

Population Policy in the Philippines

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The history of population policy in the Philippines can be roughly divided into five time periods, namely: (1) prior to 1969 — family planning as independent activities of private organizations; (2) 1969-1974 — the start of family planning as government policy; (3) 1974-1986 — family planning and population as part of total development; (4) 1986-1992 — family planning subsumed under maternal and child health; and (5) 1992 to the present — balancing population policy concerns with that of resource and development. Through the years, population policy has remained constant in terms of upholding freedom of conscience in the practice of family planning, rejecting abortion, encouraging all types of contraceptive methods, and forging a partnership of government and nongovernmental sectors; changes have been observed in policy areas concerning foreign aid and organizational changes. Continuities and changes in population policy have been largely influenced by the role taken by religious bodies, culture, and history, international conditions, local politics, political will, culture and personalities of the leadership. Although expected targets have not yet been realized, the decrease in growth rate and increase in the prevalent use of contraceptives indicate moderate success for the population program.

The Philippines is an archipelago of over 7,000 islands lying South of the mainland of Asia. With a population of 61 million in 1990, it is one of the twenty largest countries in the world. It also has one of the highest population growth rates (PGR), estimated to be 2.35 percent between 1980 and 1990, acknowledged in the Philippine country report (POPCOM 1994: 2) to be "not substantially lower from that ten years back." Indeed, that report describes "the dominant feature of Philippine demography [as] growth." Moreover, the fertility decline — from six children per woman in 1970, to five in 1980 and four in 1990 — has been "much slower than what the ASEAN neighbors were experiencing" (POPCOM 1994: 3).

In 1994 as this is being written, a bill purporting to stop the sale of abortifacients, defined so broadly as to include almost all types of contraceptives, has been filed in Congress. The debate it has engendered recalls the controversies of the late 1960s when family planning was first proposed as a national policy. It seems that the main issues have not changed. Excommunication by the Catholic

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Church still hangs over the head of many advocates of the program. The United States remains a prominent source of funds. The growth rate of population has slowed down, but not to the extent predicted by both its advocates and detractors in the 1970s. Indeed, one may simply accept the following verdict of the first executive director of the Commission on Population (POPCOM):

What changes? The population policy is as it has ever been. The vigor of implementation or perhaps the commitment of key persons changes, but the policy has always remained the same (Interview with Lorenzo, 13 January 1994).

Indeed, there is a sense of *deja vu* in contemplating the history of population policy in the Philippines.

Nevertheless, that seeming stability masks not only an evolution of policy but also discontinuities and circular changes that beg for deeper analysis. This paper discusses the history of population policy in the Philippines with special focus on the last two decades. It analyzes the forces affecting the stability and change of family planning policy in the country. Finally, it identifies the factors that could lead to a more effective policy.

Population Policy in the Philippines

Population policy in the Philippines has for the most part meant a focus on family planning. Its history may be roughly divided into five time periods:

- Prior to 1969 - Family planning as independent activities of private organizations,
- 1969-1974 - The start of family planning as government policy,
- 1974-1986 - Family planning and population as part of total development,
- 1986-1992 - Family planning subsumed under maternal and child health,
- 1992 to the present - Policy balancing population concerns with that of resource and development.

Family Planning in Private Hands

Before the start of Spanish colonization in 1521, the Philippines was a congeries of self-governing communities, some no larger than today's villages, and others encompassing bigger areas that may appropriately be called kingdoms. In one such area, the Code of Sumakuel, said to date back to the thirteenth century, had two provisions related to family planning:

Marriage to as many as three women may be permitted in the beginning in order to increase the population. Afterwards only those who can support many wives and children may be permitted more than one wife.

Poor persons shall not have more than two children. Children of the poor in excess of two in number shall be killed or thrown into swift rivers (quoted in Lim 1976: 361).

Behind the stark language, one can discern an incipient concept of responsible parenthood, as only the economically capable are allowed the luxury of having many wives and children.

The issue of limiting family size was obliterated by the hegemony of Roman Catholic Spain. Concepcion (1976) credits a Methodist missionary with the initial propagation of the modern family planning idea in the 1920s, three decades after the United States took over the archipelago. But no government policy emerged during the American colonial period.

Population gradually became a policy issue only after Independence in 1946. A 1956 United Nations team found a low growth rate (1.9 percent) between 1939 and 1948, the war years, but a pyramid more typical of populations with a high rate of growth. It thus posited a corrected PGR of 2.3 percent, but stopped short of recommending that the Philippines promulgate a population policy (Interview with Concepcion, 13 January 1994).

Family planning gained momentum in the early 1960s with the confluence of several events. The Ford Foundation in 1964 assisted in the creation of the Population Institute within the University of the Philippines (UPPI). Also providing funds or consultants for its academic and research program were the Population Council, the UN and the US technical assistance agencies.

Meanwhile, the Family Relations Center (FRC), a Protestant counselling clinic established in 1957 (Lim, 1976; Concepcion, 1976) became the countrywide Planned Parenthood Movement in the Philippines (PPMP) in 1965. To get family planning away from the Protestant identification, like-minded Catholic leaders formed another "nationwide movement for the open advocacy of family planning," called the Family Planning Association of the Philippines (FPAP), also in 1965 (Lim 1976: 362).

Within two months of its organization, a pastoral letter, several sermons, and the *Sentinel*, the Catholic official newspaper, condemned the FPAP. As Lim (1976: 363) narrated it, "many family planning crusaders suffered insults and humiliation as they were threatened with excommunication or accused of treason for wanting to reduce the number of their countrymen."

