

POPULATION HUMAN RESOURCES & DEVELOPMENT

Edited by Alejandro N. Herrin

POPULATION, HUMAN RESOURCES AND DEVELOPMENT

VOLUME III

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The UP Center for Integrative and Development Studies (UP-CIDS) was established in September 1985 to promote interdisciplinary studies on critical topics that influence development policies and issues.

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Edited by Alejandro N. Herrin

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FOREWORD

I am delighted that an initiative I took when I was the President of the University of the Philippines has finally borne fruit.

When I brought the idea of producing a source book on population to Rafael Salas, who was then Head of the United Nations Fund for Population Activities, he readily agreed to support it because studies on population in the Philippines at that time were scanty and largely concerned with methodology. This was probably because we were tentative, even gingerly, about matters concerning population.

Methodology is obviously important. But what I wanted was to situate population issues in the context of public policy, to view them from a variety of angles in order that we may see the interrelationships with other factors that influence economic and social development.

This compendium of thirty-one technical essays by thirty-four U.P. professors in various disciplines fulfills my early hopes. The scholars, under the overall guidance of Dr. Alejandro Herrin, an economist, dealt not only with the classic themes in demography such as fertility, mortality, and population movements but also with ancillary topics such as education, nutrition, productivity, aging, environment and social institutions.

I am particularly pleased with the volume that reviews policy and program actions. I would have wanted more objective assessments but I can live with the occasional flash of emotion that goes with advocacy. The overview by Dr. Herrin captures succinctly developments in public policies from 1970-1985 and gives us the perspective that we have missed for so long.

In sum, this three-volume work, despite its forbidding title, could very well become the standard reference on population policy in the Philippines.

Demography should be the bedrock of development policy. People after all are the causes, the agents, and the objects of development. But in the final analysis, population should be the major determinant because it is, to use the words of Guy Bois, "the least arbitrary of criteria."

EDGARDO J. ANGARA
Senate President

PREFACE

The University of the Philippines–Center for Integrative and Development Studies (UP-CIDS) undertook in 1987 a multidisciplinary research project entitled "Population, Human Resources, Development and the Philippine Future." The project was made possible by a grant from the United Nations Population Fund (UNFPA). The objective of the project was to review, assess, update and consolidate information on various dimensions of population, human resources and development, including the role of public policies in influencing demographic and economic trends. Such information would be useful for formulating policies and programs to influence demographic trends as an integral part of the overall development strategy. A special focus of the research was on obtaining information that could help clarify the two issues of contention at that time, namely, the role of population in socioeconomic development and the role of government in influencing demographic trends, particularly fertility and population growth.

Several social scientists from the University of the Philippines System participated in the two-year project. The preliminary findings of the individual researches were presented in seminars and workshops conducted in various parts of the country. Preliminary findings and their implications for population and development policy were discussed in several forums participated in by policy makers and planners, including the Parliamentarian's Conference on Human Survival: Population and Development sponsored by the Philippine Legislators' Committee on Population and Development, which was held in Manila in 1988.

The results of the monitoring surveys on the coverage of population, health and nutrition activities were quickly disseminated through workshops participated in by local government officials and local representatives of national line agencies in the areas where the studies were conducted. Abridged versions of several of the papers in this publication have appeared in the **Philippine Population Journal.** *Many of the papers were also cited in a number of articles that appeared in different newspapers. Requests from various sectors for copies of papers have continued since the completion of the project in 1989. It was high time for these papers to be collected into a single publication.*

It is hoped that with the publication of these papers, the findings of the research will reach an even wider audience. Researchers and students will find the studies contained in this publication useful starting points for future social science research on population and development.

Alejandro N. Herrin

ACKNOWLEDGMENT

I am indebted to a number of people who encouraged us to complete the research project and this publication. Edgardo J. Angara, then president of the University of the Philippines (UP) entrusted Dante B. Canlas and me with the responsibility of implementing the project that Rafael Salas, then Executive Director of the United Nations Population Fund (UNFPA) had agreed to support. Carlos P. Ramos, then Director of the newly created UP Center for Integrative and Development Studies (UP- CIDS) provided invaluable assistance. Solita C. Monsod was very encouraging at that crucial time when we needed moral support. While Dante B. Canlas had to beg off as co-director of the project to assume other responsibilities, he was instrumental in helping the research take off the ground.

During the two years of implementation, three UP-CIDS directors provided technical and management support: Carlos P. Ramos, Carolina G. Hernandez and Fe R. Arcinas. Since the completion of the research at the end of 1989, three other UP-CIDS directors, never giving up the idea of compiling the entire set of papers into a single publication, obtained additional funding and commissioned the initial editing of 31 research papers: Jose N. Endriga, Emmanuel C. Lallana and Cynthia Rose B. Bautista.

The main work, of course, was done by the individual researchers from various disciplines and units of the university system. In addition to the dedication they put into their work, they had been very generous with their time, travelling to different regions to present their findings. Several colleagues at the University also acted as consultants and provided helpful suggestions regarding broad research areas to be covered as well as specific approaches and perspectives.

The silent heroes, however, are those who quietly worked behind the scenes so that these volumes will see print. Professors Raul Ingles, Ciriaco Sayson, Winifreda Evangelista, Concepcion Abaya, Fe R. Arcinas and Mr. Placido M. Manalo, Jr. provided editorial assistance.

The following UP-CIDS staff either facilitated the research project, encoded all the corrections or prepared the lay-out of the camera-ready version: Gabriel Fabella, Teresita Tamayo, Ellen Cometa, Emen Prospero, Nanie Domingo, Bella Lucas, Stretch Payawal, Ernie Leonardo, Boy Dominguez, Mel Maulit, Roger Gitana, Joyce Dimayuga and Malu Calugay.

As the publication deadline drew near, the UP-CIDS sought the assistance of Lormie Valino-Lazo in designing the cover. It also called on the following staff of the Third World Studies Center--Marlon Wui, Carlitos Escueta, Francis Carlo Taparan, Ma. Lourdes Pacuribot, Macaria Francisco, Bienvenida Lacsamana and Ma. Teresa Tantoco to help correct the final tables.

