

The Reproductive Health of the Philippines: Perceptions in the South

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ABSTRACT

This is a descriptive and correlational study that focuses on determining the level of awareness and attitudes of the respondents toward the reproductive health program of the Philippines. It tried to test the hypotheses whether there is significant relationship between the respondents' socio-economic profile such as age, gender, education, annual income, work type, and number of children and their level of awareness and attitude towards the reproductive health program. The study found that majority of the respondents are aware and have positive attitude toward the Reproductive Health Law which can be partly attributed to their place of employment which is an academic institution and where the reproductive health issue is expected to be subjected to thorough discussions. It is concluded that the respondents have favorable and positive reactions on the RH Law, hence it is necessary for the government to pursue it with due respect to religion and cultural beliefs of the Filipinos especially among the Catholics. It is recommended that awareness drives and information dissemination on the positive effects of the RH Bill should be continued, not only in schools but also in communities where most poor families live. **Keywords:** Reproductive Health, Attitude, Beliefs, Perception.

ABSTRAK

Penelitian ini merupakan studi deskriptif dan korelasional yang berfokus pada penentuan tingkat kesadaran dan sikap responden terhadap program kesehatan reproduksi di Filipina. Penelitian ini mencoba untuk menguji hipotesis apakah yang mempunyai hubungan yang signifikan antara profil sosio-ekonomi responden seperti usia, jenis kelamin, pendidikan, pendapatan tahunan, jenis pekerjaan dan jumlah anak-anak dan tingkat kesadaran dan sikap mereka terhadap program kesehatan reproduksi. Studi ini menemukan bahwa sebagian besar responden sadar dan memiliki sikap positif terhadap Hukum Kesehatan Reproduksi yang sebagian dapat dikaitkan dengan tempat kerja mereka yang merupakan lembaga akademis dan dimana masalah kesehatan reproduksi diharapkan untuk menjadi subjek diskusi yang menyeluruh. Kesempilan dari penelitian ini bahwa responden memiliki reaksi positif terhadap UU dengan kepedulian terhadap kepercayaan agama dan budaya bagi orang Filipina terutama di kalangan umat Katolik. Saran yang muncul pada penelitian ini adalah agar adanya dorongan kesadaran dan penyebaran informasi tentang dampak positif dari RUU Kesehatan Reproduksi harus dilanjutkan, tidak hanya di sekolah tetapi juga di masyarakat yang sebagian merupakan keluarga miskin tertinggal.

Kata Kunci: Kesehatan Reproduksi, Sikap, Keyakinan, Persepsi.

INTRODUCTION

Humanity is constantly confronted with deteriorating environment as global population continues to rise. Such population explosion had caused various problems specifically in developing countries. One of its results is poverty. Facing this dilemma, people struggle to cope with life despite diminishing resources.

In the Philippines, a study published by the multinational financial services firm, Hongkong and Shanghai Banking Corporation (HSBC) revealed that about 26% of Filipinos live below the poverty line. Despite this, the country could be the 16th largest economy in the world by 2050 ([Remo, 2013](#)). This could be good news only if the country's leaders could well manage the country's wealth, both human and natural resources.

Attempting to solve the problem, the government implemented measures by passing two congressional bills that aimed to regulate population. These are House Bill No. 4244 entitled "An Act Providing a Comprehensive Policy on Responsible Parenthood, Reproductive Health, and Population and Development, and for Other Purposes" otherwise known as the RH Bill sponsored by Congressman Edcel Lagman, and Senate Bill No. 2378 entitled "An Act Providing for a National Policy on Reproductive Health and Population and Development" by Senator Miriam Defensor- Santiago ([Romero, 2011](#)).

After processing the two bills, a final version, the Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act No. 10354), otherwise known as the Reproductive Health Law (RH Law), was passed, with the primary goal of guaranteeing universal access to methods of contraception, fertility control, sexual education, and maternal care.

The RH law would seek to promote family planning. To many, this is viewed as one of the missing pieces for faster economic growth. However, others disagree and they viewed it as potentially adverse to the economy.

Even if the RH Law's provisions on Maternal and Child

Health had gained nationwide agreement, the provision on the use of contraceptives is highly divisive and controversial. Experts from all sectors declared either support or opposition to the RH Law, often criticizing the government and each other in the process.

Other countries like Egypt, Iran and Indonesia are more liberal in terms of implementing reproductive health care; Saudi Arabia and majority of the Arab countries, on the contrary, are not supportive of the program. In the Philippines, with its democratic atmosphere, issues related to health care, family planning, and birth control are perceived through cultural and religious perspectives.

The Philippine Constitution protects human rights. Thus, the merits of the RH Law had touched the sensitive issue of free choice in the number of children that may involve the use of artificial contraceptives that is either supported or opposed by sectors due to cultural and religious considerations. This paper seeks to gain more insights into factors besetting the RH Law. The study was conducted among the employees of four campuses of the Mindanao State University system in order to determine their perception towards the Reproductive Health Law. Knowing their perception is important in understanding why they support or oppose the implementation of the RH Law.