Family planning also got into an unwarranted controversy in 1965. As a participant of the first conference on population, U.P. President Salvador P. Lopez asked what would be a radical solution to the population problem. "Abortion," replied the Dean of the U.P. Population Institute. The media blew up this theoretical answer to the provocative query, misinterpreting the Dean's reply as her recommendation. It added more fuel to the fire of the Roman Catholic opposition (Interview with Concepcion, 13 January 1994).

Nevertheless, the University of Santo Tomas, the oldest Catholic university in the country, established the Institute for the Study of Human Reproduction in 1968, with assistance from the Ford Foundation (Concepcion 1976).

Opposition also came from the Postmaster General who confiscated a newsmagazine with the first FPAP article on birth control methods. However, other articles on the pros and cons of the movement were not censored at all (Lim 1976).

Physicians from the Health Department of the City of Manila, supported by Mayor Antonio Villegas, instituted in mid-1965 the first governmental training seminar on family planning. That was roundly attacked by Catholic leaders and Villegas' political rivals who accused him of misappropriating city funds. But the Mayor's act was declared legal because the program was integrated in, and used funds appropriated for, maternal and child health (MCH) (Lim 1976). This would not be the last time the MCH cover would quash debate about family planning.

The national government became involved only in 1966. On 26 January, Dr. Gregorio Lim, the guiding force of the FPAP, wrote newly elected President Ferdinand Marcos about the need for family planning in the country. Marcos then called the attention of the Health Secretary to

... the need for government participation in family planning services...
[I am] bring[ing] this matter to your attention and when feasible, for
action... (Lim 1976: 364).

Yet Marcos' support was not unequivocal. In the meeting of the International Congress of Catholic Physicians in November 1965, the President stated that "artificial contraception was not acceptable and that the Filipinos had adopted the Papal teaching" (Lim 1976: 365).²

Nevertheless, in 1967, Marcos signed the UN Human Rights Day Declaration on Population which recognized "the population problem ... as a principal element in long-range national planning" (quoted from Concepcion 1976: 2). The Philippines also signed the Teheran Proclamation in 1968, declaring family planning as a basic human right (U.P. Law Center 1975: 20).

Despite Marcos' ambivalence and church opposition, FPAP and PMPP increased their membership and activities. In 1968, they were joined by the Project Office for Maternal and Child Health (POMCH) of the Department of Health, the result of an agreement between the Philippines and the US Agency for International Development (Concepcion 1976).

The private organizations and government received support from many sources, notably, the USAID, Ford Foundation, Rockefeller Foundation, Pathfinder Fund, the Population Council of New York, International Planned Parenthood Federation, Brush Foundation, Wyeth Laboratories, and foreign universities and governments (Lim 1976: 364-366). The long list of donors is deceptive. As Warwick (1982: 84-85) explained, many of these were not independent agents but were linked together by intricate layers of overlapping support. They also got into each other's way and affected negatively the performance in the field.

The Start of Family Planning as Government Policy (1969-1974)

Marcos' first Executive Secretary³ was Rafael Salas, who would later serve as the first director of the United Nations Fund for Population Activities (UNFPA). To follow up discussions in the UN General Assembly on the population problem, Salas convened a group on 12 December 1968 "to study all aspects of the population situation and recommend policies and programs related to economic and social development" (Concepcion 1976). They had already met twice before they officially became the first members of the Commission on Population, created by President Marcos on 19 February 1969 (Executive Order No. 171).

The Group of 22 was composed of four cabinet members; two sub-cabinet officials; one representative each from the Roman Catholic, Protestant, and Muslim leadership; three representatives of Catholic schools; six academic administrators from the University of the Philippines, the premier secular university of the country; two representatives from medical associations; and two representatives of family planning groups. Despite its disparate membership, the Commission agreed that "reducing population growth was an urgent national need." It recommended that the State set specific and quantitative population goals, pursue a family planning program under the principle of free determination by couples, and adopt policies on the geographic and spatial aspects of population. It placed these in the context of family life and national welfare, related them to health, education and overall development, and suggested regular contact with international organizations concerned with population issues (Concepcion 1976: 5).

Marcos approved the POPCOM recommendations on 6 December 1969. It jibed with the legalization in April 1969 of the importation of contraceptives.

Meanwhile, the two Houses of Congress passed in June 1969 a Joint Resolution which recognized "the grave social and economic challenges posed by a high rate of population growth" (quoted from Concepcion 1965: 5).

On 26 January 1970, Marcos announced in his State of the Nation message that family planning would be an official policy of his administration. Then on 15 May 1970, he promulgated Executive Order No. 233 which created a Commission different from the 1969 body on two counts:

(1) It was charged with the "responsibility for the operation of the national population program," unlike the original POPCOM whose main functions were research and analysis.

(2) Its membership was reduced to five, with no representatives of religious groups. The Catholic Bishops Conference of the Philippines (CBCP) had specifically requested not to be represented (Special Committee 1978: 5). Although some bishops reportedly wanted to be involved in order to better influence policy, the CBCP felt that their presence there could be interpreted as condoning everything the POPCOM would do (Interview with Concepcion, 13 January 1994). Nevertheless, the Catholic Church participated in the program through two institutes propagating the rhythm method and natural family planning (Lim 1976).

POPCOM was changed again the next year by Republic Act No. 6365 (16 August 1971) which declared that:

... for the purpose of furthering national development, increasing the share of each Filipino in the fruits of economic progress and meeting the grave social and economic challenge of a high rate of population growth, a national program of family planning which respects the religious beliefs of the individuals involved shall be undertaken (Section 2, R.A. No. 6365).