I would be remiss if I do not acknowledge UP-CIDS's Joy Aparis. She coordinated the publication of the volumes and patiently nagged us into beating the deadline. Without her persistence and resourcefulness, these volumes would not have been published at this time.

Apart from UP-CIDS and the UNFPA, we also wish to acknowledge the kind assistance of the Population Commission.

Alejandro N. Herrin

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EXECUTIVE SUMMARY

Alejandro N. Herrin

I. INTRODUCTION

In 1986, preliminary estimates obtained from the analysis of survey and census data pointed to several disturbing demographic reversals. Between 1975 and 1980, the rate of natural increase and the crude birth rate appeared to have risen somewhat instead of continuing their usual downward trend. Marital fertility decline, which had been rapid between 1970 and 1975, slowed down between 1975 and the early 1980s. The contraceptive prevalence rate for all methods decreased between 1978 and 1983. The gains in infant and child mortality since the 1950's were not sustained in the 1970s while interregional migration patterns in the 1970s became increasingly urbanward, especially metropolitanward.

In addition to such apparent demographic reversals are the equally disturbing trends in human resource formation. Health status has not improved significantly, and infectious diseases continue to be the major causes of deaths, especially among infants and young children. The gains in the nutritional status of preschoolers from 1978 to 1982 seem to have been nullified by 1985. The educational performance of elementary and secondary students has not improved over the past 10 years and continues to be characterized by low survival rates and low achievement levels.

The above trends raise a number of questions. First, had the preliminary demographic estimates and other human resource indicators been robust? Second, if they were, why such trends? There is a strong suspicion that these apparent reversals in demographic trends and the poor performance in human resource formation had in some way been related to the contemporary performance of the economy and to the failure of public policies and programs to significantly influence demographic trends and human resource formation. What is not clear, however, is the exact nature of these interrelationships. There is, therefore, an urgent need to understand these interrelationships to inform public policy.

The need to clarify such interrelationships became all the more urgent under the Aquino government in view of public debates at that time, especially during the early years of her administration, regarding the role of population in socioeconomic development and the role of government in moderating fertility and population growth.

In 1987, the project entitled "Population, Human Resources, Development and the Philippine Future" was undertaken by the University of the Philippines Center for Integrative and Development Studies through a grant provided by the United Nations Population Fund (UNFPA) to the University of the Philippines. The project's objective then was to undertake a number of studies, mainly in the nature of reviews, assessments and consolidation of what was known about a particular area of concern, in order to better understand the relationships between demographic factors, human resource formation, and economic performance, and to determine the role of public policies in influencing these trends. Moreover, in view of public debates that were then raging (i.e., on the role of population in socioeconomic development and the role of government in influencing fertility and population growth), the project aimed to clarify the nature and extent of the "population problem" in the Philippine situation. This was intended to provide policy makers and planners a better basis for formulating policies and programs to influence demographic trends as an integral part of the overall development strategy of achieving sustained economic growth, total human development, and equity.

The approach was to undertake multidisciplinary research on a number of issues and topics. These included the (1) review and updating of demographic estimates with attention to fertility, mortality and migration; (2) review and updating of information on some of the major indicators of human resource formation with attention to health, nutrition and education; (3) review of the mechanisms through which demographic trends influence socioeconomic development; (4) review of the situation of specific population groups, particularly women, the elderly and adolescents; (5) review of public policies and their impact on human resource development and demographic trends; and (6) determination of the coverage of current population, health and nutrition activities in the field.

Several social scientists from the University of the Philippines System participated in the two-year project as shown in the list of investigators and consultants. The preliminary findings of the individual researches were quickly disseminated mainly through workshops conducted in various parts of the country. Preliminary findings and their implications for population and development policy were also discussed in several forums participated in by policy makers and planners. Chapter 1 of this volume served as a background paper for the Parliamentarian's Conference on Human Survival: Population and Development sponsored by the Philippine Legislators' Committee on Population and Development in 1989.

With the publication of these papers, it is hoped that the findings of the research will reach an even wider audience, including, and perhaps especially, future researchers who could take the studies contained in this publication as baseline from which to steer social science research on population and development forward. Following are brief description of the papers: .

II. OVERVIEW

Herrin (Part I, Chapter 1) gives an overview of population and development trends and the role of public policies in determining such trends. It also brings to bear current research findings and attitudes on key issues on population and development as possible bases for a consensus on population policy, namely, the role of population growth in socioeconomic development with particular attention to household welfare and human resource development, and the role of government in fertility control. The paper suggests that to improve family welfare and the quality of human resources, and to achieve full employment at rising real wages, the government must (1) strengthen the population policy by adopting explicit fertility and population growth objectives; and (2) adopt an integrated human resource development policy, with particular attention to the health, nutrition and basic educational needs of children.

III. DEMOGRAPHIC TRENDS: REVIEW AND UPDATE

Fertility and Mortality. Zablan (Chapter 2) reviews available data on mortality and its correlates. The study reveals that while there had been a long-term trend in mortality reduction, the pace of decline slackened during the most recent period 1975-1983. This slackening was traced to the significant contribution (40 percent) of communicable diseases to total deaths, the victims being mostly infants and very young children. Declines in mortality were not uniformly felt across population subgroups. People in rural areas and those with less education and employed in low-status jobs ran higher risks of death than those who resided in urban areas, who had more education and who held high-status occupations. The large area and social group differentials in mortality observed in the early 1970s persisted up to 1983 (the latest year when mortality estimates based on national demographic surveys were available).

In addition to mortality and health indicators, Zablan reviewed data on nutrition obtained from national surveys conducted by the Food and Nutrition Research Institute, the latest of which had been done in 1982. The data indicate that the Filipino diet in 1982 was somewhat adequate in protein but inadequate in energy and micronutrients, except for niacin. With the exception of ascorbic acid, nutrient intake was almost always higher in urban than in rural areas, but Metro Manila was worse off than other urban or rural areas. Nutrient intake was positively related with income and education, but was negatively related with household size. Those in high-status occupations were better off than those in low-status jobs. Anthropometric indicators of nutritional status showed high rates of undernutrition among preschool children. The rate of undernutrition among preschoolers in 1982 was higher in rural than in urban areas, except for Metro Manila. Equally disturbing was the finding that the practice of breastfeeding and its duration has been slowly declining, especially among rural and less educated mothers-

who would have been the real beneficiaries in terms of improved health and survival chances of their infants and young children.

