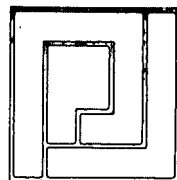


THE PHILIPPINE POPULATION PROGRAM: AN OVERVIEW



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ABSTRACT

Since 1970, the Philippine population program has made considerable achievements in its effort to curb the country's high fertility rate. The Program presently aims to attain a population growth rate of 2.0 percent in 1992 and eventually achieve replacement fertility for the country by the year 2000. To achieve these rates, the program has set into motion the so-called "high scenario" targets of greatly increasing the overall rates of use-effectiveness of program methods of contraception. The program continues to be guided by policies implemented since its start, as well as by new ones in response to recent developments. Though the program continues to receive funds from international donors, the Philippine government's share in the funding has steadily increased.

INTRODUCTION

The Philippine population program was born as a result of the controversial population explosion issue which rocked the whole world during the 60s.

In 1960, the Philippine population was already 27 million and it was increasing at an annual growth rate of more than three percent. The implications of rapid population growth on the country's social and economic development (a high dependency burden, increased food production, more classrooms and housing units, among others) began to be felt by both government and private leaders. Concerned with the phenomenal population growth rate, President Marcos, along with other world leaders, signed the 1967 United Nations' Declaration on Population which stressed that "the population problem

must be recognized as a principal element in long-range planning if governments are to achieve their economic goals and fulfill the aspirations of the people." This signalled the Philippine government's recognition of the need to confront the population problem.

The Commission on Population (POPCOM) was created by President Marcos in 1969 to look into the population problem and recommend solutions to it. Upon recommendation of POPCOM, the government officially launched the Philippine population program in 1970 through Executive Order No. 233. The following year, the Philippine Congress enacted Republic Act 6365, otherwise known as the Population Act of the Philippines. POPCOM was mandated to serve as the central coordi-

nating and policy-making body of the government in matters pertaining to population and family planning. In 1972 Presidential Decree No. 79 was issued, revising the Population Act and strengthening the organizational structure of POPCOM. The establishment of POPCOM gave direction to the goals, policies, thrusts and strategies of the Philippine population program.

The ultimate goal of the population program is to help improve overall welfare of the family and the society. This can only be attained if the level of population growth is reconciled with the country's national development goals. From the start, the major thrust of the program has been the reduction of fertility, which continues to remain high, even by Third World standards. Thus, from the 1975-1980 intercensal annual growth rate of 2.69 percent (with a 1980 population of 48 million), the program aims to reduce the growth rate to 2.0 percent in 1992 (with a population of 64.2 million). It hopes to achieve replacement fertility by the year 2000. To achieve these rates, the program is seeking to attain the "high scenario" targets for contraceptive prevalence from 34 percent in 1983 to 50.2 in 1993 at increasing overall rates of use-effectiveness of methods¹. (See Appendix I for the targetted contraceptive prevalence rates under the "high scenario.")

POLICIES AND STRATEGIES

The present implementation of the

population program is guided by five basic policies which serve as guidelines in program planning and operations.

1. Non-coercion.

The program recognizes and safeguards the right of every couple to determine the size of their family. To help them attain the number of desired children, the program makes available a number of acceptable family planning methods from which they can choose voluntarily and in accordance with their moral convictions and religious beliefs.

2. Unacceptability of abortion.

The program stresses the unacceptability of abortion as a contraceptive method. Abortion is illegal under Philippine laws.

3. Self-reliance.

Though the program has been receiving funding assistance from foreign donors, program managers are agreed that the program must eventually have to stand on its own entirely. The cost of meeting population objectives must be considered a national responsibility.

4. Action policies on integration, multi-agency participation and participation of public and private sectors.

Population cannot be isolated from other development concerns like health, education, social welfare, nutrition, community development and employment. Thus, the program is integrated into existing programs of other agencies directed towards these concerns. Meeting population objectives are therefore effected through coordinated efforts of many

participating agencies, both government and private.