With functions similar to the Commission it replaced, the new POPCOM was expanded to twelve members. Added to the Secretaries of Education and of Social Welfare and the UPPI Dean were the Secretary of Health, the Presidential Assistant on Community Development, and the Commissioner on National Integration (who administered the affairs of cultural minorities, notably the Muslims). Also included were representatives of six organizations, one of which was identified with the Catholic Church.

On 21 September 1972, the President declared martial law. One of his first acts as sole legislator amended the Population Act of the previous year. This time, the Board of Commissioners was contracted to four cabinet officials and the UPPI Dean (Presidential Decree [P.D.] 79, 8 December 1972).

In addition, P.D. 69 (24 November 1972) limited to four the number of dependents who may be claimed as tax exemptions. P.D. 148 (13 March 1973)

allowed paid maternity leave only for the first four deliveries. It also required bigger enterprises to maintain a clinic for free FP services and to develop incentives for family planning among their married workers.

The next decrees touching on population changed the Board again. P.D. 166 (31 March 1973) added two members from the private sector. P.D. 803 (1975) caused the inclusion of the Executive Director of the Population Center Foundation (PCF) to the Board. PCF was created by the First Lady Imelda Marcos and received funding from USAID through POPCOM for its projects. Through PCF, Mrs. Marcos prided herself as a patroness of population issues. Two years later, P.D. 1204 added two cabinet officials, and two more members from the private sector (29 September 1977).

The ever-changing law governing the population program did not change its emphasis on fertility reduction. Within that, the basic policy was non-coercion, whereby every couple had the right "to choose their own method of family planning, consistent with their moral convictions and religious beliefs" (Lorenzo 1976: 66).

Three other policies cited by Lorenzo — integration, multi-agency participation and partnership of public and private sectors — refer to administrative strategies rather than substantive policy. In line with that, the efforts of nongovernmental organizations (NGOs) continued alongside government. In August 1969, the Family Planning Association (FPAP) and the Planned Parenthood Movement (PPMP) merged into the Family Planning Organization of the Philippines (FPOP). Many members of the FPAP reportedly did not take this union kindly. Some expressed fear that the new organization would derail their efforts at local fund-raising and self-sufficiency and would instead be dictated to by the International Planned Parenthood Federation (IPPF). IPPF indeed generated "enormous funding assistance" for FPOP, in addition to that provided by USAID (Lim 1976: 368).

Besides FPOP, about twenty other NGOs, professional organizations and academic institutions had become involved in family planning by 1974. Nevertheless efforts were more concentrated than the number suggested since the Institute of Maternal and Child Health and the Philippine Medical Association, plus the Department of Health together operated nearly 2,000 POPCOM-assisted clinics as of the end of 1972, accounting for over 80 percent of family planning units (Concepcion 1974).

Family Planning and Population as Part of Development (1974-1986)

Two complementary events took place in 1974, the World Population Year: a Conference on Population Dimension of National Planning held in April, and the

first National Population Conference in December 1974. The Conference on Population Dimension, sponsored by the National Economic and Development Authority (NEDA), discussed the implications of population statistics and projects on planning for eight sectors. This Conference was important as a prelude to the inclusion of population concerns into the national development plan (NEDA 1975).

As the Philippine counterpart to the World Population Conference in Bucharest in August 1974, the second Conference also linked population and development, this time with population as the starting point. From this conference emerged the Total Integrated Development Approach (TIDA), billed to "be instrumental in merging the various development concerns that will uplift the family of man, and would not merely offer, piecemeal, a one-sided contraceptive approach" (Esmundo 1976: 82). Viewing the original program as "really population control," Esmundo, then POPCOM Executive Director, described himself as a "spokesman for farmers and fishermen" whom he claimed to consult in conceptualizing the program (Esmundo 1976; Interview, 8 February 1994).

A Roman Catholic priest, the editor of *Freedom and Population Control*, hailed Esmundo's approach as

... most heartening and refreshing. . . crystalliz[ing] what the ecumenical Church, the Filipino family, and all the contributors to this book are trying to say. . . that the truly human, Filipino and Christian answer to the Philippine population problem must be found within the context of human freedom and total integral human development (Gorospe 1976: 76).

Adopted in 1975, TIDA aimed "to promote family planning program as a way of life such that when people have conceptually understood and accepted it, they will avail [themselves] voluntarily of family planning services" (Special Committee 1978: 7). It moved away from a clinic orientation to one bringing information, education and communication to communities, with the cooperation of local governments. Its promise of "integral human development" seemed to have caused its demise the very next year. As Pilar (1992: 4) stated it, "[t]he TIDA ... was soon found to be too broad in its development objectives and generally ineffective in motivating couples to practise family planning."

The National Population Family Planning Outreach Project was implemented in its place in 1976. Funded by USAID, the latter fielded full-time outreach workers (FTOWs) who organized Barangay Service Points (BSPs), following the community orientation of TIDA. However, as FTOWs were effectively volunteers for POPCOM, the new approach made the Commission a nationwide implementor (Special Committee 1978: 38). This was at a time when the government departments — whose activities POPCOM was supposed to coordinate — were also carrying out their own population programs down to the village level.

POPCOM took up an implementing role allegedly as a reaction to the tendency of POPCOM Board members to allocate funds first for their own department's projects, leaving POPCOM "holding the bag and the money but with no authority" (Interview with Esmundo, 8 February 1994). In thus giving resources to local governments, POPCOM gained control over operations. That move was reportedly appreciated by Marcos who "was bent on making the population program succeed and see the program go down to the people's level" (Interview with Esmundo, 8 February 1994).

