to Philippine population policymaking

Perhaps the single most important factor influencing Philippine population policymaking since its formulation in 1969—and which partly explains its ever shifting focus—is the persistent and consistent opposition of the Catholic Church hierarchy to the government population policy of reducing population growth as well as its promotion of artificial family planning methods. The Catholic Church's position is quite clear: the use of artificial contraception is not allowed because it is morally wrong to use such artificial means. Therefore, the Church objects to its dissemination and use. The only family planning method allowed is the natural family planning method but only for "GRAVE MOTIVES."

The views of the general public regarding population growth and family planning as gleaned from the National Demographic Surveys and opinion polls (Social Weather Stations and Pulse Asia) are generally favorable to the policy of reducing population growth and the promotion of a wider range of contraceptive methods, including modern artificial contraception. It appears, however, that such views have not been as influential to public policy decisions as those of the Catholic Church hierarchy.

Conclusion


The preceding discussions lead us to the following conclusions:

First, although there is a need to broaden population concerns in line with national interest and international commitments, there is still an urgent need to address the issue

of rapid population growth and fertility reduction. And to do so, once and for all.

Second, given the controversial nature of the issue of population growth, there is a need for clear statements of policy. The review of policies shows that there has been a lack of stable consensus on the policy on population growth and fertility reduction. The family planning program has been characterized by shifting objectives of fertility reduction, upholding of reproductive rights, and promotion of maternal health. The government must state clearly what its position is with respect to the various alternatives and then forge a stable consensus on the path to be taken.

Third, although the government cannot expect the Catholic Church hierarchy to promote artificial contraception, there are opportunities for working closely in other areas of population policy and family planning. One is in the area of promoting social and economic policies that can influence fertility indirectly in the long run, and the other is on the promotion of modern natural family planning methods, the only methods that the Catholic Church hierarchy considers as morally acceptable. A framework for such collaboration as well as a working model is available.⁶

Finally, while organized stakeholders are more vocal in their views regarding population growth and fertility reduction, there is a need to listen to the larger, albeit unorganized and silent, constituency—the married couples with unmet needs for contraception—whose consistent views are well documented in nationally representative demographic surveys and opinion polls. 

⁶In the Pastoral Letter by Bishop Antonio J. Ledesma entitled: "Natural Family Planning – A Pastoral Approach" (April 7, 2002), Bishop Ledesma suggested the possibility of moving from the Church's earlier position of critical noncollaboration with government to one of principled collaboration. An example of actual cooperation between the Catholic Church and local government units is the joint implementation of a Natural Family Planning (NFP) Program in the province of Pangasinan. This "church-government collaborative partnership" was formalized by a Memorandum of Agreement among the Family Life Apostolate of the Lingayen-Dagupan Archdiocese, the Kapihan sa Kumbento, and the Province of Pangasinan, with the concurrence of Archbishop Oscar V. Cruz of the Lingayen-Dagupan Archdiocese.

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