

CONSIDERATIONS FOR A PHILIPPINE POPULATION POLICY*

By

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We have attempted to point out some indications in the Philippines of the increasing pressure of a rapidly growing population upon the resources of the country and the obstacles which a high rate of population growth pose to the nation's efforts for economic progress.¹ We consider the present population trends in the Philippines as inimical to the present and future welfare of the population. While our appraisal of the Philippine demographic situation has been considered pessimistic, at the same time there was agreement with our thesis that our nation's chances of attaining higher levels of living for the people would be greater were the rate of increase of our population slower.²

The resemblance of conditions in the Philippines and 19th century Europe where surplus populations from the rural areas were moved to higher-income, non-agricultural occupations in urban centers makes for optimism. However, present conditions in our country and those existing in 19th century Europe are not really comparable. Population densities in presently under-developed countries are more than twice or three times greater, the rate of population growth two or four times as high, and the rate of capital formation is smaller or no higher than it was in Europe 125 years ago.³ As it has been said and it is certainly applicable to conditions in the Philippines today,

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"Production can be increased but it cannot be increased fast enough if present population growth continues and levels of living are to be raised. Agriculture can produce more but it cannot produce fast enough."⁴

Another author states the problem in a similar vein :

"It is not the problem of doubling, or even tripling, the product of backward nations that staggers the imagination; it is the need for an indefinite expansion in order to keep up with an unending growth."⁵

Effort to increase the production of food in underdeveloped countries may not alone suffice to feed progressively larger population as well as raise low nutritional standards. The improvement of levels of living can be attained only if economic development were accompanied by a reduction in fertility.

There are, of course, other approaches than lower fertility, like migration and increased mortality, to slow down population growth.

Migration

By migration, it is postulated that the problem of population is an international responsibility, solved by international cooperation. If some of the people in the Philippines have to emigrate to help relieve population pressure, where could they go?

Southeast Asian countries will not be on the list of receiving countries since in these countries population densities are already high and the prospects for economic improvement of the individual are at present as low or lower than in the Philippines. It is true that Sumatra in Indonesia is thinly settled, but whatever land is available in this island is sorely needed for the redistribution of people from densely populated Java. Intercontinental migration to and from Asia has almost ceased although it is accepted that countries like the United States, Canada, Australia, Brazil and Argentina could, collectively, take in about one million overseas migrants each year for at least a decade or so.⁶ The limitations for immigration into these countries are well stated in the following remarks :

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"These countries have understandable reasons for their quotas and discriminations which in a free world cannot be over-ridden. They contend that they must first look to their own needs. The immigrants they most require are skilled and technically qualified people who can help with development programs or with specific projects like mining or building. Some come mainly from European countries, and even Europeans are sometimes unsuitable. Spokesmen of receiving countries say that non-white immigrants, as well as immigrants from the poorer white countries, are accustomed to low standard of living; that they would depress the standards of the receiving country rather than raise their own; and that, if they were geographically or economically segregated, as they might be in tropical Australia, they could become underprivileged and politically dangerous enclaves. It is further contended that Asian immigrants commonly breed faster than the host population which, though perhaps itself increasing quickly, risks being finally outnumbered." ⁷

Even if countries like those mentioned were willing to receive immigrants, the volume they could absorb would be very much less than the volume of emigration required to relieve population pressure. An estimated 29 million people is being added annually to the population of Asian countries of the ECAFE.⁸ The one million estimated absorptive capacity of potential receiving countries would be inadequate for the yearly population flood in underdeveloped countries. Migration alone could not be the solution to their population problems, although as a temporary measure, it would relieve population pressures in heavily populated countries like the Philippines.⁹

Increasing mortality

It is the responsibility of the State to look after the well-being of its people and heeding this responsibility, the State is assured of the healthy labor force necessary for economic growth. Economic programs have for their ultimate purpose the alleviation of human poverty and the reduction of the ravages of diseases, not the intensification of poverty and the increase of death rates. Indeed, "... the tragedy of modernization would be found in the reascent of mortality rates to meet a fertility which has not declined."¹⁰ Any proposal to minimize the population problem by stopping or retarding the spread of death control must be rejected. On the contrary, as

a prerequisite to a decline in fertility, a solution to the problems posed by a rapid population growth, mortality itself must first be reduced.¹¹

Reduction of fertility

In the struggle for economic progress in Western countries during the past century there evolved the possibility, through the conscious control of fertility, of overcoming ill-health and poverty and of freeing women from excessive maternal mortality brought about by unlimiting childbearing. Along with this possibility emerged the prospect of improvements in education and the care of children and young people. In the problem of economic development there has gradually developed an equal consideration of both expansion of production and inducement of social change—of rapid industrial development accompanied by explicit efforts to graft the small family on the entire population.¹²

These prospects for the betterment of human welfare have been realized by Ireland and, among the developing countries today, India, Pakistan, Korea, and Puerto Rico. Included in the plans for economic development of these underdeveloped countries are vigorous programs aimed at the control of fertility. The Philippines should consider seriously and no longer hesitate in formulating a national policy to control population growth.