In the early 1970s, the Marcoses did appear in full support of the population policy. It may be noted that population experts view this period as the heyday of the program (Concepcion 1994, Raymundo 1994, Xenos 1994). Indeed, between 1970 and 1975, the PGR decreased from 3.01 percent per year to 2.78 percent (NEDA 1984a: 183). Based on successive demographic or fertility surveys, the proportion of users of family planning methods increased from 15.4 percent in 1968 to 17.4 percent in 1973 and then doubled to 38.5 percent in 1978 (World Bank 1991: 27).

In the next few years, however, the statistics became less impressive, as the PGR only decreased slightly (to 2.72% in 1980) (NEDA 1984a: 183) and the contraceptive prevalence rate decreased to 32.0 percent in 1983 (World Bank 1991: 27). The decrease in CPR was accounted for by the decrease in the use of rhythm, condom, and non-program methods including withdrawal, the resort to modern program methods having continued to increase through 1986.

The government decided to review the Philippine population program in 1978, at its peak (Letter of Instructions No. 661, 24 January 1978). The Outreach Project's success in expanding the availability of family planning led to unanticipated negative consequences. Since it was separated from the clinics, "its singular focus on contraceptive use" became more prominent, and reopened the public debate on fertility reduction as the sole objective of the population program (World Bank 1991). Recall that Catholic theologians had supported TIDA's well-rounded approach, but Outreach had taken over and expanded its nationwide structure while giving up its broad orientation.

Accordingly, the Special Review Committee was charged with bringing back this orientation. The first guiding principle it followed was a statement listing the objectives of the 1978-82 Plan "with direct relevance to population." The second and third principles showed the expected thrust of the program's concerns:

The Philippine Population Program should be evaluated... not only in terms of family-planning service packaging and delivery, but also in the context of programs and policies in other areas.

The concept of family planning should be redefined as family planning and welfare (Special Committee 1978: 2, italics in original).

Not surprisingly, the Special Committee found that the Population Program was only a fertility reduction program. It then recommended that it be re-designed so that "fertility or family planning policies and programs should be formulated within the context of the family welfare objective" (Special Committee 1978: 122).

The Committee also recommended setting population targets in light of desirable standards of living, income redistribution targets and guidelines for the advocated number of children and age at marriage. Observe that the welfare and development context and quantitative targets were already among the recommendations of the 1969 Group and were in 1975 being started by TIDA.

The "new" emphasis was to be accompanied by increased government support. In 1972 when family planning was first provided government appropriations, the program received eight million pesos. Appropriations grew ninefold to 73 million pesos in 1977. It was projected to zoom to 132 million pesos in 1978 and proceed to a yearly increase of about 32 percent through 1982.

The projections also promised increased self-sufficiency as foreign funding was projected to progressively decrease between 1978 and 1982. This continued the trend set in the 1970s. From 15 million pesos in 1970, almost single-handedly provided by USAID, foreign donations were about equal to Philippine appropriations in 1975 (around 60 million pesos). They accounted for 41 percent of the appropriations in 1977 (Data from Special Committee 1978: 79).

Family Planning under Maternal and Child Health (1986-1992)

In 1986, which was a watershed year for the Philippines, the Marcos dictatorship was ousted by the redemocratizing regime of Corazon C. Aquino. By then, the PGR was estimated at 2.44 percent (NEDA 1986), hardly a change from the 1983 figure of 2.49 percent (NEDA 1984b: 27). Yet Marcos' last Plan targeted the PGR to average 2.20 percent in 1983-87 (NEDA 1983b: 123). The national planning agency reported the contraceptive prevalence rate to be 45 percent in 1982 (NEDA 1983a: 170) and down to 36 percent in 1984, on the eve of Marcos' fall (NEDA 1984b: 27). The figures were different from those given by fertility surveys conducted by the U.P. Population Institute. However, they also showed fluctuations: a decrease from 38.5 percent in 1978 to 32.0 percent in 1983, but an increase to 45.8 percent in 1986 (World Bank 1991: 27). The poor and unpredictable performance in population was but another symptom of the political and economic crisis faced by a country reeling from the effects of the assassination of Benigno Aquino, Jr., a negative economic growth rate, and a burgeoning foreign debt.

A vigorous implementation of the program seemed in order. It appeared to be heralded by the following statement in the 1987-92 Plan:

The government strongly affirms that health is a fundamental human right and that adequate nutrition and well-spaced children are important prerequisites to good health . . . [Among its] three specific objectives . . . [is] to promote family planning as a means to improve family well-being (NEDA 1986: 222-223).

The Plan aimed for a PGR of 2.32 percent (NEDA 1986), higher than Marcos' goal five years earlier. The prevalence rate was expected to increase from 38 percent in 1987 to 46 percent in 1992 (NEDA 1986: 22), almost the same as the actual percentage a decade before. By 1988, CPR had decreased again, to 36.1 percent from the previous high in 1986 (World Bank 1991: 27).

Even these modest targets ran afoul of a resurgent Catholic Church. Aquino, a devout Catholic, had been installed by a popular revolution over which the Roman Catholic hierarchy claimed some leadership. Her inclination to adopt the Church's position was reenforced by her own special need for its support since her government's survival was imperilled, with as many as seven coups threatening it between 1986 and 1989. In such a situation, it seemed necessary not to antagonize the Church with a family planning policy not to its liking. Thus, the influence of the institutional church on government during this period was probably higher than it had been since Spanish colonialism (1521-1898) when the Church reigned with almost as much power as the State. That influence showed itself in this pro-natalist provision of the Constitution of 1987: "The State . . . shall equally protect the life of the mother and the life of the unborn from conception" (Art. II, Sec. 12).