OBJECTIVE

This study aims to determine the perception of some MSU system employees on the RH Law. It also looks specifically at whether there is a relationship between the socio-economic profile of the respondents and their perceptions towards certain provisions of the Reproductive Health Law.

H₀: There is no significant association between the respondents' socio-economic profile and their perception on certain provisions of the RH Law.

FRAMEWORK OF ANALYSIS

Religion is one of the complex factors responsible for world-wide differences in human fertility that determines family size. Catholicism was closely associated with high fertility, while Protestantism is the opposite ([Guevara, 2008](#)). Population scholars and experts cite three major perspectives in the study of population growth or human fertility, namely: 1) Particularized Theology Hypothesis; 2) Structural or Social Characteristics Hypothesis; and The 3) Minority Group Status Hypothesis.

The first hypothesis argued that the effect of religion on fertility behavior was a function of a particular religion requiring compliance from its followers; hence, religion was a major hindrance against successful implementation of family planning and reproductive health programs ([Persen, 1975](#)). In contrast, the social characteristics hypothesis suggests that it is not religious affiliation per se but rather the socio-economic and demographic background of a particular group of people that determine their fertility behavior; thus illiterate married couples have the tendency to have more children than those who were rich and literate ([Ovsienko, 1967](#)). Finally, the minority group status hypothesis states that religion and minority consciousness have independent influences on family planning behavior. Membership in a minority group would promote high fertility behavior especially under the state of discrimination because they believe there is power and strength in number, which could be a cultural value ([Kennedy, 1973](#)).

It is observed that population programs are hampered by religious-cultural factors especially when a single population policy is implemented in the country. Understanding varied environments and shaping policy to adapt to these would enable policy makers to influence personal decisions on the number of children to have in the family. Couples with strong personal and religious convictions, but who happen to be advocates of family planning and birth control, preferred to use contraceptives and chose to have less children ([Guro, 2012](#)).

On the issue of freedom of choice, Austria (2004) commented that the United Nations had clearly mandated the observance of the human right of free choice in determining family size. This directive included 1) the family planning right which covered complete access to adequate information and education on family planning; and 2) free choice in determining family size ([Austria, 2004](#)).

Furthermore, Austria (2004) argued that the marginalized sector was restricted by religious doctrines, acceptable or not acceptable to them and that they were restrained legally from abortive pregnancy, whether such option was allowable or not; and more importantly, they were controlled culturally, particularly women being subjected to subordinate role, relegating them to mere child-bearers and care-takers ([Austria, 2004](#)).

Looking for a macro-explanation for such a situation in the Philippines, Austria (2004) said that such restrictions were attributed to almost 500 years of Spanish rule, Canon Law and laws of Spanish origin which continued to dominate the Filipino family. Such laws had placed serious limitations on the realization of women's sexual and reproductive rights; had substituted church dogma for state policy revoking the reproductive health and family planning policies, hence rejecting all modern contraceptive methods as form of abortion, limiting government support for family planning, and restricting access to emergency contraception ([Austria, 2004](#)).

CONCEPTUAL FRAMEWORK

This study posits that the respondents' attitudes and beliefs towards the RH Law are affected or influenced by their socio-economic characteristics. Thus, the independent variables of this study are the respondents' socioeconomic profile characteristics such as age, gender, education, work type, annual income, and religion, which are seen to influence the status of their attitudes and beliefs on the RH Law, as well as their perception on some of its aspects, as the dependent variables. This relationship

of variables is illustrated in the schematic diagram shown below.

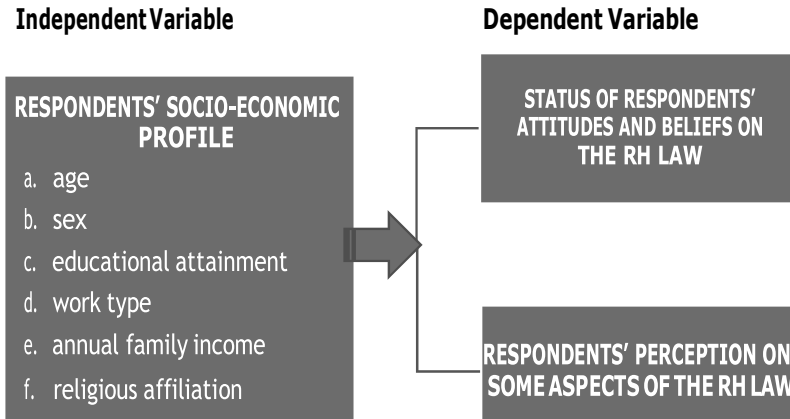


FIGURE. 1 SCHEMATIC DIAGRAM OF THE INTERRELATIONSHIPS OF THE VARIABLES USED IN THE STUDY

SCOPE AND LIMITATION OF THE STUDY

This study examined how the RH Law was perceived by both Catholic and Muslim MSU employees based on their knowledge on the reproductive health issues in general, and the RH Law, in particular.

To determine deeper connectivity between and among attitudinal and behavioral variables related to reproductive health issues and the reproductive law, the study used participant observation and interviews.

