
Manila Women's Forum

A Network of Women Professionals

October 2012

An Inside Look at the Controversial Reproductive Health Bill

By Jillian Chuchryk



Sylvia Lichauco, Ugochi Daniels, and Shamsi Qurashi

On Monday, September 17, MWF met at the lovely home of Jan Harris in Dasmariñas Village. Our guest speaker was Ms. Ugochi Daniels, United Nations Population Fund (UNFPA) Country Representative and UN Resident Coordinator (ad interim). Ugochi discussed the Reproductive Health Bill and why the Philippines needs the law in the context of health and development.

In her presentation titled “Reproductive Health, Responsible Parenthood and Population & Development,” Ugochi shared with us many interesting facts and figures. The slides explained the RH Bill, the myths surrounding it, and why the bill is so necessary to improve the health of the population and catalyze sustainable development.

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October MWF Meeting ■ **When:** Monday, 2012 October 15, 6:30 p.m. ■ **What:** Travel Photography: Creative Process - Mr. Tilak Hettige, faculty member of the Philippine Center for Creative Imaging and an accomplished travel photographer and author, will discuss the essentials of how to capture creative images during travel, encompassing nuances of culture, sense of place, and the mood of a festival or an event. The discussion, geared to both amateur and advanced photographers, will focus on how to compose images that create an emotional impact on the audience. ■ **Where:** Home of Mala and Tilak Hettige, 15 B Anahaw Road, North Forbes Park, Makati. ■ **Bring:** Something to share for the potluck dinner. ■ **November Meeting:** Monday, 2012 November 12.

A Sampling of What Is Being Said About, For, & Against the RH Bill

KaWoMeNaN

Selected and edited by
Beulah Pedregosa Taguiwalo

The Reproductive Health Bill, also known as the RH Bill, is highly divisive. Experts, academics, religious institutions, and major political figures supporting and opposing it, often criticize the government and each other in the process. Debates and rallies for and against RH bill, with tens of thousands of opposition particularly those endorsed by the bishops of the Roman Catholic Church and various other conservative groups, continue nationwide.
(Adapted from Wikipedia)

On disabilities and contraceptives

Unmoved by an emotional appeal of Majority Floor Leader Vicente Sotto III against the Reproductive Health bill last August, Sen. Pia Cayetano said all

issues Sotto raised in his privilege speech were previously addressed. She also belied Sotto's allegations that 11 mothers die each day as a result of the wrong use of contraceptives.

"Anyone who has lost a child deserves compassion . . . but there is no well-founded research that shows that children born with disabilities were caused by contraceptives."
(Adapted from The Daily Tribune)

The 7 deadly sins of the RH Bill

1. The RH Bill is a foreign-dictated policy.
2. RH backers are of doubtful character.
3. Eleven mothers do not die of childbirth everyday.
4. The RH bill is a marketing tool for contraceptives.
5. The RH bill may be promoting a super race.
6. Passing the RH bill now will legalize abortion later.
7. Local NGOs get millions to push for RH.

(According to Sen. Tito Sotto, adapted from www.rappler.com)

10 reasons for passing the RH Bill

1. It protects the health and lives of mothers.
2. It save babies.
3. It respond to the majority who want smaller families.
5. It prevents induced abortions.
6. It supports and deploys more public midwives, nurses, and doctors.
7. It guarantees funding for & equal

- access to health facilities.
8. It gives accurate & positive sexuality education to young people.
10. It saves money that can be used for even more social spending.
(Adapted from rhbill.org)

10 reasons for killing the RH Bill

1. It violates our constitutional rights.
2. It will be void and unenforceable because it is too vague for the average citizen to understand.
3. It is amoral . . . [characterized by an] inability to know the difference between right and wrong.
4. It claims [to be] a panacea [for] issues like over population and poverty.
5. It will give government the power to regulate the business, medical, and education sectors.
6. It's a stupid way of spending tax payers' money.
7. It is prone to corruption.
8. It teaches [the poor] dependence on government for RH services instead of practicing responsible parenthood.
9. It will violate the freedom of employers because the government will regulate the reproductive health rights of employees instead of protecting it ONLY.
10. It will result in] higher prices of commodities and health care products in the Philippines.
(Partially adapted from http://joanneconstantino.wordpress.com)

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children. In most country comparisons, such as economic factor comparisons, the Philippines fares well. But the comparison studies in the area of reproductive health show that the Philippines is doing extremely poorly. Maternal deaths and teenage pregnancies are on the rise, unlike in most other countries. The fertility rate remains too high for the best interests of the country and poor women have more children than they want to have.