POPCOM also faced an internal problem. At various times over the years, it had been attached to the Office of the President and the NEDA. In 1982, however, a person with close links to Opus Dei became head of NEDA and Chairman of the Board of Commissioners. Although he was reputed to have separated his personal belief from his work, Marcos saw fit to transfer the POPCOM to the Ministry of Social Services and Development where it acquired a more sympathetic Chairman (Raymundo 1994). The World Bank viewed this transfer as an erosion of national leadership support for the population program since MSSD was a relatively minor agency compared to the NEDA (1991: 3, 9).

In 1986, a similar problem presented itself. Aquino had appointed as the new Secretary a physician distinguished for her work in public health and her performance as a leading Marcos oppositionist. However, she was not an advocate of family planning. Reportedly, she then sat on the papers and passed up a number of funding opportunities. Board meetings became less frequent, and when held at all, were argumentative and confrontational (Interviews with Raymundo, 24 January 1994; Lorenzo, 13 January 1994).

It was against this background that the Commission prepared the Population Policy Statement of 1987: "The ultimate goal of the Population Program is the improvement of the quality of life in a just and humane society."

The Statement recognized the close interrelationship among population, resources and the environment. Among its policy principles were: the linkage of family planning with the broader issues of family welfare, and the promotion of family solidarity and responsible parenthood, echoing the Special Committee of 1978; and non-coercion, rejection of abortion, coordination and integration, and public-private partnership, restatements of the policies of the 1970s.

The new guiding principles touched on means of implementation - the recognition of sociocultural regional variations and the promotion of self-reliance through community-based approaches (POPCOM 1987). The linkage with resources and environment — a new point — was followed up neither in the section on Policy Principles nor in that on Policy Thrusts in the two-page statement.

A population expert criticized “the explicit avoidance of policy advocacy for moderate fertility and population growth.” He thought that its policy thrusts suggested that FP was becoming only a health program (Herrin 1990: 3, 4).

The Statement indeed proved a harbinger to transforming family planning into primarily a health program. On 31 August 1988, the Department of Health became the lead implementor for family planning. One critic saw the “downplaying of birth control aspects” as a result of “the machinations of a conservative lay Catholic organization ... engineered through three Cabinet members’ cooperation” (Pacific Pioneers 1991: 1). It was mourned by POPCOM personnel who were oriented to family planning and were ill-prepared to handle other aspects of population policy.⁴

The strategy of family planning within health was defended as a means of energizing a virtually stalled program (Interviews with Lorenzo, 13 January 1994; Raymundo, 24 January 1994; Bengzon, 10 February 1994). By then, there was some confusion in the approval and flow of funds and at some point, the cessation of training activities for family planning altogether (World Bank 1991). Besides, the importance of maternal and child health could not be disputed even by pronatalists, because “family planning is a practical intervention mechanism [for MCH] ... for very good epidemiological and medical reasons” (Interview with Bengzon, 10 February 1994).

Bengzon denied any machinations to get the family planning program transferred to his Department. In fact, he claimed to be for the status quo originally because he was then just getting a feel of the government bureaucracy and did not want more headaches. However, he was pulled on one side by FP advocates who wanted DOH to save the program, a desire that also reflected the thinking of donor agencies (whom Bengzon did not set out to please). On the other hand, being Jesuit-educated and a devout Catholic himself, Bengzon had strong ties with the Church and was pressured by conservative Catholics to take

their side. However, he sensed that some of them had concerns which were less theological than political (such as who would control the population organization) and backed off from them. Besides, he believed that the Church put a premium on freedom of conscience and would understand his position on family planning once its leaders became more aware of its health dimensions (Interview with Bengzon, 10 February 1994).

Bengzon regards the 1987 Statement as "truly reflective of the broad spectrum" that was in the Commission and the society at the time, any shortcoming of which could be remedied by operating guidelines and the choice of the proper people. (Interview with Bengzon, 10 February 1994). Although quite critical of the Statement, Pacific Pioneers (1991) also concedes that the transfer of FP to DOH has largely benefited the program.

Bengzon then worked hard to get President Aquino to include the following statement in the State of the Nation Address in 1989:

As we emerge from a singular preoccupation with economic recovery, we must remind ourselves of initiatives that will have a major impact now and profound implications tomorrow. . . . Three particular priorities are the protection of the environment, the promotion of family planning and responsible parenthood, and the development of science and technology (Aquino 1989: 8, emphasis supplied).

However, this pronouncement was regarded as "lack[ing in] sincerity inasmuch as that was the last that she ever said publicly on the issue."²⁵ Besides, she "took no action on the anti-program position of Secretary Mita Pardo de Tavera ... in spite of her well-known opposition to the program" (Raymundo 1991: 8).

The emphasis on the MCH aspects of family planning did not end the Catholic opposition. In August 1990, the Catholic Bishops Conference and the government issued the following statement after a dialogue at the instance of President Aquino:

The Program will not be undertaken to reduce fertility or population growth.

The Church reiterates its objections to contraception and sterilization and expresses its reservations about the moral acceptability of certain aspects of the Program. But in a pluralistic society and recognizing the freedom of those who disagree with Church principles, the Church respects the government's toleration of other means that the conscience of others may not object to and that the law on abortion does not forbid (Joint Government-CBCP Panels, 1990: 1-2, emphasis supplied).