The scope of a national population policy

The adoption of a restrictive national population policy will meet many obstacles. The reduction of fertility requires a shift in social values. It is commonly said that the primary end of marriage is "procreation." It is not that simple. According to Canon Law 1013,

"The primary end of marriage is the procreation and education of children... Education is much more than formal schooling... it means *rearing* in the full sense of the word. This

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includes spiritual formation, necessities of life, guidance, and protection until adulthood.¹³

The responsibility of the parent, say Catholic scholars, is social, as well as familial, and individual. This thinking will require a shift in the social values of many Filipino Catholics. This shift would be a long-drawn process considering that the limitation of births is something alien to a people with fixed religious and agrarian cultures. While death rates in any cultural setting could be reduced promptly almost as an automatic growth, there is no reason to expect that the birth rate will decline just as easily.

The decline in the number of births can occur only when changes in age-old social organization and in motives governing reproduction have been effected. There must be new orientation in Philippine society which will accept family planning as a necessary means to alleviate both family and national population problems. What is significant to note in these social changes is that they should rapidly be brought about because of the present urgency of these problems, not with the slow and almost unconscious process by which birth rates in the Western countries were reduced.

The incompatibilities and difficulties encountered in the formulation of family planning policies in countries that have such policies can perhaps be reduced to a minimum if the policy will have as its underlying objective the welfare of the family. It has been observed that the neo-Malthusian movements responsible for the decline of the birth rates in Western countries became successful only when the negative interest in preventing the birth of some children was coupled with a positive interest in the family and the people and thereby gained the support of the population.¹⁴ Such coupling of interests was effected by the Indian government when it based its population policy on considerations of health and welfare of the family. The spacing of children was announced as necessary and desirable for the better health of the mother and better care and upbringing of children. A population policy

for the Philippines should have similar considerations. Its ultimate aim should be the relief and security of the people with provisions for better living conditions and living standards well above subsistence levels.

A Philippine national population policy should embody research, political, educational, and economic measures, as well as measures that will involve the direct participation of parents in a national program to reduce growth.

Research measures

The available information on the levels of the birth and death rates in the Philippines consists of estimates derived from results of periodic census enumerations and relevant national sample surveys of households. It is recognized that such estimates could not be as accurate nor as detailed as those obtained from an efficient and comprehensive system of vital registration. Government agencies planning programs and formulating policies for economic development, particularly those aimed at controlling population growth, must be provided with the reliable population data for decision-making. To this end it would be necessary to improve the present system of registering births and deaths in the country.¹⁵

It would also be necessary to institute a program of research aimed at gaining factual knowledge of the factors conducive to, as well as those that work against, the acceptance of family planning in the country. The identification and measurement of these factors would provide bench-marks for appraising present fertility trends and evaluating subsequent changes and thereby providing the data necessary for planning the various components of a continuing action program of fertility control.

Probably the most important of the researches envisaged in a program of controlling fertility is that on the one method of spacing childbirths or limiting the size of the family which is uncontroversially acceptable to a Catholic country like the

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Philippines—the periodic restraint or “rhythm” method. It is the government’s responsibility to foster research in this field but private universities and, particularly, Catholic scientists should also tackle the problem of making the rhythm method more effective.¹⁶ Countries in thickly populated Asia like India, Pakistan, Korea, and Taiwan, obtain unstinting financial support from international organizations and private institutions and foundations for scientific research and other programs related to the control of fertility. One country, Sweden, is assisting another country, Ceylon, in the latter’s program of family limitation. It is also possible now to obtain similar assistance from the United States government which had recently announced that it will be receptive to requests for certain kinds of assistance in population problems :

“A.I.D. recognizes that increases or decreases of population, changes in geographic or age distribution, and other aspects of the population problem affect directly economic and social development, and the plans and prospects of aid-receiving countries. A.I.D. is therefore willing to consider requests for assistance in the form of (1) support to research activities and to the building of research institutions in the developing countries themselves which deal with statistics, demography, social science, the relationship between population trends and national development; and (2) technical assistance which aids developing countries in preparing, executing and analyzing population censuses, and in utilizing demographic data and analyses in social and economic planning, through training of experts and technicians from the developing countries, or by making advisers available...”¹⁷

Political measures

The first obstacle in the formulation and implementation of a restrictive population policy in the Philippines is the reluctance of the population, particularly of the leaders of the nation, to recognize the existence and urgency of the population problem. The government should no longer delay formal consideration of the situation and prospects regarding the population and resources of the country. A suitable government office should be designated to watch over the growth of the population and its implication on national policies. This office should be represented in the work and deliberations

of the National Economic Council, particularly in the formulation and adoption of plans for social and economic development.

In the field of legislation, some laws that bear on child and family welfare have also the desirable effect of motivating the limitation of births. Attendance in school of children should be made compulsory. Child labor laws may be made more rigid and more strictly enforced. The government should take every step forward in general hygiene. Improved care of babies, better nourishment and better housing have for their principal objective the welfare of children. Such measures will undoubtedly increase the costs of rearing children and are expected to focus the attention of the population to the problems of high fertility and to a cognizance of raised levels of living as an alternative to unlimited childbearing. Increased government taxation to help take care of the cost of these welfare measures may hasten this awareness.¹⁸

Other laws that could be enacted to restrain excessive births in the country include those that extend the rights and privileges of illegitimate children. To impede the formation of families, the minimum age at which marriage is permissible may be raised and premarital physical examination required.¹⁹

Legal and educational measures should be formulated to broaden the scope of women's rights and opportunities and thereby increase the consciousness of present and potential mothers of gainful alternative of childbearing.