De Guzman (Chapter 3) reviews existing estimates of fertility, nuptiality and contraceptive practice. Recent figures reveal a slowing down of the decline in fertility, especially in the 1975-1980 period. Some preconditions for long-run fertility decline are present, such as the downward trend in the desired family size. However, there are also indications that fertility declines in the short- or medium-term are not likely to accelerate. These include declining breastfeeding practice, earlier marriages, and slow increase in contraceptive practice. Several policy thrusts are suggested, including the improvement of health and nutrition services to reduce infant and child mortality; improvement of information and education to increase the prevalence of breastfeeding; enhancement of women's status and autonomy by augmenting, among others, educational and employment opportunities for women to influence the age at marriage; and revitalization of the national family planning program.

New estimates of fertility and mortality data are needed to assess recent trends. In Chapter 4, de Guzman, using a common methodology, estimated fertility and mortality from the 1970s to the mid-1980s, incorporating the most recent available data, the 1986 Contraceptive Prevalence Survey. The reanalysis of existing data and the update occasioned by a new set of data showed that fertility in the Philippines is declining – but very slowly, compared to neighboring countries in the region. The large differentials in cumulative fertility by education, occupation and age at marriage, persist.

With respect to mortality, the second half of the 1970s saw some small improvements in the survival of children. The early 1980s, however, indicated a deterioration in conditions, dampening hopes for rapid progress toward mortality reduction. While the infant mortality rate (IMR) might have reached a low level of 55 deaths per 1000 live births in 1980, the actual level in 1984 may have reverted to its original position in 1975, i.e., a little over 60 per 1000 live births. The 1984 estimate, which suggested an increase in infant mortality rate was surprising in a way, if also somewhat expected. It was surprising that the IMR would actually increase (one normally expects a continuing mortality decline after a large drop in mortality such as that which occurred in the immediate postwar period), hence, one would doubt the accuracy of the estimate. On the other hand, the early 1980s was a period of unusual economic difficulties, hence, one might expect that adverse economic conditions significantly affected infant and child survival (although one is not quite sure about how large an impact to expect). On the hindsight de Guzman's estimates suggesting a possible rise in IMR in the early 1980s or at best indicating no improvements in mortality, was essentially correct. Recent estimates of infant mortality released by the National Statistical Coordination Board show that IMR was around

64 deaths per 1000 live births in 1976. This declined to 59 in 1980, increased to 63 in 1983 and remaining at this level in 1986. The IMR for 1990, the latest available data, was about the same in 1980.

Contraceptive Use. In Chapter 5, Zablan provides quantitative measures of "unmet need" for contraceptive services and assesses the extent of fertility reduction that will result from satisfying the current levels of unmet need. The analysis of unmet need revealed the following results: First, the unmet need of couples expressed in 1986 ranged from 12 to 37 percent. If this were fully satisfied by the National Family Planning Program, it would lead to a contraceptive prevalence rate ranging from 58 to 83 percent. Second, a decline in total fertility rate (TFR) from 4.36 births per woman in 1987 to 3.67 in 1993 (the target of the Medium-Term Development Plan) would be achieved under optimistic assumptions, or the same decline could be achieved by 1998 under more realistic assumptions.

The trends over the 1978-1986 period showed that the unmet need expressed by Filipino couples in 1978 was not satisfied by the program in 1986. It further showed that unmet need had increased over the period substantially for married women below 25 years, and slightly for married women 25-39 years. However, these increases were due more to the need for birth spacing than to birth limitation. Contraceptive prevalence rates for married women below 25 years remained constant and only high-parity women 30 years and above showed significant increases in current user rates.

Zablan argues that for the program to achieve its acceptor targets, all it has to do is to satisfy the need, at the least, of all those couples who want to stop childbearing and, at the most, of those who intend to use family planning either to space or to stop childbearing. For the program to achieve its fertility reduction targets, however, it is necessary to adhere to the principle of "free choice" of contraceptive methods so that couples could select methods most suitable to them. In addition, the program needs to promote and maintain an efficient service delivery system.

Migration Patterns. Feranil (Chapter 6) synthesized various data and analysis to provide a broad picture of the historical patterns of migration and population redistribution in the Philippines. The paper highlights the long-distance, frontierward, and male-dominated movements that characterized migration before 1960, and the increasing urbanward and female-dominated migration after 1960.

In Chapter 7, Feranil updates data on the volume of female migration to the cities and the characteristics of female migrants (relative to female nonmigrants and male migrants) using data from the 1970-1975. Feranil's analysis was further expanded to look at female migration across regions (Chapter 8). The questions posed for analyses were: (1) except for the

dominant flow to Metro Manila, is female migration to the other urban areas of the same magnitude across regions; (2) do the urban areas in the different exhibit manifest uniform patterns of female migration or are there pronounced differences among them; and (3) what are the characteristics of female migrants moving to the urban areas of the various regions. The concern for having accurate information of female migration is based on the fact that demographically, their numbers are large; economically, the sector where women find employment (mainly services) involves low earnings; and socially, the workers (young, single and less educated women) are likely to be exploited.

Demographic Development and Public Policies. Herrin (Chapter 9) notes the unfavorable trends in both demographic and economic situation in the most recent period, i.e., continued rapid population growth rate and inability to sustain fertility and mortality declines on the one hand, and continued high poverty rates, slow structural change and employment expansion in the face of a rapidly growing labor force, on the other. A review of existing analyses of the impact of past economic policies indicates a strong bias against the agricultural sector where the large majority of the population is found. Moreover, government priorities, as reflected in the pattern of public expenditures, have tended to favor large-scale infrastructure projects at the expense of basic social services. Are these demographic and socioeconomic trends, and the nature of public policies and priorities merely coincidental or are they intrinsically related?