In spite of the "serious, substantive and amicable dialogue," as the Statement described it, a pastoral letter was issued in September which linked the

Population Program "to groups which distribute abortifacients ... that good Catholics will do all they can to subvert" and expressed "total distrust [by the bishops] of the government in the matter of population control" (Carroll 1990: 5). The pastoral letter itself said that "all who wish to remain faithful to Gospel values CANNOT associate themselves with this program — not even in appearance" (Bengzon 1991:4; capitals in original).

Despite church opposition, other forces emerged openly in favor of family planning. The press ran items 91 percent of which favored a stronger family planning program between July 1988 and April 1989, a period of intense policy debate (Raymundo 1991:6). Non-governmental organizations tended to line up on the same side. Moreover, a survey of legislators and executive officials in 1989 also found that majority recognized overpopulation as a problem and family planning as an important program. As much as 75 percent wanted government to intervene in population. A slightly smaller group (66%) disagreed with the Church that only natural family planning should be promoted; the same percentage claimed they will support legislation contrary to the Church position (Raymundo 1991: 7).

That support may have been generated by the Conference on Human Survival in 1988 in Manila which produced a plan of action on population later adopted as a resolution of Congress. It also put together a group of legislators who formed the Philippine Legislators' Committee on Population and Development Foundation (PLCPD) to keep the population issue alive (Interview with de Vera, 21 January 1994). Receiving funding from the United Nations and USAID, its co-chairpersons are Senator Leticia Ramos-Shahani, sister of President Fidel V. Ramos, and Representative Teresa Aquino-Oreta, sister-in-law of then-President Corazon Aquino. PLCPD has over forty members from both Houses, more than half of them men, belying the charge that family planning is a "flower issue" in the Philippines.⁶

Support in financial terms, however, had fluctuated over the years, and, except from USAID, had considerably weakened during the Aquino period. As a proportion of public expenditure, the program between 1986 and 1989 averaged .20 percent. According to the World Bank (1991: 56), "the dramatic drop in absolute levels of funding after 1986 also coincides with the slowing rate of fertility decline (if not an increase in fertility) during the late 1980s."

It may be pointed out that funding compared to other countries has never been considerable. Between 1980 and 1988, the average proportion of public expenditure devoted to family planning was .50 percent; even at its peak, in 1976 and 1981, when family planning got over .65 percent, the proportion of public expenditure which went to family planning was lower than that received by Bangladesh (one percent), India (1.5) or Indonesia (less than 1 percent).

Family Planning and Sustainable Development (1992 to present)

The transfer of power from Corazon Aquino to Fidel V. Ramos in 1992 was the first peaceful transition of government in the Philippines in 27 years. It also marked the first time a Protestant became president in this country which is 85 percent Catholic.⁷ His strong support coupled with the commitment of donor agencies "has brought back enthusiasm and confidence to POPCOM" (POPCOM 1993: 1). The current program has two new contours: first, a shift from "population control" to "population management,"⁸ and second, family planning embedded in an interrelationship of population, resources and sustainable development (Interview with Escobar, 26 January 1994).⁹

How much of these is new may be disputed. Family planning remains a responsibility of the Department of Health and as such is undertaken in the context of safe motherhood and child survival. The absence of any mention of fertility reduction is consistent with the thrust of the preceding Aquino administration. Besides, the concern for development and environment was already expressed in the 1978 and 1987 Statements, respectively.

However, key personalities have changed. The new Secretary of Health, Juan Flavio, was credited as early as 1976 for "introducing innovative ways of putting across the concept of family planning to people in rural areas" (Lim 1976: 362). He calls himself a lifelong Catholic, but, being married to a devout Protestant, attends services regularly with her.

With Ramos and Flavio both identified with the Protestant Church, the Catholics maintain a vocal opposition. It is now armed not only with *Humanae Vitae* but also with *Veritatis Splendor*, papal encyclicals reiterating the Church's stand against contraception. Government health workers in Cebu, an important Philippine province, have been refused communion and been the object of anti-family planning homilies in 1994 (Interview with Raymundo, 24 January 1994). A bill against abortifacients has also become a battle royale among pro- and anti-natalists, with no less than a former Executive Director of POPCOM representing the Council of the Laity and accusing the government body of coercion and support of abortion.

Flavio faced a battle with the Catholic church almost as soon as he was appointed. That centered on his advocacy of safe sex as a means of dealing with AIDS. It quickly escalated into what the media called "the condom war," and became unwittingly a promotional campaign for family planning. While still saying that family planning is his centerpiece program, however, that war might have bruised Flavio. For instance, in its 1994 calendar, family planning is not the feature of any month; it may only be inferred from the focus on women in March, the hospitals as centers of wellness in May and the Happy Family in November. As in the Aquino period, family planning is not openly proclaimed, but takes cover under MCH and family welfare.

Nevertheless, the embattled family planning program has public support. A public opinion survey reports that 76 percent of respondents support government policy to slow down population growth (Social Weather Stations, December 1993).

Funds continue from the old reliable sources, USAID and UNFPA. USAID assistance at present is more receptive to channelling aid through private voluntary organizations, reminiscent of the pre-1972 period before government got into family planning (Interview with Raymundo, 24 January 1994).

A large part of population financing has always come from foreign sources, with the USAID funding 35 percent of total expenditures between 1970 and 1988 (POPCOM 1994: 18). A 1993 study even credits the Philippine government as source of only two percent of the funds for family planning, with USAID providing 64 percent and UNFPA 34 percent (Schwartz 1993). This reverses the trend established in the first decade of the program when government accounted for as much as 65 percent of its funds (Solon *et al.* 1993: 28). The situation recalls the conflict of the FPAP and PPMP on the issue of local self-reliance in promoting family planning.