5. *The Philippine population as program clientele.*

The population program considers every Filipino as its client. It addresses the population as a continuum – composed not only of married couples of reproductive age but of other groups as well. To achieve its goals, the population program has grouped the population into six sectors: the pre-schoolers (0-6); the youth (7-14); the pre-marriage group (15-24); the married couples of reproductive age or MCRA (15-49); the community influentials (policy-makers, legislators, local government officials, the media professionals, etc.); and the program professionals (composed mostly of population workers).

Among the pre-schoolers, the population program aims to develop appropriate values on responsible parenthood, family relations, and the concept of a small family size.

The program aims to teach the youth the basics of population dynamics and human sexuality and inculcate on them, or strengthen, the values of responsible parenthood and small family size.

These values are reinforced as a young person enters the pre-marriage group. The program conducts an all-out campaign for the pre-marriage group to delay their marriage until the age of 25. The program also aims to provide them knowledge on human sexuality and reproduction, family planning methods, nutrition, mother and child care, and other

topics on responsible family life.

To attain the “high scenario” targets, the program is gearing to conduct a massive motivational campaign among the MCRAs for them to internalize family planning as a way of life and a basic need. Consequently, this campaign aims to increase the correct and effective practice of the methods available among the MCRAs.

The program is also enlisting the active support of the community influentials through a more systematic public affairs campaign. It is calling on this important sector of society to advocate the values the program has been promoting.

Lastly, the program aims to enhance the knowledge of its workers and other program professionals about the program itself and to deepen their involvement in its implementation. It has been training population workers of partner and participating agencies to develop appropriate knowledge, attitudes, and skills for effective job performance.

The program undertakes activities and projects that take into account each sector's collective needs and concerns. These projects are implemented through a network of government and private organizations to reach as wide an audience as possible.

Streamlining the activities of the program for each of these groups necessitated POPCOM's establishment of sectoral task forces to help POPCOM assess the needs, design strategies, and provide leads for project

implementation as these relate to specific sectoral concern.

THE OUTREACH PROJECT

In its early days, the population program was basically clinic-based. By 1975, there were already about 2,500 family planning clinics established all over the country for a clinic-MCRA ratio of 1:2,000. This orientation seemed to have posed a limitation on the coverage of the program, specifically in meeting the needs of the hard-to-reach rural areas. The 1973 National Demographic Survey, for instance, showed that the prevalence rate in the rural areas was only 13 percent, less than half of the 28 percent in the urban areas. The prevalence rate also decreased as the distance from the clinic increased. Beyond a three-kilometer radius from the clinic, there was a proportional decrease in the number of acceptors.

In response to this, the National Population and Family Planning Outreach Project was launched in 1976. Its main objective has been to contribute to the targetted 0.1 per cent annual reduction of the population growth.²

To attain this objective, the Outreach project has deployed more than 3,000 Outreach personnel and established more than 50,000 barangay service point officers (BSPOs) who motivate married couples of reproductive age, supply condom and resupply pills, and refer clients to clinics.

The Outreach project is a joint

effort of POPCOM and the local government. POPCOM provides funding, technical and logistical support such as training, IEC materials and contraceptives. The local government provides counterpart funding.

Administratively under the local government, Outreach is headed by the provincial population officer (PPO), who is under the supervision of the governor, the project director at the provincial level. The PPO is responsible for the implementation of the population program in the province. His city counterpart is the city population officer (CPO).

Under the PPO or CPO are the district population officers, each of whom supervises four or five full-time outreach workers (FTOWs). Each FTOW in turn covers about 2,000 MCRA's and supervises about 19 BSPOs.

Through Outreach, the population program has shifted from a purely clinic-based service delivery system to a combined community and clinic-based information and service delivery system.

FUNDING

In the beginning, the program was fully funded by foreign donors. It was in 1972 when the Philippine government began to provide funding for the program. Of the total budget of P54.8 million for that year, 15 percent came from the Philippine government. Since then, the government's share has steadily increased. In 1983, the government's share of the budget amounted to 58.5 percent.