The paper suggests that Philippine demographic development during the past one-and-a half decade has been influenced by various indirect and unintended impacts of economic policies and by the failure of population-related programs to have large direct impacts on demographic trends.

IV. HUMAN RESOURCE DEVELOPMENT TRENDS: NUTRITION AND EDUCATION

Nutrition. Florencio (Chapter 10) notes that malnutrition presents itself in different forms and degrees, depending on who are affected and when, and what nutrient or nutrients are inadequately provided and utilized to meet the body's requirements. It can affect all kinds of people, although some groups are more vulnerable to malnutrition than others. In the Philippines, four kinds of malnutrition have been the subject of much concern. These are energy-protein undernutrition, as manifested by physical growth deficits; and specific deficiences in iron, vitamin A and iodine.

The paper puts together available information on the nutrition situation of infants and preschoolers, school children, adolescents, pregnant and lactating women, and adults and elderly. It also examines nutrition policy and programs, with particular attention to the Philippine Food and Nutrition Program (PFNP) and the activities of the National Nutrition Council.

Florencio notes that the PFNP has embarked on a variety of activities, tried to put in place a rather elaborate organizational structure at every level of administration, and engaged in an integrated planning process with the different socioeconomic sectors. During the last 14 years, the PFNP has had noteworthy accomplishments that were recognized both locally and internationally. The paper also notes, however, that the complexity of the entire nutrition program, inadequate resources, and some degree of disjointedness in the manner nutrition is perceived by planners and implementors, by beneficiaries and benefactors and by national - and local participants, have contributed to the lack of sustainability of many of the initiatives that have been taken and the unevenness in the program's implementation throughout the country.

The paper calls for an immediate and in-depth review of the entire working of the PFNP. The program involves so many sectors and chains of operations which fall under different administrative units and levels. The weak links thus need to be promptly and correctly identified so appropriate steps can be taken.

Elementary and Secondary Education. Cortes and Lara (Chapter 11) evaluate the performance of elementary and secondary education during the period 1970-1985 in terms of such "efficiency" indicators as participation rates, cohort survival rates, dropout rates, graduation rates and repetition rates, and in terms of such "effectiveness" indicators as mean scores in national achievement tests, performance in the National College Entrance Examination (NCEE), literacy rates and overall educational attainment of the population and of the employed labor force.

For elementary education, the data show that the increases in participation rates in the 1970s (89 percent? in 1970-71, to 95 percent in 1979-80) could not be sustained in the 1980s (it fell back to 89 percent in 1985-86). Furthermore, data by region reveal large variations in participation rates. The cohort survival rates for the nation has not improved over the past 15 years, i.e., the rate stabilized at around 65 percent throughout the period. Moreover, large regional variations persist. In 1985-86, cohort survival rates ranged from 44 percent in Central Mindanao to 87 percent in the National Capital Region (NCR). Mean scores in national achievement tests show improvement between 1975 and 1986, yet the mean scores were still around 50 percent, about two-thirds of passing grade of 75 percent.

For secondary education, data show that, as with elementary education, the increase in participation rates in the 1960s was not sustained in the 1970s (the participation rate increased from 27 percent in 1960-61, to 64 percent in 1970-71, but declined to 60 percent in 1979-80). In government secondary schools, cohort survival rates (first to fourth year) was 70 percent in 1985-86. Mean scores for the NCEE in 1985 was 500, ranging from 471 in Western Mindanao

to 535 in NCR. The percentage of students passing the NCEE declined from 79 percent in 1977, to 67 percent in 1980, and to 60 in 1985.

Tertiary Education. Paderanga (Chapter 12) examines the determinants of schooling performance (years of schooling). The determinants include child characteristics, household characteristics, community characteristics and school characteristics (teacher and school quality). An interesting analysis is made on the determinants of school quality, and the differences between public and private schools in terms of quality.

In Chapter 14, Paderanga takes issue with a popular held view that the immediate problems confronting the educational sector is the large pool of unemployed, highly skilled workers. Since these workers are products of the educational system, they are often viewed as indicators of the system's failure, i.e., the system does not produce the skills and workers required by the economy. Various solutions have been proposed, including the use of national or sectoral manpower planning and the limitation of the number of students going to college (through the NCEE).

The paper contends that these proposals do not deal with the basic problem and will not solve it. The main reason that proposals to correct skilled unemployment in the educational sector will not work is that the defect lies elsewhere, namely, in the industrial structure. The defect is simply reflected in unemployed college graduates. The solutions to the problem, therefore, lie in the industrial structure. Until this is dealt with, all proposals pertaining to the educational sector will come to nothing.

V. ECONOMIC AND SOCIAL IMPACTS OF DEMOGRAPHIC TRENDS

Demographic Processes and Social Institutions. Guerrero and Ballescas (Chapter 15) examine the impact of fertility and migration on specific institutions, particularly the family, the political institution and the church. Unlike usual approaches where impact is assessed on individual units (individuals, households, communities or regions), the paper adopts an institutional approach whereby the analysis is focused on the impacts of demographic processes (fertility and migration) on selected dimensions and processes of specific institutions. For example, fertility and migration affect the family as an institution by affecting several processes which include consumption patterns, labor force participation, relationship between husband and wife, and values and norms. The paper is a welcome complement to the current syntheses of the impacts of demographic processes on socioeconomic development, and fills a serious gap in institutional analysis in the Philippines.

Fertility, Savings and Productivity. In another approach to the study of the socioeconomic impacts of demographic trends, Canlas (Chapter 16) estimates an aggregate consumption function based on a permanent income hypothesis to examine the impact of demographic

variables like crude birth rate, infant mortality rates and migration (international migration related to the oil shock) on consumption and saving. The results show that an increase in the crude birth rate leads to higher consumption, and consequently lower savings. This will have serious consequences with respect to capital per worker and, therefore, on aggregate output.

Consequences of International Migration. A review of levels and trends and an exploration of the potential consequences of international migration was undertaken by Cariño for the permanent migration of professionals to the United States (Chapter 17), and for both permanent and temporary migration to various countries (Chapter 18).

