

The reproductive health bill

[Sociology](#), [Population](#)



The Reproductive Health Bill Over the years, several bills have been filed in both the Senate and Congress, proposing a law on "reproductive health"; all provoked the most polarizing public debates. It seems hard to think as to why some people are still against it when almost the entire world has been practicing contraception, family planning and such. This paper will try to examine the real issues involved and why the proposed bill has divided our country once again. The House Bill No. 5043, more commonly known as the Reproductive Health Bill of 2008, which is in substitution to House Bill Nos. 17 (Adolescent Reproductive Health), 812 (Reproductive Health, Responsible Parenthood and Population Development), 2753 (Women's Right to Know Act) and 3970 (Bill Enhancing the Philippines' Labor Dispute Settlement System) 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, Ana Theresia Hontiveros-Baraquel and Elandro Jesus F. Madrona. The bill declares that in accordance with the state policy, it upholds and promotes responsible parenthood, informed choice, birth spacing and respect for life in conformity with internationally 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's formulation and implementation. This policy is anchored on the rationale that sustainable human development is better assured with a manageable population of healthy, educated and productive citizens. 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 other underprivileged sectors (Lagman, et. al. 2008). However, some people believe that the term "reproductive health" used in this bill is not concerned with the safe, licit and natural generation and moral upbringing of any new human being. They said that instead of its plain meaning "referring to a person's health in both body and mind, in the mature and responsible use of his or her reproductive organs and faculties; its primary concern is the safe, licit and natural generation and proper upbringing of a new human being (a child), it is anchored with the United Nation's definition stating that "reproductive rights" refers to what an individual wants to do with his or her body and sexuality, including but not limited to the "right to abortion" (Tatad, 2008). Let us now try to examine the two sides of both 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. The proponents of the RH Bill of 2008 do not claim that planning is the panacea for poverty. It simply recognizes the verifiable link between a huge population and poverty. They argued that based on studies, high fertility rate affects and are affected by poverty. According to Thomas Malthus, high fertility and poverty are relative with each other. In the latest data of the National Demographic and Health Survey (2003), it shows that poverty incidence is less than 10% for a family with one child; but it rises steadily with the number of children to 57% for a family with nine or more children. 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 abortion as a preferred family planning method, the report observed that "no country has reduced its population growth without resorting to abortion. In addition, pushing for only two children per family will make us experience the population ageing and collapse taking place today in rich countries, 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 certainly is 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 statistic on any place's "carrying capacity" (how many people it can hold or support). To see if a given territory is sparsely, moderately, or densely populated, the total population, total land area and population density must be taken into account. In a position paper of Buenaventura, et al (2008), it was said that according to the data from the National Statistics Office, the average population growth rate in the period 2000 to 2007 is 2.04 and is decreasing over the years, projecting that the annual population rate for the period of 2005-2010 is 1.95%. Another thing is that there could not be overpopulation. Also based from the NSO data, there are more people in the National Capital Region and other highly urbanized cities located in the Metro Manila as opposed to the other twelve regions whose growth rates are below the national figure of 2.04%. Overpopulation cannot be concluded with only few urbanized and populated cities as the basis. Moreover, the population is not fairly distributed, creating a congestion of certain places in the country,

thus leaving other areas with few people (Buenaventura, et al, 2008). The problem of poverty is indeed very real but population 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 abortion as a preferred family planning method, the report observed that "no country has reduced its population growth without resorting to abortion. In addition, pushing for only two children per family will make us experience the population ageing and collapse taking place today in rich countries, 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 certainly is 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 statistic on any place's "carrying capacity" (how many people it can hold or support). To see if a given territory is sparsely, moderately, or densely populated, the total population, total land area and population density must be taken into account. In a position paper of Buenaventura, et al (2008), it was said that according to the data from the National Statistics Office, the average population growth rate in the period 2000 to 2007 is 2.04 and is decreasing over the years, projecting that the annual population rate for the period of 2005-2010 is 1.95%. Another thing is that there could not be overpopulation. Also based from the NSO data, there are more people in the National Capital Region and other highly urbanized cities located in the Metro Manila as opposed to the other twelve regions whose growth rates are below the national figure of 2.04%. Overpopulation

cannot be concluded with only a few urbanized and populated cities as the basis. Moreover, the population is not fairly distributed, creating a congestion of certain places in the country, thus leaving other areas with few people (Buenaventura, et al, 2008). The problem of poverty is indeed very real but population control has never been the solution because in the first place (Tatad, 2008) the real problem is the defective resource allocation and unequal wealth distribution (Buenaventura, et al, 2008). They believe that family planning then must be left to the individual families and not the State intervening on it. However, as according to the NSSM 200 report, the Philippines, as one of the thirteen countries tended by it and also a part of the 47 percent that make up the world population, it must advocate the promotion of education and contraception and other population control measures (NSSM). Moreover, the UN Human Development Reports show that countries with higher population growth invariably score lower in human development. The Asian Development Bank in 2004 also listed a large population as one of the major causes of poverty in the country. The National Statistics Office also affirms that large families are prone to poverty with 57.3 percent of families with seven children mired in poverty while only 23.8 percent of families with two children are poor. Recent studies also show that large family size is a significant factor in keeping families poor across generations (Lagman, 2008). Family planning is one of the solutions seen to control the population. Contrary to the allegations, family planning will not lead to a demographic winter. Some UP economics professor (Pernia, et al. 2008), in their paper "Population and Poverty: The Real Score", said that the threat of a so-called demographic winter in the Philippines is "greatly

