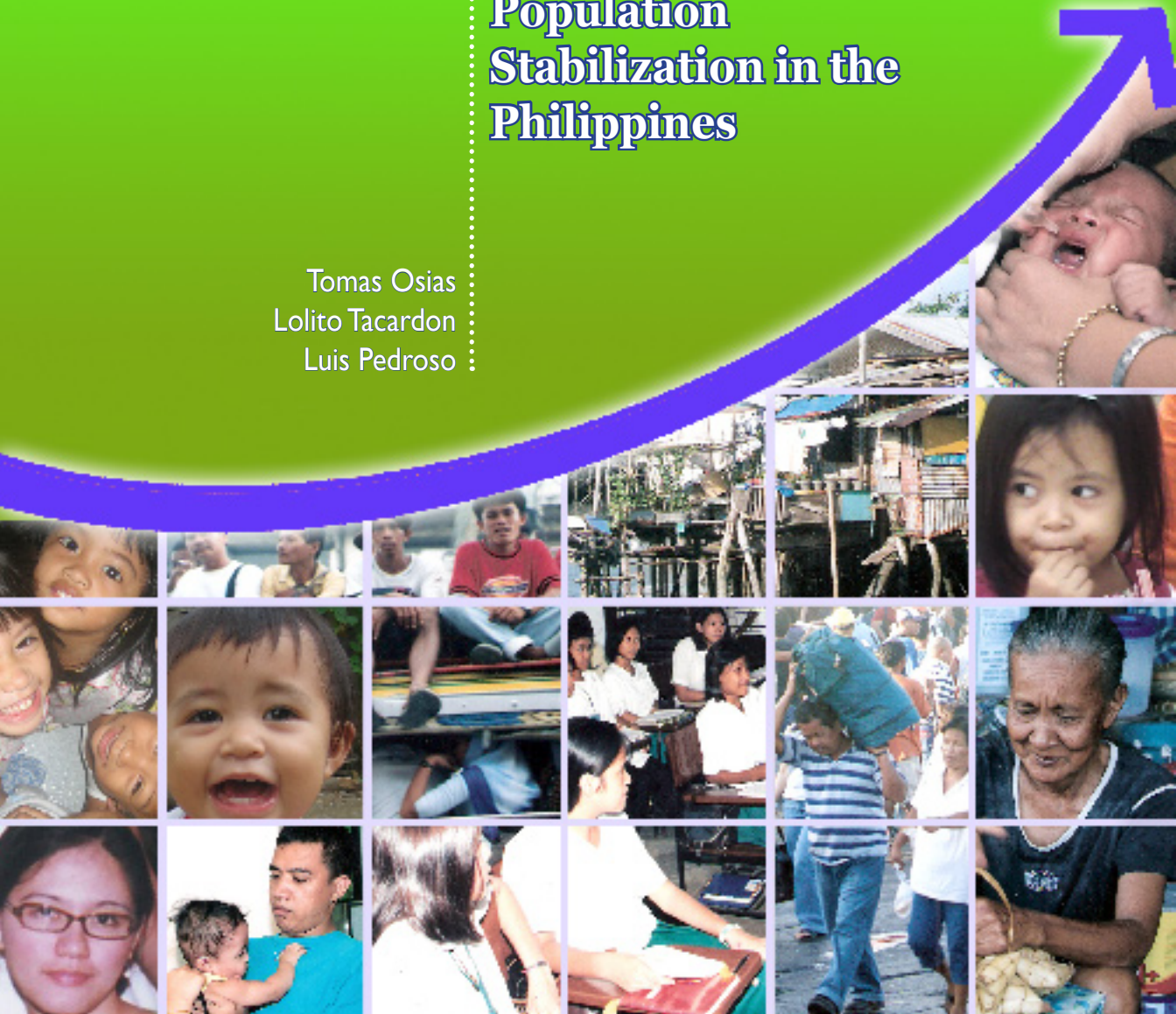


People ^{beyond} Numbers

The Road to Population Stabilization in the Philippines

Tomas Osias
Lolito Tacardon
Luis Pedroso



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A large, stylized white letter 'F' is positioned on the left side of the page. It is partially overlapping a dark grey rectangular area. The 'F' has a slight shadow and is set against a background of light blue and white curved lines that sweep across the top of the page.

FOREWORD

Rapid population growth has always been viewed as one of the deterrents to the country's effort to fully realize its socio-economic growth and potential. While the connection of population with development is recognized, managing the rapid population growth in the country has not been given much attention.

Rightly, it is now time to give serious consideration to population issues especially in the face of the recurring environmental catastrophies and economic downturns. At the family level, the impact of large family size has affected the capacity of families to provide for the basic needs of their members. More and more Filipinos are unable to meet their shelter, nutrition and educational needs partly because of the large size of their family. Moreover, many poor and uneducated women are not able to achieve their desired fertility goals because of the lack of access to family planning information and services.

This paper looks into the population trends in the country and aims to describe the path towards achieving a stable population in the context of the country's commitment embedded in the ***Statement on Population Stabilization by World Leaders***. Moreover, it also delves into the impact of population factors in major development sectors and describes the lessons learned that addresses population concerns towards achieving a rational balance between population processes and development outcomes.

We hope that the data analysis in this paper would be useful for integrating population concerns in the development of responsive policy, plans and programs at the national as well as local levels towards achieving improved well-being of all Filipinos.

Tomas M. Osias
Executive Director
Commission on Population

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I NTRODUCTION

The recent crises that gripped the country have highlighted the intimate connection of population factors with development. The periods of rice shortage, environmental disasters, financial meltdown and continuing poverty that the country continues to experience have raised the need to address population issues to the level of public discourse.

Recognizing the impact of population factors on the quality of life of the people, the Philippines joined world leaders in declaring its commitment to participate in setting goals and programs for population stabilization. This commitment is embedded in the **Statement of Population Stabilization by World Leaders**.

As a response to this statement, the Philippines explicitly set a goal of 1.9 percent population growth rate in the Medium-Term Philippine Development Plan (MTPDP) for 2005-2010, the major blueprint of development in the country. This demographic target reflects the importance of achieving population goals side by side with other sectoral development objectives.

The country's long-term desired scenario is population stabilization, where a rational balance between population outcomes and development processes is maintained. This goal is put within the context of sexual and reproductive rights as grounded in the 1987 Philippine Constitution which guarantees the right of spouses to found a family in accordance with their religious convictions and within the demands of

responsible parenthood. Such a goal is also being pursued within the framework of the 1994 International Conference on Population and Development (ICPD) and reinforced by the Millennium Development Goals (MDGs). The ICPD has redirected population and development interventions into a more humane paradigm by bringing back people into the center of sustainable development, focusing on individuals' needs and rights rather than demographic targets.

As a signatory to the ICPD Programme of Action (PoA), the Philippines adopted the ICPD principles and subsequently restated the population policy within the framework of the ICPD. The ICPD framework gives emphasis to helping couples and individuals achieve their desired family size within the context of responsible parenthood and sustainable development. Moreover, the Philippine Population Management Program (PPMP) aims to contribute to policies that will help government achieve a favorable balance between population distribution, economic activities, and the limits of the environment. Within this context, efforts to stabilize population in the country are now driven by human rights and sustainable development principles.

The Status of Population Stabilization Effort in the Philippines

This paper describes the status of population stabilization in the country in the context of fulfilling reproductive rights and sustainable development as spelled out in the ICPD, MDG and the Statement of Population Stabilization by World Leaders. It highlights the current population outcomes vis-à-vis the projected trend in population stabilization. It also emphasizes the determinants of fertility as the main factor of population growth in the country and their connection with development variables.

This study also assesses the relevance and adequacy of national population and development-related policy and program interventions in achieving population stabilization. This document, thus, serves as a basis for making policy, program and research recommendations to ensure a population level responsive to human rights and sustainable development.

This paper has benefited much from consultations with concerned agencies, experts and other stakeholders in the country. Their inputs have been instrumental in making the report more coherent and objective. Substantial content was also taken from secondary sources from the National Statistics Office, National Statistical Coordinating Board, and other research agencies.

The 2010 Philippine Population and Housing Census, which is taking place as this report is being prepared, may also have a significant impact in the analysis of this report. This report consists for the most part of the analyses and opinions of the authors based on the available population censuses, surveys and studies, and does not necessarily reflect the official position of the Philippine government.

THE POPULATION SITUATION

Current Population Outcomes

Population size and growth

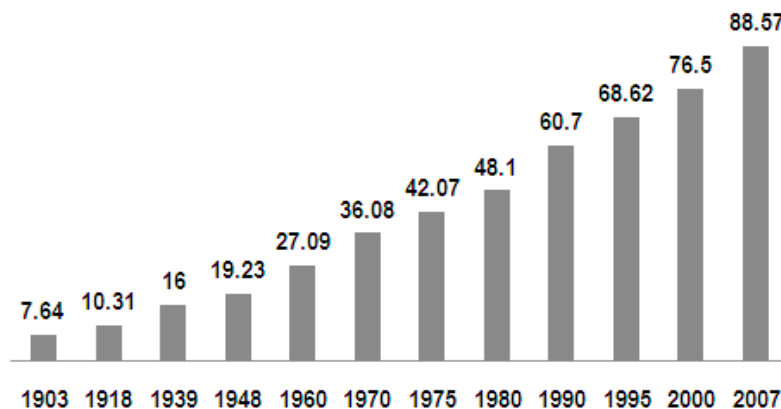
The Philippines is a geographically small country but it is home to 88.6 million Filipinos as counted in 2007 . This makes the Philippines the 12th most populous country in the world based on the most recent estimate of the United Nations Population Division. The figure translates into an addition of 20 million Filipinos in a span of only 12 years, from 1995 to 2007) (Figure 1).

The country's population has been growing rapidly – at the rate of 2.04 percent annually from 2000-2007. This means an addition of about 1.8 million Filipinos every year. At this rate, the population is expected to double – meaning an addition of another 88 million – in 34 years (doubling time). Although the population growth rate has slowed down somewhat over the last few decades, it is still higher than the MTPDP target of 1.9 PGR by 2010.

1 Population Division, UN Department of Economics and Social Affairs, accessed through http://en.wikipedia.org/wiki/List_of_countries_by_population on May 6, 2010.



Figure 1. Philippine population size (in millions): 1903-2007



Source: National Statistics Office (various censuses)

Table 1. Total population and annual population growth rates by region:
Population censuses 1995, 2000, and 2007

Regions	Total Population			Annual Population Growth Rate		
	1-Aug-07	1-May-00	1-Sep-95	2000-2007	1995-2000	1995-2007
PHILIPPINES	88,574,614	76,506,928	68,616,536	2.04	2.36	2.16
National Capital Region	11,553,427	9,932,560	9,454,040	2.11	1.06	1.70
Cordillera Administrative Region	1,520,743	1,365,220	1,254,838	1.50	1.82	1.62
Region I - Ilocos	4,545,906	4,200,478	3,803,890	1.10	2.15	1.51
Region II - Cagayan Valley	3,051,487	2,813,159	2,536,035	1.13	2.25	1.56
Region III - Central Luzon	9,720,982	8,204,742	7,092,191	2.36	3.17	2.68
Region IV-A - Calabarzon	11,743,110	9,320,629	7,750,204	3.24	4.03	3.55
Region IV-B - Mimaropa	2,559,791	2,299,229	2,033,271	1.49	2.67	1.95
Region V - Bicol	5,109,798	4,674,855	4,325,307	1.23	1.68	1.41
Region VI - Western Visayas	6,843,643	6,211,038	5,776,938	1.35	1.56	1.43
Region VII - Central Visayas	6,398,628	5,706,953	5,014,588	1.59	2.81	2.07
Region VIII - Eastern Visayas	3,912,936	3,610,355	3,366,917	1.12	1.51	1.27
Region IX - Zamboanga Peninsula	3,230,094	2,831,412	2,567,651	1.83	2.12	1.94
Region X - Northern Mindanao	3,952,437	3,505,708	3,197,059	1.67	1.99	1.79
Region XI - Davao	4,156,653	3,676,163	3,288,824	1.71	2.41	1.98
Region XII - Soccsksargen	3,829,081	3,222,169	2,846,966	2.41	2.69	2.52
Caraga	2,293,480	2,095,367	1,942,687	1.25	1.63	1.40
ARMM	4,120,795	2,803,045	2,362,300	5.46	3.73	4.78

4 Source: NSO, 1995 Census of Population, 2000 Census of Population and Housing, 2007 Census of Population

Regional differences in population size and growth are noticeable. Within the context of population stabilization, these regional differences are very important in identifying the focus of a population management program. Among the 17 administrative regions, Calabarzon (Region IVA) has the largest population size with 11.74 million, followed by the National Capital Region (NCR) with 11.55 million and Central Luzon (Region III) with 9.72 million in 2007. These three regions comprise more than one-third (37.3%) of the total Philippine population.

Five out of the 17 regions recorded growth rates above the national average. Posting the highest growth rate is the Autonomous Region in Muslim Mindanao (ARMM) with 5.46 percent, a significant increase from its 3.73 percent PGR for the 1995-2000 period. With this growth rate, ARMM's population of about 4 million is expected to double in only 13 years. The high growth rate of ARMM merits further scrutiny to account for the sources of this phenomenal population growth.

Other regions that posted population growth rates higher than the national figure are Calabarzon (3.24%), Central Luzon (2.36%), Soccsksargen (2.41%), and NCR (2.11%). The population growth rates in these regions are indicative of the phenomenon of urban sprawl as Calabarzon and Central Luzon are the most proximate regions to NCR, the center of development activities in the country. These regions continue to receive migrants due to its proximity to NCR which is the primary destination of internal migrants.

Age and sex composition

The young population. The young continues to form a broad base for the population structure of the country. Based on the 2000 census, about 37 percent of Filipinos were under 15 years of age; 59 percent were between 15 to 64 years old (the so-called working or productive ages); and 4 percent aged 65 and over. With a young population, the population will continue to increase due to population momentum brought about by large cohorts of young women who will soon enter the childbearing years.

The young population of the country also implies a large number of young dependents. The 2000 census indicated around 6 young dependents and 1 old dependent for every 10 working-age persons. Since not all of those 15-64 years old are engaged in productive labor (e.g., some are still studying and others are simply unemployed), the real dependency ratio is 10 dependents for every 7 actively working population.

“With a young population, the population will continue to increase due to population momentum...”



The projection also showed that there would be more males than females belonging to the working-age population in 2008. Women belonging to the reproductive ages (15-49) would account for approximately 42 percent (34.3 million) of the entire working-age population.

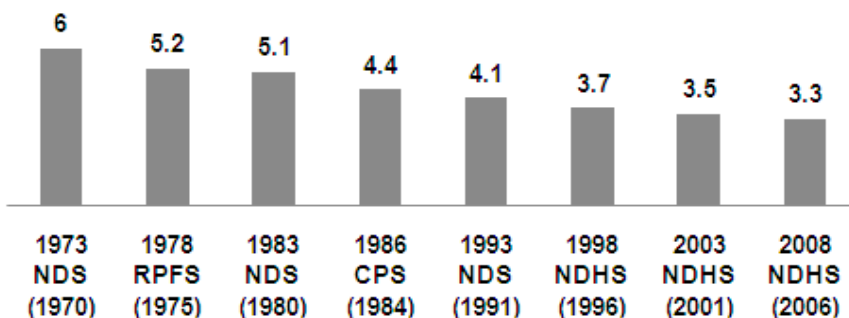
The ageing population. Demographers characterize the rate of ageing in the Philippines as “low and slow” compared to other countries like Germany and Japan which have experienced more dramatic demographic transitions. In 2000, Filipinos aged 60 and older accounted for 6 percent of the country’s population. However, while ageing prevalence in the Philippines may be relatively low, the proportion of the elderly to the total population is expected to reach a double-digit mark in 2020 under the assumption of a moderate fertility and mortality decline.³ Since women live longer than their male counterparts, they constitute the majority of the elderly population.

Demographic Processes Affecting Population Outcomes

Current fertility level and trends

Total fertility rates. Fertility remains the most significant determinant of population growth in the country. Based on the 2008 National Demographic and Health Survey (NDHS) data, the total fertility rate (TFR) is about 3.3 children per woman. This TFR reflects a modest improvement from the 1970s level (6 children), but is still on the same level with the 3.5 TFR recorded in the 2003 NDHS. Moreover, the current TFR is still higher by about one child than the replacement fertility level of 2.1 children.

Figure 3. Trends in the total fertility rate



Source: NSO, NDHS

3 Cruz, G. T. (2005). Health Transitions Among Filipino Older People. Unpublished Doctoral Dissertation. University of the Philippines, College of Social Sciences and Philosophy, Department of Sociology.

Since the last two decades, the Philippines has been experiencing a plateauing of fertility. As can be gleaned from Figure 3 above, a significant decline in TFR was last experienced during the first half of the 1980s. The succeeding years recorded insignificant declines in fertility and incurred little variation from the 1998 up to the latest NDHS (2008).