The Philippines has become one of the largest suppliers of immigrants and manpower to various industrialized countries. Among the important factors that have influenced the international movement of Filipinos are: the country's tradition of democracy, which has guaranteed the freedom of mobility; and the country's worsening economic problems.

In turn, the massive emigration of Filipinos could have important socioeconomic consequences for the source country. However, the nature and magnitude of these consequences are difficult to assess at present because of the dearth of information on such aspects as the brain-and-skill drain, repatriated earnings, return migration, and immigrant activities abroad. The impact of these phenomenon are still the subject of considerable debate, and additional studies are obviously needed to serve as a basis for the formulation of emigration-related policies.

Population and the Upland Environment. Cruz (Chapter 19) consolidates available information regarding population and economic activities in the uplands. The paper finds that around 30 percent of the total population of the Philippines now reside in the uplands. A significant 8.8 million people occupy interior forest lands belonging to the public domain. The growth rate of the upland population during the period 1975-1980 was particularly rapid: 2.6 percent per year, which means a doubling of the upland population in 27 years if trends continue. The population dependent on some form of upland cultivation is expected to reach 18.6 million by 1990 and 43.5 million by year 2025. By year 2025, if each upland household were to be given a minimum of one hectare, the remaining forest cover would then be less than one million hectares. This implies a dramatic decline in forest cover from 51 percent of total land area in 1980, to less than 28 percent in year 2025.

The paper discusses environmental indicators of overpopulation, the expansion into marginal lands and depletion of resources, as well as indicators of population pressure: population size and growth, population density, and migration. It also attempts to put together available regional data that could help describe the demographic (fertility, mortality

and migration) and agricultural (expansion of cultivated area, changes in the cropping pattern, and use of more labor inputs) responses to population pressure.

The paper notes that past government policies have played a part in inducing population pressure on forest resources. These policies include: (1) promotion of programs that opened up forest lands to migrants, (2) institution of planned resettlement schemes, (3) effects of lowland agricultural policies, and (4) ineffective population control programs.

VI. ECONOMIC AND SOCIAL WELFARE OF SPECIFIC POPULATION GROUPS

Women and Rural Development Programs. Torres (Chapter 20) analyzes several rural development programs in terms of their effects and impact on gender concerns. Specifically, the assessment revolved around the questions: (1) does the program aim to provide men and women equal access to the potential benefits of the development endeavor; (2) will the development program increase the direct participation of women in social activities; (3) to what extent does the program encourage the use of local materials and low-cost production processes; (4) will the program lead to the dispersal of rural populations and contribute directly or indirectly to fertility reduction; (5) to what extent does the development effort encourage the participation of the private sector, especially organizations of rural women; and (6) does the program provide opportunities for women to acquire nontraditional roles in the community and society.

The programs studied were in the areas of *health*: Maternal and Child Health, and Family Planning Programs of the DOH; *land resources*: Integrated Social Forestry (DENR) and San Isidro Rural Systems Development (Land Bank); *nonformal education*: Functional Literacy Program of DECS and Integrated Program for Rural Women (Agricultural Training Institute formerly the Bureau of Agricultural Extension); and *employment and income generation*: Tulong sa Tao Self-Employment Loan Assistance Program (DTI) and Non-Farm Employment Project (DOLE).

Certain findings may be highlighted. First, with respect to access to development benefits, in general, none of the programs is essentially biased against women. However, cultural views on gender roles have in reality differentiated the beneficiaries of these development efforts. For example, technical assistance and training opportunities are gender-differentiated: men's skills are upgraded for agricultural productions while women receive training for home development. Second, with respect to participation in societal activities, the assessment found that the opportunities provided by the development schemes for the active participation of women in project activities were heavily in favor of health and microenterprise projects and very little on others, i.e., planning land resources. The paper

finds this apparent imbalance as a mirror to societal definitions of gender roles and responsibilities.

In addition to the five original questions above which served as a framework for assessment, other aspects of development are crucial to an examination of the contributions to women's welfare of development. These are: (1) concern for the total women, rather for women in distinct roles; (2) use of integrated and holistic strategies for women's development; (3) women's access to leadership training and positions; and (4) development of scientific thinking in all aspects of women's life.

Women Adjusting to Economic Changes in a Local Economy. How do households, particularly the women members, adjust and cope with the effects of economic changes in the wake of the collapse of the major industry that's their principal source of livelihood? Dungo (Chapter 21) investigates the effects of the sugar crisis in Negros on women. The study provides detailed profiles of the patterns and extent of labor participation of women in different types of farms in Negros as the haciendas introduced changes to cope with the sugar crisis. These changes in turn have had effects on the workers, particularly women, because of the prevailing bias in favor of hiring "breadwinners," and the unskilled workers, of which a large percentage are women. For example, mechanization meant a greater demand for skilled workers to run the machines. Hence women, because they tend to be unskilled, are the first to be displaced. Crop diversification has given rise to greater demand for both male and female labor. However, the type of work available for women often requires long hours and low pay.

Women as International Migrants. Añonuevo (Chapter 22) puts together data from various sources on the increasing numbers of women who migrate overseas as domestic helpers, entertainers, prostitutes, nurses, and mail-order brides. The paper describes various aspects of such migration, which include the recruitment process, the working conditions in the country of destination, the legal and cultural problems women face, and the risk of physical abuse from employers. The paper calls on the government to play a bigger role in protecting overseas workers, particularly women, from such risks and abuses.

The Filipino Elderly. The Philippines has been undergoing gradual shifts in its age structure due to fertility reductions and improvement in mortality. It is expected that the 1980 population of 60 years and older estimated at 2.5 million, will double by the year 2000. This group will eventually outpace the general population. Domingo (Chapter 23) argues that the increase in the number of the elderly and its potential for high growth require that they be addressed as a distinct sector in the economy. There is a need to plan their inclusion in the various socioeconomic development activities as well as to provide them with basic services.

