

# [The reproductive health bill](https://assignbuster.com/the-reproductive-health-bill/)

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The Reproductive Health Bill Over the years, several bills have been filed in both the Senate and Congress, proposing alaw on "reproductive health"; all provoked the most polarizing public debates. It seems hard tothink as to why some people are still against it when almost the entire world has been practicingcontraception, family planning and such. This paper will try to examine the real issues involvedand why the proposed bill has divided our country once again. The House Bill No. 5043, more commonly known as the Reproductive Health Bill of2008, which is in substitution to House Bill Nos. 17 (Adolescent Reproductive Health), 812(Reproductive Health, Responsible Parenthood and Population Development), 2753 (Women'sRight to Know Act) and 3970 (Bill Enhancing the Philippines’ Labor Dispute SettlementSystem) was introduced during the first regular session of the 14th Congress by Honorable(s)Edcel C. Lagman, Janette L. Garin, Narciso D. Santiago III, Mark Llandro Mendoza, AnaTheresia Hontiveros-Baraquel and Elandro Jesus F. Madrona. The bill declares that in accordance with the state policy, it upholds and promotesresponsible parenthood, informed choice, birth spacing and respect for life in conformity withinternationally recognized human rights standards. It shall then uphold the right of the people, particularly women and their organizations; to effective and reasonable participation in the bill’sformulation and implementation. This policy is anchored on the rationale that sustainable humandevelopment is better assured with a manageable population of healthy, educated and productivecitizens. What are guaranteed by the state are the universal access to medically-safe, legal, affordable and quality reproductive health care services, methods, devices, supplies and relevant information. It however prioritizes the needs of women and children, among otherunderprivileged sectors (Lagman, et. al. 2008). However, some people believe that the term "reproductive health" used in this bill is notconcerned with the safe, licit and natural generation and moral upbringing of any new humanbeing. They said that instead of its plain meaning "referring to a person’s health in both body andmind, in the mature and responsible use of his or her reproductive organs and faculties; itsprimary concern is the safe, licit and natural generation and proper upbringing of a new humanbeing (a child), it is anchored with the United Nation’s definition stating that "reproductiverights" refers to what an individual wants to do with his or her body and sexuality, including butnot limited to the "right to abortion" (Tatad, 2008). Let us now try to examine the two sides ofboth issue and why only one must prevail. It is better to take the issue on the population first as the other issues follow after it. Theproponents of the RH Bill of 2008 do not claim that planning is the panacea for poverty. Itsimply recognizes the verifiable link between a huge population and poverty. They argued thatbased on studies, high fertility rate affects and are affected by poverty. According to ThomasMalthus, high fertility and poverty are relative with each other. In the latest data of the NationalDemographic and Health Survey (2003), it shows that poverty incidence is less than 10% for afamily with one child; but it rises steadily with the number of children to 57% for a family withnine or more children. Moreover, larger families make less investment per child in human capital, investments that are crucial in breaking the chain of intergenerational poverty (Pernia, et al, 2008). Now with the issue of population control, family planning comes into the scene. Tatad(2008) said that while National Security Study Memorandum: Implications of Worldwide Population Growth for U. S. Security and Overseas Interests (NSSM200) did not specify abortionas a preferred family planning method, the report observed that "no country has reduced itspopulation growth without resorting to abortion. In addition, pushing for only two children perfamily will make us experience the population ageing and collapse taking place today in richcountries, and like them, we will also wish to pay parents to have more children--but unlike them, we will have no money to do so. Despite the highly orchestrated media hype about "population explosion", there certainlyis no such thing. Our women are not multiplying like rabbits; "overpopulation" is a myth (Tatad, 2008). Former Senator Tatad (2008) in his blog also mentioned that there is no definite statisticon any place’s "carrying capacity" (how many people it can hold or support). To see if a giventerritory is sparsely, moderately, or densely populated, the total population, total land area andpopulation density must be taken into account. In a position paper of Buenaventura, et al (2008), it was said that according to the datafrom the National Statistics Office, the average population growth rate in the period 2000 to2007 is 2. 04 and is decreasing over the years, projecting that the annual population rate for theperiod of 2005-2010 is 1. 95%. Another thing is that there could not be overpopulation. Alsobased from the NSO data, there are more people in the National Capital Region and other highlyurbanized cities located in the Metro Manila as opposed to the other twelve regions whosegrowth rates are below the national figure of 2. 