Table 3. Actual and wanted fertility⁴ by education and wealth index quintile: 2008

	Total Wanted Fertility Rate	Total Fertility Rate
All women (15-49)	2.4	3.3
Education		
Elementary	2.9	4.5
High school	2.6	3.5
College or higher	1.9	2.3
Wealth index quintile		
Lowest	3.3	5.2
Second	2.9	4.2
Middle	2.4	3.3
Fourth	2.2	2.7

Source: NSO, 2008 NDHS

Actual versus wanted fertility. Desired fertility is a critical factor in lowering fertility level or in achieving replacement fertility. In order for fertility in the Philippines to fall to replacement level (a net replacement rate of 1.0 or a TFR of 2.1), actual fertility should at least approximate desired fertility. At a glance, the wanted fertility of 2.4 children in 2006 (2008 NDHS) seems to be already nearing the replacement fertility of 2.1 children. However, wanted fertility has been going down very slowly – the total wanted fertility rate recorded in the 2008 NDHS is only about 0.3 percent lower than the figure recorded in 1998 NDHS (2.7 in 1998 NDHS versus 2.4 in 2008 NDHS). This slow decline in wanted fertility would certainly influence the decline pattern of actual fertility and subsequently delay the achievement of the replacement fertility level.

Filipino women continue to have one child higher (3.3 children) than their wanted fertility. Actual fertility was lowest among women with college education (2.7 children) and those in the highest wealth index (2.0). It is highest among those with no education (5.3) and among the poorest women (5.9). The biggest difference between actual and wanted fertility is most evident among women with lower education and income status.

⁴ A birth is considered wanted if the number of living children at the time of conception was less than or equal to the current ideal number of children reported by the respondent. Wanted fertility expresses the level of fertility that would technically result if all unwanted births were prevented (NSO/MACRO, 2004 NDHS Report, p101).

Helping women achieve their wanted fertility, therefore, would have a significant demographic impact on stabilizing the population. Closing the gap between actual and wanted fertility means getting closer to the replacement fertility level. This also means that women are more successful in achieving their desired fertility goals. Achieving this, however, is a huge challenge at this time when poverty continues to constrain poor and uneducated women who have higher actual and wanted fertility rates.

Table 4. Age-specific and total fertility rates from national surveys: 1973-2003

Age	1973 NDS (1970)	1978 RPFS (1975)	1983 NDS (1980)	1986 CPS (1984)	1993 NDS (1991)	1998 NDHS (1996)	2003 NDHS (2001)	2008 NDHS (2007)
15-19	56	50	55	48	50	46	53	54
20-24	228	212	220	192	190	177	178	163
25-29	302	251	258	229	217	210	191	172
30-34	268	240	221	198	181	155	142	136
35-39	212	179	165	140	120	111	95	84
40-44	100	89	78	62	51	40	43	38
45-49	28	27	20	15	8	7	5	6
TFR	5.97	5.24	5.08	4.42	4.09	3.73	3.5	3.3

Note: Rates for 1970 and 1980 are five-year averages and from 1984 to 2001 are three-year averages centering on the year in parenthesis.

Sources: NSO Macro International Inc., 1999, Table 3.3 and NSO-ORC Macro, 2004, Table 4.1 as cited in NSCB

Teenage fertility. Although teenage fertility has not increased significantly over the last five years, it continues to contribute to the total fertility. The increase in age-specific fertility rate of women aged 15-19 (from 46 births per 1,000 women in that age group in 1998 to 54 in 2008) may be associated with the lower age at sexual initiation and the increasing prevalence of early sexual engagement among adolescents. Researches show that young peoples' lack of knowledge on their sexuality is one of the factors that drive them to sexual and nonsexual risky behaviors, including unprotected sex.⁵

Determinants of fertility

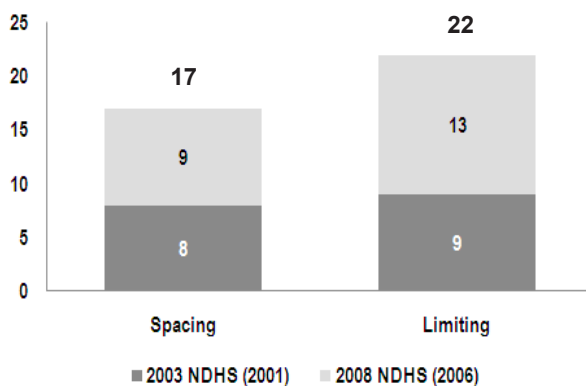
Unmet need for family planning. Within the context of reproductive health, unmet need for family planning has become the operational guide in the design and implementation of population management activities in the country. Women who intend

Raymundo, Corazon, "In Search of Foci for Intervention," Youth, Sex and Risk Behaviors in the Philippines: A Report on a Nationwide Study, 2002 Young Adult Fertility and Sexuality (YAFS 3), DRDF, 2004.

to space or limit births but are not using family planning methods are considered to have an “unmet need” for family planning. Unmet need for family planning serves as an instrument for more efficient service delivery as it allows service providers to identify and focus on women most in need of family planning services while recognizing the individuals’ changing fertility states and goals.⁶

The 2008 NDHS reported a 22 percent total unmet need for family planning, with 9 percent for spacing births and 13 percent for limiting births. The most recent level of unmet need for family planning reflects an increase of almost one-third of the 2003 figure (Figure 4). Total unmet need was higher in rural areas (16.4%) than in urban areas (14.9%). Among the regions, the ARMM registered the highest total unmet need for family planning (29.7%), with much higher percentage for spacing (23.3%) than limiting (6.4%).⁷

Figure 4. Trends in unmet need for family planning



Unmet need was also highest among economically disadvantaged women. One-fifth (20.3%) of poor currently married women reported having unmet need for family planning, while only around 13.2 percent of the non-poor currently married women reported having unmet need.

The 2000 State of the Philippine Population Report (SPPR) noted that unmet need among women in the country stems largely from the high cost associated with practicing contraception. These costs refer not only to the expenses for access and provision of services and commodities but also the non-monetary costs, including health, social, emotional and psychological consequences for women. Both types of costs deter women from availing of family planning methods.

Other than price and income, other factors that contribute significantly to unmet need for family planning in the country are: (1) strength of fertility preference; (2) perceived

⁶ Commission on Population (2000), State of the Philippine Population Report, Manila

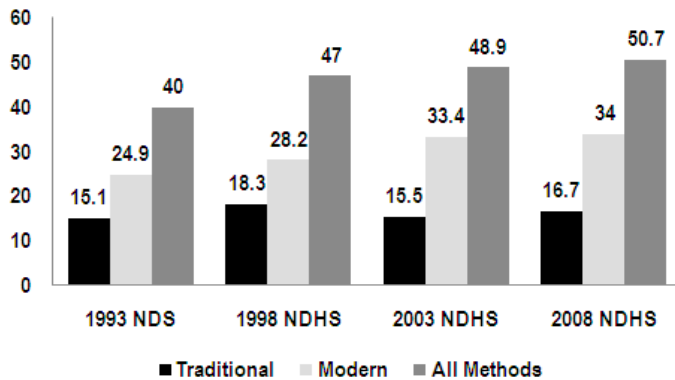
⁷ NSO, Family Planning Survey 2006

risk of conceiving; (3) perceived effects on the health of husbands and wives; (4) husband's fertility preferences; and (5) couple's acceptance of family planning. The perceived effects of contraception on health have indeed affected contraceptive use among women as shown by the 2006 FPS. About 1 out of 3 (35.6%) married women did not use contraception because of reasons related to exposure to contraceptives, including fear of side effects. A higher fertility preference by the husband than by the wife was found to be one of the causes of high fertility performance and a factor contributing to non-use of contraception.⁸ All these factors constitute barriers to achieving the replacement fertility level.

Contraceptive use. Family planning is one of the means to help individuals and couples achieve their fertility intentions. As previously discussed, the level of fertility among Filipino women remains higher by one child than what they intended. This difference between actual and desired number of children among women indicates gaps in the use of family planning methods.

The contraceptive prevalence rate (CPR) in the country increased insignificantly from 48.9 percent in 2003 to 50.7 percent in 2008. The increase in contraceptive use among women has been steadily small since 1993, increasing by just about 4 percent in a decade (1998-2008). The plateauing fertility level in the country can, thus, be attributed to the low use of contraceptives. The latest CPR implies that there are about the same proportion of women not using family planning methods as those using.⁹

Figure 5. Percent of married women using family planning methods: 1993, 1998, 2003, 2008



Source: NSO, NDHS 1993, 1998, 2003 and 2008

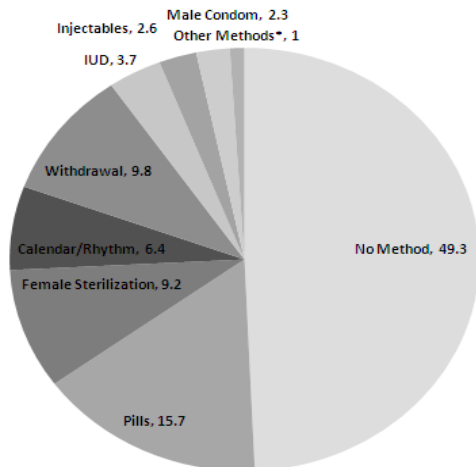
Data from the 2008 NDHS show that 34 percent of currently married 15-49 year-old women use modern methods of contraception and 17 percent use any traditional

8 Pedroso, Luis (2008). "Determinants of Fertility Preference Among Filipino Men, Women, Husbands and Wives." Unpublished M. A. thesis submitted to the University of the Philippines College of Social Sciences and Philosophy, Population Institute.

9 NSO, 2008 NDHS

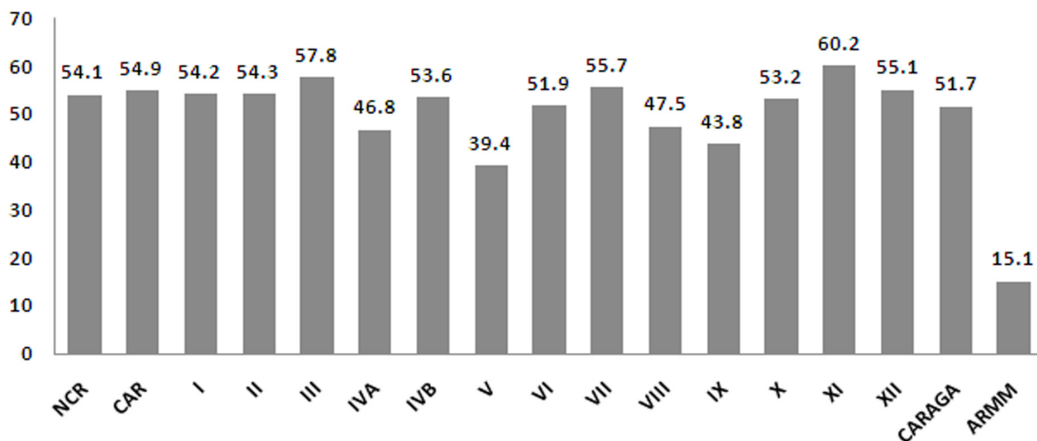
method. Pills continue to be the most preferred method with 16 percent, while only about 9 percent go for female sterilization. Condom use by men remains low with only 2.3 percent prevalence.

Figure 6. Percent distribution of currently married women by contraceptive method used: 2008



Source: NSO, 2008 NDHS

Figure 7. Percent distribution of married women by contraceptive method used and by region: 2006



Source: NSO, Family Planning Survey 2006

There are varying levels of fertility across regions. Among the 17 administrative regions of the country, four regions have a CPR lower than the national level. The highest CPR was registered in the Davao Region (Region XI) at 60.2 percent. At the extreme end, ARMM registered the lowest CPR of all the regions at only 15 percent.

Unintended pregnancy and induced abortion. One of the immediate results of unmet need for family planning is unintended pregnancy. Unintended pregnancy reflects the inadequacy of the family planning program to satisfy unmet need for contraceptive use. As reported by the 2008 NDHS, about one in five births in the last three years was mistimed (20%) or not wanted at all (16%). Mistimed and unwanted pregnancies are both categorized under unintended pregnancies.

Darroch et al., in their study on the causes and consequences of unintended pregnancy and induced abortion in the Philippines, found that an estimated 3.4 million pregnancies occurred in 2008; and 54 percent of these pregnancies or about 1.9 million were unintended. From among those who pursued their pregnancies to term, 55 percent experienced a mistimed birth and 55 percent did not want a baby at all at the time of conception. The study also found that 41 percent of pregnant women who experienced unwanted births, and 17 percent of those whose pregnancies were mistimed, resorted to induced abortions.¹⁰

The study by Nacionales (2008) revealed that women who had unintended pregnancies are more likely to be one or more of the following: not living together with a partner; had a closely spaced birth interval; rural residents; not well-educated; poor; had three or more living children; and had more children than their ideal number of children.¹¹

A lot of women in the country resort to abortion, mostly under unsafe conditions, in order to avoid unintended births. This is in spite of the fact that abortion is a crime punishable under the existing laws of the country. The study of Singh et al. revealed that about 1 out of 5 pregnancies (18%) ended up in abortion. Using the medium estimate, the study also discloses the incidence of about 473,400 induced abortions in the country. This translates to an abortion rate of 27 induced abortions per 1,000 women aged 15-44 every year.¹²

Many factors, ranging from socioeconomic to political variables, may be associated with the incidence of unplanned pregnancy and abortion in the country. Sing et al. pointed to the following factors: the restrictive social and political climate surrounding the delivery of modern contraceptive services; the deficiencies in family planning information and services; husbands' negative attitude towards family planning; women's lack of knowledge on certain family planning methods; and other individual socioeconomic conditions.

10 Darroch, JE et al., "Meeting women's contraceptive needs in the Philippines," In brief, New York: Guttmacher Institute, 2009, No.1.

11 Nacionales, Lourdes. (2008). Factors associated with Filipino women's classification of their pregnancy or birth. *Philippine Population Review*, 7, 27-38.

12 Singh, Susheela, Fatima Jaurez, Josefina Cabigon, and Rubina Hussain, (2005) "The Incidence of Induced Abortion in the Philippines: Current Level and Recent Trends," published in Vol. 31 No. 3, *International Family Planning Perspective*, September; <http://www.guttmacher.org/pubs/journals/3114005.html>

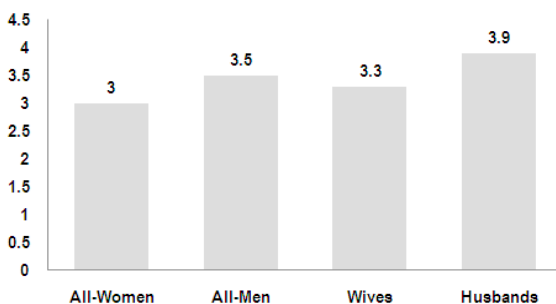
Length of birth intervals/birth spacing. The 2008 NDHS results showed that the median length of birth intervals in the Philippines is 33 months, an increase from 31 months recorded in 2003. Birth intervals are found to be directly proportional to the age of women – 27 months for women age 20-29 and 45 months for women age 40 and older. Women in the poorest quintile have the shortest interval (30 to 31 months), while those in the wealthier quintiles have the longest (36 to 41 months).

Fertility preferences and gender dimensions

Women’s incapacity to achieve their desired number of children is caused by several factors, including those related to fertility preferences and gender issues. One major barrier to women’s achievement of their desired fertility is the husbands’ or men’s consistent desire for more or bigger number of children. An analysis of 2003 NDHS data on the couples’ consensus on desired family size (as reported by women) revealed that 22 percent of husbands want one child more than the number desired by their wives. This imbalance between men’s and women’s preference on the number of children is more evident among women with no education (32%), they having less negotiating power.¹³

Moreover, the self-reported fertility preferences of Filipino husbands and wives reveal that a sizeable proportion of Filipinos want a large family size, with a greater number of husbands than wives expressing it. Several socio-demographic characteristics (such as age, education, religion, and poverty status) and familial characteristics (such as age at marriage, marriage duration, and actual number of living children) are found to be associated with high fertility preference.

Figure 8. Ideal number of children¹⁴ by all-women, all-men, husbands and wives: 2003



Source: Pedroso (2008)

¹³ Pedroso, Luis M., “Determinants of Fertility Preference Among Women, Men and Couples in the Philippines,” Unpublished M.A. thesis, University of the Philippines, College of Social Sciences and Philosophy, Population Institute.

¹⁴ Ideal number of children here refers to the mean number self-reported ideal number of children rather than just the calculated wanted number of children based on whether each child born in the preceding five years before a given survey was wanted then, wanted at a later time, or unwanted in the numerator and women at reproductive age in the denominator to obtain the rate.