The paper culls most everything that's been written about the Filipino elderly and highlights some findings that can be significant for policy. Current plans and programs of the government as well as proposed legislation designed to benefit the elderly are examined, and gaps identified. Problems include lack of resources for full implementation of programs and limited coverage of programs, e.g., pension. The paper finds that while there's a great many proposed legislations (Senate and House Bills), the scope of benefits is limited and the beneficiaries are highly selective (e.g., discounts on transport fare whose beneficiaries are likely to include mainly urban residents).

The Filipino Adolescents. Raymundo (Chapter 24) gathers available census and survey data to provide a profile of the Filipino adolescents defined by convention as the population age 15-24 years. The profile touches on educational, economic, demographic and family-related characteristics. Particularly interesting are the data from the 1982 Youth and Adolescent Fertility Survey dealing with adolescent sexuality and influences around the female adolescent (family; growing up years with parents, support system outside the home; and sex, pregnancy and marriage). The paper notes that the decline in age at marriage, the low level of sex awareness among the young and the occurrence of early marriages traceable to general irresponsibility among the young people are factors that can effectively negate efforts to moderate the national fertility rate.

VII. POPULATION POLICY AND COVERAGE OF POPULATION, HEALTH AND NUTRITION PROGRAMS

Population Policy. Public policy is not just what government intends to do as embodied in its economic development plans, policy statements or even in legislation, but what it has done and is actually doing to carry out such plans. Caoili (Chapter 25) reviews the evolution of government policies on population, health and nutrition with respect to their origins, objectives and implementation. Particularly interesting are the policies on health and nutrition during the American period and the public health programs as far back as the Spanish period. An unintended consequence of these policies was the rapid growth of the population. Public health and nutrition policies antedated the population policy debates in the late 1960s and 1970s.

At the start of the Aquino administration, population policy debate surfaced once again. Several questions were raised, such as: what is the present government's population policy; what should be the thrust of a national population policy; and how should such policy be formulated in order to ensure its effective implementation. For these and other related questions, Caoili and Baviera (Chapter 26) obtained, through a survey, the views/perceptions and the involvement of various cause-oriented groups and nongovernment organizations on issues of population and development. The study also describes the Catholic Church's

position and the perceptions of selected legislators on population policy. The issues regarding the nature of the population problem and the role of government in influencing population change are far from resolved, even as most respondents emphasized the need for a clear-cut statement of policy on population.

A review of past performance could give important information on how to improve current implementation. Pilar (Chapter 27) reviews the institutional and administrative aspects of the population program during the Marcos Administration. The paper finds that past assessments, while conducted separately by different groups remarkably reached a consensus with respect to the issues, problems and gaps in policy formulation and program implementation. These issues and problems revolve around the structure and functions of the Commission on Population, the funding for the population program, and coordinative mechanisms.

Coverage of Population, Health and Nutrition Programs. While attention is focused on the larger issues of population and human resource development policies, there is a need to have a closer look at how population, health and nutrition services are actually delivered to the population in need. Toward this goal, the project undertook household and community surveys in selected areas of the country to monitor the extent to which the target population for health, family planning and nutrition services are actually getting such services from the appropriate services providers and facilities in the country. Four coordinated studies, using the same design and questionnaire, were undertaken in Leyte. Western Visayas, Cebu and the Ilocos. The results are described by Abilar and Borrinaga (Chapter 28) for Leyte, Ardales (Chapter 29) for Western Visayas, Etemadi and Navarro (Chapter 30) for Cebu, and Rood and Associates (Chapter 31) for the Ilocos. The survey results were analyzed and presented to local government officials and local representatives of national agencies in the data sources, in an attempt to demonstrate how rapid monitoring surveys can be a help to improve service delivery.

Proper monitoring, i.e., determining the extent to which the target population is actually receiving the intended services or resources, requires the proper identification and measurement of the target population. In fact, this is often difficult to measure accurately because of the absence of data on the community level. Very often, national rates are applied to the estimated total population of the communities to arrive at the total beneficiary population, which may not be correct. For example, in estimating the number of births as the denominators for assessing immunization coverage, the usual approach is to assume a crude birth rate of 30 births per thousand population to estimate the number of births in a community eligible for immunization. However, in any particular community, the actual birth rate, and therefore, the number of eligible infants for immunization, may vary widely from the national

average. Thus, the use of national rates to estimate community-level target populations may either under- or overestimate true rates, and this could affect not only the service delivery efforts, but also the morale of agency personnel who are evaluated in terms of coverage or accomplishment rates based on faulty denominators. Using the experience of the four studies mentioned above, Borrinaga (Chapter 32) attempts to develop practical denominators for use in monitoring delivery of population, health and nutrition services.

VIII. CONCLUSION

The thirty papers described above show that the population issue is more than just a concern for population growth, fertility reduction and family planning – although these are important concerns precisely in view of the continued high fertility and population growth – and the great demand for family planning services among currently married women. To be sure, there is no room for complacency. There is also no need to wildly exaggerate the effects of rapid population growth; there are enough real problems associated with it in contemporary Philippine society to merit immediate attention. However, viewed from the larger perspective of human resource development, the population issue encompasses a wide range of concerns beyond population growth, fertility reduction and family planning. These concerns include the health, nutrition and education of children; the welfare of national and international migrants, especially women; the viability of social institutions and their responsiveness to changing conditions; the welfare of specific population groups, including women in various economic settings, adolescents, the elderly, and the growing population in the uplands. Whatever action is designed and carried out to deal with these broader concerns, there will always be a need to constantly monitor population and human resource development activities to improve service delivery.

PART V

ECONOMIC AND SOCIAL WELL-BEING OF SPECIFIC POPULATION GROUPS

WOMEN'S PARTICIPATION IN COUNTRYSIDE DEVELOPMENT: GENDER ANALYSIS OF SELECTED DEVELOPMENT PROGRAMS

Amaryllis Tiglao-Torres

I. INTRODUCTION

Deliberations made by various sectors towards the end of the International Decade of Women indicate that many development programs earmarked for either rural or urban populations have benefited males and females unevenly. Even those which asserted that women were the intended beneficiaries were evaluated to have failed in this respect.