04%. Overpopulation cannot be concluded withonly few urbanized and populated cities as the basis. Moreover, the population is not fairlydistributed, creating a congestion of certain places in the country, thus leaving other areas withfew people (Buenaventura, et al, 2008). The problem of poverty is indeed very real butpopulation control has never been the solution because in the first place (Tatad, 2008) the real Population Growth for U. S. Security and Overseas Interests (NSSM200) did not specify abortionas a preferred family planning method, the report observed that "no country has reduced itspopulation growth without resorting to abortion. In addition, pushing for only two children perfamily will make us experience the population ageing and collapse taking place today in richcountries, and like them, we will also wish to pay parents to have more children--but unlike them, we will have no money to do so. Despite the highly orchestrated media hype about "population explosion", there certainlyis no such thing. Our women are not multiplying like rabbits; "overpopulation" is a myth (Tatad, 2008). 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Moreover, the UN Human Development Reports show that countries with higherpopulation growth invariably score lower in human development. The Asian Development Bankin 2004 also listed a large population as one of the major causes of poverty in the country. TheNational Statistics Office also affirms that large families are prone to poverty with 57. 3 percentof families with seven children mired in poverty while only 23. 8 percent of families with twochildren are poor. Recent studies also show that large family size is a significant factor inkeeping families poor across generations (Lagman, 2008). Family planning is one of the solutions seen to control the population. Contrary to theallegations, family planning will not lead to a demographic winter. Some UP economicsprofessor (Pernia, et al. 2008), in their paper "Population and Poverty: The Real Score", said thatthe threat of a so-called demographic winter in the Philippines is "greatly exaggerated, and usingit as an argument against a sensible population policy is a plain and simple scare tactic. TheNational Statistical Coordinating Board projected that a replacement fertility of 2. 1 children percouple could be reached only by 2040. Moreover, despite a reduced population growth rate, theeffects of population momentum would continue for another 60 years by which time our totalpopulation would be 240 million (Lagman, 2008). The RH Bill also promotes timed pregnancy which will ensure that children will beblessings for their parents since their births are planned and wanted (Lagman, 2008). TheFilipino woman's desired number of children is 2. 5. However, the actual fertility rate is 3. 5children or a difference of one child. This difference is due mainly to the lack of information onand access to family planning services (NSO, NDHS 2003). Maternal deaths account for 14% ofdeaths among women. According to the Commission on Population, ten (10) women die every24 hours from pregnancy or childbirth-related complications (Popcorn 2000). It posits a biggerpossibility that the children will be well-taken care of and be brought up properly, send to a goodschool, and enjoy their rights. With that as well, there will be fewer instances of abortion sincepregnancies will be according to the preference and want of the couple. It must be noted however, that the bill does not impose a two-child policy. It only shows the ideal children approximatesdesired by women and it being included in the bill is a strong suggestion for the women/couples(Lagman, 2008). Another benefit from this bill is the strengthening of the Population Commission. Popcom shall initiate and sustain an intensified nationwide multimedia campaign to raise thelevel of public awareness on the urgent need to protect and promote reproductive health andrights (Lagman, 2008). In order to control population, the use of contraceptives is encouraged by the bill. It isstressed out that the bill does not legalize abortion nor does lead to its legalization. In fact, otherCatholic countries have already promoted contraceptives while criminalizing abortion. Samegoes with some Muslim and Buddhist countries (Lagman, 2008). Contrary to beliefs, contraceptives have no life-threatening side effects. Medical andscientific evidence shows that all the possible medical risks connected with contraceptives are infinitely lower than the risks of an actual pregnancy and everyday activities. If the bill is passed, it shall form part of the National Drug Formulary considering that family planning reduces theincidence of maternal and infant mortality as well. The risk of dying within a year of riding a caris 1 in 5, 900. The risk of dying within a year of using pills is 1 in 200, 000. The risk of dyingfrom a vasectomy is 1 in 1 million and the risk of dying from using an IUD is 1 in 10 million. The probability of dying from condom use is absolutely zero. But the risk of dying from apregnancy is 1 in 10, 000 (Lagman, 2008). Through the distribution of contraceptives, the incidences of HIV cases will also decrease. A national policy, according to GWHAN Chair Marlon Lacsamana, would stop people in