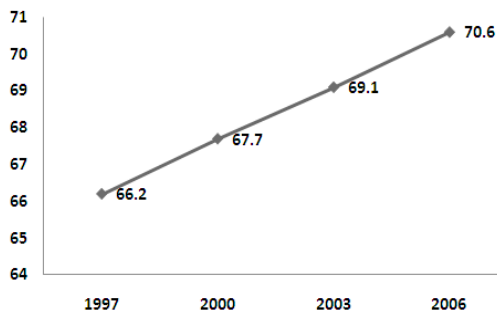
The 2003 NDHS shows the ideal number of children to be 3.5 among men and 3 among women. The figures are even higher among the married – 3.9 for husbands and 3.3 for wives (Figure 8). Fertility desires remain high with at least 3 children desired by all sub-groups. A consistent difference is also manifested between the sexes, with men generally desiring more children than women. Since fertility intentions are more likely to be translated into actual fertility, again, these figures suggest significant barriers to achieving replacement fertility or a total fertility rate of 2.1 children in the near future.

Another study found that Filipino couples are willing to add children beyond the ideal number in the guise of achieving gender balance.¹⁵ Since it is easier to negotiate with the spouse to have more children than less, a larger family size than originally desired is the more likely outcome. It is, therefore, the person who wants more children whose decision is carried when couples try to decide whether to have another child or not; and more frequently, this is the husband. To refuse one's spouse another child can be viewed as cruel and selfish and the community will feel sorry for the person who wants another child and is refused one. The adherence to the notion of traditional roles for girls and boys is the main motivation for couples to desire a gender balance in the composition of their children.

Mortality level and trends

Life expectancy. The overall health condition of Filipinos has shown improvement over the years, as indicated by declining mortality rates and a longer life span. Data show that life expectancy at birth increased by four years over the period 1997-2006 (Figure 9). In the 2008/2009 Human Development Report, the 2006 life expectancy at birth was 70.6 years for both sexes. Females had longer life expectancy (73.3 years) than males (67.9 years) in 2006.¹⁶

Figure 9. Life expectancy at birth: 1997, 2000, 2003, 2006



15 David, Clarissa (2008), "Filipino Rationalities: Exploring the gap between knowledge and practice in family planning and contraceptive use," Philippine Center for Population and Development

16 <http://hdn.org.ph/wp-content/uploads/2009/05/technical-notes-and-statistical-annexes.pdf>, accessed on July 31, 2009

Significant differences in life expectancy across provinces can be seen in Table 5. People in La Union are expected to live 21 years longer than people in Tawi-Tawi (74.6 versus 53.4 years). Cebu, Pampanga, Batangas and Bulacan belong to the group of provinces with higher life expectancy, while most provinces in ARMM (except Basilan) belong to the bottom group. The low life expectancy is a telling indicator of the poor socioeconomic situation in this predominantly Muslim area.

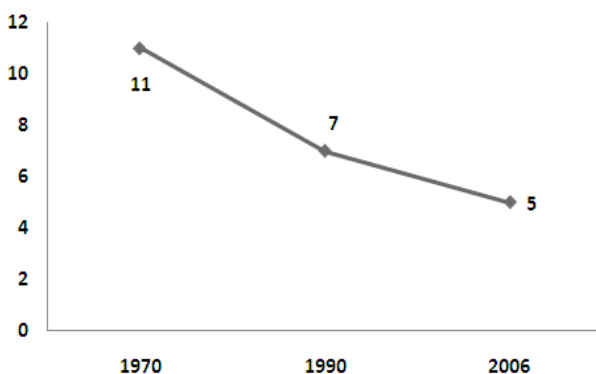
Table 5. Life expectancy (in years), top 10 and bottom 10 provinces: 2006

Top 10	Years	Bottom 10	Years
La Union	74.6	Agusan del Norte	63.6
Bulacan	73.4	Mt. Province	62.8
Ilocos Norte	73.0	Apayao	62.8
Camarines Sur	73.0	Palawan	62.7
Benguet	72.9	Kalinga	61.9
Cebu	72.6	Ifugao	61.2
Batangas	72.6	Lanao del Sur	58.7
Pampanga	72.4	Maguindanao	57.6
Cagayan	72.0	Sulu	55.5
Albay	71.9	Tawi-Tawi	53.4

Source: Philippine Human Development Report, 2008/2009

Mortality rates. Data from the United Nations Population Division showed a marked improvement in the mortality situation in the country over the years. The crude death rate improved to 5 deaths per 1,000 population in 2006 from 7 deaths per 1,000 population in 1990 (Figure 10).

Figure 10. Crude death rates: 1970, 1990, 2006

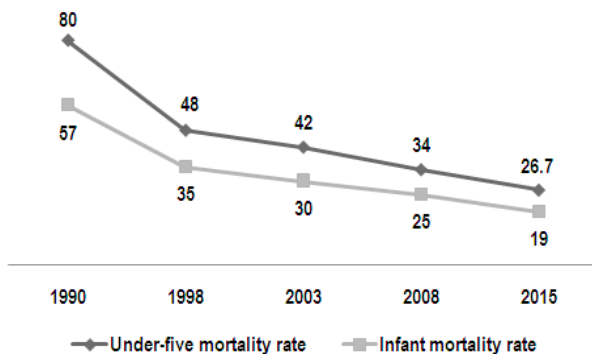


Source: United Nations Population Division (cited in http://www.unicef.org/infobycountry/philippines_statistics.html)

16 Infant and under-5 mortality rates also improved over the years. From 29 infant deaths per 1,000 live births in 2003, the infant mortality rate (IMR) in 2008 improved

to 24 deaths per 1,000 live births in 2008. Under-5 mortality rate also declined from 40 deaths per 1,000 live births in 2003 to 34 deaths in 2008.¹⁷

Figure 11. Infant and under-5 mortality rates: 1993-2006



Source: Adopted from Philippines Midterm Progress Report on the MDGs, NEDA, 2007
1990: TWG on Maternal and Child Mortality
1998 and 2003: NDHS

Table 6. Top 10 leading causes of mortality: 1996, 2000, 2004¹⁸

Age	1973 NDS (1970)	1978 RPFS (1975)	1983 NDS (1980)
15-19	56	50	55
Heart diseases	77 (1)	79.1 (1)	84.8 (1)
Vascular system diseases	59.3 (2)	63.2 (2)	61.8 (2)
Malignant neoplasms	43.4 (4)	47.7 (3)	48.5 (3)
Accidents*	23.7 (6)	42.4 (5)	41.3 (4)
Pneumonia	47.6 (3)	42.7 (4)	38.4 (5)
Tuberculosis, all forms	39.2 (5)	36.1 (6)	31 (6)
Ill-defined and unknown causes of mortality			25.5 (7)
Chronic lower respiratory diseases	17.8 (7)	20.8 (7)	22.7 (8)
Diabetes mellitus	11.0 (8)	14.1 (9)	19.8 (9)
Certain conditions originating in the perinatal period		19.8 (8)	15.8 (10)
Nephritis, nephritic syndrome and nephrosis	10.5 (9)	10.4 (10)	
Other diseases of the respiratory system	10.5 (10)		

Source: The 1996, 2000, 2004 Philippine Health Statistics, Department of Health

Leading causes of death. Most deaths in the country were caused by diseases of the heart, occurring mostly among males (Table 6). Deaths caused by heart diseases continue to rise over the years along with deaths caused by diseases of the vascular system, malignant neoplasms, accidents, chronic lower respiratory diseases, and diabetes. Although rates of deaths due to accidents decreased in 2004 from its 2000 level, the reason for their sudden increase from 23.7 in 1996 to 42.4 in 2000 still needs to be looked into.

¹⁷ NSO, NDHS 2008

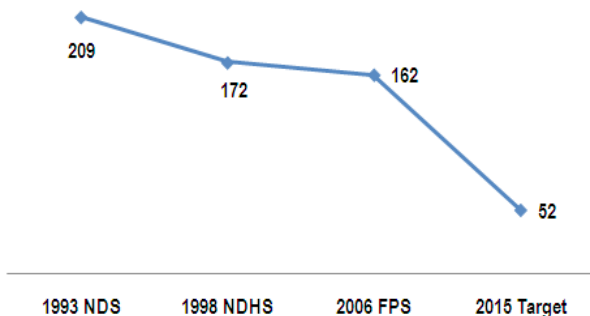
¹⁸ Philippine Health Statistics (2004a), DOH, cited in 2008 Situation of the Philippine Population and Reproductive Health Analysis, 2009

Despite the intensified efforts of the Department of Health in arresting tuberculosis, it remains as one of the leading causes of mortality in the country. The incidence of tuberculosis may be going down, but the rate of decline is slow. The increasing rates of lifestyle diseases and the decreasing rates of infectious diseases illustrate that the mortality conditions of the Philippines are undergoing a transition in terms of the diseases that cause deaths.

Maternal mortality. The improvement of maternal health is one of the critical goals of both the ICPD and the MDG. Both these international agreements recognize the improvement of women's and mothers' health as a moral and human rights imperative as well as a critical strategy for the population management program. Accordingly, both goals aim to reduce maternal mortality ratio by three-fourths between 1990 and 2015. This means a benchmark of 52 maternal deaths per 100,000 live births by 2015.

The latest data on maternal mortality ratio (MMR) in the country, however, indicate that it will be an uphill battle to get close to this goal. Data from the Family Planning Survey in 2006 show that about 162 mothers for every 100,000 live births are dying due to complications related to pregnancy and childbirth. Although this indicates a decline of 10 points from the 172 MMR level in 1998, the very slow pace of decline makes it impossible for the country to achieve its goal of improving maternal health by 2015, unless radical and aggressive interventions are set in place (Figure 12).

Figure 12. Maternal mortality rates: 1993, 1998, 2006



Source: NSO, NDHS and FPS

Causes of maternal deaths. Majority of maternal deaths occur during labor, delivery and the immediate postpartum period. Maternal deaths comprise as much as 14 percent of all deaths to women of reproductive age (15 to 49 years old). The leading causes of maternal deaths are due to postpartum hemorrhage, complications from sepsis or widespread infection, obstructed labor, and complications arising from abortion. Most of these can be prevented through quality maternal care. Inadequate prenatal care and lack of information and the means to manage complications in difficult pregnancies account for much of the increased risks of dying during pregnancy and childbirth.

The Department of Health and experts worldwide have categorized the underlying causes of maternal mortality according to the “three delays” model. The first delay pertains to the delay in deciding to seek medical care. Factors contributing to this include poor capacity to recognize danger signs, and financial and cultural constraints. The second delay refers to the delay in reaching appropriate care. This delay may be caused by the lack of access to a referral health facility, lack of available transport, distance of the health facility from the home of the mother, or lack of awareness of existing services. The third delay includes delays in receiving care at health facilities. It may be caused by inadequacy of equipment, lack of necessary medicine supplies, and lack of trained personnel, among others.

The road to maternal death...



Nena, a housewife in her mid-20s and on her seventh pregnancy, was brought to the Regional Hospital from the District Hospital because she was bleeding profusely...

The second of 10 children born to a poor family of tenant farmers in Northern Luzon, she was asked to help take care of her younger siblings while her parents worked their landlord's farm. Nena quit elementary after she finished fifth grade...When she turned 15, her parents married her off for economic reasons to a businessman 15 years older.

Her husband, Lito, was in a wholesale-retail business. While Nena wanted to have three children, Lito wanted more so that she got pregnant almost yearly. On her own, Nena tried to get a tubal ligation after delivering her third child, but was not given permission by her husband.

Nena followed her husband's wishes despite her personal desire not to have anymore children. Her fourth pregnancy ended in a miscarriage from which she almost died because of heavy blood loss...Nena had three more pregnancies after her miscarriage.

During sixth pregnancy, her husband's business started to fail, and they could hardly pay for the hospital bills. Lito went on drinking and started to blame everybody for his failing business and eventually beat Nena and the children. He also forced her to have sex with him whenever he was drunk.

On her 39th week of gestation, Nena felt blood coming from her vagina. She went to the district hospital and diagnosed with Placenta Previa where the placenta was blocking the opening of the uterus. She passed out an unusually large amount of blood.

Nena grew weak from blood loss. She was wheeled to the operating room where a cesarian operation was done on her. After delivering the infant and placental extraction, the doctor noted that the uterus, which was very thin, would not contract despite manual compression and drugs. They decided to do hysterectomy but halfway, blood oozed out from bleeding points and the bleeding could not be controlled. Not long after, Nena gave up and she was declared dead...(Adopted from “Time to Act,” State of the Philippine Population Report 2000)

Mortality level and trends

People's mobility or migration is also an important component of population growth. Internal migration in general has minimal impact to overall population growth since the movement is within the country. However, population movements between and among regions and provinces does influence population and development characteristics at the sub-national level, and therefore can, in turn, affect population processes like fertility, both within the regions and the country as a whole. The migration pattern is also one of the dimensions being used as a basis for projecting population growth at the national level.

International migration or the movement of Filipinos outside the country, while becoming a major phenomenon in the country, has yet to show any significant demographic impact. In terms of the national population size and growth, the number of Filipino migrants going out of the country seems to have made as yet only a minimal difference since most of Filipino migrants are still counted in population censuses. Nonetheless, since migration is a vital population process, it is also important to assess the impact of people's mobility to population stabilization.

Internal migration

The current migration trend in the country has given rise to the phenomenon of "urban sprawl." The urban primacy of Metro Manila is gradually declining as other centers of urban activity emerge. In 2000, Calabarzon, consisting of the more industrialized provinces in the Southern Tagalog region, emerged as the most preferred destination of migrants. One glaring trend is that smaller towns and cities are starting to have higher population growth rates than larger cities, indicating that migration now favors smaller urban centers as areas of destination. Gradual geographic dispersion of the urban population has indeed started.¹⁹

Unmanaged urbanization, however, has incurred a serious mismatch between population on one hand and physical infrastructure and basic socioeconomic services on the other, particularly in the receiving area. Today, metropolitan areas in the country face serious urbanization-related problems. These include inadequacy of social services, proliferation of slum dwellers, traffic congestion, shortages in water supply, inadequate sewerage system, unmanaged garbage, and other related conditions resulting from the rapid and unmanaged rise of the urban population.

Since migration within the country is usually a family strategy for survival, migrants consist mostly of the poor trying to improve their lives. But because of the limited choices available to them in the metropolis, the quality of their lives suffers, and they find themselves in conditions far from the expected kind of life that lured them to the city.

More and more Filipinos are now crossing borders in search of better opportunities. International labor migration has become a multi-faceted phenomenon that has considerably affected the country's socioeconomic landscape, and many Filipino families' way of life, with the interplay of its positive and negative consequences. The fact that almost 10 percent of the total Filipino population are living and working abroad should have a significant effect on the overall socioeconomic situation. In terms of its impact to population growth, however, demographers still consider international migration to have made only a minimum impact on population outcomes since international labor migrants are still counted in population censuses in the country.

As of 2007, the estimated number of Filipinos working and living abroad, whether temporarily or permanently, documented or undocumented, has reached more than 8.7 million. About half of Filipinos abroad are international labor migrants who usually have the intention to return to the country.

Table 7. Stock estimates²⁰ of overseas Filipinos (world total): 2000-2007

Year	Permanent	Temporary	Irregular	Total
2007	3,692,527	4,133,970	900,023	8,726,520
2006	3,556,035	3,802,345	874,792	8,233,172
2005	3,391,338	3,651,727	881,123	7,924,188
2004	3,187,586	3,599,257	1,297,005	8,083,848
2003	2,865,412	3,385,001	1,512,765	7,763,178
2002	2,807,356	3,167,978	1,607,170	7,582,504
2001	2,736,528	3,049,622	1,625,936	7,412,086
2000	2,551,549	2,991,125	1,840,448	7,383,122

Source: Commission on Filipino Overseas

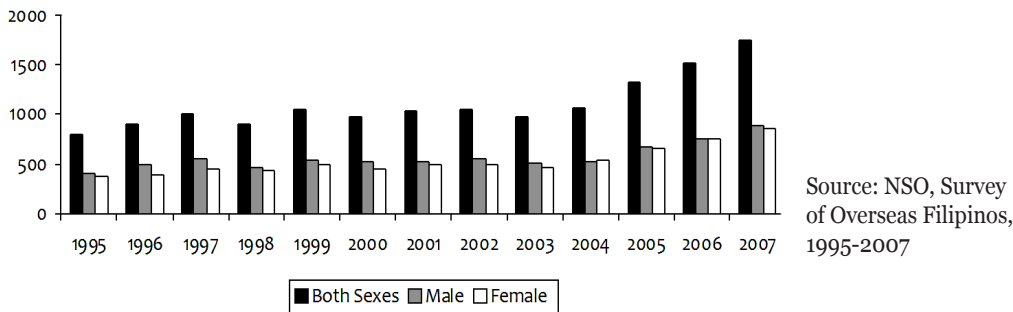
Based on the 2000 Census, overseas labor migration is selective of the young, with most of the OFWs belonging to 25-29 age group. Another prominent feature of labor migration in the country is the increasing proportion of women who are venturing into foreign lands to improve their economic condition. Surveys of Overseas Filipinos conducted by the National Statistics Office (NSO) revealed that there were more males than females from 1995 to 2003, but females already outnumbered the males in 2004 and 2006 (Figure 13). However, data in 2007 tended to show a reversal of the 2004-2006 trend.