LITERATURE REVIEW

Age and Population Structure

The social economic structure of any society is largely influenced by its composition such that data on age structure provide the basis of various demographic analysis which lead to an approximation of the characteristics of the future population (Thompson et. al., 1970). The study argued that the Philippines has an unfavorable age composition due to a very young population with more than one third below age 15 who are mostly dependents, not yet working and soon entering the reproductive

age. This demographic pattern had an important bearing for the development planners of the country. On the other hand, a population with many old people is assumed to have higher death rates ([Salcedo, 1999](#)).

Sex Composition and Population Trends

Sex composition refers to the differences in the sex makeup of the population as determined by sex ratio which is calculated as the proportion of the males over females per one hundred populations (Sanchez, 1991). Sanchez says that the sex ratio directly affect the incidence of births, deaths, and migration as well as the social and economic conditions of a country such as the availability of workers in farming and industry, school attendance, extent of employment of women outside the home, status of women in the community and many other social conditions.

Poverty and Population Growth

More often than not, a high population growth thwarts a country's attempts to economically grow, to create enough jobs, and to provide quality services. According to the Population Reference [Bureau \(2013\)](#), the Philippines' population growth rate is 2.3% per year. Salcedo (1999) argues that this rate would perpetuate poverty with poorer women having higher fertility rates, and poverty perpetuates high population growth. Thus, in the Philippines Medium Term National Development Plan (MTPDP) 2004-2010, it is underscored that the poverty target a reduction in population growth to an annual average of 1.93% for the period though details of a population policy has remained unarticulated.

Contentions on income distribution as a factory to poverty vis-à-vis population growth rates have been put forward by many experts. [Espiritu \(1995\)](#) contends that the degree of income inequality according to world standards has shown no improvements over the last two decades such that the population of the poorer sectors has rapidly increased, making it impossible

for the country to attain total income equality. Income inequality arises from a variety of causes acceptable to Filipinos which include occupational rank, education, age, sex, and family size.

In the Philippines, as in other developing countries, rapid population growth has been exerting tremendous pressures on the economy's ability to adequately provide goods and services as well as to meet the demands of an increasing population ([Coale & Hoover, 1958](#)). Furthermore, these authors argue that the rapid population growth has intervened with specific development concerns on the utilization of natural resources, education, employment, health and nutrition, as well as income equity, emphasizing on the following:

1. The growing population resulted to over exploitation of the country's forest resources due to excessive logging operations;
2. The young age structure of the Philippines population continues to exert pressures on the educational system; a large proportion of new entrants eventually drop-out of school due to in capabilities of large family to finance the educational needs of their children; millions of college age Filipinos are unable to enter school due to the limits in the carrying capabilities of schools particularly public ones;
3. Rapid population growth and a sluggish economy resulted in an unemployment rate of 8.5% and an underemployment rate of 20.7% thus thousands of Filipinos have been forced to seek overseas employment due to unavailability of jobs and low remuneration in the country.

Other authors like [Montes \(1997\)](#) have recognized the tremendous pressures exerted by the country's expanding population and the consequent urbanization and migration, to the housing sector. Moreover, [Espiritu \(1995\)](#) contends that the population of the poorer sector has been rapidly increasing, making it impossible to attain total economy equality.

Population and Development

During the International Conference on Population and Development (ICPD) held in Cairo in 1994, worldwide focus on reproductive health policies and programs was intensified. Officials in many countries worked to adopt the recommendations in the ICPD Program of Action and to shift their population policies from an emphasis on achieving demographic targets for reduced population growth to a focus on improving the reproductive health of their population

The Program of Action adopted at this conference stresses the importance of social and economic development and to individual and family well-being of achieving reproductive health for all. The United Nations Millennium Development Goals (MDGs) adopted by heads of government in 2000 embrace much of the ICPD Program of Action in their emphasis on eradicating extreme poverty, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, malaria, and other diseases, ensuring environmental sustainability, and forging a global partnership for development. Although reproductive health is not specifically named (the narrower term “maternal health” is used instead), it is widely recognized that ensuring universal access to reproductive health care, including family planning and sexual health, is essential for the achievement of all of the MDGs, and vice versa. ([ICPD, 1994](#))

Since the late 1960s, the international community has proclaimed a person’s right to family planning, that is the right to decide whether, when and how many times to have children, as well as to the means to exercise this human right. Those means include access to reproductive health care, including contraceptives, information, supplies and services. According to 2010 United Nations Population Fund report, Philippines ranked as 12th Most Populous Country in the World with an estimated population of 94 million compared to its 92 million last 2009. The report also said that the population may grow to 100 million in the span of four years. People who encourage Reproduc-

tive Health Law states that the law should be passed to control the escalating population of the country ([Cruz, 2011](#)).

RELATED STUDIES

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In relation to unmet women's needs, [Derico \(2009\)](#) revealed the status and problems of the maternal and health program implementation in Lanao del Sur, Philippines with implications to educational planning and health program intervention. Moreover, he disclosed that the major problems encountered by program implementers were the following: 1) strong traditional and cultural health practices; 2) limited facilities, equipment and supplies; 3) lack of mothers' education; and 4) no support from the government. However, the cultural beliefs and practices had reduced remarkably to produce positive response to adopt health care and family planning programs thus an intervention program was proposed to address the problems and issues raised by the respondents ([Derico, 2009](#)). He also recommended that the necessary facilities, equipment, and supplies would be provided for the full implementation of the Health Care Program.

