

Term paper rhbll



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Introduction

Poverty and overpopulation are two of the biggest national concerns the Philippines have right now. Many solutions have been made to alleviate these problems but none of them seem to work. One of which is The Reproductive Health Bill of the Philippines, or RH Bill. This bill allows Filipinos access to contraceptives and an opportunity to be enlightened on the topic of family planning. The bill was first introduced in 1998 but somewhat died in the years after.

Not until the year 2011 that the Congress decided to once again open its door for discussion on the RH bill. The basic condition of this bill is to introduce Filipinos and distribute to them family planning devices. It also aims for health care centers all over the country to circulate information on how to properly use them. Companies and schools are also encouraged to do the same with their employees and students. Through this, the bill intends to alleviate the problem of overpopulation in the Philippines. The bill, like any other thing in the world, is surrounded by controversies.

It is actually a really good bill but a lot of people are opposing it. The number one group who opposes it is the Catholic Church. Though not entirely stated in the bill, the Church implies that the bill entails abortion, something that is greatly against the teaching and morals of the Church. Now, is the RH Bill good for us or not?

Body History

According to the Senate Policy Brief titled Promoting Reproductive Health, the history of reproductive health in the Philippines dates back to 1967 when leaders of 12 countries including the Philippines' Ferdinand Marcos signed the Declaration on Population.

The Philippines agreed that the population problem should be considered as the principal element for long-term economic development. Thus, the Population Commission was created to push for a lower family size norm and provide information and services to lower fertility rates. Starting 1967, the USAID started shouldering 80% of the total family planning commodities (contraceptives) of the country, which amounted to US\$ 3 Million annually. In 1975, the United States adopted as its policy the National Security Study Memorandum 200: Implications of Worldwide Population Growth for U. S. Security and Overseas Interests (NSSM200). The policy gives "paramount importance" to population control measures and the promotion of contraception among 13 populous countries, including the Philippines to control rapid population growth which they deem to be inimical to the socio-political and economic growth of these countries and to the national interests of the United States, since the "U. S. economy will require large and

increasing amounts of minerals from abroad", and these countries can produce destabilizing opposition forces against the United States.

It recommends the US leadership to "influence national leaders" and that "improved world-wide support for population-related efforts should be sought through increased emphasis on mass media and other population education and motivation programs by the UN, USIA, and USAID. Different presidents had different points of emphasis. President Marcos pushed for a systematic distribution of contraceptives all over the country, a policy that was called "coercive," by its leading administrator.

The Cory Aquino administration focused on giving couples the right to have the number of children they prefer, while the Ramos presidency shifted from population control to population management. Estrada used mixed methods of reducing fertility rates, while Arroyo focused on mainstreaming natural family planning, while stating that contraceptives are openly sold in the country. In 1989, the Philippine Legislators' Committee on Population and Development (PLCPD) was established, "dedicated to the formulation of viable public policies requiring legislation on population management and socio-economic development. In 2000, the Philippines signed the Millennium Declaration and committed to attain the MDG goals by 2015, including promoting gender equality and health. In 2003, USAID started its phase out of a 33-year-old program by which free contraceptives were given to the country. Aid recipients such as the Philippines faced the challenge to fund its own contraception program. In 2004, the Department of Health introduced the Philippines Contraceptive Self-Reliance Strategy, arranging for the replacement of these donations with domestically provided contraceptives.

In August 2010, the government announced a collaborative work with the USAID in implementing a comprehensive marketing and communications strategy in favor of family planning called " May Plano Sila. " The Church's View Versus Government's View on RH Bill Love of Life The RH Bill is highly controversial, with experts, academics, religious institutions, and major political figures supporting and opposing it, often criticizing the government and each other in the process. Debates and rallies proposing and opposing the bill have been happening nationwide.

It is very obvious that the Catholic Church is one of the anti RH Bill. " It does not mean na pumayag na rin kaming gamitin ang mga artificial means (of contraception). No! The stand of the Church still remains to be ' no to contraceptives' and, definitely, ' no to abortion. " (Msgr. Juanito Figura, 2011) " Artificial contraception eliminates the possibility of a pro-creative element. Kung hindi kasi open to life, the sexual intercourse would just be like for the human satisfaction and pleasure. When you engage in the sexual act that means you are ready to take theresponsibility.