Sterilization is not usually counted as a method of birth control. There is no special legislation in the Philippines at present on the subject of sterilization. It has been legally established for a number of years on a voluntary basis and with safeguards in India, Japan, and in the Scandinavian countries where it is regarded as a useful and humanitarian measure. Sterilization has also been actively sought by fertile and poor women in the United States and Puerto Rico and it

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has been recommended for legislation in Great Britain for certain categories of hereditary infirmity. It has been recommended that "when large and unwanted families are causing degradation and when it is in the interests of the mother's health that she should have no further children, sterilization can be appropriate."²⁰

Like all other contraceptive methods, sterilization is considered illicit by the Catholic Church. It is "licit if a pathological organ renders it necessary for the preservation of the patient's life or health but it is illicit if the purpose of the operation or treatment is to prevent the inconveniences or dangers of childbearing."²¹ On this view, the following question has been raised:

"The excision of an organ of the body is evil if carried out contrary to the will of the person concerned, or with an evil motive. But a proper surgical operation performed on an individual with his consent for the benefit of his *whole body* may be ethically good. Might, then, a surgical operation performed on a man or a woman *at his or her own will* and for the *benefit of others, as well as of himself or herself*, be ethically good? In other words, might an operation sincerely intended to promote the welfare of one's 'social body' — as in the case of a parent with several children who believes that their welfare would be jeopardized by a further increase in the size of the family — be ethically comparable to an operation intended to improve the health of one's physical body?"²²

Certain specified abortifacients may be sold on medical prescription in the Philippines, so it has been inferred that therapeutic abortion is permitted.²³ It has been observed that there is probably something to be gained by legalizing abortion and allowing it to "come to the surface" if measures are taken to explore the causes of abortion and to ensure that abortions that do occur within the law are performed under competent medical auspices.²⁴ We agree however with the statement made that "aside from ethical considerations, mortality risk, apparent hazard or economic cost, induced abortion is an inefficient means of limiting family size and population growth."²⁵ Nor is there any certainty that criminal abortions will decrease with the legalization of abortion. In Eastern Europe, after five

years experience of legalized abortion, criminal abortions still occur with sufficient frequency to be considered a serious problem. In the German Democratic Republic there has been, along with an increase in legal, a simultaneous increase in illegal, abortions.²⁶

Educational measures

It is generally recognized that practical steps towards fertility control are of little avail if attitudes leading to a conscious control of fertility are absent.²⁷ It has also been recommended that the first phase of a program of motivation should emphasize **information-dissemination** rather than pressing people to change actions:

“The first goal should be to bring specific family planning information and knowledge about reproduction to the people, so that anyone who cares to listen may learn. In other words, the most effective motivation program for the next few years would be one with a very small ‘selling’ component and a large ‘education’ component which emphasizes how to keep from having undesired pregnancies. The basic messages to be sent throughout the population would consist of specific facts about pregnancy control methods and the rudiments of how conception take place...”²⁸

The Philippines could benefit from the example of the recommendations of the Indian Planning Commission in its Report of July 1951 which include that of concentrating, for a limited period, on the education of public opinion as to the limitation of numbers. This recommendation was based on the realization, which might well apply to Philippine conditions, that the alteration of population trends would take at least a few generations to materialize.²⁹ Discussion of population problems and of attitudes towards them must be encouraged through discussion groups, the press, broadcasting and television with a view primarily to publicizing facts, reducing ignorance and eliminating misconceptions.

The spread of the smaller family in European countries in the 19th century was preceded by a transformation of the illiterate agricultural population into that of a literate one.³⁰

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The government should exert maximum effort to attain universal education for both sexes. Only by popular education can the country create new wants for physical and material well-being and the skills appropriate to modern techniques in industry and agriculture. More important to a program of fertility control is the fact that by improved literacy and higher educational levels, the people can understand the biology of human reproduction and the responsibilities of marriage and the family.

Many factors in this era of modernization do not favor rational control or restraint of the sex instinct. Action programs on the dissemination of knowledge on fertility control may work toward the strengthening of these factors. Therefore, there is need for proper spiritual instruction in addition to technical instruction with regard to sex matters. The support of the churches should be solicited in explaining with reverence and accuracy the processes of reproduction; in the raising of people's respect and esteem for marriage as an institution for chaste and proper living; in better preparation for marriage and the cultivation of responsible attitudes among those entering marriage, especially self-restraint in matters of sex; and the clarification of evils and public harm in extramarital relations, prostitution and abortions. Vital to the program would be the efforts to win the cooperation of the churches in revising and strengthening seminary courses so as to place more emphasis on pastoral theology or sociology which deal with marriage and responsible parenthood, in recognition of and preparation to their responsibility to instruct on periodic restraint in marriage.³¹