The increasing feminization of migration has engendered both positive and negative impacts on women migrants. The State of the Philippine Population Report 4 (SPPR 4) and the State of World Population Report 2006 noted that the increasing feminization of

20 Estimation based on compilation by the Commission on Filipinos Overseas (CFO) with inputs from the DFA, POEA, and other sources covering almost 200 countries or territories (adopted from 2008 SPPRHA, UNFPA)

international migration has opened doors to a world of greater equality for women, and relief from oppression and discrimination which limit women’s freedom and stunt their potentials. Having afforded women migrant workers with greater economic negotiating power in their families and improved self-confidence, international migration has, to some extent, vested women with greater freedom to choose and make decisions about their own life.

Figure 13. Number of temporary overseas Filipinos by sex



However, women migrants continue to be the most vulnerable to human rights abuses, both as migrants and as females. Reported cases of discrimination, exploitation and abuse (including reproductive health-related abuses such as rape, sexual harassment and exposure to sexually transmitted infections) provide evidence to this vulnerability. International migration also incurs, for both women and men migrants, social costs as a result of leaving their families back home, which often lead to marital and parental conflicts, and to shattered homes in extreme cases.

Demographic Transition

With high fertility, the primary contributor to population change is the natural increase in population of the country. The mortality level in the country is declining significantly but the fertility level has hardly changed. This also explains why the country is still within the second phase of demographic transition where mortality is low but fertility is high.

As economic experts have pointed out, it may be difficult for the country to achieve population stabilization until it graduates from the second level of demographic transition. Because of the slow pace of its demographic transition, the Philippines has already missed the economic opportunities and advantages that could have been derived from demographic changes.

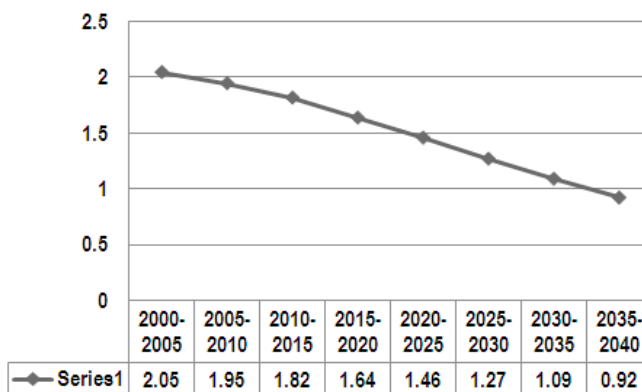
A look at population projections would give an idea of how long it will be before population stabilization in the country takes place. Based on the data of the 2000 census, the Philippine population will continue to grow, increasing from 76.5 million in 2000 to 141.7 million in 2040, according to the Medium Series of the 2000 Census-based population projections. This means an addition of about 65 million Filipinos from 2000-2040, even if the average annual growth rate declines drastically as projected from 2.34 percent during the 1990-2000 period to around 1.0 percent during the 2030-2040 period. The population is expected to grow by 1.95 percent in the 2005-2010 period, from 85.3 million to 94 million in 2010.

Table 8. Summary of projected population, by five-year interval, Philippines: 2000-2040 (medium assumption)

Year	Both Sexes	Male	Female
2000	76,946,500	38,748,500	38,198,000
2005	85,261,000	42,887,300	42,373,700
2010	94,013,200	47,263,600	46,749,600
2015	102,965,300	51,733,400	51,231,900
2020	111,784,600	56,123,600	55,661,000
2025	120,224,500	60,311,700	59,912,800
2030	128,110,000	64,203,600	63,906,400
2035	135,301,100	67,741,300	67,559,800
2040	141,669,900	70,871,100	70,798,800

Source: NSO, 2000 Census-Based National, Regional and Provincial Population Projections

Figure 14. Average annual exponential growth rates, Philippines: 2000-2040

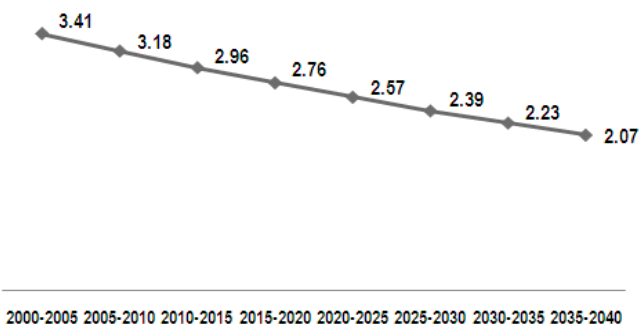


Source: NSO, 2000 Census-Based National, Regional and Provincial Population Projections

20 Estimation based on compilation by the Commission on Filipinos Overseas (CFO) with inputs from the DFA, POEA, and other sources covering almost 200 countries or territories (adopted from 2008 SPPRHA, UNFPA)

The projected population is based on the assumption that the replacement fertility level of 2.1 children will be achieved by 2040. Only then will the population begin to stabilize from a population of 141 million. On the other hand, with the actual 3.3 TFR in 2006 (2008 NDHS) coupled with stagnating growth in the CPR, the achievement of the replacement fertility level will most likely be delayed. The slow decline in fertility level is a key factor in delaying the attainment of population stabilization. The population will continue to grow since the young population that formed the broad base of the population will then reach the child-bearing years.

Figure 15. Projected total fertility rates, by five-year interval, Philippines: 2000-2040 (medium assumption)



Source: NSO, 2000 Census-Based National, Regional and Provincial Population Projections

Given the country’s high fertility level, the Population Reference Bureau (PRB) in its latest publication (*Population Bulletin, a companion to PRB’s 2009 World Population Data Sheet*) has projected that by 2050, the Philippines will belong to the top ten most populous countries. Such a prospect will be an enormous challenge given the direction of the country’s socioeconomic condition, as will be discussed in the next section.

Table 9. Most populous countries, 2009 and 2050

2009		2050	
Country	Population (millions)	Country	Population (millions)
China	1,331	India	1,748
India	1,171	China	1,437
United States	307	United States	439
Indonesia	243	Indonesia	343
Brazil	191	Pakistan	335
Pakistan	181	Nigeria	285
Bangladesh	162	Bangladesh	222
Nigeria	153	Brazil	215
Russia	142	Congo Dem. Rep.	189
Japan	128	Philippines	150

Source: Carl Haub and Mary Mederios Kent, 2009 World Population Data Sheet



POPULATION IMPLICATIONS TO DEVELOPMENT

The current population in the country has evident repercussions on development. There is a growing body of empirical evidence showing the serious impact of high population growth and high fertility level on the capacity of individuals, families, and society, in general, to fulfill their development needs and aspirations. The succeeding discussions will focus on the connections of high population growth and high fertility level – which is essentially a condition resulting from the country’s failure to accelerate population stabilization – with important development concerns.

Population and the National Economy

The ICPD and MDG recognize that economic growth within the context of sustainable development is essential to the eradication of poverty. Efforts to achieve economic progress and reduce poverty, in turn, can be reinforced by initiatives to slow down population growth.

In the Philippines, where sustained per capita income growth is yet to be attained, demographic factors continue to play important roles. Population processes and outcomes strongly influence both household and institutional efforts to produce goods and services, as well as efforts to generate savings and resources to invest on people’s basic needs.

The country remains fundamentally sound compared to other countries in Asia and around the world even in the face of the financial crisis that is still weighing down many economies around the world. From the early part of 2006 up to the first quarter of 2008, the fiscal reforms that the government instituted, particularly in taxation, have led to the upgrading of the credit-rating approval for the country, attracting foreign and local investments. These economic gains were, however, short-lived. The still ongoing financial meltdown in the United States of America, with which the Philippine economy has been historically tied, adversely affected the trade balance between them. In addition, the current increases in the local prices of oil and food products, aggravated by the adverse impact of the U.S. economic recession, resulted in a 17-year-high inflation rate of 12.5 in 2008 (NSO, 2008).

In terms of national productivity, the country has posted a 1.8 percent gross domestic product (GDP) growth in the fourth quarter of 2009, bringing the full year GDP

growth to 0.9 percent from 3.8 percent in 2008. On the other hand, the gross national product (GNP) grew annually at a slower rate of 3.0 percent from 6.2 percent last year in spite of the 20.1 percent growth in net factor income from abroad (NFIA) from 30.8 percent last year.²¹ The seasonally adjusted estimates of GDP and GNP confirm that the Philippine economy has recovered from the global financial crisis as GDP inched up to 0.9 percent from 0.8 percent in the previous quarter.

The significance of the GDP growth can be appreciated more when compared with other Asian countries. Since the 1970s, countries in Southeast Asia have outpaced the Philippines in terms of GDP growth rate (Table 10). Aside from the varying levels of productivity, this economic indicator reflects the role of demographic factors in the country's economic performance. Economic experts have shown that the country's rapid average population growth over the years has slowed down its annual economic growth relative to its Asian neighbors.

Table 10. Growth rate of real per capita GDP of selected countries, in constant dollars (international prices, base year 1985): 1971-2006

Country	1971-1980	1981-1990	1991-2000	2001-2006
Philippines	3.1	-0.5	4.4	2.7
Malaysia	5.2	3.0	11.9	2.7
Indonesia	5.3	4.4	11.6	3.3
Thailand	4.6	5.4	15.4	4.0
Hong Kong	6.8	5.9	19.3	4.0
South Korea	6.8	6.6	18.9	4.2
Singapore	7.4	5.6	19.5	3.2

Source: World Development Indicators, World Bank

While the effect of population growth on economic development and poverty reduction remains contentious, there is increasing empirical evidence pointing to the negative impact of population growth rate on economic growth. Balisacan et al., in addition to demonstrating the negative impact of population growth on economic growth, also showed that the growth of the workers' population in relation to the total population, the health status of the population, the economy's openness to trade, and the quality of public institutions all have significant positive impacts on economic growth.²²

To demonstrate further the significant impact of population on economic growth, Balisacan et al. compared the Philippine economic and demographic performance with that of Thailand in a simulation model. These two countries had approximately the same population level in the mid-1970s (the Philippines with 43 million population and 2.6 PGR;

21 <http://www.nscb.gov.ph/sna/2009/4thQ2009/2009qpr4.asp>, accessed on May 11, 2010

22 Balisacan, A.M., D. Mapa, C. Tubianosa and Associates (2006), "The Population-Economy-Poverty Links in the Philippines: A Quantitative Assessment," UP Press, Quezon City.

Thailand with 41 million population and 2.7 PGR). During that period, the Philippines had twice the per capita GDP of Thailand. However, from 1975-2000, the GDP growth rates of the two countries were reversed, with Thailand posting an average rate of 8.8 percent, double that of the Philippines which was a measly 4.1 percent.²³

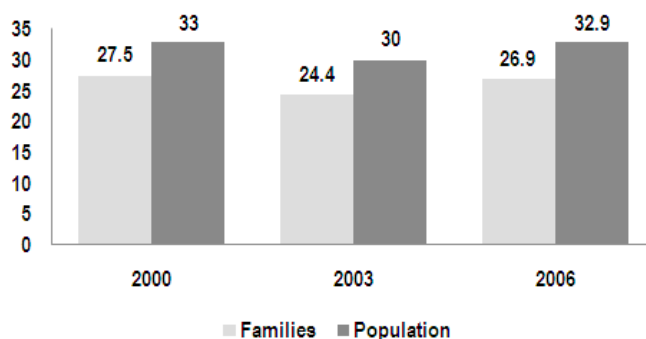
Experts pointed out that the key difference in these two countries' economic performance stemmed from their management of population growth. Thailand was able to manage its population growth during the 25-year period with an average PGR of only 1.6 percent. The Philippines, on the other hand, maintained a high PGR averaging 2.4 percent during that period. Experts concluded that, had the Philippines followed Thailand's population growth path, the growth rate of its average income per person would have increased by 0.77 percentage points for every year of that 25-year period.²⁴

Population and Poverty

Widespread poverty remains a major challenge in the country. And poverty is affecting and is being affected by demographic factors. Although the 2007 Philippine Midterm Progress Report on the MDGs reported considerable progress in poverty reduction, poverty remains a major obstacle to sustainable development in the country.

The uneven economic performance of the country has largely contributed to the persisting poverty situation. Official poverty statistics of the NSCB (Figure 16) reveal that in 2006, 32.9 percent of Filipinos (or 27.6 million) were poor. This is a reversion to the 2000 poverty level of 33.0 percent (or 25.5 million), considering that the poverty level had already gone down to 30.0 percent (or 23.8 million) in 2003.

Figure 16. Poverty incidence for families and population (in percent): 2000, 2003, 2006



Source: NSCB, March 2008
(www.nscb.gov.ph)

23 Adopted in Balisacan A.M., (2007) "Why Does Poverty Persist in the Philippines? Facts, Fancies and Policies," Discussion Paper Series No. 2007-1, Agriculture and Development, SEARCA, March 2007

24 Balisacan (2008)

The percentage of poor families correspondingly increased from 2003 to 2006, from 24.4 percent to 26.9 percent. Although the poverty incidence measured in terms of families in 2006 did not fully revert to the 2000 level (27.5%), the absolute number of poor families actually increased – 4.1 million in 2000, 4.0 million in 2003 and 4.7 million in 2006.

Table 11. Annual and monthly poverty and food threshold for a family of five (in pesos): 2000, 2003, and 2006

	Annual			Monthly		
	2000	2003	2006	2000	2003	2006
Poverty Threshold	57,290	61,545	75,285	4,774	5,129	6,274
Food Threshold	38,535	40,745	50,125	3,211	3,395	4,177

Source: NSCB, March 2008

The current poverty condition in the country is exacerbated by the increasing cost of basic commodities. In 2006, a Filipino family with five members needed a monthly income of PhP4,177.00 to be able to sustain the family's minimum basic food needs. This is higher by 23 percent than the PhP3,395.00 in 2003. To be able to provide for both food and non-food basic requirements, a family of five needed a monthly income of PhP6,274.00 in 2006, an increase of more than 22 percent from PhP5,129.00 in 2003 (Table 11). With the fluctuating and foreseen increases in prices of oil and basic commodities, the capacity of people to satisfy their basic needs, much less their reproductive health needs, is further diminished.

The disparity in poverty situations across provinces is glaring. Tawi-Tawi was considered the poorest province with 8 out of 10 families classified as poor (Table 12) in 2006. Provinces that remained among the 10 poorest provinces from 2003 to 2006 were

Table 12: Poverty incidences among families of the ten poorest provinces: 2006

	2000		2003		2006	
	Poverty Incidence	Rank	Poverty Incidence	Rank	Poverty Incidence	Rank
Tawi-tawi	52.4	8	34.6	31	78.9	1
Zamboanga del Norte	47.0	17	64.6	1	63.0	2
Maguindanao	59.3	2	60.4	2	62.0	3
Apayao	26.5	59	16.8	69	57.5	4
Surigao del Norte	42.6	23	54.5	4	53.2	5
Lanao del Sur	54.7	5	37.6	25	52.5	6
Northern Samar	39.8	31	33.8	38	52.2	7
Masbate	61.3	1	55.9	3	51.0	8
Abra	47.6	16	41.0	19	50.1	9
Misamis Occidental	46.8	18	48.1	7	48.8	10

Source: NSCB March 2008, adopted from the UNFPA and DRDF 2008 Situation of the Philippine Population and Reproductive Health Analysis

Zamboanga del Norte, Maguindanao, Surigao del Norte, Masbate, and Misamis Occidental. The new entrants in the ten poorest provinces in 2006 were Tawi-Tawi, Lanao del Sur, Apayao, Northern Samar, and Abra.

Family size and poverty. While poverty is a complex phenomenon and its causes are wide-ranging, recent research studies support the premise that demographic factors exacerbate poverty and affect human well-being particularly at the family level. In an analysis of data from NSO's Family Income and Expenditure Surveys (FIES) from 1985-2000, it was shown that poverty incidence among the population rises proportionately with family size (Table 13).²⁵ For instance, in 2000, only 9.8 percent of families with one member were poor compared to 57.8 percent among families with 9 or more members.