The natural law is pro creation. " (Monsignor Paul Cuizon, 2010) These statements clearly tell that the Catholic Church is not in favor in the idea of RH Bill and will never be in favor to it. According to the Church, the bill contradicts or disobeys the Fifth Commandment which is killing. The Fifth Commandment seeks to protect the very sacredness of human life by forbidding murder. (Abiog, 2005). But in the Old Testament, the sacredness of life could be safeguarded only by destroying the life of a murderer. Ex 21: 17) Moreover, oral contraceptive pills have been classified by the International Agency for Research on Cancer as Group 1 carcinogens. The

use of ORP has been associated with increased risk of premenopausal breast cancer, cervical cancer, and cardiovascular diseases like stroke and blockage of veins. The Department of Health, on the other hand, states that family planning can reduce maternal mortality by about 32 percent. The bill is "meant to prevent maternal deaths related to pregnancy and childbirth," said Clara Padilla of Engender Rights.

She reported that "Daily, there are 11 women dying while giving birth in the Philippines. These preventable deaths could have been avoided if more Filipino women have access to reproductive health information and healthcare." (Wikipedia) According to the Department of Health, the bill protects the welfare of women. Through family planning, birthrates would be reduced, as well as maternal deaths. This also prevents the spread of HIV/AIDS and other, STIs/STDs, especially now that the number of HIV cases among young is simultaneously increasing. Poverty Caused by Overpopulation There are several studies showing the issue isn't overpopulation but the lack in distribution of wealth." (Monsignor Paul Cuizon, 2010). The Church viewed that overpopulation is not really the cause of poverty but the lack of job opportunities, lack of education and sometimes lack of self-discipline or laziness. If properly managed, the large number of population can be a good source of human resources and can contribute to the economic growth of our country. It is said that the Philippines remains one of the poorest countries in the world and the government insisted that not having a reproductive health law is cruelty to the poor.

The poor are miserable because, among other reasons, they have so many children. Providing reproductive knowledge and information through

government intervention is the humane thing to do. It can help the poor escape the vicious cycle of poverty by giving them options on how to manage their sexual lives, plan their families and control their procreative activities. The phrase "reproductive rights" includes the idea of being able to make reproductive decisions free from discrimination, coercion or violence.

Summary of Major Provisions

The bill mandates the government to promote, without bias, all effective natural and modern methods of family planning that are medically safe and legal. Although abortion is recognized as illegal and punishable by law, the bill states that the government shall ensure that all women needing care for post-abortion complications shall be treated and counseled in a humane, non-judgmental and compassionate manner. The bill calls for a "multi-dimensional approach" integrates a component of family planning and responsible parenthood into all government anti-poverty programs.

Under the bill, age-appropriate reproductive health and sexuality education is required from grade five to fourth year high school using "life-skills and other approaches." The bill also mandates the Department of Labor and Employment to guarantee the reproductive health rights of its female employees. Employers with more than 200 employees shall provide reproductive health services to all employees in their own respective health facilities. Those with less than 200 workers shall enter into partnerships with health professionals for the delivery of reproductive health services.

Employers shall inform employees of the availability of family planning services. They are also obliged to monitor pregnant working employees among their workforce and ensure they are provided paid half-day prenatal

medical leaves for each month of the pregnancy period that they are employed. The national government and local governments will ensure the availability of reproductive health care services, including family planning and prenatal care. Any person or public official who prohibits or restricts the delivery of legal and medically safe reproductive health care services will be meted penalty by imprisonment or a fine.

Summary of Support Proponents argue: (1) Economic studies, especially the experience in Asia, show that rapid population growth and high fertility rates, especially among the poor, exacerbate poverty and make it harder for the government to address it. (2) Empirical studies show that poverty incidence is higher among big families. Smaller families and wider birth intervals could allow families to invest more in each child's education, health, nutrition and eventually reduce poverty and hunger at the household level. 3) Ten to eleven maternal deaths daily could be reduced if they had access to basic healthcare and essential minerals like iron and calcium, according to the DOH; (4) Studies show that 44% of the pregnancies in the poorest quintile are unanticipated, and among the poorest women who would like to avoid pregnancy, at least 41% do not use any contraceptive method because of lack of information or access. And " Among the poorest families, 22% of married women of reproductive age express a desire to avoid pregnancies but are still not using any family planning method," (5) Use of contraception, which the World Health Organization has listed as essential medicines, will lower the rate of abortions as it has done in other parts of the world, according to the Guttmacher Institute. (6) An SWS survey of 2008 showed that 71% of the respondents are in favor of the bill, (7) at the heart

of the bill is the free choice given to people on the use of reproductive health, enabling the people, especially the poor to have the number of children they want and can care for.

Summary of Criticism Opponents of the bill argue that: (1) " The world's leading scientific experts" have resolved the issues related to the bill and show that the " RH Bill is based on wrong economics" as the 2003 Rand Corporation study shows that " there is little cross-country evidence that population growth impedes or promotes economic growth". (2) The bill takes away limited government funds from treating many high priority medical and food needs and transfers them to fund objectively harmful and deadly devices.