The government could play an active and direct role in controlling population growth by the use of the public health service. Propaganda in favor of controlled fertility and the dissemination of corresponding technical information have been recommended as integral parts of the public health program.³² By the use of its public health agencies, the government is assured of giving out accurate information on methods

of fertility control, particularly on the ovulation theory (rhythm control). It has been noted that even in a country where nearly every method of contraception is promoted, "...there seems to be a huge unsatisfied demand among urban couples for exact and correct information about the rhythm method..."³³ The cooperation and assistance of private medical practitioners should be sought. On the instructions given by Pope Pius XII in his address to the Italian Catholic Union of Midwives (the **Apostolate of the Midwife**) on October 29, 1951, an author explains:

"... These papal instructions are sufficiently precise and comprehensive. As part of their apostolate in the service of the family, Catholic doctors are to be well informed concerning both the theory of rhythm and the moral laws which govern its use. In practice, they should not rest content with telling couples that subsequent pregnancies would be dangerous. Rather, if the circumstances merit it, they should be prepared to give positive instructions on the use of rhythm. In this way, they will be helping couples to face their difficult situation in a Christian manner..."³⁴

Economic measures

The most powerful motive for family limitation is the differential cost of children, defined by an author in three ways: (a) the increase in income that would be necessary for maintaining the same level of living after the addition of a child as before; (b) the decrease in level of living which the rest of the family suffers as the result of the addition of a new member; (c) the increase in cost involved in providing for an extra child at optimum standards.³⁵ Personal or psychological motives are therefore intertwined with economic motives and whether or not people control their fertility will depend on the existing social and economic setting.

As in other agrarian countries, the present Philippine setting is still a predominantly rural one in which there exist strong economic and social reasons for large families. The farm enterprise is usually a family enterprise in which the labor of children are utilized to the utmost advantage in traditional occupations requiring little or no technical skills.

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Interest in smaller families can hardly be stipulated and age-old reproductive behavior weakened without the alteration of this setting. Such alteration can be brought about by economic measures that transform the rural setting into an urban-industrial one where new norms and values make possible the generation of the small-family ideal. These measures involve the weakening of conservative familial and community ties simultaneously with the creation of opportunities for employment that are alternatives to occupations in the family farm for young men and to early marriage for young women.⁸⁶

Regional programs of development are relevant. A program to develop all economic sectors has been drafted for the Mindanao area. There is a great need for the formulation of programs for the development of the other regions to bring about not only a more equitable regional development, the announced objective of the administration,⁸⁷ but also to help create the conditions under which the smaller family ideal could be generated.

The effective implementation of the program for land reform in the Philippines may help alter the socio-economic setting that engenders high fertility. The hitherto unhopd for ownership of land may change the view of a large majority of farmers that children are welcome economic assets and the resigned attitude of the more unfortunate that the birth of additional children would not matter one way or the other in an already miserable existence. The farmer who owns his farm may be better motivated to rationalize on the size of his family than the tenant. He can assess his prospects for economic and social advancement and perceive the difficulties posed by additional children in the attainment of such prospects.

The government should also consider the suggestion of setting up a national development corps of volunteer workers for single young men and women:

"Public-spirited youth would be encouraged to sign up as unpaid but supported volunteers for from three to five years of

service to the country in conjunction with Community Development teams working upon agriculture, health, sanitation and other projects, in conjunction with road-building and road-surfacing programs throughout the country, in conjunction with reforestation, flood control, the development of cottage industries, and so forth. Such a development corps would effectively delay the marriage dates of the young workers (since only single person could remain in the crops), and at the same time provide them with two causes commensurate with their sacrifice: first, the social welfare of their depressed rural fellow countrymen, and secondly, the good of the country as a whole in slowing down the rate of population growth.”³⁸

Parental measures: what method of fertility control should be used?

The writer agrees with the opinion of those who hold that the decline in births in many countries has resulted not from any change in reproductive capacity but, rather, from purposeful or rational control.³⁹ It has also been held that the State, should it so desire, cannot modify trends in population reproduction.⁴⁰ Human reproduction is a purely voluntary matter and, in a democracy, there can be no compulsion connected to programs of family limitation.

Birth control has always existed and its wide extension in modern times has caused the fall in marital fertility.⁴¹ Indeed, it was pointed out that private interest in family limitation had preceded rather than followed public discussion of birth control measures and that the development of birth control and the practice of family limitation have been known to proceed largely without benefit of medical advice or scientific investigation.⁴²

Birth control, therefore, has not depended entirely upon modern contraceptive devices. In the past and even today, in countries where modern devices are available, **coitus interruptus** is widely used where the people understand the relation between the sex act and births. “Technical” contraceptives play only a minor part.⁴³

The question on what method of fertility control shall be encouraged is one on which the proponents of a restrictive population policy may hold divergent views.