In a study conducted by [Nasroden Guro \(1990\)](#) in Lanao del Sur on the attitudes of Muslims and Christians towards the anti-family planning doctrines, it was found that younger Muslims agreed to the implementation of the family planning doctrines than older Muslims. Moreover, the same study found that between the two groups, the low income Christians were more amenable to the implementation of the Family Planning Program than the Muslims were. Thus, it was suggested that an Information-Education-Communication (IEC) Campaign be intensified by the government to promote and increase cognizance of the Family Planning Program, seeking the involvement of the Imams or Muslim religious leaders, hand in hand with the government officials to make possible wider information dissemination. The said study also found that Islam was not against family planning.

In connection with the Islam's non-opposition to family

planning, Shiek Jamaal al-Din Zarabozo stated in his study that in Islam, modern methods are equally permissible, provided that they are safe and they prevent conception. Sterilization of either the man or the woman is not permissible except when it is made absolutely necessary for medical reasons. Thus, if doctors determine that any pregnancy is likely to present a serious risk to the life of the mother, then sterilization may be approved. But each case must be considered separately on its own merits.

A study made by [DeRose in 2004](#), confined to the inter-spousal level, it was found that discussion may cause wives to perceive their husbands as more accepting of family planning than they actually are. Therefore, any anticipated reduction in unmet need for contraception through improvements in spousal discussion may be overstated. Policymakers need to bear this in mind when searching for efficient ways to reduce unmet need without potentially increasing the risk of spousal violence ([DeRose, 2004](#)).

However, the study of Julius Bautista done in 2010, stated that the “life issues” of population growth and reproductive health in the Philippines in the context of the RH Law, specific attention is paid to the influence of the Roman Catholic Church upon this process, through an analysis of the institutional pronouncements and edicts made by the Catholic Bishops Conference of the Philippines (CBCP). What can be observed even at this stage, however, is that there may well be discordance between Church proclamations regarding faith-based sexual morality on the one hand, and popular opinion and actual practices under difficult economic and social circumstances on the other. In this respect, sustainable population control in the Philippines continues to be an uphill battle, given the Church’s persistent association of artificial contraception with a pernicious “culture of death”.

The Department of Health (2003) said that ten to eleven maternal deaths daily could be reduced if the parents had access to basic healthcare and essential minerals like iron and calci-

um. Studies showed that 44% of the pregnancies in the poorest quintile were unanticipated, and among the poorest women who would like to avoid pregnancy, at least 41% did not use any contraceptive method because of lack of information or access. "Among the poorest families, 22% of married women of reproductive age expressed a desire to avoid pregnancies but were still not using any family planning method," The use of contraception, which the World Health Organization has listed as essential medicines, would reduce the rate of abortions as it had done in other parts of the world, according to the Guttmacher Institute.

In the Philippines, some 230 women die for every 100,000 live births, compared with 110 in Thailand, 62 in Malaysia and 14 in Singapore, according to United Nations figures. The maternal mortality ratio in the Philippines is listed as the Millennium Development Goal least likely to be achieved by 2015. The country has an adjusted maternal mortality ratio of 160 per 100,000 live births against a goal of 55-60 deaths per 100,000 live births.

An Asian Development Bank Survey conducted in 2003 concluded that a high population growth rate thwarted the country's attempt to grow the economy, to create enough jobs, and to provide quality services. The Philippines' population growth rate is 2.36% per year. At this rate, it would be difficult to accommodate all new entrants to the labor force even if economic growth were accelerated. A rapidly growing population also made it difficult for the Government to keep up with the delivery of what were already deficient public services in health, education, water supply and sanitation. The empirical records showed conclusively that larger families were more likely to be poor. Only 19% of families with three family members were poor in 2000, while the poverty incidence among families with eight members was 55%.

Moreover, the same report contends that poverty and population together formed a vicious cycle: poverty perpetuated high

population growth rates (poorer women had higher fertility rates), and high population growth rates perpetuated poverty which compared the Philippines to Thailand—the countries which were more or less on par in terms of population and GDP per capita in 1975—to discover that the Philippines’ continued high population growth rate had been the most significant drag on economic growth. In the Philippine MTPDP 2004–2010, “the poverty target assumed a reduction in population growth” to an annual average of 1.93% for the period, but details of a population policy remain unarticulated ([ADB Report, 2003](#)).

In the Philippines, the women’s most common reasons why they did not use contraception was unawareness of such health concerns, specifically regarding the contraceptive methods, including a fear of side effects. Forty-four percent (44%) reported these reasons in 2008, compared to 41% in 2003 ([ADB Report, 2003](#)).

Based on a subset of families with heads that were employed ([Villegas et al.](#)), 78%-90% of heads of poor families across family size did not finish high school).