On the other hand, the funding for the program has steadily grown from P16.4 million in 1969 to over P275.8 million in 1983.

ACHIEVEMENTS AND BENEFITS

Up to 1983, a total of P1.7 billion have been allocated to the program by the government and international funding agencies. This investment has helped to propagate a general desire for smaller and economically stable families.

Though hardly noticed, the program has made significant gains in its fertility and development goals. Less children are now being born to Filipino families. The country's total fertility rate has dropped from an average of six children in the mid-60s to five in the late 70s. The crude birth rate dropped from 40 in 1970 to 34 in 1983 and is expected to decline further to 31 in 1987.

From 1971 to 1983, about 2.3 million births were averted. Another 700,000 more births are expected to be averted in 1984 and 1985. Over 3.5 million births are therefore expected to have been prevented in 15 years (1971-1985). This will considerably lessen the country's dependency ratio.³

These achievements have been largely attributed to the four major program activities: information/education/communication (IEC), training, service delivery, and research.

IEC activities have helped increase knowledge and approval of family welfare concepts. It is estimated that knowledge of family planning

among married couples has reached a level of 94 per cent. Current IEC efforts are being made to translate this knowledge into practice.

Thousands of population workers from the national to the barangay (village) levels have been trained. These trainings have equipped them with appropriate knowledge, attitudes, and skills to effectively communicate and deliver family planning information services.

Service delivery activities have provided married couples with protection from unplanned pregnancies. This component maintains the operation of more than 3,500 family planning clinics and hospitals. It has sustained the participation in the program of a nationwide corps of physicians, nurses, midwives, and paramedical workers. A logistics system responsible for the procurement and distribution of family planning commodities and equipment supports the service delivery efforts.

An organized research component has been providing direction to the above activities. Research findings tell program managers of the effectiveness, as well as the weaknesses, of program activities and projects. Regular researches are also conducted to examine the trends in the demographic situation of the country.

THE FUTURE

The population program has set a target of attaining a crude birth rate of 26.2 per 1,000 persons by 1993. This means that between 1984 and 1993, a total of 5.9 mil-

lion births shall have been averted, which is twice as many as the number of births prevented during the last 15 years.⁴ Aiming for the "high scenario" definitely requires a doubling of efforts and resources by everyone involved in the planning and

implementation of the population program.

The program faces great challenges ahead. Its success in meeting these challenges will help the nation in attaining its economic and development goals.

NOTES

¹John E. Laing, "Scenario for 1983-1993," 6 April 1984.

²Population Fact Sheet, No. 4, POPCOM, 1983.

³POPCOM, The Philippine Population Program, briefing materials, 1984.

⁴Ibid.

Appendix I

Projected Total Prevalence, Effectiveness of Contraceptive Method Mix and Associated Demographic Measures under the "High Scenario", 1983-1993

Year	U	e	TFR	CBR	PGR	POP
1983	.340	.80	4.81	33.6	2.54	52.1
1984	.356	.81	4.80	33.6	2.55	53.4
1985	.372	.82	4.68	32.7	2.48	54.8
1986	.389	.83	4.56	31.9	2.41	56.1
1987	.405	.84	4.43	31.1	2.35	57.5
1988	.421	.84	4.30	30.3	2.28	58.8
1989	.437	.85	4.21	29.6	2.23	60.2
1990	.453	.86	4.08	28.8	2.16	61.5
1991	.470	.86	3.94	27.9	2.08	62.9
1992	.486	.87	3.83	27.1	2.01	64.2
1993	.502	.87	3.70	26.2	1.92	65.5

Legend:

- U : Total prevalence
- e : Effectiveness of contraceptive method mix; assuming 100 percent effectiveness for sterilization, 90 percent for reversible clinical methods, 80 percent for modern natural family planning and 60 percent for others
- TFR : Total fertility rate
- CBR : Crude birth rate
- PGR : Population growth rate
- POP : Population in millions.

Source: John Laing, "Scenario for 1983-1993", 6 April 1984.