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The ideal method of fertility control must be: (a) wholly effective and reliable; (b) harmless to both users and children later born; (c) fool-proof; (d) aesthetically unobjectionable; (e) within the means of the poorest user; and (f) acceptable on moral and religious ground.⁴⁴ If we exclude the rhythm or "safe-period" method from our definition of fertility control, not one of the methods available today seems to fulfill all of the above requirements. Modern contraceptives would not be acceptable on moral and religious grounds in the existing Philippine social setting and are the major cause for the mass resistance to the acceptance of family planning even in Western countries.

Conflicts with regard to the purpose of the sex act pose serious impediments to intelligent studies in fertility control methods. One group emphasizes that "the primary purpose of sexual intercourse is procreation and relegates as secondary such ends as fostering the mutual love of spouses and allaying concupiscence."⁴⁵ Another group contends that the sex appetite is the most important component toward the maintenance of the intramarital bonds cementing the family together as the basic unit of society and that "mutual love and companionship form a coordinate rather than subordinate purpose in relation to parenthood."⁴⁶

The Catholic Church, to which 84 percent of the population of the Philippines belongs, holds the first view. While accepting the rhythm method for limiting births, it strongly condemns the use of appliance methods because they dispense with the salutary restraints within the marriage partnership,⁴⁷ because they facilitate and encourage promiscuous behavior outside marriage and promote the dissolution of morals,⁴⁸ and, because they vitiate the sex act as God and nature intended it should be performed.⁴⁹

The rhythm method of fertility control is based upon the known principle of abstaining from the sex act for a short period of time during the ovulatory phase of the female. While

this method is morally and religiously acceptable to the Catholic Church when there are valid reasons,⁵⁰ it has been proved inadequate as a method for limiting births because of its full dependency upon some greatly simplified means whereby the average individual can recognize the incidence of ovulation. Experiments carried out in Ramanagaram and the Lodi Colony in Mysore State, India, from 1952 to 1954 on the use of the rhythm method had led to the conclusion that, even when regularly practiced, the method is less reliable than other methods.⁵¹ The same low effectivity of the rhythm method was observed in the Indianapolis Study of Social and Psychological Factors Affecting Fertility and in the Study of Family Growth in Metropolitan America conducted at Princeton University.⁵²

Conclusion

The possibility of a rapid reduction of births in the Philippines seems very remote at present in the face of the strong stand of the Catholic against artificial contraceptive methods,⁵³ the failure of the Church to be a leader in establishing and generating attention to courses on responsible parenthood in its seminaries and educational institutions and its apparent lack of interest in stimulating research on the ovulation cycle, and it is also probable that motives for controlling reproduction in the country will remain weak for a considerable time. Some hope is engendered by the fact that the population of the Philippines today is more urbanized than that of many other countries of Asia and the Far East,⁵⁴ and that the rate of school attendance among children of elementary school age is high compared with the rates for other countries at a similar stage of economic development, and, in fact, outranks many countries where industrialization is further advanced and where income per head is higher than in the Philippines.⁵⁵ Not only has the Philippines one of the highest literacy rates in Asia and the Far East⁵⁶ but the country has the highest proportion of persons who have completed four years or more of secondary education.⁵⁷ The combination of increasing urbanization, high literacy, and relatively high educational attainment augurs well

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for the country's prospects of reducing her rate of population growth to a level which would enable capital to accumulate manpower to be utilized fully and the labor force equipped with the knowledge and technical skills necessary for economic development. The best prospects of the Philippines for a slower growth of population probably depend on the hope that science will very soon succeed in making the rhythm method vastly more effective⁵⁸ or that some supplementary method of controlling birth, other than "habits of continence," may be sanctioned soon enough by the Church.

¹B.B. Aromin, "The Demographic Situation in the Philippines", in *The Statistical Reporter*, Vol. II, No. 3, July 1958, pp. 1-6; "Demographic Aspects of Philippine Economic Development", *ibid.*, Vol. III, No. 4, October 1959, pp. 11-23; and "On the Population Problem in the Philippines", in *Faculty Journal of the Lyceum of the Philippines*, Vol. I, No. 1, December 1961, pp. 94-110.

²Rev. Francis C. Madigan, S.J., "Population Pressures in the Philippines and Some Ethical Aspects of Government Planning", in *The Philippine Statistician*, Vol. VI, No. 2, June 1962, pp. 68-89.

³Joseph J. Spengler, "The Population Problem: Yesterday, Today, Tomorrow," in *The Southern Economic Journal*, Vol. 27, No. 3, January 1961, pp. 194-208.

⁴Arthur Bunce, Economic and Cultural Basis of Family Size in Korea", in the Bilbank Memorial Fund, *Approaches to Problems of High Fertility in Agrarian Societies*, New York, 1952, p. 25. The opposite view, with observations on the Philippine Situation, is expressed by Madigan, "Population Pressures . . .", *op. cit.*, pp. 76-77, including footnotes 13-17.

⁵Frank W. Notestein. "Problems of Policy in Relation to Areas of Heavy Population Pressures", in J.J. Spengler and O.D. Duncan (Eds.), *Population Theory and Policy*, Glencoe, Illinois, 1956, p. 479.