RESEARCH METHODS

This is a descriptive and correlational study conducted through a survey. The setting is in four campuses of the Mindanao State University system in Northern Mindanao, namely: 1) Mindanao State University – Naawan in Naawan, Misamis Oriental; 2) Mindanao State University – Iligan Institute of Technology (MSU-IIT) in Iligan City; 3) Mindanao State University – Maigo School of Arts and Trade (MSAT) in Maigo, Lanao del Norte ; 4) Mindanao State University – Lanao Norte Agricultural College in Sultan Naga Dimaporo, Lanao del Norte.

Mindanao State University (MSU) System has 11 collegiate campuses distributed in eight provinces, in four of the six regions in Mindanao.

Multi-stage sampling was employed in MSU-IIT. Complete enumeration was used in the remaining three campuses: MSU-

Naawan, MSU- Maigo and MSU-LNAC. The same questionnaires were distributed to all faculty and staff in these campuses; 203 questionnaires were retrieved

The study used a structured questionnaire in gathering the primary data, as well as selective interviews of key informants. The questionnaire is divided into five (5) major parts: Part I consists of the respondent’s personal profile; Part II deals with the respondents’ knowledge or awareness on the government reproductive health program and the reproductive health law; and Part III is concerned with the respondents’ perceptions or attitudes towards the reproductive health.

FINDINGS

TABLE 1: SOCIO DEMOGRAPHIC PROFILE OF THE RESPONDENTS

	f	%		f	%
Age			Number of Children		
22-29	69	22.8	0-1	109	36
30-37	58	19.1	2-3	84	27.7
38-45	32	10.6	4-5	40	13.2
46-53	45	14.9	6+	18	5.9
54-61	57	18.8	Total	251	82.8
64+	12	4	Missing System	52	17.2
Total	273	90.1			
Missing System	30	9.9	Educational Attainment		
Gender			High School Graduate	8	2.6
Male	127	41.9	College Graduate	79	26.1
Female	170	56.1	With Mas ter’s Uni ts	81	26.7
Total	297	98	Mas ter’s Degree Holde	82	27.1
Missing System	6	2	With Doctoral Units	12	4
			Doctoral Degree Holder	27	8.9
			Total	289	95.4
Religious Affiliation			Missing System	14	4.6
Non-Muslim	131	43.2	Annual Income		
Muslim	61	20.1	680,000+	23	7.6
Total	192	63.4	580,000 – 679,000	6	2
Missing System	111	36.6	480,000 – 579,000	16	5.3
			380,000 – 479,000	19	6.3
Work Type			280,000 – 379,000	36	11.9
Teaching	176	58.1	180,000 – 279,000	47	15.5
Non-Teachir	114	37.6	80, 000 – 179,000	41	13.5
Total	290	95.7	80, 000 up	12	4
Missing System	13	4.3	Total	200	66
			Missing System	103	34
Total	303	100	Total	303	100

Age

Table 1 shows that of the total 303 respondents, 22.8% belonged to both the 22-29 range, followed by the 30-37 age category, comprising 19.1% of the respondents. A total of 18.8% are in the 54-61 range. Only 14.9% of the respondents belong to the 46-53 age category; 38-45 age range, 10.1%; 62 and above, 4%.

Gender

Majority of the respondents or 56.1% were females, while 41.9% were males. This may suggest the increasing ratio of females to males especially among Muslims. Six (6) respondents did not reveal their genders.

Religious Affiliation

Majority or 63.42% of the respondent are non-Muslims while only 20.1% were Muslims. The remaining one hundred eleven (111) or 36.6% did not reveal their religious affiliation.

Number of Children

Table 1 shows that 36% of the respondents had 0-1 children, closely followed by 27.7% who had 2-3 children. Fifty-two (17.2%) did not disclose the number of children they had. Respondents' choosing only one child shows that they are practicing family planning even without implementation of the RH Law.

Educational Attainment

Table 5 discloses that only 27.1% were masters' degree holders while 26.7% had earned masterly units. Furthermore, 26.1% were college graduates while 8.9% were doctoral degree holders.

Annual Income

Table 5 shows that almost one-half or 34% of the total 303 respondents did not reveal their annual income. Moreover, the findings showed that fifteen 15.5% had an annual income ranging from P180, 000-279,000, followed by 13.5% with an annual

income of P80, 000-179,000. There were eighteen (11.9%) who reported an annual income either ranging from P280, 000-379,000. 7.6% discloses that they earn P680, 000 or higher.

Type of Work

More than one-half of the total 303 respondents, or 58.1% were members of the faculty force (teaching personnel), while one hundred fourteen (114) or 37.6% were non-teaching personnel. Two respondents did not reveal their nature of work.