Critiques of women–in–development approaches utilized in the seventies focused on the following as factors which have contributed to these results (UN/JUNIC, 1985; Heyzer, N., 1985; Miralao, V., 1983; Krishna, R., 1983; among others):

First, development plans were primarily designed by males, inasmuch as they were the ones usually found in the corridors of power. Even when female technocrats have been involved in planning, few have failed to take the feminist standpoint, and have unwittingly subscribed to traditional perspectives about women.

Second, approaches and programs purportedly directed at women's development used criteria, targets and impact indicators devised within a framework of men's development. Thus, a woman's "labor activity" was acceptable only when this was undertaken outside the home. As a result, her contributions to national development by way of home–making and child–caring were invisible in national accounts. In addition, work, which the woman directly undertakes for production, becomes undervalued as "unpaid family labor."

Third, very limited goals have been set for women's development, and these often reinforced traditional views about gender responsibilities. For instance, a major strategy directed at women was fertility control. Contraceptive development and information campaigns were developed for "females of reproductive age." While this was so, the final decision for practicing family planning often rested with the husband. Moreover, strategies which encouraged men to share in the responsibility to contracept were later developments.

Fourth, even approaches which have potentially favorable impacts on women diminished in significance because their effects on women's status have not been carefully considered. An example was found in the skills–training programs of government. While educating women in

this respect was commendable, focus has been on developing skills related to the domestic arts such as food processing, sewing, tailoring and cosmetology. The opportunity for them to work in the public sphere, therefore, remained underdeveloped.

Assessments taken at the end of the Decade of Women stressed the need to stop this 'mindlessness' and to plan the future with women's concerns visible on all fronts. Of primary importance were steps taken to improve women's status as a human resource in economic and social progress, and to insure that their reproductive function will not pose a hindrance to development in these spheres. The direct participation of women in the planning, implementation and evaluating stages was also considered vital to the development process.

It is these concerns which the present investigation seeks to address. Through a systematic review and assessment of selected programs for development, the potential impacts on women of these strategies will be identified and described. Based on the findings, recommendations will be drawn up in order to ensure that other similar development activities may be more attuned to the interests of women.

1. Research Objectives

The *General Objective* of this study is *to develop guidelines for assessing the gender components of development programs and projects.*

Towards the fulfillment of this goal, the following *Specific Objectives* are pursued:

1. To identify rural development programs in health, education, employment, income generation and settlements which may directly or indirectly affect women's development;
2. To review the objectives, strategies, and implementation of these programs within a framework of gender analysis, taking into account the characteristics and situation of Philippine culture and society;
3. To identify the key contributions to, as well as the limitations for, women's development of each program/project;
4. To recommend strategies and programs which promote the goal of eliminating all forms of discrimination against Filipino women based on study results.

2. Significance of the Study

Philippine development from 1987–1992 is planned to fulfill the following goals: the alleviation of poverty, generation of more employment, promotion of equity and social justice, and the attainment of sustainable economic growth (NEDA, 1987). In the medium-term, an

employment–oriented, rural–based strategy is foreseen as the important means by which the bulk of poor Filipinos living in the countryside can benefit from development.

The creation of productive employment is considered the key factor in poverty reduction and social transformation. In this respect, it is expected that during the years covered by the Philippine Development Plan, the number of females who will seek employment will increase considerably, with an expected average of about 750,000 new entrants to the labor force. Women, therefore, are expected to be principal beneficiaries of employment strategies. Women are also classified in the Plan as among the "distressed and disadvantaged individuals.. with special needs," belonging to the poorest of the poor. Thus, the Plan recognizes that Filipino women need to have increased access to basic needs, to develop their capabilities and full potentials, and to be organized as a sector in order to be able to take their place as partners in development.

While these statements of guiding principles are commendable, it remains to be seen to what extent development strategies will, in fact, result in women's development. The best way to ensure that Philippine Development will be beneficial to *all* sectors, including women, is to make conscious efforts to evolve development activities that are seen by women as benefiting themselves.

In this regard, one step that has been taken is the formulation of a Philippine Development Plan for Women under the leadership of the National Commission on the Role of Filipino Women (PDPW), through consultations with the private and public sectors. Through the PDPW, the government is able to articulate in more specific terms the ways by which national development can become gender–fair.

Another mechanism which may help to ensure the welfare of women through development planning is to examine and assess ongoing programs from the perspective of gender analysis. This is the implicit purpose underlying the present project: to develop an approach by which development programs can be planned from the viewpoint of gender theory. The present research hopes to make an initial contribution in this direction by assessing selected programs for rural development from the perspective of women's development. From the study results, a set of guidelines may be developed for examining the gender impacts of development efforts in Philippine society.

II. DEVELOPMENT PROGRAMS AND WOMEN'S WELFARE

1. Development Concerns and Strategies

Since the post–war years, the United Nations has committed itself to the task of "development." As a result, the goal of the first Development Decade in the 'sixties was

specified to be the acceleration of progress "towards self–sustaining growth of the economy of the individual nations and their social advancement so as to obtain in each under-developed country a substantial increase in the rate of growth..." (UN, 1972). In the succeeding Decade, emphasis was placed on development assistance, and the International Development Strategy for the 'seventies was designed to provide developing countries with a larger share of the benefits from the economic growth of developed countries (U.N., 1981).

Corollary to the concerns of the Second Development Decade, the so–called Basic Needs Strategy was introduced, which assumed that the satisfaction of basic needs is part of the broader concern for the fulfillment of human rights (ILO, 1976). It identified basic needs to include family consumption requirements (such as adequate food, shelter and clothing, household equipment and furniture) and essential community services (safe drinking water, sanitation, public transport, health and educational facilities), which are attained through people's participation in decision-making.

At about the same time, the Declaration and Action Program on the Establishment of a New International Economic Order (NIEO) was adopted by the UN General Assembly. It called attention to the need to restructure the international economy in order to "correct inequalities and redress existing injustices" so as to eliminate the widening gap between the developed and developing countries (UN, 1974). It encompassed many element, such as: an increased share of world agricultural and industrial production for the developing countries, greater flow of technology from developed to developing countries, cooperation among developing countries on technology, trade and communications, regulation of multinational corporations and Third World control over its natural resources.