Table 13: Poverty incidence by family size (in percent): 1985-2000

	Poverty Incidence					
	1985	1988	1991	1994	1997	2000
1	19.0	12.8	12.7	14.9	9.8	9.8
2	20.0	18.4	21.8	19.0	14.3	15.7
3	26.6	23.2	22.9	20.7	17.8	18.6
4	36.6	31.6	30.1	25.3	23.7	23.8
5	42.9	38.9	38.3	31.8	30.4	31.1
6	48.8	45.9	46.3	40.8	38.2	40.5
7	55.3	54.0	52.3	47.1	45.3	48.7
8	59.8	57.2	59.2	55.3	50.0	54.9
9 or more	59.9	59.0	60.0	56.6	52.6	57.3
National	44.2	40.2	39.9	35.5	31.8	33.7

Source: Orbeta (2004), Basic Data: 2002 APIS, NSO cited in ADB Institute

The study has also shown that the number of children in the family greatly determines the economic standing of the family. Essentially, the capacity of families to provide for their children's food, education and health needs is affected by the size of their family. Table 14 demonstrates that the mean per capita income, expenditure and savings fall continuously as family size increases.

Likewise, the mean education expenditure per student drops from P5,558.00 for a family size of one to P682.00 for family sizes of 9 or more, and average health expenditure per capita falls from P1,700.00 to P150.00 over that family size range (Table 15). Poverty also affects the fertility behavior of women and couples and their capacity to achieve their fertility goals. As indicated earlier in Table 3 (Section II of this report), categories of women who showed high gaps in terms of their actual and desired number of children belonged to the poor and uneducated.

25 Pernia et al., "Population and Poverty: The Real Score," UP School of Economics, December 2004

Table 14: Mean per capita income, expenditure and savings by family size: 2002

Family Size	Mean per Capita Income	Mean per Capita Expenditure	Mean per Capita Savings
1	39,658	33,885	5,773
2	25,712	20,858	4,854
3	21,342	18,307	3,035
4	18,429	15,480	2,950
5	15,227	13,159	2,068
6	12,787	11,416	1,371
7	11,147	9,341	1,806
8	9,259	8,168	1,091
9 or more	8,935	7,699	1,236
Total	14,280	12,252	2,028

Source: Orbeta (2004) based on Family Income and Expenditure Surveys, 1985-2000.

Table 15: Mean education and health expenditures by family size: 2002

Family Size	Mean Education Expenditure per Student	Mean Health Expenditure per Sick Member	Mean Health Expenditure per Capita
1	5,558	2,437	1,700
2	3,135	1,969	922
3	2,243	2,124	802
4	1,787	1,464	438
5	1,558	1,454	336
6	1,090	1,311	299
7	858	940	206
8	1,081	744	166
9 or more	682	756	150
Total	1,369	1,400	466

Source: Orbeta (2004) based on Family Income and Expenditure Surveys, 1985-2000.

Population and Employment²⁶

The poverty condition in the country is partly determined by the level of human resource utilization. Based on the latest Labor Force Survey (LFS) conducted in January 2010, there are an estimated 38.8 million population in the labor force (15 years old and over) resulting in a 64.5 percent labor participation rate. Employment rate is 92.7 percent, which is not significantly different from last year's estimate of 92.3 percent.

Table 16. Labor force participation rate, employment rate and unemployment rate (in percent): October 1990–January 2010

Year	Labor Force Participation Rate			Employment Rate			Unemployment Rate		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
1990	64.5	81.8	47.5	91.9	92.9	90.2	8.1	7.1	9.8
1994	64.4	81.6	47.3	91.6	92.1	90.6	8.4	7.9	9.4
1998	65.8	82.8	49.2	90.2	90.3	90.0	9.8	9.7	10.0
2002	66.2	80.8	51.7	89.8	89.9	89.8	10.2	10.1	10.2
2006	65.8	81.3	50.4	90.1	89.9	90.3	9.9	10.1	9.7
2007	63.2	78.8	49.3	93.7	91.9	92.6	6.3	8.1	7.4
2008	63.7	84.0	50.0	93.2	a	a	6.8	a	a
2009	63.3	a	a	92.3	a	a	7.7	a	a

Source: 2008 Gender Statistics on Labor and Employment, Bureau of Labor and Employment Statistics
 2008 Labor Force Survey, NSO
 a = No available sex disaggregation

The current labor force and those employed are young – mostly belonging to the 15-34 age group. However, there are more females employed among those aged 35 and over (7.4 million or 57 percent) than those belonging to the 15-34 age group (5.7 million or 43 percent). This lower employment rate among younger women implies some reproductive health issues. As observed in the previous section, the peak of women's childbearing is within 25 to 34 years old; as such, it can be inferred, albeit without empirical evidence, that fertility affects employment, especially among the poor who exhibited high fertility, at the same time, without employment. This condition calls for more responsive policies and programs to improve employment opportunities for women and consequently their fertility status.²⁷

Population and Education

As literatures and existing data have shown, education is a critical factor in fertility management. Poor and uneducated women in the country are the most affected with high fertility and unmet need for family planning. The following discussions on educational status indicate the prospects for improving this condition.

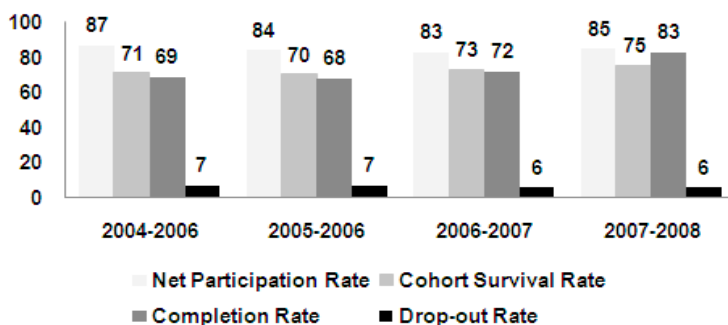
27 Asian Development Bank (ADB), Canadian International Development Agency (CIDA) European Commission (EC), National Commission on the Role of Filipino Women (NCRFW), United Nations Children's Fund (UNICEF), United Nations Fund for Women (UNIFEM), and United Nations Population Fund (UNFPA) (2008), Paradox and Promise in the Philippines: A Joint Country Gender Assessment. Manila: ADB.

Elementary education

Primary education in the Philippines is free and accessible at the barangay level. However, the current outcomes on primary education reflect serious challenges in terms of full access to education. The population in the country is increasing but the net participation rate in the elementary level has leveled off, from 87 in school year 2004-2005 to 85 percent in school year 2008-2009.

The same can be said of elementary cohort survival rate²⁸ and completion rate.²⁹ The figures show little improvement in cohort survival rate since school year 2006-2007. This implies that about 1 of 4 children who entered Grade 1 in school year 2002-2003 left school before he or she reached Grade 6 (based on cohort survival rate of 75 percent) in school year 2008-2009. In addition, nearly one-fourth of those who enrolled in a specific grade in 2008-2009 failed to complete the school year (based on completion rate of 73 percent). Most dropouts occur in the lower grades and boys are more likely to dropout from school than girls.³⁰

Figure 17. Elementary net participation rate, cohort survival rate, completion rate, dropout rate and achievement rate (in percent): SY 2000-2001 to 2007-2008 (public and private)*



Source: Department of Education (<http://www.census.gov.ph/data/sectordata/2003/flo3tabE.htm>) and adopted from "Philippine Midterm Progress Report on the MDG: NEDA, 2007)

*As of September 2008

Secondary education

Secondary education in the country covers the age group 12-15 years. Government provides free secondary education in secondary schools that are usually managed at the municipal level. As of 2008, there were only four municipalities in the country without secondary schools.³¹ The private sector's participation in the provision of secondary

²⁸ Cohort survival rate is the proportion of enrollees at the beginning grade or year who reached the final grade of year at the end of the required number of years of study.

²⁹ Completion rate refers to the percentage of the first year entrants in a level of education who finish or complete the level in accordance with the required number of years of study.

³⁰ ADB (2008)

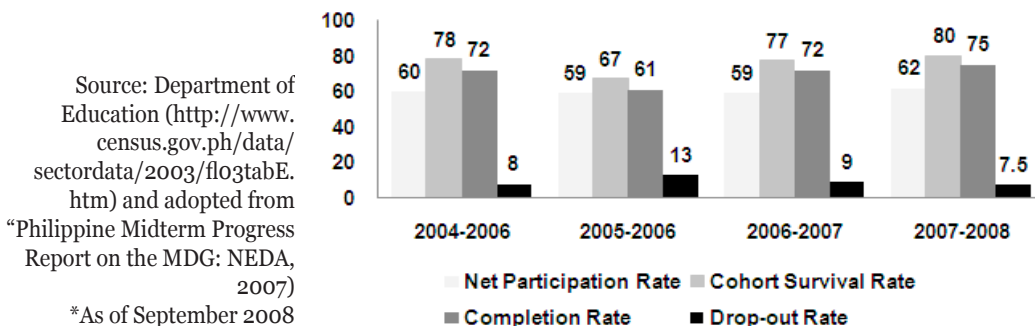
³¹ Research and Statistics Division, Department of Education, As of September 2008

education is very prominent as reflected by 4,392 private high schools (representing 46 percent of all high schools in the country) in 2007-2008. 33

Since there are fewer free secondary schools than free elementary schools, there is lower participation rate at the secondary level than at the elementary level. Secondary participation rates hardly changed from school year 2004-2005 to 2008-2009 with a range of 60 to 61 percent. This implies a large proportion of adolescents and youth who are out of school (Figure 18).

The cohort survival and completion rate at the secondary level is higher than at the elementary level. Only about 1 of 5 high school students failed to complete the required number of years of study. The completion rate is currently 75 percent.

Figure 18. Secondary net participation rate, cohort survival rate, completion rate, dropout rate and achievement rate (in percent): SY 2000-2001 to 2007-2008 (public and private)*



The indicators for secondary education clearly manifest some serious issues that are visibly connected with demographic factors. The policy of free and compulsory education at the elementary school level, the rapid growth of the school-age population, and the high educational requirements for employment have all contributed to the expanded demand for secondary schooling over the years. It appears, however, that this high demand is not being matched with sufficient inputs into secondary education facilities and services. The low rate of enrollment and limited access to secondary education, particularly in the remote areas, call for more intensified efforts from government and other stakeholders to provide more and better secondary education to the growing high school-age population.

Population and Food Security

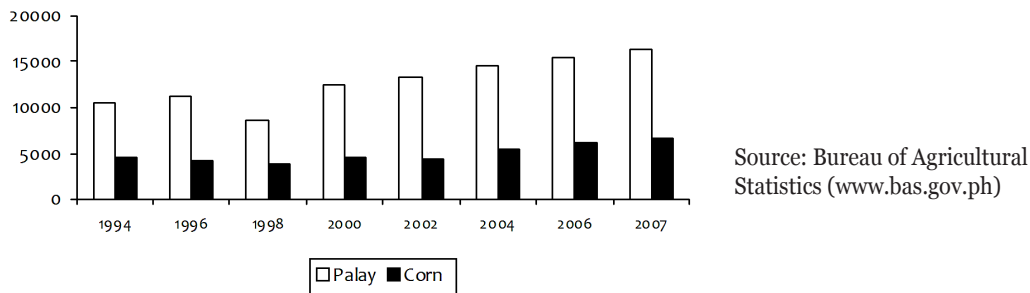
As argued by Malthus, unmanaged population growth directly affects food security. Centuries have passed since the discourse on this issue, yet the connections still hold true today. The unprecedented surge in the price of rice worldwide, specifically in 2007 and 2008, had exposed the country's weak capacity to secure sufficient food for its people. This

triggered concerns regarding food production and sufficiency, not only in the agriculture and trade sectors but in other sectors as well, as more concomitant problems were bared.

More importantly, the food crisis has seriously weakened efforts to improve the poverty condition in the country. For example, in the latest Social Weather Survey on Hunger (March 2010), the proportion of families experiencing involuntary hunger at least once in the past three months amounted to 21.2 percent or an estimated 4 million households. The proportion was even higher in December 2009, which reached a record high of 24 percent. In the midst of these concerns, population factors are commonly identified as a critical link in explaining the food crisis.

In the Philippines, rice and corn are the most important grain crops and main staple food. At present, however, the country is having a rice supply shortage of at least 10 percent. In 2007, for example, the country produced only about 16.2 million metric tons of palay, only 10.6 million metric tons of which had been milled, short of the total demand of 11.9 million metric tons (Figure 20). The deficit is filled in with imports. Rice imports reached an average 900,000 metric tons of rice per year for the period 2002-2004. In 2008, rice imports totaled about 2.3 million metric tons. In the early part of that year, the country had to pay very high import costs due to the rapid surge of the international price of rice which had breached the \$1000-per-metric ton mark.

Figure 19. Volume of cereals production by crop type, (in '000 metric tons):1994-2007



Less rice importation is foreseen in the coming years because of the expected increase in domestic rice production.³² Despite this positive outlook, the threat of food insecurity remains. According to agricultural experts, to attain rice sufficiency for an expected 106 million population in 2020, an average yield of 5 tons per hectare is required in a projected 5 million hectares harvestable area.³³

A study by the International Rice Research Institute (IRRI) indicated that a population of 88.6 million consumes about 120 kilograms per capita every year. To

³² Leyco C., “Government reduces rice import program,” Manila Times, November 18, 2008, in <http://www.manilatimes.net/national/2008/nov/19/yehey/business/20081119bus4.html>

³³ Lantikan R. (2004), “Food, Population, and Environment,” NAST,

sufficiently meet this demand, the study explained, an additional 1.3 million metric tons of milled rice need to be produced, on top of the current produce of 10.62 million metric tons, from 4,784,837 hectares of land. The study also projected that for every additional one million mouths to feed, an additional 134,000 metric tons milled rice is required, which means 54,251 more hectares of land to be cultivated³⁴. At the current population growth rate of 2.04 percent, 1.8 million Filipinos are added each year to the total population. This means that an additional 241,200 metric tons of milled rice from an additional 96,652 hectares of cultivated land area are needed each year.

These projections assume that everything else would remain constant, such as the productivity of the land throughout the production period. In reality, however, lands are finite and have decreasing yield capacity over time. As of 2003, 10.3 million hectares or 34 percent of total land area were classified as agricultural lands; and these encompassed all land for all types of agricultural production, including temporary crops, permanent crops, and livestock and poultry production. Only around 4 million hectares of lands are actually used for rice production due to a variety of factors.³⁵

Furthermore, inputs for production are limited. For example, the Bureau of Agriculture Statistics (BAS) reported that the 2007 government budget for agricultural expenditures was P35.55 billion and this was 8.16 percent lower than the previous year's budget. In the same year, agricultural loans which added up to P560.04 billion increased by 9.94 percent. Only about 24 percent of these loans, however, were utilized for production purposes. In addition, less than 46 percent of the total potential irrigable areas have been developed for irrigation.

There are other emerging issues showing how the population problem bears upon the matter of food security particularly on basic grains. Experts stress that there are biological limits to the productivity of crops, and with the rapidly growing demand, this limit may be reached sooner than expected. Agricultural lands are also getting smaller and smaller due to the rapid conversion of the land for purposes of human settlement, industrial uses, and infrastructure development. Since land is a finite resource, sustaining productivity for food crops remains a key challenge to attaining the welfare of the present and future generations.

Population and Environment

The United Nations Conference on Environment and Development (UNCED) initiated the development of the Agenda 21 which contains objectives and actions aimed at integrating environment and development. Agenda 21 was conceived in response to major environment and development challenges, including the economic and social dimensions of

34 Padolina W., and Jamora N., "Population and Rice," PowerPoint presentation presented during the 2008 World Population Day, July 11, 2008.

35 Accessed from www.kalikasan.org.ph on May 11, 2010

sustainable development. These dimensions include poverty, consumption, demographic dynamics, human health and human settlement, and a broad range of environmental and natural resource concerns.³⁶

Consistent with the Agenda 21, the ICPD also elaborates on the inherent interrelationships of population and environmental concerns.

Ensuring environmental sustainability is likewise one of the targets of the MDG. The implementation of related strategies to achieve this target in the country is guided by the Philippine Agenda 21 which contains the country's action agenda for protecting its various ecosystems. Despite the existence of this comprehensive blueprint for ecological protection, however, the interconnected problems related to population and environment continue to be a major challenge in achieving the development goals of the country.

Forest cover and resources

In addition to the important role healthy forests play in soil stabilization, climate regulation, and watershed protection, forests also provide the habitat for many of the country's threatened plant and animal species.³⁷ The Philippines is naturally endowed with rich forest cover which, at the end of the Spanish rule in 1898, spanned about 27 million hectares. A century hence, in 1998, only less than a quarter of the forested area (24% or 6.5 million hectares) remained. At this rate of denudation, the country will be in a seriously devastated condition in just over half a century if appropriate and urgent measures are not put in place.

All is not lost, however, as some mechanisms to save the forest have been installed and are gradually paying off. The 2007 Philippines Midterm Progress Report on the Millennium Development Goals reported that as of 2003, an 11 percent expansion of the recorded forest cover in 1998 had been achieved. This meant 7.2 million hectares of added forested cover, spanning about 24 percent of the total land area of the country.³⁸

On top of the already poor condition of the forest cover and the country's natural resources is the imminent threat of continued and intensified human activities such as logging, mining and upland migration, among others. These activities continue to pose a serious threat to forest conditions. With more and more people being born everyday, naturally more and more forest resources will be extracted and forested areas encroached upon to fill the people's basic, economic and habitation needs. In turn, the rapid loss of forest cover threatens not only the plants and species that depend on it for survival, but more importantly, human lives that are likewise inherently connected with their environment.