The 1994 International Conference on Population and Development (ICPD) resulted in a program of action that is the steering document for the UNFPA. It shifted the UN's focus "from counting people to making

people count." The ICPD has many goals relating to RH and other areas of development. Opponents claim that the RH Bill in the Philippines is "foreign backed" and being forced on the nation by outsiders. There may be much foreign support, but the bill was written by Filipinos for the well-being of Filipinos. The Philippines signed onto the ICPD goals and objectives, and made a commitment to achieve these. Though ICPD is an international framework for action, the commitments are made by national governments to achieve and improve for the lives of their citizens. The foreign backers wish to see this commitment carried through in the context of reducing poverty and improving quality of life.

In the 1960s, reproductive rights were declared fundamental freedoms by the international community, and reproductive rights are all about choices and the ability to make decisions. But the majority of Filipinos, especially young people, have no access to information and services to enable freedom and choice. The high rate of teenage pregnancies shows that the current system is failing the youth.

The Philippines scores well in the area of gender equality except in the following areas: domestic violence, teenage pregnancy, early marriage, and reproductive rights.

The RH Bill is pro-poor, pro-women,
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and pro-life. It promotes safe motherhood and saving lives. It promotes access to information for informed decision making by women. It has human development at its core. The UN does not coerce countries to legalize abortion. However, in countries where it is legal, the UN advocates that the procedure should be safe. Where it is illegal, the UN advocates for access to reproductive health information and services to prevent unwanted pregnancies so that there won't be a need to resort to abortion.

ICPD is all-encompassing, but the other notions are lost behind the hype over abortion and contraception. The idea of contraception must be put in context with what the country wants to achieve, but many opponents of the bill fail to include this context in their stance on contraception. Opponents claim that the RH Bill is about controlling population numbers, but really, it is about quality of life. Larger family size is associated with higher poverty and lower levels of education, especially among the poor.

The issue the UN takes with the Filipino population is not the number of people, but the rate at which the population is growing. The rate is faster than the government can respond to in terms of social services and infrastructure.

Empowering women is the goal, and giving women control over their own bodies is the ultimate empowerment. It is important to remember that the RH Bill is not only about the health of women, but about the health of children as well, since when a mother dies in maternity or labor, the child sometimes dies as well, or faces a life of hardship.

The environment is another focus of the ICPD. The Philippines is #2 in deforestation in the world, behind Nicaragua. Poverty is tied to the environment in many ways. For example, the coastlines are often where the poorest live, and these areas are prone to flooding. A large number of poor people also turn indiscriminately to the environment for their livelihood and survival, which depletes the country's limited natural resources.

When you look at an issue, your denominator is always people. When we examine family goals or fertility goals, the poorest women in the

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Philippines aim for an average of 3 children, but they end up having an average of 5 children.

Being pro-life also means standing up for the quality of life of people. For example, teenage girls being in school when they are supposed to be in school, instead of out having children.

The UN is not biased in favor of modern family planning methods. The focus is on providing information about all forms of family planning. Access to information does not promote promiscuity. Studies show that children with sexual education do not begin sexual activity earlier than children taught only abstinence. However, those with sexual education are less likely to have unsafe sex.

Here in the Philippines, those on the front lines hear teens say they don't know what happened, and the "baby just came." They are left with no hopes, no dreams, at 14 years of age. What could be worse for a young person not to have any dreams at the age of just 14?

When Typhoon Sendong struck, the UN recognized the need for condoms at evacuation centers. But the anti-RH media interpreted that to mean that the UN predicted a baby boom in the evacuation centers and was offering pocket abortions, and they denied that people have sex in evacuation centers. In crisis situations such as the Sendong tragedy, the UN recognizes that the reproductive health needs of the affected population continue. Thus, one of the priority actions for humanitarian response include ensuring continued access to family planning information, services and contraceptives to prevent unplanned pregnancies and sexually transmitted infections. It is also important to

ensure that deliveries are safe. No woman or girl should die while giving life and certainly not because she is in an evacuation center. Just because people are displaced does not mean that woman and girls do not get pregnant or stop delivering babies.