TABLE 2. DISTRIBUTION OF THE RESPONSES ON ATTITUDES AND BELIEFS ON THE REPRODUCTIVE HEALTH LAW

STATEMENT INDICATORS	YES		NO		No Response		Total
	f	%	f	%	f	%	
					N		
1. Are you familiar with the government reproductive health program?	276	91.1	23	7.6	4	1.3	303
2. Is the reproductive health program synonymous with family planning?	246	81.2	53	17.5	4	1.3	303
3. Do you think that the Philippines is facing the problem of overpopulation?	266	87.8	37	12.2	0	0	303
4. Do you believe that overpopulation is one of the major causes of poverty in the Philippines?	227	74.9	75	24.8	1	0.3	303
5. Do you believe that the government reproductive health program is designed to reduce high population growth by permitting married couples to use contraceptive methods?	253	83.5	44	14.5	6	2	303
6. Do you believe that the use of contraceptive is against Christianity and Islam and other religious denomination?	161	53.1	137	45.2	5	1.7	303
7. Do you believe that married couples should be given the right to choose freely how many children they want to have?	269	88.8	33	10.9	1	0.3	303
8. Do you believe that for married couples, it is against their human rights if the government does not provide them access to all population control methods?	172	56.8	121	39.9	10	3.3	303
9. Do you believe that the ideal number of children for a Filipino family is to have 2 children only?	122	40.3	179	59.1	2	0.6	303
10. Do you believe that the respect for, protection and fulfillment of reproductive health rights will promote the rights and welfare of the Filipino family?	237	78.2	61	20.1	5	1.7	303
11. Do you think that providing medically-safe, affordable and effective reproductive health services and supplies are essential in promoting people's right?	258	85.1	40	13.2	5	1.7	303
12. Do you think that the state should promote both natural and modern methods of family planning?	269	88.8	31	10.2	3	1	303
13. Do you believe that gender equality and women empowerment are central elements in the government reproductive health program?	228	75.2	71	23.4	4	1.3	303
14. Do you believe that a comprehensive reproductive health program answers the needs of the Filipino people throughout their lives?	166	54.8	132	43.6	5	1.7	303
15. Do you believe that religious leaders of Catholic, Islam and other religions are major hindrances in the formulation and implementation of the reproductive	158	52.1	139	45.9	6	2	303
OVERALL MEAN							

Respondents' Attitudes and Beliefs on Reproductive Health

Table 2 shows that many of the respondents were aware of the provisions of the Government Reproductive Health Law except on the issue on the number of children.

More specifically, majority (91.1%) of the respondents claimed that they were “familiar with the government reproductive health program” while only twenty three (23) cited that they were not familiar with reproductive health law. This finding suggests that personnel of MSU are aware of the reproductive health law because of their exposure to mass media, newspapers and television, and the fact that many of them are teachers who might have included the issue on reproductive health in classroom discussions.

It is also shown in table 2 that the most popular statements to the respondents was the ones which stated that “married couples should be given the right to choose freely how many children they want to have”, and “the state should promote both natural and modern methods of family planning” with 88.8% claiming that they were aware of it. This may mean that the MSU constituents really understood the Reproductive Health Law and are aware that one of the purposes of the law was to strengthen the right of married couples in choosing how they would regulate the number of children they wanted to have.

The same table also illustrates that majority of the respondents, 81.2% took the reproductive health program as synonymous to family planning. On beliefs on overpopulation and to the RH Law, the data in table 2 also show that majority of the respondents, 87.8% thought that the Philippines was facing an overpopulation problem, and 227 or 74.9% believed that overpopulation was one of the major causes of poverty in the country; and that the government reproductive health program was designed to reduce high population growth by permitting married couples to use the contraceptive methods (253 or 83.5%). The possible reasons why a big majority of the respondents were well aware of these provisions was the nature of their work as

employees of an academic institution. The reproductive health law is an academic issue that becomes a favorite topic of discussions among students and faculty members including the administrative staff.

The findings in Table 8 also illustrate the attitudes and beliefs of the respondents on the RH Law and human rights. They believed (78.2%) that the respect for protection and fulfilment of the reproductive health rights will promote the rights and welfare of the Filipino family. Moreover, 258 or 85.1% of the respondents thought that providing medically safe, affordable and effective reproductive health services and supplies are essential in promoting people's rights; and that gender equality and women empowerment were central elements of the government reproductive health program (75.2%). The high level of knowledge of the respondents on these provisions of the reproductive health law could be significantly explained by the high educational attainment of the respondents and their affiliation with an academic institution. The reproductive health issue was expected to be one of the favorite topics of debates and discussions not only inside the classrooms but also in offices. Demographic studies also showed the very high correlation between knowledge of family planning and educational attainment.

On religious myth, the respondents were almost equally divided though a slight majority expressed affirmative beliefs – 161 or 53.1% believed contraception is against Christianity and Islam and other religious denominations while 158 or 52.1% affirmatively believed that religious leaders of Catholic, Islam and other religion are major hindrances in the formulation and implementation of the reproductive health program. It is only on the ideal number of children that majority (59.7%) of the respondents agreed with It should be noted that what the government was pursuing in the past as the ideal number of children was four. This is the reason why maternity leave benefits of married women are limited only to the fourth baby, and that tax dependents are limited only to four children.