⁶Rev. William J. Gibbons, S.J., Immigration Outlook — The Americas," in the United Nations, *Proceedings of the World Population Conference, 1954*, New York, 1955, Vol. II, p. 379. See also A. Bouschren, "International Migration Since 1945," in *Thought*, Autumn 1961, pp. 441-455.

⁷Political and Economic Planning (PEP), *World Population and Resources*, London: Allen and Unwin, 2nd impression, 1956, pp. 271 and 326. Furthermore, "... migration across deep gulfs between radically different cultures may have destructive effects both on the lives of the migrants and on the social structures of the areas to which they move. In general, it can be said that migration is likely to be most acceptable and most effective when it takes place between populations with only moderate differences in economy, culture and demographic trends . . .", Frank Lorimer, Dudley Kirk, and Jean Bourgeois-Pichat, "An Inquiry Concerning Some Ethical Principles Relating to Human Reproduction", in: *Social Compass*, 1957, pp. 201-212.

⁸Computed from data in United Nations, *World Population Prospects* (to be published). The non-Asian portion of the ECAFE region consists of Australia, New Zealand and Western Samoa.

⁹For a contrary view, see Rev. Anthony Zimmermann, SVD, *Pius XII and International Migration*, NCWC, Washington, 1959, and his *Overpopulation, A Study of Papal Teachings on the Problem*, PhD thesis, Catholic University, Washington D. C., 1957.

¹⁰Rupert B. Vance, "The Demographic Gap", in the Milbank Memorial Fund, *Approaches to Problems . . .* (1952), *op. cit.*, p. 10.

¹¹Frank W. Notestein, "Problems of Policy . . .", *op. cit.*, 480, and his "The Reduction of Human Fertility as an Aid to Programs in Economic Development in Densely Settled Agrarian Regions," in the Milbank Memorial Fund, *Modernization Programs in Relation to Human Resources and Population Problems*, New York, 1950, p. 97.

¹²Notestein, "The Reduction . . .", *ibid.*, p. 100. Five methods of fertility control acceptable from the the religious viewpoint of the Philippine population are suggested by Father Madigan: immigration, a more widespread practice of voluntary calibacy, the delaying of marriage, and a more widespread practice in marriage of voluntary absolute or periodical abstinence to space and limit the number of children. "Population Presseures . . .", *op. cit.*, pp. 83-88.

¹⁵Rev. William J. Gibbons, S.J., "Population and Moral Responsibility," in W.J. Gibbons (Ed.), *Population Resources, and the Future*, New York: Paulist Press, 1961, pp. 14-15. He also explains that "... Pope Pius said in his address to the midwives (of Rome) in 1951 that, unless there is some valid reason to the contrary, marriage should result in offspring. He did not say that the offspring had to be the maximum number possible. But it is obviously wrong, in his words, habitually to use the rights of marriage without ever assuming the responsibilities that are inherent in the marriage institution." *Loc. cit.* On the primary and secondary ends of marriage in Catholic Church doctrine. see also Fr. E. Garcia, O.P., "The Nature of Marriage," in *Unitas*, Vol. 34, No. 1, Manila: University of Santo Tomas, March 1961, pp. 97-104 besides other authors discussed towards the concluding sections of this paper.

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¹⁴Alva Myrdal, *Nature and Family (The Swedish Experiment in Democratic Family and Population Policy)*, London, 1945, p. 217.

¹⁵On the improvement of the present civil registry system of the Philippines, refer to the 1963 official reports of the Inter-Agency Committee on Demography to the Director of the Office of Statistical Coordination and Standards, National Economic Council.

¹⁶Fr. Louis McKernan, CSP. "Population in a Changing World", in *The Catholic World*, February 1960, pp. 21-31, citing the speech of Bishop Leon-Joseph Suensens at the Catholic International Health Congress in Brussels, July 1958. Father McKernan adds that ". . . this is a problem however which competent Catholic scientists will not be able to work on or solve without the cooperation of college and university administrators, hospital officials, and encouragement from theologians". *Loc. cit.*, p. 229.

¹⁷From the memorandum of State Secretary Dean Rusk to all missions of the Agency for International Development on May 11, 1963.

¹⁸As was observed of the change in attitudes of American business toward population numbers in 1933 when taxes ran into billions of dollars to care for some 15 million unemployed. Paul H. Landis and Paul K. Hatt, *Population Problems (A Cultural Interpretation)*, second edition, New York: American Book Co., 1954, p. 11..

¹⁹No physical examination before marriage is required in the country at present. To raise the minimum required age for marriage, however, merely sets broad limits within which other factors that restrain marriage operate. On this and other recommendations on demographic legislation, see Hope T. Eldridge, *Population Policies: A Survey of Recent Developments*, The International Union for the Scientific Study of Population, 1954, pp. 6-7 and 120.

²⁰PEP, *op. cit.*, pp. 285-286.

²¹Edwin F. Healy, *Medical Ethics*, Chicago: Loyola University Press, 1956, Chapter 6- "Pregnancy cases and Sterilization", pp. 170-188. See also John L. Thomas, SJ, *Marriage and Rhythm*, London: Sand and Co., Ltd. 1957, p. 42.

²²Lorimer, et. al., "An Inquiry . . . (1956)", *op. cit.*, pp. 21-22.