36 Par. 3.23, Chapter II, ICPD Programme of Action.

37 Population Reference Bureau, "Population, Health and Environment in the Philippines: Making the Link – Wallchart," March 2006.

38 NEDA and UNDP (2007) Philippines Midterm Progress Report on the Millennium Development Goals, NEDA; www.denr.gov.ph

The Philippines is considered one of the “megadiversity” nations, having an exceptionally wide variety of ecosystems, species and genetic resources. Many of the islands that form the archipelago have a very high degree of land and animal endemism. About 76 percent of plant species and more than half of the mammal species in the Philippines are endemic or can only be found in the country.⁴⁰ The country hosts more than 52,177 described species, of which more than half are found nowhere else in the world. On a per unit area basis, the Philippines probably harbors more diversity of life than any other country on the planet.

Unfortunately, because of the alarmingly high rate of destruction of many of these important species through overexploitation, deforestation, land degradation, climate change, and pollution (including biological pollution), among others, the country has been included among the world’s “biodiversity hotspots.” As of 2001, 49 of the nation’s mammal species, 86 bird species, and 320 plant species were already under threat of extinction.⁴¹

On a brighter side, efforts of the government, nongovernment organizations, civil society, and the private sector to save and conserve the country’s biodiversity are bearing significant, though still minimal, fruits. As an example, the latest progress report of the country on MDG cited an increase in the confiscated flora in 2005, and the confiscation of about 600 pieces from 53 flora pieces in 2002. The number of confiscated fauna also increased from 175 heads in 2002 to 2,944 heads in 2004.⁴²

Coastal and water resources

“The Philippines’ productive coastal ecosystem and habitats include: at least 25,000 kilometers of coral reefs, sea grass and algal beds; 289,890 hectares of mangroves; a variety of productive fisheries that provide more than 50 percent of the animal protein consumed in the country; and beaches and various coastlines of value for tourism and other [areas of] development.” (2007 Philippine Progress Report on the MDG)

However, like the forest cover, mangroves in the country continue to face the threat of denudation. The Philippines has lost almost 90 percent of its mangroves, the vast

39 Biodiversity is defined as “an attribute of an area and specifically refers to the variety within and among living organisms, assemblages of living organisms, biotic communities, and biotic processes, whether naturally occurring or modified by humans.” (DLSU) Or, it is the variability among organisms from all sources, including terrestrial, marine and other aquatic ecosystems and the ecological complexes of which they are part; this includes diversity within species, between species and of ecosystems (defined in CBD).

40 Population Reference Bureau, “Population, Health and Environment in the Philippines: Making the Link – Wallchart”, March 2006

41 Accessed from www.kalikasan.org on May 11, 2010

42 Philippines Midterm Progress Report on the MDGs, NEDA, 2007

majority since 1970.⁴³ Mangrove forests have been cleared for human use, including human settlement and agricultural (i.e., fisheries) and industrial development. An estimated 670 kilograms in fish catch is lost for every hectare of mangrove forest that is cleared.⁴⁴ With over 60 percent of the population living along coastlines and depending on coastal and marine resources for livelihood, protecting and preserving the quality of coastal and marine waters are of paramount importance in ensuring sustainable development.

The Philippines has among the richest coastal and marine resources worldwide but these are in a state of rapid depletion and degradation.⁴⁵ The 2005 report of the Department of Environment and Natural Resources-Environmental Management Bureau (DENR-EMB) states that of the 26 coastal and marine water bodies monitored, about 54 percent still have good water quality while the remaining 46 percent show fair water quality. There is no coastal and marine water body rated as poor. However, “overfishing and resource depletion by large trawlers, purse seiners, and other foreign fishing vessels poaching within the Philippines’ exclusive economic zone have contributed to the depletion of the country’s fish stocks by as much as 90 percent in the past 50 years. Thirty-two (32) fish species are in critical state, while 29 are threatened with extinction. Overfishing threatens 98 percent of Philippine reefs.”⁴⁶

43 Melana, D.M. et al, Mangrove Management and Development in the Philippines, paper presentation, Mangrove and Aquaculture Management, Kasetsart University, Bangkok, Thailand, 2000 (cited in Population Reference Bureau, “Population, Health and Environment in the Philippines: Making the Link – Wallchart”, March 2006)

44 Population Reference Bureau, “Population, Health and Environment in the Philippines: Making the Link – Wallchart”, March 2000

45 Accessed from www.kalikasan.org.ph on May 11, 2010

46 Accessed from www.kalikasan.org.ph on May 11, 2010



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OLICY AND PROGRAM INTERVENTIONS

The long road to population stabilization calls for purposive and determined actions that aim to address the huge barriers to development. As earlier shown, empirical evidences are pointing to the serious impact of high population growth and fertility to development and an inaction would lead not only to slow socioeconomic development but, more importantly, to unfulfilled human rights and development aspirations.

This section presents existing policy and program interventions on population management, specifically on achieving population stabilization towards a rational balance between population, resources and development.

Population Policies and Programs in the Philippines

The population policy in the country is founded on the 1987 Philippine Constitution which explicitly guarantees the right of couples to form their family and decide freely on the number of their children based on their religious beliefs and the demands of responsible parenthood. In line with this, Republic Act (RA) 6365 of 1971, otherwise known as the Philippine Population Act, was enacted and subsequently amended by Presidential Decree No. 79 in 1972. These laws created and mandated the Commission on Population (POPCOM) as the policy, planning and coordinating body for the population management program in the country.

The evolution of the population management program in the Philippines

The country's population and family planning program has come a long way since the Philippine government launched the National Population Program following the creation of POPCOM by former President Ferdinand Marcos in 1970. The program's principal thrust then was the reduction of fertility with the provision of family planning through the community-based approach as its core strategy. The program has since gone through various changes in program and policy directions to respond to national policy and development priorities and thrusts.

During the 1980s, when the economic situation in the country was relatively weak, and during the Aquino administration, the logistical aspect of the program was seriously affected. Serious opposition and criticism were also hurled against the program, which as a result had to refocus its thrust to family welfare and development with emphasis on family formation, status of women, and maternal and child health.

The program then adopted the two-pronged strategy of (1) population and development integration to cover issues pertaining to migration and development, urbanization, and other issues related to population outcomes, and (2) responsible parenthood and family planning. Eventually, the operational aspect of the family planning component of the program was transferred to the Department of Health (DOH) as part of promoting maternal and child health and other health initiatives.

Under the leadership and initiative of the Ramos Administration, the country redefined its population strategy to conform to the its commitment to the Programme of Action of the ICPD in 1994. Significantly, the program's thrust was refocused from "population control" to "population management" and its name was changed to the Philippine Population Management Program (PPMP). The PPMP during this period was anchored on the population-resource-environment (PRE) framework which put emphasis on the interrelationships of population and sustainable development.

In the late 1990s, POPCOM expanded the program's thrust to the areas of human resource development, reproductive health, adolescent health and development, gender equity, and helping couples to achieve their fertility preferences through the Responsible Parenthood and Family Planning Program.

In 2000, under the Estrada Administration, the PPMP, still based on the population and sustainable development framework, rationalized the population management program into responsible parenthood within the context of family health with emphasis on reproductive and sexual health. The PPMP's goal then was to achieve an overall desired number of children of 2.7 and replacement level fertility of 2.1 children per couple by 2004.

Current population policy. At present, the population policy is founded on the principles of respect for life, responsible parenthood, informed choice, and birth spacing. The program focuses on the following strategies: Responsible Parenthood and Reproductive Health; Adolescent Health and Youth Development; and Population and Development Integration.

The government has focused the family planning program within the context of responsible parenthood in order to address the underlying causes of poverty and hunger, specifically the couples' lack of capacity in achieving the desired number and spacing of their children. In 2006, the Responsible Parenthood Movement (RPM) was launched to usher in the intensive campaign for responsible parenthood at the grassroots. The current Responsible Parenthood Program is centered on promoting responsible parenting including family relationships and home management, birth spacing, fertility awareness, and (scientific) natural family planning including breastfeeding.

Responsible parenthood classes were conducted among couples to capacitate them on responsible parenting, home management, fertility awareness and natural family planning. Couples who were willing to promote responsible parenthood within their community were organized.

Actions to enhance the population environment. In order to improve the current policy environment for population and development particularly at the national level, there is a continuing advocacy effort to legislate a comprehensive population management and reproductive health policy. Lodged at the present 14th Congress is the Reproductive Health and Population Development Bill (House Bill No. 5043 and Senate Bill No. 3122). These proposed legislative measures are policy responses that aim to establish a national policy on population and development as well as reproductive health.

Local population responses. Within the current population policy, the local government units carry the primary responsibility to provide the necessary reproductive health information and services needed by their constituents. In response, a number of local governments (i.e., provinces, cities and municipalities) have enacted their respective local responsible parenthood and reproductive health ordinances. These ordinances provide for the design and implementation of comprehensive population and reproductive health programs and the establishment of needed facilities, implementing and coordinative mechanisms, and necessary budget allocations. Some LGUs have likewise enacted their Gender and Development (GAD) ordinances by which women's health, including reproductive health and rights, are ensured.

The League of the Municipalities of the Philippines (LMP) also served as an effective catalyst for local governments' participation in population management initiatives. In 2004, the LMP launched its major information and education campaign strategy called "Kung Maliit ang Pamilya, Kayang-Kaya" (KMP-KK) or "Less Means Progress Caravan." The basic objective of this campaign was to generate strong support from LMP chapters for the passage of policies, design of programs, and allocation of corresponding budget for population management and sustainable development concerns, including family planning and reproductive health, at the local level.

Contraceptive Self-Reliance. The national family planning initiative is complemented by local government units' (LGU) efforts to ensure and provide reproductive health services, including contraceptive supply, to their constituents. From being primarily dependent on foreign funding, the country aims to ensure financing for contraceptives through the Contraceptive Self-Reliance (CSR) strategy. The CSR is being implemented nationwide to effect measures that would gradually shift dependence on donated contraceptives for public sector distribution to domestically supplied contraceptives. To support LGUs in carrying out their mandate to provide reproductive health services including family planning commodities, about P2 billion pesos has also been included in the national budget since 2007. Advocacy among the LGUs is also being undertaken to support and sustain this initiative.

So far, the LGUs have been responsive along this concern. A number of local policies have been issued and implemented in line with the implementation of the CSR strategies, resulting in the allocation of budget and procurement of family planning commodities for their constituents.

The LMP also made an initiative along this concern, entitled “Harnessing Synergies of LMP Towards Reduced Maternal and Newborn Mortality Through Contraceptive Security in Selected Poorest Local Government Units in the Philippines.” The initiative is already gaining ground. With support from UNFPA, free contraceptive commodities are being provided to selected LGUs, particularly the poorest provinces, to be distributed to their constituents. Pending the release of the national allocation for family welfare under the 2007 and 2008 General Appropriations Act, many LGUs have already expressed their intention to use their share in the procurement of family planning commodities. Other LGUs, on the other hand, have proactively instituted policy and program mechanisms to secure family planning commodities through their Responsible Parenthood and Reproductive Health ordinances and CSR resolutions.

As of 2008, there are already 25 local government units with local reproductive health ordinances. These included: five provinces (Aurora, Ifugao, Mountain Province, Sulu and Lanao); 14 municipalities (Talibon, Ubay, and Carmen in Bohol; Kapatagan, Bubong and Marantao in Lanao del Sur; Lebak in Sultan Kudarat; Placer in Masbate; Lagawe, Tinoc and Asipulo in Ifugao; Sagada and Paracelis in Mt. Province; and Maydolong in Eastern Samar); and three cities (Quezon City, Olongapo City and Antipolo City).

Two important program approaches on CSR are being initiated by the government and concerned donor agencies (such as USAID) in the face of waning funds for free contraceptives. These include reduction of the dependency for family planning supplies on the public sector and increasing the private sector’s participation in covering the gap in contraceptive supply. Reducing public sector dependency aims to focus public family planning services and supplies on the poor who are unable to pay and moving those who can pay to the private sector. Market segmentation is also being undertaken for this purpose.

The private sector, on the other hand, is already responding through the provision of reproductive health and family planning services in the workplace. These are established through the mutual initiatives of the labor and employers groups (e.g., family planning is provided as workers incentive in the Collective Bargaining Agreement). The private sector is also participating in the provision of contraceptive supply through a commercial delivery model. The DKT Philippines through its POPSHOP Franchise offers outlets for contraceptive products, operational training, material and promotional support, and management and technical assistance to the franchisees, particularly the NGOs and LGUs. Many LGUs have already established POPSHOPS in their health centers as part of their CSR initiatives.

The effort of NGOs and people’s organizations in the country have likewise significantly contributed to the provision of family planning and other reproductive health information and services, particularly at the grassroots. They continue to provide valuable assistance to the national and local government, being at the forefront of addressing the family planning and reproductive health needs in the communities through: the provision of family planning methods; employment of various communication strategies in increasing

the demand and supply for family planning; community organizing and mobilization for advocacy; and conduct of research and studies that guide planning, program development, and policy formulation. **43**

Responsible Parenthood/Family Planning communication strategies.

The Pre-Marriage Counseling (PMC) Program at the local level is an institutionalized communication program that aims to provide information on responsible parenthood and family planning among would-be couples. As mandated by Presidential Decree 965 (1976) and the New Family Code (1988), applicants for marriage license are required to undergo a responsible parenthood and family planning seminar before they are issued a license.

Due to some unclear policies, such as the specific role of the implementing partners, varied models of PMC structures and procedures now exist at the local levels. Efforts to improve this very vital population communication strategy are now under way, and new guidelines to PMC will soon be implemented. These new guidelines, issued jointly by POPCOM, DOH and DSWD, with POPCOM mandated as the lead agency, improves existing structures for more efficient implementation of the PMC. Some thematic topics were also added to provide couples with important information on family planning and responsible parenthood. Among the important topics introduced are issues and concepts on gender equality and equity.

Complementary development initiatives

Recognizing the intimate link of population factors to development and human rights, the population management program was integrated into a broader framework of maternal health, family well-being, and sustainable development. The family planning program is highlighted as a means to prevent high-risk pregnancies and abortion, reduce maternal deaths, and promote responsible parenthood in the current health reform framework, particularly in maternal and newborn health package.

Also, under the MDG framework and anti-hunger initiatives of the government, family planning interventions serve as means of improving the socioeconomic conditions of families and individuals by assisting couples to achieve their fertility aspirations. This way, family planning is recognized and made an essential component of the country's broad-based development strategy that seeks to improve the quality of life of both individuals and communities.

Integrating population concerns in development strategies. To ensure that population and demographic factors are taken into account in development initiatives, population and development (POPDEV) integration initiatives are likewise being undertaken as part of the population management program. As previously mentioned, population targets are included in the Medium-Term Philippine Development Plan for 2004

to 2010. The guidepost set for the population growth rate in 2010 (1.9 percent) does not only serve to guide population-related programs but also the design and implementation of other sectoral initiatives.

The MTPDP explicitly recognizes the interrelationships among population, economic growth and sustainable development and underscores the need to implement a sound population management program in the country. Population factors (e.g., reproductive health, migration, and urbanization) are also explicit considerations in other sectoral plans, such as: the 30-year Philippine Plan for Gender-Responsive Development (PPGD); Philippine Agenda 21; the Social and Health Reform Agenda; and other sectoral plans.

At the local level, the POPDEV dimensions are being integrated in the formulation, implementation, monitoring and evaluation of local development plans using the POPDEV integration approaches.

The POPDEV approach to planning has been adopted and integrated in the planning tools and guidelines for the development of the following plans: Comprehensive Land Use Plan (CLUP); Comprehensive Development Plans (CDP), including the socioeconomic profiles and situational analysis for cities and municipalities, and the Provincial Development and Physical Framework Plan (PDPFP); and Local Development Investment Programs. It is also integrated in other planning documents, such as: the Executive-Legislative Agenda (ELA); local poverty reduction action plans and strategies; and local sustainable development plans. Efforts to integrate the POPDEV approach to planning in the Rationalized Planning System (RPS), which is being introduced by the DILG to simplify the planning system and the required planning documents at the local level, are also being undertaken.

The country has also pursued the integration of population and development variables in the existing indicator and database systems that guide policy, plan and strategy development at the national, sectoral and local levels. Population and development variables are explicitly integrated in the Statistical Indicators on Philippine Development (StatDev), a statistical indicator system formulated and maintained by the National Statistical Coordination Board (NSCB) to monitor the achievements of the economic and social development goals set forth in the MTPDP.