The latest studies in scientific journals and organizations show that the ordinary birth control pill, and the IUD are abortifacient to 100-celled human embryos: they kill the embryonic human, who as such are human beings equally worthy of respect, making the bill unconstitutional. (3) US National Defense Consultant, Lionel Tiger, has shown empirical evidence that contraceptives have deleterious social effects (abortion, premarital sex, female impoverishment, fatherless children, teenage pregnancies, and poverty).

Harvard School of Public Health scientist Edward Green observes that 'when people think they're made safe by using condoms at least some of the time, they actually engage in riskier sex', in the phenomenon called " risk compensation". There is evidence for increased risk of cancer (breast, cervical, liver) as well as significant increase of risk for heart attack and stroke for current users of oral contraceptives.

The increased usage of contraceptives, which implies that some babies are unwanted, will eventually lead to more abortion; the correlation was shown in a scientific journal and acknowledged by pro-RH leaders, (4) People's freedom to access contraceptives is not restricted by any opposing law, being available in family planning NGOs, stores, etc. The country is not a welfare state: taxpayer's money should not be used for personal practices that are harmful and immoral; it can be used to inform people of the harm of BCPs. 5) The penal provisions constitute a violation of free choice and conscience, and establish religious persecution. Sex Education The bill provides for mandatory reproductive health education and that it be taught in " an age-appropriate manner... by adequately trained teachers starting from Grade 5 up to Fourth Year High School. " Opposition to the bill is concerned about early sexualization of the youth and says that sexuality education promoters themselves state that it has led to more teenage pregnancies and illegitimacy.

They quote the Consortium of State Physicians Resource Councils, which said that " programs in safer sex education and condom distribution have not reduced the out-of-wedlock birth rates among sexually experienced teens. . . . The fact is, increased condom use by teens is associated with increased out-of-wedlock birth rates. " They stressed that what is needed is chastity education, especially taught by their parents, rather than sex education in school.

Proponents refer to the latest UNESCO study dated December 2009 which concluded that sexuality education did not encourage early initiation into sex, but actually increased the age at which people first engage in sexual

activity. Advantages and Disadvantages of RH Bill The advantage of Reproductive Health Bill in the Philippines is that hopes to provide midwives for skilled attendance to childbirth and emergency obstetric care, even in geographically isolated and depressed areas. Thus, the one of the causes of maternal mortality, that arising from unattended births, will be addressed.

The disadvantage of the Reproductive Health Bill in the Philippines is the undue focus being given to reproductive health and population and development, when many more urgent and important health problems need to be addressed in the country, those that cause a significant number of deaths across the country such as cardiovascular diseases and infections. Financial resources allotted by foreign donors to assist the Philippine government programs could actually be better spent towards pursuing health programs targeting communicable diseases than purchasing artificial contraceptives.

Abortion versus RH Bill “ Life must be protected with the outmost care from the moment of conception. ” (Batugal, 2008). This means that even the unborn child should be treated with the same respect as a livehuman being. When a fetus is terminated before he is able to live outside his mother’s womb, then that child is being aborted. Abortion is ending a pregnancy by the removal or expulsion from the uterus of a fetus. On the other hand, RH Bill promotes information on and access to both natural and modern family planning methods, which are medically safe and legally permissible.

It assures an enabling environment where women and couples have the freedom of informed choice on the mode of family planning they want to adopt based on their needs, and personal convictions. The common purpose

of the bill is to prevent unwanted pregnancy. It is very clear that abortion and RH Bill are two different things. The bill just prevents unwanted pregnancy while abortion is the will of either the mother or the father of the child to end the pregnancy.

Conclusion

The Reproductive Health Bill guarantees universal access to methods on contraception, fertility control, sexual education, and maternal care. This bill aims to protect the health of both women and children, to fight or at least minimize the rapid population growth in our country, to prevent the spread of HIV and other STDs, and to fight poverty. While it is true that the bill will protect the welfare of women and children, the bill is still very controversial and rallies have been happening in the country. One of the groups opposing the RH Bill is the Catholic Church.

According to the Church, the RH Bill is not the right way to fight poverty and it is against the Fifth Commandment of God for it destroys the life of an innocent child. Still, the government wants to pursue it and actually President Aquino already signed the bill. Even though, it was already signed, there are still a lot of questions thrown to the government, particularly if where are they going to get the fund to provide for those free contraceptives and why not just make another law that will truly help the whole citizenry.

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