TABLE 3. DISTRIBUTION OF RESPONSES AS TO PERCEPTION ON SOME CONCEPTS OF THE REPRODUCTIVE HEALTH LAW

STATEMENTS	Agree		Undecided		Disagree		MEAN RESPONSE	REMARKS
	F	%	F	%	F	%		
1. The reproductive health bill was against the teachings of both the Catholic and Islam religions, hence, it must be opposed.	98	32.3	60	19.8	143	47.2	1.85	Undecided
2. The reproductive health bill was designed for the general welfare of the Filipinos especially the poor.	225	74.3	36	11.9	41	13.5	2.61	AGREE
3. The reproductive health law was not pro-life and pro God, hence, it immoral	83	27.4	60	19.8	158	52.1	1.75	Undecided
4. The budgetary allocation for the implementation of the reproductive health program should be used instead of strengthening the maternal and child health care.	138	45.5	78	25.7	78	25.7	2.2	Undecided
5. The right to life provided in the Constitution was violated by the Reproductive Health Law which encouraged limitation in the number of children of Filipino married couples	96	31.7	63	20.8	138	45.5	1.86	Undecided
6. Reproductive health and sex education should be taught to the youth as early as the elementary level for the purpose of values formation related to sex and reproduction.	146	48.2	42	13.9	109	36	2.12	Undecided
7. Overpopulation was not the major cause of poverty in the Philippines but rather the widespread corruption in the government.	201	66.3	52	17.2	45	14.9	2.52	AGREE
8. Encouraging the poor to have fewer children would definitely improve their quality of life	238	78.5	30	9.9	31	10.2	2.69	AGREE
9. The state must provide married couples free access to all methods of family planning such as the distribution of condoms and pills	205	67.7	42	13.9	47	15.5	2.54	AGREE
10. The RH bill would only lead to promiscuity, the break-up of families and decay of moral values.	59	19.5	85	28.1	149	49.2	1.69	Undecided
11. The RH bill would reduce the rate of sexually transmitted diseases, e.g., AIDS, and will save the lives of mothers and children.	192	63.4	45	14.9	54	17.8	2.47	AGREE
12. The RH bill would improve and facilitate the deployment of medical personnel such as doctors, nurses and midwives	182	60.1	73	24.1	36	11.9	2.5	AGREE
13. The RH bill would increase the commission of immorality in the society because the youth, for instance, will know how to engage in sex without pregnancy	108	35.6	64	21.1	121	39.9	1.96	Undecided
14. The RH bill would decrease maternal mortality especially those resulting from frequent pregnancies.	293	96.7	172	56.8	61	20.1	2.38	AGREE
15. The Reproductive health should be opposed at all cost because it would result to zero population growth or childless Filipino families	58	19.1	76	25.1	158	52.1	1.66	Disagree
16. The RHLaw was against the Divine Law which taught that the purpose of marriage was to procreate without specific limitation on the number of children.	98	32.3	58	19.1	135	44.6	1.87	Undecided
OVERALL MEAN							2.2651	

Respondents' Perceptions on Some Provisions of the Reproductive Health Law

At this point, the study presents the findings on the attitudes of the respondents on the reproductive health law. As shown in Table 3, the over-all mean of 2.2651 for sixteen (16) statements was qualitatively interpreted as AGREE. This im-

plies that in general, the respondents agreed to many of the statements supportive of the reproductive health program of the government as provided under the reproductive health law.

Table 3 discloses that seven (7) out of sixteen (16) statements were agreeable to the respondents: (1) the reproductive health law was designed for the general welfare of the Filipinos especially the poor; (2) overpopulation was not the major cause of poverty in the Philippines but rather the widespread corruption in the government; (3) encouraging the poor to have fewer children would definitely improve their quality of life; (4) the state must provide married couples free access to all methods of family planning such as the distribution of condoms and pills; (5) the RH Law would reduce the rate of sexually transmitted diseases, e.g., AIDS, and will save the lives of mothers and children; (6) the RH Law would improve and facilitate the deployment of medical personnel such as doctors, nurses and midwives; (7) the RH Law would decrease maternal mortality especially those resulting from frequent pregnancies.

It should be noted that all the seven statements were supportive of the reproductive health program of the government which could be interpreted that the respondents support the government reproductive health or family planning program especially the use of contraceptives. Furthermore, the respondents disagreed that the RH law would only result to zero population growth or childless Filipino families so it had to be opposed at all costs, with a 1.66 mean score.

TABLE 4. CORRELATION BETWEEN THE RESPONDENTS' SOCIO-ECONOMIC VARIABLES AND THEIR LEVEL OF AWARENESS ON THE RH LAW

Variables correlated to Perceptions on the Aspects of the RH Law	Correlation Coefficient	P-value	Remarks
Religious Affiliation	.230	.000	Significant
Age	-.079	.192	Not Significant
Sex	-.093	.110	Not Significant
Highest Educational Attainment	-0.58	.326	Not Significant
Total Family Income	-.098	.167	Not Significant
Number of Children	.003	.965	Not Significant
Work Type	.082	.165	Not significant

This study also focused on determining the relationship between the respondents’ socio-economic profile and their level of awareness on certain provisions of the RH Law. To validate the null hypothesis which states that no significant relationships exists between the respondents’ socio-economic characteristics and their level of awareness on the RH Law, a test for significant association using correlation coefficient, was conducted among and between the variables, at 0.05 level of significance.