Other sectoral indicator systems such as those used in monitoring the MDG, health, agricultural, and educational performance, and the Community-Based monitoring System (CBMS), among others, although focused on sectoral concerns, are being used in the design and implementation of population and development-related programs and projects.

Integrating population dimensions in poverty reduction strategies.

explicitly reflects the country's recognition of the importance of addressing population concerns in combating poverty. **45**

In order to achieve its poverty reduction targets, the country has pursued an integrated and comprehensive anti-poverty strategy called the *Kapit-Bisig Laban sa Kahirapan* or *KALAHI* (Linking Arms Against Poverty). This program focuses on asset reform, human development services, employment and livelihood, social protection, and participatory governance. Anti-poverty policies have been complemented by programs and projects designed to fast-track poverty reduction efforts, including the following: (a) *KALAHI-Comprehensive and Integrated Delivery of Social Services (KALAHI –CIDSS)* of the *DSWD* and *World Bank (WB)*; (b) *ARMM Social Fund for Peace and Development* of the *ARMM Regional Government*, *WB* and *Japan Bank for International Cooperation (JBIC)*; (c) *Development of Poor Urban Communities Sector Project* of the *Housing and Urban Development Coordinating Council (HUDCC)* and *Development Bank of the Philippines (DBP)*; (d) *Achieving the MDGs and Reducing Human Poverty* of *NEDA* and *UNDP*.

The ongoing *Accelerated Hunger Mitigation Program (AHMP)*, launched in 2006 under the current *Arroyo* administration, aims to address the causes of hunger as a manifestation of poverty both at the supply and demand sides. The program is being undertaken with the collaboration of various government agencies led by the *National Anti-Poverty Commission (NAPC)* and the *National Nutrition Council (NNC)*. On the supply side, the program aims to increase food production and enhance the efficiency of logistics and food delivery. On the demand side, the program aims to put more money in people's pockets, promote good nutrition, and manage population.

The *AHMP* explicitly considers the population factor as a crucial aspect of mitigating hunger among Filipinos and includes the *Responsible Parenthood-Natural Family Planning (RP-NFP) Program* as one of its major components. The *RP-NFP*, as a component program of *AHMP*, aims to address population-related factors, such as large family size, that indirectly affect or exacerbate hunger and poverty.

The *DSWD* has since 2006 also been implementing a conditional cash transfer program called the *Pantawid Pamilyang Pilipino Program*, or *4Ps* (formerly *Ahon Pamilyang Pilipino*). Cash grants under the *4Ps* are released to beneficiaries based on the existence of five conditions that create persistent human development bottlenecks, which are: high infant, child, and maternal mortality rates; malnutrition; low completion rates in primary education and low progression to secondary education; and high prevalence of child labor.

Improving educational status. The current educational status of the Filipinos continues to pose immense challenges to the country. Human capital particularly education is the most important asset in accessing opportunities and fulfilling human potentials.

The education strategy flows from the Education for All (EFA) 2015 Plan, the overarching framework for basic education. The legal framework for basic education is Republic Act (RA) 9155, also known as Governance of Basic Education Act of 2001, which provides for the decentralization of the management of basic education. Since 2004, the proposed reforms have been undergoing refinements, e.g., placing the schools first and empowering the local communities to act in order to achieve school improvement. This is embodied in the Schools First Initiative (SFI).

The Department of Education (DepEd) has likewise formulated the Basic Education Sector Reform Agenda (BESRA), the government's response in translating the SFI into policy actions. The BESRA is the SFI's policy reform component that supports the EFA 2015 goals and objectives. It serves as the framework for a coordinated sector-wide approach to the participation of major stakeholders in the SFI. The BESRA covers universal access of children to basic education, formulation of strategies to encourage community support that enables effective school-based management, and the provision of universal adult functional literacy through alternative learning schemes.

Population factors continue to undermine the quality of education in the country. Meeting the needed number of school buildings for the increasing number of students is one of the greatest problems perennially facing the education sector. Although the national budget is augmented by ODA-assisted projects, the Priority Development Assistance Fund (PDAF), and private sector assistance, there is still some backlog in classrooms nationwide. Some LGUs, particularly those in densely population areas, have responded to this problem through stop-gap measures like conducting of double- or multiple-shifting classes.

The Government Assistance to Students and Teachers in Private Education (GASTPE) Program was also expanded to help decongest public secondary schools and involve the private sector in the delivery of secondary education. The tuition fee supplement scheme, likewise, has benefited number of students as part of the strategy to address classroom shortage.

Optimizing the productivity of the human resource. One of the major thrusts of the current administration, as spelled out in the MTPDP for 2004-2010, is the provision of decent and productive employment for the country's human resource. The MTPDP defines decent and productive employment as employment that provides adequacy in income, protection of the rights of workers in the workplace, social protection, and guaranteed workers' participation in the democratic process. This also entails sufficient employment and continuous improvement of workers' personal capabilities to make them more productive. The current administration has committed to create 6 million new jobs by 2010.

To achieve this goal, the government has pursued initiatives under four major employment-promoting strategies, namely: (a) employment generation; (b) employment preservation; (c) employment facilitation; and (d) employment enhancement. Programs

supporting employment generation have been pursued to directly or indirectly create new employment opportunities in the domestic labor. **47**

Improving reproductive health

Reducing maternal deaths. The Department of Health has initiated key health reforms for the rapid reduction of maternal and neonatal mortality through DOH Administrative Order No. 2008-0029 (dated September 2008). This administrative order mandates the implementation of an integrated Maternal, Neonatal and Child Health and Nutrition (MNCHN) strategy within the framework of the FOURmula One for Health. The MNCHN adopts a unified strategic framework for maternal and newborn health that is linked with child survival strategies, maximizing the delivery of service packages, and ensuring a continuum of care across the life cycle stages. Under this strategy, all pregnancies are considered at risk. Likewise, it takes into consideration the three major pillars in reducing maternal mortality and morbidity, namely: emergency obstetric care, skilled birth attendants, and family planning.

International donor agencies have taken concrete actions to assist the country in rapidly reducing maternal mortality. The UNFPA 6th Country Programme, focusing on the top 10 poorest provinces in 2003, provides assistance to local government units in improving access to reproductive health services, including maternal health services, through the provision of needed reproductive health commodities such as family planning methods, facilities and equipment. Communication strategies involving behavior change and advocacy are also being undertaken to improve the demand side.

Maternal health as a reproductive health element is also being promoted within the framework of human rights. Many NGOs and women's groups are actively providing not only maternal health and family planning services but also capacity building and communication initiatives. These initiatives aim to empower women and communities, particularly the poor, to eliminate barriers to informed decision-making, especially those related to women's reproductive health. The NGOs have also been an effective catalyst for the participation of women in the advocacy, design and implementation of programs and activities that enhance the capacity of women to exercise their reproductive rights.

The LGUs are starting to show stronger commitment to save mothers from the threat of maternal mortality. Related policies and programs, such as the adoption and promulgation of local reproductive health ordinances, have resulted in the establishment of birthing centers that ensure skilled birth attendance and provision of family planning services.

Other maternal and child health and nutrition programs and projects being implemented by the government in partnership with LGUs, NGOs and the private sector are:

1. The Women's Health and Safe Motherhood Project of the DOH which aims to ensure access to quality basic and emergency obstetric and newborn care.
2. The Family Planning Program which is anchored on responsible parenthood, respect for life, birth spacing, and informed choice.
3. Nutrition in Essential Maternal and Child Health Services which include delivery of essential maternal and child health and nutrition package of services that will ensure the right of the child to survival, development, protection and participation.
4. The Expanded Program on Immunization which seeks to achieve universal immunization of children against seven diseases: tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus, measles, and hepatitis B.
5. The Control of Acute Respiratory Infection Program which aims to reduce infant and child mortality from acute respiratory infections (ARI), which is one of the leading illnesses among children under age five.
6. The Breastfeeding Program and Mother-Baby Friendly Hospital Initiative which promote adequate feeding, starting at birth, as vital for the physical and mental development of a child. The Mother-Baby Friendly Hospital Initiative is the main strategy to transform all hospitals with maternity and newborn services into facilities that fully protect, promote and support breastfeeding and rooming-in practices. The legal mandates for this initiative are provided by RA 7600 (The Rooming-In and Breastfeeding Act of 1992) and Executive Order No. 51 of 1986 (The Milk Code).

Men's involvement in maternal health. Men's participation in maternal health has also been considered as one of the critical strategies for reducing maternal mortality. Various forums and communication strategies have been implemented jointly by the government, NGOs, communities and people's organization for this purpose. The organization of RH on Wheels (association of tricycle drivers in Maguindanao) and Men Opposed to Violence Against Women Everywhere (MOVE), and the participation of male-dominated sectors (e.g., military, security guards, drivers, etc.) in RH activities provide promising models for motivating more males to proactively participate in initiatives related to maternal health.

Adolescent sexual and reproductive health. The Philippine Constitution provides for the recognition of the vital role of the youth in nation-building and contains mandates for the promotion and protection of their physical, moral, spiritual, intellectual and social well-being. This constitutional provision is implemented through the Youth in Nation-Building Act of 1994 (RA 8044) which mandates the establishment of comprehensive and coordinated programs for youth development.

Pursuant to RA 8044, the National Youth Commission (NYC), in consultation with other stakeholders at the national and local levels, has formulated the Medium-Term Youth Development Plan (MTYDP) for 2005-2010. This plan outlines specific goals and strategies to develop the Filipino youth's capacity to actively participate in national development.

“Life is what we make it.” This is a simple phrase that I often hear from students when asked about their motto in their yearbook. It is a simple phrase but it gives a lot of meaning to me.

If indeed we make our lives, I have done it poorly for myself. I am now a mother of a three-year old boy struggling to survive each day. I used to think that he is the cause of all my miseries...a curse that befell upon me. But time has healed me and I started to realize, my past has given the greatest gift that I could ever have.

My son is a fruit of my youthfulness...my being passionate about things including love. I was made to follow my young heart rather than my reason when I gave in to my boyfriend's demand for sex. All were frenzee and we never thought of what might our acts could lead us into the future. And so it happened...the night of unmindfulness of the future has gotten me pregnant. As soon as I informed my boyfriend of my condition, he started to avoid me. My parents eventually found out about it and they told me to stop schooling. My dream of becoming a journalist someday faded so quickly.

I tried to abort the life inside me but I was suddenly overwhelmed by guilt just before the operation. I moved out from our home because I could not stand the continuous blame coming from my parents...and so, I was forced to work even when I was pregnant in order to survive. In times of such difficult moments in my life, I still had a friend who let me live with their family.

When my child was born, I blamed him for all the miseries that happened to me. I felt she was not my own and he can never be...I gave up my dream for him...

Until I met an NGO worker who was able to convince me to attend a seminar on Adolescent and Youth Development. I cannot participate fully at first because they seemed to force me to go back to my dark past. I finished the session just for the experience. But one day, I was asked to be part of a team that would conduct a focus-group-discussion with a group of youth. It was during the discussion with the youth that I learned I am not alone. Many youth have fallen like me due to their intuitive actions and many more are worse than my experience...yet many of them took courage to rebuild their lives.

I was struck not by their sincerity to share their experiences but by the optimism and courage that moved them to fight on with life. It was this realization that made me reflect with my life and face the issue that has deterred me from living. It gave me the realization that all is not lost...beyond the clouds there is a sun brightening each day. More importantly, I realized that the one I am blaming from all the miseries in my life is all I have...he is all my only life.

With this realization, I learned to get in touch and forgive my past. I learned to love my child whom I now consider as the best that ever happened. My child gives me the motivation and the inspiration to move on with life. Everything that I am now is because of him. I am still struggling with life...my parents still cannot accept me because of the suspicion that I am selling my body for a living. I cannot blame them...time will heal itself. What keeps me living now is my child whom I owe my life more than him owing his life to me...
(An essay by an adolescent in a youth training program)

The Adolescent Health and Youth Development Program (AHYDP) is a continuing component of the population management program with the objective of reducing teenage pregnancies and reproductive health problems among adolescents and youth. POPCOM continues to build the capacities of local youth leaders, youth development organizations, and other stakeholders at the national and local levels in designing interventions promoting responsible sexuality, reproductive health, and development among adolescents and youth.

POPCOM has developed and continues to use learning packages for capacity building and communication strategies on AHYD. These include: the “Sexually Healthy and Personally Effective Adolescents (SHAPE) Modules;” and the most recent “Learning Package on Parent Education on Adolescent Health and Development” (LPPEAD). The training and communication efforts of POPCOM have led to the establishment of Youth and Teen Health Centers in some LGUs. These centers serve as sources of information, counseling and referrals for reproductive health and other general health care services for the local youth.

As part of improving the knowledge base on population and development planning, POPCOM has featured adolescent sexual and reproductive health concerns in its regular State of the Philippine Population Report (SPPR), particularly in its second issue. The SPPR is an annual publication of POPCOM which features emerging population and development issues. The document does not only serve as a knowledge source on population issues but also as an advocacy material.

The Population Education Program is an ongoing program being implemented by DepEd’s Bureau of Secondary Education (BSE) in secondary school since the 1970s. The program aims to instill life skills in the youth through the integration of (1) reproductive rights and health; (2) family life and responsible parenthood; (3) gender and development; and (4) population, resources and environment into the school curriculum.

DepEd has recently started integrating age-appropriate sexuality education in the school curriculum to further institutionalize instructions and information on life-skills in the educational system. In collaboration with various stakeholders, it developed age-appropriate and value-laden modular instructional materials for integration in the elementary and secondary curricula.

The NGOs have likewise played critical roles in the formation and development of the youth, both in-school and out-of-school. NGO programs on adolescent sexual and reproductive health include: information education; value formation/spiritual counseling; referrals and medical services; utilizing a peer education or youth-to-youth approach to provide information, counseling and sexuality issues; establishment of school and community-based teen centers; capacity building on youth leadership, ASRH and life-skills; RH programs for the working youths; capacity-building for parents; and other interactive approaches.

I IMPROVING THE ROAD TO POPULATION STABILIZATION

The country's prospect for population stabilization marked by plateauing fertility and population growth levels will be difficult to reach in the near future without radical and progressive interventions in family planning and complementary development initiatives. All stakeholders led by the government have to act collectively to address the issues and gaps at hand in order to achieve a replacement fertility of 2.1 children and a stabilizing population growth rate by year 2040. The following are the major issues that need to be considered in programming, planning and policy development for a more effective population management program.

Rapid population growth and national development

The current population growth and fertility level in the country are a deterrent to efforts to achieve national economic and sustainable development and empower families and individuals. There is a serious imbalance between demographic rates and social, economic and environmental goals. National economic targets are hampered by the growing population, which takes a substantial share of the national wealth. Savings and investments continue to be at a low level, insufficient to capacitate people to achieve their developmental goals. The lack of employment opportunities and low food production go side by side with the growth of the population, consequently exacerbating the poor economic conditions of families.

The recognition of the link between population and development has yet to be translated into concrete programs and projects in order to mitigate and prevent the undesirable consequences. As such, population concerns remain critical issues that should be addressed in order to hasten the achievement of the families' and country's development goals. Development plans should integrate efforts to urgently achieve population stabilization goals.

The high population growth rate is largely attributed to the high fertility level of women, which results in a young population. Mortality level is declining significantly, but this has been accompanied by a slow decline in fertility, resulting in a high natural increase in population. Although women, particularly the poor, have expressed a desire for lower fertility, poor socioeconomic conditions coupled with the lack of access and availability of

reproductive health and family planning services have prevented poor women from doing so. Given this situation, there is a need to comprehensively address the determinants (i.e., reproductive health, socioeconomic, and cultural factors) of women's inability to meet their fertility desires within the context of human rights and gender equality.

Passing up the demographic bonus

Demographic bonus pertains to the opportunity of the country to accelerate its economic development when its fertility rate goes down and its pool of human resources becomes bigger than its dependents. The concept of demographic bonus is particularly relevant in today's time when all targets and institutional efforts in the government and in society are gearing up towards economic development.

With high population and fertility levels, the already vast human resource of the country is getting even bigger in numbers. Yet, the country cannot provide employment for the entire labor force. As a result, the economically active and productive segments of population find it difficult to support young dependents, including the unemployed and underemployed. The scenario becomes, instead, that of a "demographic onus" where there are more young dependents than workers.

With the uncontrollable forces affecting the market and financial conditions in the country and the limited resources of the government to subsidize the needs of the people for a long term, the population factor appears to be the most prominent variable that needs to be and can be managed to achieve economic and human development. With high fertility and population growth and without corresponding economic support, demographic bonus may forever be out of reach. The country, however, could start to address demand factors that are pulling down economic growth. A well-planned family or well-spaced children, for example, provides opportunities for children and couples to increase their savings and investments for a prospect of a better life.