In the President's recent State of the Nation Address, he commented on the RH Bill in reference to the need for more classrooms. He had earlier said he could not give a bold statement about the RH Bill because the Church would be after him if he did. There are clergy members doing good work towards the right goals, but it is done quietly.

There are about 10 proposed amendments to the RH Bill. For example, sexual education was moved from 5th grade to 6th grade, room for moral opposition for health care workers, etc. Most have been fairly easy to accept, but others are not. For example, post-abortion care was removed over claims that it would indirectly encourage abortion. Also, the idea that contraceptives are essential medications for women was taken out. The FDA is left to make those decisions. The current FDA and DOH leadership are supportive, but what will happen when leadership changes in the future?

Our speaker said she has changed her view on the chances of the bill passing from "cautiously optimistic" to "prayerfully hopeful." The chances for approval in the Senate and the House are not at comfortable levels. The representatives get calls from Church opposition leaders, and there are daily developments, so the "numbers" need to be checked almost on a daily basis. The President has

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said he will no longer intervene on the issue. The challenge though is leaders of the Senate and the House of Representatives are not facilitating the process. Recent developments by the leadership in the House seem promising.

The RH Bill is needed because the existing Magna Carta for Women is not enough. Firstly, the MCW is for women while the RH bill is for women and men, girls and boys. The MCW establishes the rights of women, but does not mandate the government to provide services and information nor provide the budget. The RH Bill lays out (with funding) how these rights ought to be delivered by the government. The two must go together.

Ugochi showed a video called The Girl Effect, which can be viewed at

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girleffect.org or the MWF Facebook page.

During the question and answer session, two people referred to a recent Inquirer article written by RH Bill opponents. One said she would like to get a group of people to study each point and come up with a response. One falsehood in the article is that with contraceptives, the abortion rate goes up. Ugochi said the time it takes to respond to each and every false argument can be immense. And sometimes responding gives a story legs and/or more credibility than it deserves. It is necessary to be strategic in determining which ones to respond to. Correcting fallacies, myths, inaccurate data and highlighting the plight and promise of young people is where UNFPA focuses.

Someone asked about HIV in the Philippines. Ugochi said that HIV is currently mainly concentrated in the population of drug users and men having sex with men. The Philippines is one of only 7 countries where the HIV rate is increasing. There is an ostrich in the sand mentality: "we don't have that problem. It's just brought in by sailors and overseas Filipino workers (OFWs)." The numbers are small, but the rate is devastating: a 400% increase in 3 months and it is fast increasing among young people under the age of 25.

In the Philippines, only 40% have access to reproductive health services. This rate is lower in rural areas. The RH Bill mandates 3.4 billion pesos to provide free contraceptives to the poorest of the poor. But the issue is

not just the availability of contraceptives. The lack of information is a problem, as is the prevalence of false myths about contraceptives, such as the notion that they make women fat, darker, or that babies will be born with three heads. The RH Bill is meant to lead to correct information, quality services, and availability of family planning methods.

Special thanks to Ugochi for her amazingly informative presentation. Her handling of this delicate and powerful topic was truly a benefit to her audience. ■

Manila Women's Forum

Manila Women's Forum (MWF) is a cross-cultural network for women. It provides opportunities to build friendships, talk to women of various cultures, and share information about resources. Our meetings are intended to provide intellectual stimulation and lead to personal and professional development. All women are welcome to join.

The current officers are: **Lisa Lumbao**, Chair; **Julia Holz**, Treasurer and Membership; **Baulah P. Taguiwalo**, Newsletter; **Lisa Stuart**, Message Board Moderator; **Evelyn Mendiola**, Membership; **Shari Virjee Tañada**, Message Board; **Caroline Wright**, Message Board; **Camille Dalmacio**, Message Board.

Cost of membership is P300 per year. Members receive a copy of the current mailing list in addition to the newsletter, which is also sent to non-members. A contribution of P50 is collected from non-members at each monthly meeting. For more information about MWF, please contact Lisa Lumbao at Tel. 813-0168, or at lumbao@mozcom.com.

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