²³Eldridge, *op. cit.*, p. 113.

²⁴*Ibid.*, p. 113. See also Swedish policy in Myrdal, *op. cit.*, pp. 208 and 210.

²⁵Irene B. Taeuber and Marshal C. Balfour, "The Control of Fertility in Japan," in the Milbank Memorial Fund, *Approaches to Problems . . .* (1952), *op. cit.*, p. 128, and Rupert B. Vance, "The Demographic Gap", *op. cit.*, p. 10. The Catholic view is perhaps summarized thus: "So far as population problems are concerned, it remains inexorably true that certain methods of resolving them are immoral and will remain so regard-

less of the context in which they arise. Thus, arbitrary denial of life or freedom such as accompanied forced movements of peoples during World War II; genocidal destruction of minority groups for social convenience; degradation of human dignity by scientific experiments attacking mental or bodily integrity—all are rightly rejected by morally-minded contemporaries. The Church as teacher adds a warning note that direct destruction of unborn life also is wrong, and offensive to Creator and society . . .” W. J. Gibbons, SJ, *Population* . . . (1961), *op. cit.*, p. 7.

²⁶International Planned Parenthood Federation, *News of Population and Birth Control* (London), No. 113, March 1963, p. 3, citing the paper of K. H. Mehlan, Director of the Institute of Hygiene, University of Rostock. See also Stanislas de Lestapis, SJ, *Family Planning and Moral Problems*, London: Burns and Oates, 1961.

²⁷See for example, N. V. Sovani, “The Problem of Fertility Control in India: Cultural Factors and Development of Policy”, in the Milbank Memorial Fund, *Approaches* . . . (1952), *op. cit.*, p. 70; Taeuber and Balfour, *op. cit.*, p. 115; and PEP, *op. cit.*, p. 324.

²⁸Donald J. Bogue, “Some Tentative Recommendations for a ‘Sociological Correct’ Family Planning Communication and Motivation Program in India,” in Clyde V. Kiser (Ed.), *Research in Family Planning*, Princeton, 1962, p. 507.

²⁹Sovani, *op. cit.*, p. 69.

³⁰The decline in fertility was due in large measure to the deliberate limitation of births by contraceptive methods, strongly motivated by, as some authors suggest, love of luxury, the desire for advancement in the social scale, the spread of a spirit of reflection and calculation and the desire to avoid the sub-division of property by inheritance. United Nations, *The Determinants and Consequences of Population Trends*, 1953, p. 74. The question about how these contraceptive methods come to be adopted in Catholic European countries in spite of moral prohibition by their Catholic leaders has not been, so far as the writer can judge, thoroughly studied.

³¹“As early as 1939, Roman Catholic writers were advocating the foundation of Roman Catholic medical bureaus to give rhythm advice, and the need has become very much more urgent since then. “Norman St. John-Stewas, “A Roman Catholic View of Population Control,” in Duke University School of Law, *Law and Contemporary Problems*, Vol. 25, No. 3 (Summer, 1960), Durham, North Carolina, p. 467.

³²Notestein, in Spengler and Duncan, *op. cit.*, p. 480. In India, the State provides facilities for sterilization and for giving contraceptive advice; in the United Kingdom, maternity and child welfare clinics, administered by local authorities under the Ministry of Health, have for some years been authorized to give advice on contraceptive methods to women attending the centers. Some states in the United States have included family planning in their public health programs and operate clinics where contraceptive advice is given. See Eldridge, *op. cit.*, pp. 105 and 108-109.

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³³Bogue, "Some Tentative Recommendations . . . (1952)", *op. cit.*, p. 520, referring to studies at the Demographic Training and Research Centre, Chembur, Bombay, India.

³⁴John L. Thomas, SJ, *Marriage and Rhythm*, *op. cit.*, p. 126.

³⁵Myrdal, *op. cit.*, pp. 52 and 66.

³⁶Notestein, "The Reduction of Human Fertility . . ." in Milbank Memorial Fund, *Modernization Programs . . . (1950)*, *op. cit.*, pp. 96 and 98-99.

³⁷The President's Five-Year Integrated Socio-Economic Program for the Philippines in his *State of the Nation* message, January 22, 1962, pages 62-63.

³⁸Madigan, *op. cit.*, pp. 85-86.

³⁹See Warren S. Thompson, *Plenty of People*, New York: Ronald Press (revised edition), 1948, p. 54; Myrdal, *op. cit.*, p. 50; and Taeuber and Balfour, *op. cit.*, p. 103.

⁴⁰Paul Meadows, "Towards a Socialized Population Policy," in Spengler and Duncan, *op. cit.*, p. 445.

⁴¹Myrdal, *op. cit.*, p. 51.

⁴²Landis and Hatt, *op. cit.*, pp. 490-491.

⁴³Eldridge, *op. cit.*, p. 114 and Myrdal, *op. cit.*, p. 51.

⁴⁴PEP, *op. cit.*, p. 284.

⁴⁵St. John-Stevas, "A Roman Catholic View. . . .", *op. cit.*, p. 446. See also Lavaud, "The Direction of Marriage", in 44 *Revue Thomiste* 737 (1938).