As indicated in Table 3, among the seven (7) socio-economic variables correlated with the respondents’ level of awareness, only Religious Affiliation had a positive significant relationship as the p-value of less than .001 indicated. The rest of the socio-economic variables were greater than 0.05 level of significance; thus, there is no relationship of significance. These findings implied that regardless of age, sex, educational attainment, work type, number of children, and annual income, many of the respondents were aware of the reproductive health law.

There is enough statistical evidence to conclude that there is a need to accept the null hypothesis except in the case of Religious Affiliation. The findings there suggests that Non- Muslim respondents were more aware of some aspects of the RH Law.

Hence, the null hypothesis which states that “there is no significant relationship between the respondents’ socio-economic profile and their level of knowledge” was accepted for the variables age, sex, educational attainment, work type, number of children, and annual income, but rejected for the variable Religious Affiliation .

TABLE 5. CORRELATION BETWEEN THE RESPONDENTS' SOCIO-ECONOMIC VARIABLES AND THEIR PERCEPTIONS ON CERTAIN PROVISIONS OF THE RH LAW

Variables correlated to Perceptions on the Aspects of the RH Law	Correlation Coefficient	P-value	Remarks
Religious Affiliation	.255	.000	Significant
Age	-.063	.299	Not Significant
Sex	.057	.324	Not Significant
Highest Educational Attainment	-0.197	.001	Significant
Total Family Income	-.244	.001	Significant
Number of Children	.075	.233	Not Significant
Work Type	.263	.000	Significant

This portion of the study presents the findings on the relationship between the respondents' socio-economic profile and their perceptions on the reproductive health law. As shown in Table 11, religion, educational attainment, family income and work type have a significant relationship with the respondents' perceptions on the RH Law.

In other words, non-Muslim teacher respondents with lesser educational attainment and lesser family income had more positive perceptions on the RH Law than Muslim non-teaching respondents with low educational attainment and higher family income. On the other hand, age, gender and number of children have no significant relationship with the respondents' perceptions on the RH Law.

The above-mentioned findings suggest that the respondents' age, gender and number of children did not significantly influence their perceptions on the RH Law.

Finally, the null hypothesis was not rejected for the variables, age, gender and number of children, but rejected for the variables: religion, educational attainment, family income, and work type.

In summary, the respondents were distributed in age categories from 22-29 years old to 62-64 years old; mostly females, 170 or 56.1%; non-Muslims, 201 or 66.3%; with lesser number of children; mostly master's degree holders, with Masters units, and college graduates; and were doing both teaching and non-teaching jobs.

The respondents had positive attitudes and beliefs on the RH Law and its effects to overpopulation in the country including human rights implications. However, the respondents seemed to veer towards the belief that the use of contraceptive is against religion and that religious leaders may hinder the implementation of the RH program.

Generally, the respondents were neutral or undecided regarding certain aspects of the RH Law as evidenced by an overall weighted mean score of 2.2651 as Table 9 shows. They had

a positive perception on the RH Law and the RH programs as designed for the general welfare of poor Filipinos and on having fewer children by poor families as a way to improve their quality of life. Moreover, this positive perception on the RH Law is reinforced by the findings that they disagreed that RH Law should be opposed at all cost as it would result to zero population growth or childless families.

On the results of tests in significant relationship tested at 0.05 level of significance, only the religious affiliation was found to have a significant influence on attitude and beliefs towards the RH Law.

The findings imply that generally, the personnel of the MSU system do have positive attitudes and beliefs on the Reproductive Health Law and its effects relative to overpopulation, as well as its provisions sustaining human rights and gender equality. However, the findings showed that many of these individuals thought that use of contraceptives is against religion and that religious leaders are major hindrances in the implementation of the RH Law certainly imply difficulties ahead for the RH Law; if an academic community could have these kind of beliefs, expectedly, people in the barangays and municipalities may even be more negative.

The findings imply that the MSU system personnel look at the RH Law positively when it comes to its effects on morality and its effects on the general welfare of the Filipinos as well as in encouraging the poor to have fewer children. The findings further imply neutrality in the part of the MSU system employees on many aspects of the RH Law. Moreover, it may be deduced that the MSU system employees with lesser educational attainment with lesser income tend to perceive the RH Law more positively.

CONCLUSION

It is recommended that awareness drives and information dissemination on the positive effects of the RH Law should be

continued, not only in schools but also in communities, especially among the grassroots, in barangays where most poor families live. As academic institutions, MSU campuses could institutionalize awareness campaigns on the Reproductive Program as extension work, thereby link aging with local government units for a better outcome.

Moreover, the Government, through the Department of Health and the Commission on Population, should gradually implement the program with due respect to the religious and cultural beliefs of the target population, and the principle of freedom of choice on the part of the married couples. Awareness drives and information dissemination on population growth and poverty must be increased.

The Government should also strengthen all agencies directly or indirectly involved in the implementation of the reproductive health law, and should be vigilant in monitoring its implementation especially the components of the law that the religious sector especially the Catholic Church have found questionable.

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