thecountry who "demonize" condom use. Fifty-seven new HIV cases were reported in thePhilippines in September, bringing the total to 395 new cases this year. Lacsamana in a statementsaid, "This alarming statistic supports the call for the immediate passage of the reproductivehealth bill now being deliberated in the House of the Representatives", adding, "Moreover, thewidespread disinformation, misinformation and increased efforts to demonize condom use mustbe disproved with accurate data"(Harutyunyan, 2008). The bill however, does not promote contraceptive mentality. It does not prohibitpregnancy. Its critics are wrong in saying that availability of contraceptives will make peopleprefer to have no children at all. Couples will not stop wanting children simply becausecontraceptives are available. Contraceptives are used to prevent unwanted pregnancies but not tostop pregnancies altogether. Again, timed pregnancies are assured (Lagman, 2008). The Church defends that as according to the Humanae Vitae, it reaffirmed the CatholicChurch's traditional view of marriage and marital relations and a continued condemnation ofartificial birth control. With "Humanae Vitae", Paul VI reaffirmed the constant and very firm teaching of the Church excluding contraception and that the teaching had already been proposedinfallibly by the ordinary magisterium -- that is, by the morally unanimous agreement of thebishops of the whole world in communion with the popes. Together, they had taught for manycenturies that using contraceptives always is grave matter. Their manner of teaching implied thatwhat they taught was a truth to be held definitively. Thus, the teaching on contraception met theconditions for infallible teaching, without a solemn definition, articulated by Vatican II in "Lumen Gentium", 25 (Grisez, 2003). But then Humanae Vitae is not an infallible doctrine. After Pope John VI ordered acommittee to research on this matter, the Papal Commission on Birth Control, voting 69 to 10, strongly recommended that the Church change its teaching on contraception as it concluded that “the regulation of conception appears necessary for many couples who wish to achieve aresponsible, open and reasonable parenthood in today’s circumstances" (Lagman, 2008). Fivedays after the issuance of the encyclical, a statement against it was signed by 87 Catholictheologians. It asserted that “Catholics may dissent from … noninfallible Church doctrine" andthat “Catholic spouses could responsibly decide in some circumstances to use artificialcontraception" (Lagman, 2008). Critics of the bill are also stressing that we are not a welfare state, taxpayers have no dutyto provide contraceptives to try and cure pregnancy, which is not a disease. Access tocontraceptives is free and unrestricted long before despite the WHO cancer-research finding thatoral contraceptives cause breast, liver and cervical cancer, none of these items have been bannedby law. This bill will eventually lead to the legalization of abortion. Church: The reproductivebill allows or even prescribes the use of birth control methods which have the effect of blockinga fertilized zygote from being implanted in the uterus or of expelling a fertilized zygote before implantation. The widespread use of contraceptives would lead to conjugal infidelity and thegeneral lowering of morality (Tatad, 2008). When it comes with sex education, age-appropriate RH education promotes correctsexual values. It will not only instill consciousness of freedom of choice but also responsibleexercise of one’s rights. The UN and countries which have youth sexuality education documentits beneficial results: understanding of proper sexual values is promoted; early initiation intosexual relations is delayed; abstinence before marriage is encouraged; multiple-sex partners isavoided; and spread of sexually transmitted diseases is prevented (Lagman, 2008). But the critics of the bill imply that sex education is a matter closely related to religiousmorality. Our constitution allows the teaching of religion to children in public schools, but itrequires that it be done only with the written consent of parents. As for sex education in privateschools, any law on this should respect academic freedom which is also protected by theConstitution (Tatad, 2008). I think everyone will agree with me that both sides have their own share of rights andwrongs. It is nice to see as well that people are truly engage with this which only goes to showthat as citizens of this country, we are all concern for what is best for it. But then, I believe thatwhat is best is for our lawmakers to pass the RH Bill which is long overdue. The bill is, in fact, "pro-life", "pro-women", and "propoor" (Lagman, 2008). It promotes quality not only for theparents but also especially to the future generation of our country. It also protects women’s rightsand the health projects will surely benefit the underpriviledged. The bill is national in scope, comprehensive, rights-based and provides adequate funding to the population program. Itpromotes information on and access to both natural and modern family planning methods, whichare medically safe and legally permissible. The bill will promote sustainable human development. The UN stated in 2002 that "family planning and reproductive health are essential to reducingpoverty. 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