Integrating population factors in poverty reduction strategies

The absence of conditions for sustainable development all converge on the poor. Poverty has become associated with unemployment, malnutrition, low educational levels, and other adverse social conditions that incapacitate individuals and families from achieving their development goals, including those related to fertility and reproductive health. Moreover, poverty has contributed to an imbalance in the spatial distribution of people, to unsustainable use and inequitable distribution of such natural resources, and to serious environmental degradation.

Poverty reduction strategies by themselves may not be enough given the extent of the problem. The sustainability of these programs, particularly in addressing the underlying and root causes of poverty, is an overwhelming issue in itself. There is a need to direct significant investments and efforts to strategies that address the locus of the underlying

and root causes of poverty, such as employment, livelihood, agricultural productivity, and family planning and reproductive health, among others. Interventions that are in nature “lip-services” and “dole-out” strategies should be redesigned to produce a more equitable impact particularly among women.

Inadequacy of population and development integration

While the program has successfully heightened the growing recognition of the interlinkages of population with various aspects of sustainable development at the national, sectoral, community and family level, the explicit integration of population factors in development initiatives remains weak. Most of the development efforts in the country have been implemented without consciously and purposely connecting it to population issues and objectives.

Within the framework of assisting couples in achieving their fertility goals, there is a need for other development sectors to draw up concrete policies to contribute to achieving the demographic target of 1.9 population growth rate. Sectoral conditions, such as employment and health, directly impact on fertility goals and behaviors, and vice versa. It is therefore important that actions towards achieving a stable population be likewise taken within each sectoral concern in order to achieve sectoral development goals.

Population factors in health care

The health and nutrition reforms being undertaken by the country has already included population concerns among the program components. However, there is still a need to continuously factor-in population in the provision of health and nutrition information and services. There are notable differences in health levels across sexes and age groups indicating that women and the younger population have greater vulnerability to health risks.

The spatial distribution of population is also an important aspect of health planning and programming that needs to be addressed. For example, the increasing urbanization pattern implies the need to ensure adequate health services for settlers and provide mechanisms to mitigate environmental hazards to health due to overcrowding in the urban areas. Other population and development issues related to the health sector include: the exodus or migration of health workers; health impact of environmental concerns as determined by the growing needs of population; and fertility (i.e., spacing and frequency of childbirth) as a proximate determinant of maternal mortality.

Deteriorating access to quality education

The poor educational status of the country clearly speaks of serious challenges facing not only the education sector but all sectors concerned in the formation of an educated and skilled human resource. Given the growing labor force, there is a need

for more investment not only to improve educational services and facilities but also to simultaneously address the underlying factors, such as large family size or high population growth, which affect individual family and community investments in education. The demand for basic education is expected to increase with the young population structure of the country. The lack of schools and teachers due to the increasing growing school-age population is only one manifestation of these interrelated issues.

Deterioration in the quality of education has been significantly attributed to the declining budget per capita for education. The increasing school-age population translates to larger budget requirements for the construction of new school buildings and larger allocation for hiring new teachers and improving teacher competency through training. These increases in allocation is not only about “throwing money at the shortages;” rather, “it has to be about creating a quality learning environment for all.”

Challenges in human resource utilization

Unemployment and underemployment is still high in the country. Local economists noted that the high unemployment rate in the country is indicative of the so called “jobless growth.” This means that even if the domestic economy is growing at a certain level, the rapidly growing labor force, coupled with the failure of the economy to translate labor productivity to more jobs, does not incur substantial improvement in the employment condition. Fluctuations in employment due to the business cycle determined by socio-demographic, political and institutional factors are also a contributing factor to this condition.

Fifty percent of women aged 15-64 are not in the labor force (Table 16). These are more likely the women who remain at home, not economically empowered, saddled with reproductive functions, and lack access to family planning resulting in unintended pregnancies. Creation of employment opportunities for women can help empower women and consequently enable them to achieve their reproductive objectives in consonance with their development goals.

Local capacities and managing rapid urbanization and its consequences

Urbanization in the country is happening even faster than the rate the total population grows, and so with do its effects and consequences. Although the phenomenon of urbanization is seen positively through the opportunities it offers for the local government, many urbanizing areas are yet to build and enhance their capacities to absorb the impact of these demographic and development processes.

Even the cities that have long years of experience in urbanization, such as Metro Manila and Metro Cebu, are still struggling to contain the impact of rapid urbanization. The rising number of urban poor and slum dwellers, traffic congestion, pollution, scarcity

of resources, crimes, and other problems in these cities are evidences of the difficulties facing urban planners and managers. Urbanization also carries with it the issues of poverty, environmental degradation, poor health, and educational status particularly among urban poor, and other social and demographic issues which urbanizing areas need to address.

Challenges on environmental sustainability

The major challenge facing the environment in the context of sustainable development is finding a balance between the conflicting and competing demands for and supply of natural resources and the environment. Data have shown that wasteful production and excessive consumption patterns of the growing population have worsened the already severely damaged environment. On one hand, high poverty leads to high dependence of the poor to extracting natural resources (e.g., overfishing, hunting endangered species, food gathering, and extraction of forest products). On the other hand, inefficient regulation of the extraction of natural resources by the rich few on a much larger scale than the poor is a more pressing factor that needs to be factored into environmental planning and programming, particularly at the local level.

Moreover, the underutilization and mismanagement of the country's abundant natural resources continue to exacerbate poverty particularly in the countryside. The lack of efforts to improve policies on the use and protection of minerals and other natural resources has led to unsustainable development conditions, such as shortages of water supply needed for irrigation, industrial and domestic uses, and incessant soil erosion and flooding.

The country has rich sources of laws and interventions that promote and protect ecological integrity and sustainability. Some of these policies need to be enhanced and integrated in order to facilitate the optimization of natural resources for higher productivity while ensuring environmental protection and sustainability. At the same time, there are also constraints to the aggressive and effective implementation of existing laws on environment that need to be addressed.

Demographic factors in maternal health

The current demographic structure of the country also explains the present level of maternal mortality. As studies have shown, a woman's age and parity affect her chances of dying in childbirth. Health risks related to age and parity have been summarized as "the four too's" – too young, too old, too many, and too close. Although many of these risks can be managed if high-quality delivery care is available, the high actual fertility among women and the increasing teenage pregnancy suggest the need to develop a more holistic and comprehensive intervention to address the health risks of childbearing.

The issues on the quality of maternal health and general health care have also been threatened by the continuing inadequacy of health personnel in health centers due to

the outflow of health workers. Ironically, while the country produces some of the world's best doctors and nurses and other health workers, many Filipinos die without the benefit of professional health attention. Hospitals and other health institutions, both government and private, are severely understaffed and the entire communities, especially those in far-flung areas, are too poor to afford the services of a complete health team. This is obviously one of the reasons why most deliveries are unattended by trained professionals.

Unmet need for family planning and maternal health

The high fertility level among women is attributed to unplanned pregnancies caused by unmet need for family planning. Moreover, many unplanned pregnancies have resulted in unsafe induced abortions causing maternal deaths. The desire for fewer children and use of family planning methods among Filipino women across all socioeconomic classes have been underscored by empirical data. Yet only about half of married women of reproductive age practice family planning. UNFPA estimated that family planning alone could save the lives of 150,000 women worldwide each year. Spacing births by at least two years could save more than a million under-5 children each year. Meeting the needs of women on family planning is, therefore, a significant factor in saving the lives of mothers from the health risks of pregnancy and childbirth.

Lastly and more importantly, women themselves can contribute to the promotion of maternal health by seeing to it that ALL PREGNANCIES ARE WANTED AND PLANNED FOR, and by the mother's commitment to avoid health risks once pregnant. Empowering women to make informed decisions under an enabling environment is a critical component of promoting maternal and child health.

Demand for contraceptives

By 2015, the country aims to achieve an 80 percent contraceptive prevalence rate among married couples as part of its effort to provide universal access to reproductive health (MDG Goal 5). However, the current situation is still too far from the target. The demand for family planning methods over the last eight years is low. The insignificant decline of the total fertility rates since 1998 is obviously attributed in part to the stagnation in demand for family planning and to the slow increase in the contraceptive prevalence rates (CPRs). At the same time, the number of unintended pregnancies has increased. Although the CPRs have gradually increased, the total unmet need for family planning has decreased at a slow pace. This indicates that the total demand for contraception (unmet need and the use of contraception) has stabilized. Zablan and Yabut, in their analysis of the unmet need data of the 2003 NDHS, found that, indeed, over the 1993-2003 period, the percentage point increases in contraceptive prevalence and decreases in unmet need were equivalent. This means that the fertility strategies of couples remained unchanged.

Moreover, the 2008 NDHS revealed that only about 40 percent of nonusers expressed intention to use family planning in the future as compared to 55 percent of

nonusers who do not have the intention (5 percent are unsure about their intentions). Given this, the challenge is not only to address the unmet need for family planning or to address the gap at the supply side, but also to develop attitudes and behaviors favorable to fertility preferences that ensure women's health and safe motherhood, thus, creating demand for family planning.

Unmet need for family planning is usually associated with the demand for family planning. In reality, however, many women who want to limit and space their pregnancy are not using family planning methods not so much because of the lack of access to family planning but because of their own reluctance to use contraceptives. The reluctance is primarily based on the fears of side effects which, in turn, stem from the lack of adequate knowledge on such methods. Many women and couples believe that the cost of having an unplanned pregnancy is lower than the cost of the mother's as well as child's health sacrificed in using contraceptives.

These underlying misconceptions and inadequacy of knowledge do not only operate among women but also among men, who play an integral part in the decision of young, poor and uneducated women to use specific types of family planning methods. Available national data revealed that monetary cost and religious prohibitions are actually insignificant factors for nonuse of contraception among Filipinos. For example, in the 2008 NDHS, only about 6 percent of women nonusers cited "religious prohibition" as reason for nonuse of contraceptives while 1.8 percent cited "cost too much" as reason. This suggests the need to better understand the value attached to children, and the cost to them of the perceived risks of using contraceptives, especially among groups with preferences for high fertility.

Nonuse of contraception is also rooted in factors related to cultural, gender and sexuality concerns between couples. While husbands' objection to the use of contraceptives is not very pronounced as a reason for nonuse (i.e., in 2003 NDHS, only 3.7 percent of women nonusers cited this reason for not intending to use contraceptives), the high preference of the husband for a large family size is indicative of the husband's influence on the decision of women, especially among the poor and uneducated, to practice any family planning method. This case is best exemplified in ARMM where a high TFR of 3.1 children is closely related to the husband's desire for 7 children. There is a need to further understand husband-wife differences on the value and meaning of children and how this affects contraceptive behavior.

Socioeconomic constraints to family planning

The socioeconomic condition of individuals and the community also significantly affect decisions to use contraceptives. Many women and couples in the remote and poor areas are geographically and structurally constrained to access family planning information and services. The impact of socioeconomic conditions on contraceptive use is also manifested by the glaring disparity in contraceptive prevalence rates across regions

where ARMM, the region showing the lowest socioeconomic conditions relative to other regions, has the lowest contraceptive prevalence (20 percent).

At the household level, the problem of unmet need is more serious among families with lower income. As illustrated in the previous chapter, poverty incidence increases with the number of children. Understandably, poor families, after paying for food and other basic needs, have hardly anything left for family planning commodities.

Unsecure contraceptive supply

Much of the demand variables for contraceptive use are complemented and interrelated to factors at the supply side. The most pronounced issues related to this revolve around the phasing out of free contraceptive supply in the public sector. In view of the total phaseout of donated commodities, there is a need for a continuous supply of contraceptives to meet the requirements of current and potential users.

The implications of this phaseout are broad and clearly evident in the population and development outcomes. Studies have shown that the phasing-out of donated contraceptives will affect an estimated 4.6 million women of reproductive age who are currently using modern methods of contraception. It will also affect another 2.3 million women who are currently not using modern methods but who reported their intent to use such methods.

The enactment of a population policy that ensures access and availability of contraceptive supply is the most strategic intervention to make. However, this is a highly contentious issue. Advocacy efforts should be focused on reaching a consensus among all or majority of stakeholders in terms of the measures that would be undertaken.

The increasing vulnerability of adolescents and youth

The increasing proportion of adolescents and youth engaging in early sexual activities and relationships has led to irreversible consequences such as teenage pregnancy and sexually transmitted infections. This emerging sexual behavior has put their health and future at risk because of their inadequate knowledge to protect themselves. Most adolescents and youth lack accurate and appropriate information for them to fully understand and take control of their sexual behavior and reproductive health.

Sexual and reproductive health problems are particularly acute for adolescent girls and young unmarried women. Lack of open discussion about sex and sexuality in families and communities puts them at high risk of unwanted

pregnancy and sexually transmitted infections, including HIV/AIDS. Many people, including health workers, believe that discussion on the use of condoms with young people promotes promiscuity. This leads young women and men to rely largely on information on sex and sexuality from their peers, which is often inaccurate and incomplete.

Young adolescent girls are particularly vulnerable to maternal death. They often have limited information and access to contra-ception and even less access to quality maternal health care, particularly if they are unmarried. These young girls either continue unintended pregnancies, giving up opportunities for education and employment, or seek unsafe abortions. Forty percent of all the abortions are performed on women under age 25 (Cabigon, et al., 2004).

Integrating ASRH concerns in the school curriculum could have been a bold and radical move to ensure that adolescents and youth get vital information that they need for nurturing and developing positive sexual and reproductive health attitudes. However, the curricular integration, training of teachers, printing of manuals, and development of core messages have been held in abeyance due to the association of these ASRH instructional materials with “sex education” as perpetuated by the more conservative groups. Indeed, there is a continuing need to build the skills of adolescents and youth to help them deal more effectively with the demands of everyday life and avoid high-risk behaviors.

Indeed there is a continuing need to build the knowledge, attitudes and skills of adolescents and youth on sexuality and reproductive health in order to help them deal more effectively with sexual and reproductive health risks and to avoid engaging in high risk behaviors.

C ONCLUSION

The road to population stabilization in the country is still a long way off. The country is still confined within a demographic situation of high fertility and high natural increase. The fertility among women in the country is still significantly higher than the replacement fertility of 2.1 children and it will likely delay the stabilization of population in the near future.

High fertility in the country is aggravated by the poor socioeconomic conditions. Poor, uneducated and unemployed women continue to have more children than what they desire. Such conditions have caused high unmet need for family planning and subsequently high rates of unwanted pregnancy and even maternal deaths. As such, high fertility as indicated by large family size continues to exacerbate poverty, further diminishing the capacity of families to provide for the basic needs of their children. This reflects unfulfilled sexual and reproductive rights among couples and individuals.

Given this situation, population stabilization in the country can only be achieved if the needed conditions and interventions are set in place:

- An efficient and clear population policy and program needs to be implemented in the country. The government and all stakeholders concerned need to support and facilitate the fulfillment of women's and men's right to form their family and have their desired number and spacing of children by providing universal access to reproductive health information and services, including all legal methods of family planning.
- The high maternal mortality rate is also a priority concern that should be addressed. This is an area where the country lags in its commitment to achieving the MDGs and the ICPD goals. Mothers should be given the necessary information and needed quality services that would allow them to have a planned and healthy pregnancy and childbirth. The existing and planned program of the government on safe motherhood (e.g., MNCHN and family planning) should be propelled with greater speed in order to save mothers from dying while giving birth. Moreover, meeting women's unmet need for family planning should be made a priority strategy of safe motherhood and women's health programs. As aptly stated, a woman can plan the rest of her life if she can plan her family. The government likewise should speedily remove barriers towards

women's empowerment (e.g., socioeconomic and cultural barriers) for them to achieve their sexual and fertility goals.

- Addressing the sexual and reproductive health concerns of adolescents and young adults is likewise critical in achieving the country's population and development goals. Their increasing vulnerability to various threats calls for a sustainable education program with corresponding provision of support health services. The youth should be provided with necessary skills to protect themselves from these threats so that they can fully achieve their potentials and can contribute to nation building.
- More than ever, addressing the population barrier to genuine development entails multisectoral cooperation. All sectors need to direct their efforts toward a common demographic goal in order to achieve a shared vision of improve quality of life for Filipinos. The population issue cannot be solved from a population perspective alone (e.g., family planning) but by the integrated efforts of all development sectors. Socioeconomic measures need to be implemented alongside population interventions in order to address the multisectoral determinants of fertility and population growth.

Most importantly, actions can only start from a consensus. There is a need for all stakeholders to break the barrier to a shared and acceptable population measure. Rhetorics should boil down to doable actions before the population and development issue reaches a dead-end. All sectors, including the opposing religious sectors, should arrive at a consensus on the measures to improve the determinants of high fertility in the country as soon as possible toward healthy, well-planned, prosperous, and empowered Filipino families.

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“Recognizing that early population stabilization is in the interest of all nations we earnestly hope that leaders around the world will share our views and join with us in this great undertaking for the well-being and happiness of people everywhere.”

Statement on Population Stabilization
by World Leaders, 1994