Changes have come full circle even with Senate Bill No. 1321, the proposed New Population Act. The bill echoes the thrusts of existing policy: (a) Respect for the rights of couples to determine the size of their family and to choose means conforming to their religious beliefs and values, a principle since 1969; (b) Orientation towards the overall improvement of women and family welfare, the 1978 emphasis, except for the explicit reference to women; and (c) Interrelationship between and among population, resources, environment and development, first articulated officially in 1987. It changes the Board yet again with the only new members being the POPCOM head and two representatives of the women and family sector. The bill reclaims the POPCOM leadership over the family planning program by making it the coordinator and key implementor instead of the Department of Health.

Factors Affecting Philippine Population Policy

Tracing the population policy over time allows us to use Lorenzo's remarks as a hypothesis: has Philippine policy remained stable through the years, or has it undergone marked changes? What factors account for continuity and change? What factors would help make the population policy more effective?

Continuities in Population Policy

The continuities in Philippine population policy include upholding freedom of conscience in the practice of family planning, rejecting abortion, encouraging all

types of contraceptive methods, and forging a partnership of government and nongovernmental sectors. These have been part of population policy from the start, supporting Lorenzo's contention that Philippine population policy is unchanging.

Three factors may be viewed as responsible for the promulgation and maintenance of these elements. The role of religion is evident, but it is too facile to point only to the influence of the institutional Church. For one thing, even the clergy are divided as to their placement in the natalist continuum. Besides, Catholic preferences have been tempered by colonization by Protestant America with its liberal ideology and the principle of separation of Church and State, such that the church even under the devout Cory Aquino could influence but still not dictate. Besides, it has active lay leaders who do not feel bound by dogma. Indeed, studies have shown that religious beliefs and religiosity have little influence on the acceptance of family planning (e.g., Varela 1985).

The continuities have also been forged by a culture accepting limitations on family size based on economic imperatives. The historical beginnings of responsible parenthood as a movement of voluntary organizations have also made necessary that the policy include the partnership of government with the private sector.

Changes in Population Policy

Yet, Lorenzo's verdict may also be viewed as too sweeping. For changes have occurred, even to the extent of certain elements moving several times only to return to the original point. Among these are the recognized context of family planning policy, the role of foreign aid, and the organizational changes.

Changes in Context. The change in the context in which family planning is located has been so major they have defined distinct policy periods. Family planning was placed in the context of family welfare, and more broadly, development, in 1987 and 1978, maternal and child health in 1987, and environment and sustainable development in 1992. "Emphasis" is used advisedly because it can be argued that all these milieux can be inferred from the population policy from the beginning. However, family planning as implemented hardly took them into account until the periods mentioned, if then. In fact, POPCOM itself did not pursue the 1978 policy centering on population and development (POPDEV) until the 1980s, and the environment is not that strongly stressed even at present. Among the contexts, what has affected the program the most is its incorporation into maternal and child health.

The changing contextual emphases may be traced to international influences and domestic political requirements. The role of the former is clear in

the inception of government policy which was influenced by international conferences and declarations and the advice of technical assistance teams. It is further illustrated by the new recognition of the importance of sustainable development, a consequence of the worldwide green movement. The POPDEV approach is also not only homegrown, its saliency fostered also by many conferences called by the United Nations and other international organizations centering on the linkage between population and development.

Local politics occasioned the utilization of the umbrella of maternal and child health. Note that the Secretary of Health was not even an original member of the POPCOM Board, and at one point, family planning moved away from the clinics to a community orientation. However, to save the program, the MCH aspect had to be highlighted in place of fertility reduction.

Dependence and Self-reliance. Even while family planning was a private program, foreign assistance was already pouring in, such that a major debate among NGOs as early as 1969 centered on the issue of self-reliance in prosecuting the program. Despite that, funding for family planning was sourced from foreign, specifically, American, aid at the beginning of government efforts. Besides, an early policy component facilitated the importation of contraceptives, and the Philippines never developed an industry that could produce its own contraceptive devices.

Efforts toward less reliance on foreigners in the late 1970s have been reversed in later years. To some, the victory of dependence may suggest that family planning is truly a foreign imposition which has never developed its own local constituency. However, surveys on the acceptability of family planning belie this notion. Instead, one may point to a culture enamoured of foreign things, a colonial mentality that has been considered the bane of the Filipino character (Shahani 1987: 17-18). Moreover, foreign funding also appears to be a means of counteracting local opposition, primarily that from the Catholic church.

Organizational Changes. Beyond policy, the most noticeable changes are the organizational structure and the personalities in the program. The Commission on Population has changed from a research body in 1969, to a coordinator in 1970, to an implementor cum coordinator in 1975, to a coordinator stripped of responsibilities in family planning in 1987. It has been attached to the Office of the President (OP), the NEDA, the Department of Health, the Department of Social Welfare and Development (the successor agency to the Ministry of Social Services and Development), and back to OP and NEDA in the space of two years. Each attachment to a new department subjects POPCOM to a different mandate from the parent organization, a different chairperson, and a different place in the governmental hierarchy. It could redound to a stronger push for family planning, as the transfer from NEDA to DSWD, and from DSWD to the Office of the President did in 1974 and 1988, respectively. Being under

NEDA forced POPCOM to be more oriented to planning and coordination rather than implementation. Its location under the Office of the President shows the commitment of the Chief Executive to the policy, while transfer to a small department like DSWD may relegate it to the minor leagues.

Sometimes, the change is based on the need to attach POPCOM to a body with similar functions — the justification for transferring it to NEDA. At other times, however, influence of personalities rather than programmatic considerations is evident.