⁴⁶Richard M. Fagley, "A Protestant View of Population Control," in *Law and Contemporary Problems*, *op. cit.*, p. 482. See also Clair E. Folsome, "Progress in the Search for Methods of Family Limitation Suitable for Agrarian Societies", in the Milbank Memorial Fund, *Approaches to . . . (1952)*, *op. cit.*, p. 130.

⁴⁷Unlike "habit of continence" (the rhythm method), contraceptive methods are held to call for no spiritual mastery because they perform their function automatically. PEP, *op. cit.*, citing the paper of Stanislas de Lestapis, SJ, in the World Population Conference in Rome, 1954. See also Madigan (1962), *op. cit.*, p. 82.

⁴⁸PEP, *ibid.*, p. 278.

⁴⁹"Even if relational and conceptual ends of marriage are placed on an equal basis, the condemnation of contraceptives is not excluded, for coitus can still be treated as a given act, the intrinsic nature of which is

the giving and receiving of seed. Unless it is this, then neither its conceptual nor relational ends are achieved, and it becomes an onanistic act of self-love, ontologically distinct from true coitus". St. John-Stevaš, "A Roman Catholic View . . ." (1961), *op. cit.*, p. 448. He also mentions Catholic writers condemning contraception on the grounds of its eventual harmful effects on the race, rather than on its perversion of a human action or faculty. *Loc. cit.*

⁵⁰Pope Pius XII in 1951 mentioned by name reasons of a medical, eugenic, economic and social nature. In interpreting these reasons, some conditions (or "indications") whereby the rhythm method may licitly be used by married partners are enumerated by John L. Thomas, SJ (1957), *op. cit.*, pp. 89-111. He explains that ". . . these indications are signs that a couple will encounter serious difficulty in carrying their procreative function or which point to family limitation as a remedy. On the basis of these indications, the couple must judge prudently whether or not the positive fulfillment of their obligation can be considered inopportune or the demand to fulfill it can reasonably be made . . .".

⁵¹PEP, *op. cit.*, pp. 218-221. The same source however suggests that if the method were taught to a group of young women as part of an enlightened preparation for marriage, it might give better results.

⁵²See Christopher Tietze, "The Use-Effectiveness of Contraceptive Methods," in Clyde V. Kiser (Ed.), *Research in Family Planning (1962)*, *op. cit.*, pp. 357-369. On the other hand, it was observed that "the experience of authors like Holt in Holland (J. Holt, *Marriage and Periodic Abstinence*, London: Longmans, 1960) and Geller in France (S. Geller, *La Courbe Thermique*, Masson, Paris, 1961), among others, provides ample evidence of the value and reliability of the rhythm method. My own experience fully confirms the claims made in these publications . . .", John Marshall, "Family Planning: The Catholic View," in *World Justice*, Vol. III, No. 4, Louvain, June 1962, pp. 435-450.

⁵³On the use of oral contraceptives, see G. W. Healy, S.J., "Anovulant Pills," in *Philippine Studies*, July 1961, pp. 495-504.

⁵⁴United Nations, *Population Growth and Manpower in the Philippines*, New York, 1951, pp. 10-11.

⁵⁵*Ibid.*, p. 27. See also the United Nations, *Report on the World Social Situation*, New York, 1957, p. 83.

⁵⁶UNESCO, *Basic Facts and Figures*, 1958, Paris, 1959, Table 2.

⁵⁷*Ibid.*, pp. 18-19 and, as a supplement to the figures cited, *The Philippine Statistical Survey of Households Bulletin*, Series No. 2 (Demographic and Socio-Economic Data, April 1957), Manila, Table 10.

⁵⁸A hope expressed by Pope Pius XII when he said, ". . . We therefore confirmed in our last address (1951) about conjugal morality the legality of the regulation of births, fixing at the same time the limits—and indeed very wide limits—for it. This regulation of births, in contrast with the usual concept of birth control, is compatible with the law of

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God. It can even be hoped that medical science will succeed in giving this permissible (rhythm) method a sufficiently safe basis and the most recent information seems to confirm this hope. The Church of course leaves this aspect to medical science." Pope Pius XII, *Mortality in Marriage, Address to the National Catholic Association of Large Families*, Rome, 1952. It is unfortunate that so little research funds are being spent on this endeavor. From data in the U.S. National Institutes of Health Report (as of Dec. 1952), for example, only about \$30,000 out of \$787,000, or about one percent, was being spent by the NIH on research on ovulation time and determination of the safe period. The remaining 99 percent is being spent currently (as of December 1962) on 15 other types of research projects related to different stages of reproductive process. If we consider research being conducted by private institutions — pharmaceutical houses, the Population Council, etc. — the total outlay for medical research on reproduction amounts to \$3,400,000 of which only about \$4,600, or less than one-fifth of one percent, is being devoted to research on the ovulatory cycle. U.S. Department of Health, Education and Welfare, Public Health Service, *A Survey of Research on Reproduction Related to Birth and Population (As of December 1962)*, Washington, D.C. text Table 2 and Appendix A Table VII, p. 69.

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