exaggerated, and using it as an argument against a sensible population policy is a plain and simple scare tactic. The National Statistical Coordinating Board projected that a replacement fertility of 2.1 children per couple could be reached only by 2040. Moreover, despite a reduced population growth rate, the effects of population momentum would continue for another 60 years by which time our total population would be 240 million (Lagman, 2008). The RH Bill also promotes timed pregnancy which will ensure that children will be blessings for their parents since their births are planned and wanted (Lagman, 2008). The Filipino woman's desired number of children is 2.5. However, the actual fertility rate is 3.5 children or a difference of one child. This difference is due mainly to the lack of information on and access to family planning services (NSO, NDHS 2003). Maternal deaths account for 14% of deaths among women. According to the Commission on Population, ten (10) women die every 24 hours from pregnancy or childbirth-related complications (Popcorn 2000). It posits a bigger possibility that the children will be well-taken care of and be brought up properly, send to a good school, and enjoy their rights. With that as well, there will be fewer instances of abortion since pregnancies 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 approximates desired 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 the level of public awareness on the urgent need to protect and promote reproductive

health and rights (Lagman, 2008). In order to control population, the use of contraceptives is encouraged by the bill. It is stressed out that the bill does not legalize abortion nor does it lead to its legalization. In fact, other Catholic countries have already promoted contraceptives while criminalizing abortion. Same goes with some Muslim and Buddhist countries (Lagman, 2008). Contrary to beliefs, contraceptives have no life-threatening side effects. Medical and scientific 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 the incidence of maternal and infant mortality as well. The risk of dying within a year of riding a car is 1 in 5,900. The risk of dying within a year of using pills is 1 in 200,000. The risk of dying from 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 a pregnancy 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 the country who "demonize" condom use. Fifty-seven new HIV cases were reported in the Philippines in September, bringing the total to 395 new cases this year. Lacsamana in a statement said, "This alarming statistic supports the call for the immediate passage of the reproductive health bill now being deliberated in the House of the Representatives", adding, "Moreover, the widespread disinformation, misinformation and increased efforts to demonize condom use must be disproved with accurate data" (Harutyunyan, 2008). The bill

however, does not promote contraceptive mentality. It does not prohibit pregnancy. Its critics are wrong in saying that availability of contraceptives will make people prefer to have no children at all. Couples will not stop wanting children simply because contraceptives are available. Contraceptives are used to prevent unwanted pregnancies but not to stop pregnancies altogether. Again, timed pregnancies are assured (Lagman, 2008). The Church defends that as according to the *Humanae Vitae*, it reaffirmed the Catholic Church's traditional view of marriage and marital relations and a continued condemnation of artificial 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 proposed infallibly by the ordinary magisterium -- that is, by the morally unanimous agreement of the bishops of the whole world in communion with the popes. Together, they had taught for many centuries that using contraceptives always is grave matter. Their manner of teaching implied that what they taught was a truth to be held definitively. Thus, the teaching on contraception met the conditions 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 a committee 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 a responsible, open and reasonable parenthood in today's circumstances" (Lagman, 2008). Five days after the issuance of the encyclical, a statement

against it was signed by 87 Catholic theologians. It asserted that “Catholics may dissent from ... noninfallible Church doctrine” and that “Catholic spouses could responsibly decide in some circumstances to use artificial contraception” (Lagman, 2008). Critics of the bill are also stressing that we are not a welfare state, taxpayers have no duty to provide contraceptives to try and cure pregnancy, which is not a disease. Access to contraceptives is free and unrestricted long before despite the WHO cancer-research finding that oral contraceptives cause breast, liver and cervical cancer, none of these items have been banned by law. This bill will eventually lead to the legalization of abortion. Church: The reproductive bill allows or even prescribes the use of birth control methods which have the effect of blocking a 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 the general lowering of morality (Tatad, 2008). When it comes with sex education, age-appropriate RH education promotes correct sexual values. It will not only instill consciousness of freedom of choice but also responsible exercise of one’s rights. The UN and countries which have youth sexuality education document its beneficial results: understanding of proper sexual values is promoted; early initiation into sexual relations is delayed; abstinence before marriage is encouraged; multiple-sex partners is avoided; 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 religious morality. Our constitution allows the teaching of religion to children in public schools, but it requires that it be done only with the written consent

of parents. As for sex education in private schools, any law on this should respect academic freedom which is also protected by the Constitution (Tatad, 2008). I think everyone will agree with me that both sides have their own share of rights and wrongs. It is nice to see as well that people are truly engage with this which only goes to show that as citizens of this country, we are all concern for what is best for it. But then, I believe that what 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 "pro-poor" (Lagman, 2008). It promotes quality not only for the parents but also especially to the future generation of our country. It also protects women's rights and the health projects will surely benefit the underprivileged. The bill is national in scope, comprehensive, rights-based and provides adequate funding to the population program. It promotes information on and access to both natural and modern family planning methods, which are 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 reducing poverty." The Unicef also asserts that "family planning could bring more benefits to more people at less cost than any other single technology now available to the human race" (Lagman, 2008). teaching of the Church excluding contraception and that the teaching had already been proposed infallibly by the ordinary magisterium -- that is, by the morally unanimous agreement of the bishops of the whole world in communion with the popes. Together, they had taught for many centuries that using contraceptives always is grave matter. Their manner of teaching implied that what they taught was a truth to be held definitively. Thus, the teaching on contraception met

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