Meanwhile, the Board of Commissioners has changed seven times. Each altered composition has signalled the relative influence of different groups on FP policy. Academe was well represented when POPCOM was a research body and the continued membership of the UPPI head shows the relative openness of the program to criticism and evaluation. Heads of various government agencies sat on the Board and got involved in family planning, either as cause or consequence of membership.

However, the role of religious bodies was not directly influenced by their membership in the Commission. Although all religious groups were cooperative at the start, it was only the Catholic groups that were high-profile oppositionists after they left the Board. However, their opposition was more shrill after the ouster of Marcos, indicating that other factors than their representation in the Board may be the stronger force for their action. Note also that Protestants supported the government policy, whether they were represented in POPCOM or not.

Since 1969, POPCOM has had nine executive directors, for an average tenure of two to three years. Discontinuities of policy arise as each new person presented his or her own agenda.

These frequent changes have been cited as evidence of the absence of strong political will and commitment to the program (Herrin 1990). They seem to emphasize form in the promulgation of policy, rather than a concern for results and outputs. They make it difficult for the people to understand the program since its approach changes practically with every change of Board, superior agency or director. The successor unit or person may be expected to want to leave its own mark on the program, thus putting a premium on novelty rather than the continued success of what had worked before. The short life of the TIDA shows in bold relief the consequences of this strategy. As a former POPCOM director asked rhetorically: "Tell me, do they really want a program [to succeed]?" (Interview with Esmundo, 8 February 1994).

Factors Influencing Continuity and Change

The preceding discussion has identified the role of religious bodies, culture and history as related to continuity, and international conditions, local politics, political will, culture, and personalities as linked with change. This is an assessment of the differential strength of the factors in the specific situation being considered. It should not be inferred that, for instance, culture always pushes for continuity, or that international pressures ever set the stage for change. This would leave an incorrect impression. Thus, it may be worthwhile to show here a few examples of how some factors have influenced policy in a different way from that discussed above.

Although Catholic influence has been cited as a factor pushing for continuity of policy, certainly, the change to an emphasis on family welfare and the linkage of family planning with integral human development have religious bases also, as Gorospe (1976) explicitly stated. While some cultural elements have worked for stability, others, such as the Filipino's closeness to family encourages the shift from birth control to family well-being. The opposing pulls of self-sufficiency and foreign dependence have their roots in culture also.

International pressure has affected the recognition of new contexts of policy, but one should likewise point out that the public-private partnership — a long-standing approach — is now fostered by American aid also.

Political will can support freedom of conscience and the ban on abortion, as much as it has engendered frequent changes in the organization and policy thrusts. The lack of commitment to the program may leave it to drift along at times, while making it subject to whimsical changes at others.

Personalities play a key role in both continuity and change, as witnessed in the effects of the leadership of the Marcoses, Rafael Salas, Leticia Shahani, Gregorio Lim, Alfredo Bengzon and Juan Flavier.

Factors Making for Effectiveness

The main question is not whether the population policy has remained stable or not, but whether it has been effective in attaining its goals. At best, the Philippines has had only moderate success. Although the growth rate has decreased and contraceptive prevalence has increased, neither has moved in the direction desired to the extent expected or predicted.

The stable elements of policy such as the lack of coercion, the abortion taboo, the cafeteria approach and the public-private partnership are clear, implementable, and culturally acceptable; as such, they can be the bases of a

successful program. The new elements which place family planning in the context of maternal and child health, family welfare, and sustainable development recognize that the policy cannot be forged in isolation. Their incorporation into the enduring components of the policy does not appear to be problematic.

What detract from success are the lack of continuity of the organization and the strong reliance on foreign funding. That these factors still operate after a quarter-century of the program manifest a lack of political will and commitment to make it work. The continued opposition of the Church hinders effectiveness in a complex way in that it does not deter popular acceptance of the program but, being targeted at policymakers and implementors, may affect its vigorous prosecution. Thus, it may also be neutralized by marked political commitment to population policy. Organizational stability, moves toward self-reliance if not self-sufficiency, and an acceptable *modus vivendi* with the Catholic church therefore needs to be forged so that the Philippines can reach its goals in the population field.

Endnotes

¹Concepcion (1976) gives the year as 1967, but her own chronology suggests that the earlier date is correct.

²In this, Marcos was more conservative than John Noonan, the legal adviser of the Vatican on population and family problems. At the Conference, Noonan implied that the Pope was poised to change the traditional stand of the Church against artificial contraception in the near future. He, however, guessed wrong as *Humanae Vitae* (25 July 1968) maintained the Church's stand (Lim 1976).

³In the Philippines, the Executive Secretary is regarded as the "Little President," the most powerful among the Cabinet officials.

⁴The author saw this reaction firsthand because soon after this decision, she served as facilitator of a workshop of POPCOM regional directors and top central officials to plan on what was left for them to do.

⁵This is not exactly true. The 1990 State of the Nation Address included this passage: "Our maturity must now also be reflected in our stance on the population issue: I am aware that this is an emotionally charged subject matter.... We must now face this responsibility squarely and address it as a crucial health issue"

⁶The term came from a remark of Senator Shahani in the 1988 Conference.

⁷The rest of the population is somewhat evenly divided among Protestants, Muslims and all others.

⁸"Population management" is defined as "people empowerment or improving the life of the Filipino people through manageable population levels (including size, growth, structure and distribution) and human resource development balanced with available resources to facilitate the achievement of sustainable development" (POPCOM 1993: 1).

⁹However, the Philippine Population Program 1989-93 emphasizes "greater integration of population dimension into development concerns" without any special mention of sustainable development or environmental issues.

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