Development approaches for the Third Development Decade stress the importance of making the NIEO a reality, as well as the need for improving economic growth and modernizing agriculture (Laidlaw, K. and R. Laishley, 1980). In the report of the FAO entitled *Agriculture: Toward 2000,* it is stressed that food production will have to be increased if hunger and malnutriton are to be eliminated in the world. This can be done, moreover, only if more investments are made in agriculture and production processes are modernized. At the same time, the distribution of income and access to resources among rural populations must become a reality (FAO, 1981).

2. Women in Development

Have the strategies for development benefited women?

In the early seventies, advocacy efforts to end discrimination against women and to ensure their equal participation in society provided the impetus for the world to take cognizance of

the contributions and roles of women in the development process. These efforts, moreover, were inspired by the awareness that "women's reproductive and productive roles were closely linked to the political, economic, social, cultural, legal, educational and religious conditions that constrained the advancement of women" (UN, 1985). Studies and observations of the conditions of women also confirmed that chronic inequalities, injustices and exploitative conditions at the family, community, national, subregional, regional and international levels intensified the economic exploitation, marginalization and oppression of women (UN, 1985).

Hence, the declaration of 1975 as International Women's Year may be considered as "a turning point in the history of current notions on the place, role, and position of women in society" (UN/JUNIC, 1985). That year ushered in a Decade devoted to intensified action to promote equality between men and women, to ensure the full integration of women in total development effort and to increase women's contribution in the strengthening of world peace (UN, 1985).

Despite this strategic gain for the world's women, however, post–Decade assessments on the status and conditions of women pointed out that efforts taken during the International Women's Decade have only partially attained the goals and objectives of development (UN, 1985; UN/JUNIC, 1985; Heyzer, 1985, PWRC, 1985, among others). Obstacles to the advancement of women include combinations of political, economic, cultural and social factors. Furthermore, these obstacles represent the interplay of both national and international conditions.

> The economic constraints due in part to the prevailing macro-economic factors have contributed to the aggravation of economic conditions at the national level. Moreover, the devaluation of women's productive and reproductive roles, as a result of which the status of women continued to be regarded as secondary to that of men, and the low priority assigned to promoting the participation of women in development are historical factors that limit women's access to employment, health and education, as well as to other sectoral resources, and to the effective integration of women in the decision–making process.. The structural constraints imposed by a socio-economic framework in which women are second–class persons still limit progress. (UN, *The Nairobi Forward–looking Strategies for the Advancement of Women*, 1985, p. 10)

As a result of these observations, the World Conference held at the end of the UN Decade for Women reiterated the goals of women's advancement to be those which were articulated at the start of the Decade – equality, development and peace. More particularly, the Forward–looking Strategies for the attainment of women's development focus attention on

health, education and employment as the principal concerns of all nations, so that by the year 2000, women's illiteracy would have been eliminated, life expectancy increased to at least 65 years, and opportunities for self–supporting employment made available. Moreover, the forward–looking strategies call for the institution of laws guaranteeing equality for women in all spheres of life (UN, 1985).

3. Women's Development in the Philippines

Has development benefited Filipino women?

An analysis of the economic, political, social and cultural conditions which affect Filipino women indicates that the following events have had critical influences on her status and advancement (Torres, A., 1988):

1. Gender discrimination spawned by socio–cultural events:

Women in the Philippines have "traditionally" been viewed to be homemakers and housewives. The functions of males and females are rigidly defined; and there are behaviors, tasks, prerogatives and privileges associated with the sexes. These "gender roles" are imbibed early in life through specialization in the family, and continue to be reinforced by social institutions – including the school, the church, the legal system, and even peer groups. In modern times, media has contributed greatly to the propagation of 'sexist' images and values.

The gender stereotypes passed on by culture and society are not accurate representations of the roles and capabilities of Filipino women. In some instances, they are mythical remnants of what may have been the social order in earlier periods of our socio-historical development. In other instances, these stereotypes were passed on by our colonizers, who imposed their own gender values and perspectives on human relations in these islands.

Whatever the roots of these views, however, the fact is that society has accepted them as truths. Thus, both Filipino men and women tend to believe that there are broad differences in the behaviors expected of and acceptable from either sex. These gender discriminations find themselves mirrored not only in social interactions, literature and popular culture, but even in development assumptions and strategies.

Verbal reports as well as statistics on development efforts and achievements bear out this position. Hence, fertility regulation programs have been directed to women while land reform has been designed for males. Family health and nutriton are supposed to be the responsibilities of mothers, while infrastructure schemes are the

responsibilities of fathers. Work in transportation and construction are suitable for men, while employment in services and entertainment are for women. Finally, administrative and top managerial positions are generally considered the domain of males, while females perform support functions in lower managerial and clerical positions.

2. *Increased female migration to urban centers resulting from the encouragement of export–oriented industrialization and tourist– related trades:*

Many young women came to urban centers in the early 'seventies' in order to obtain employment as lowly–paid workers in the garments, textile and semiconductor industries. They often found themselves in the Export–Processing Zones where labor organizations were suppressed as an incentive to multinational investors. Hence, these females often worked under very oppressive conditions of employment. When the global recession occurred in 1983, many of these industries reduced their labor requirements, or folded up, and huge numbers of female workers found themselves jobless.

In addition to export-oriented industries, some female migrants to urban centers sought jobs in the entertainment industry. The adverse effects of this on the image and status of the Filipina are well–known and deserve no further discussion.

3. *Encouragement of the export of female contract workers*

Another hallmark of the economic policy of the Philippines in the past decade is the export of human resources. Unable to fit qualified labor power into local industries and as a strategy for obtaining badly–needed dollars from abroad, Filipino men and women were encouraged to accept overseas contract employment. While good–paying jobs were available to some, the majority of the positions available were in construction (for the males) and in services (for the females). Thus, because of the unemployment crisis in the country, female professionals left the Philippines to work as mere household domestics and entertainers in other parts of the globe. This situation persists under the present administration.

4. *Economic recession resulting in increased unemployment and poverty in the early years of the eighties:*

While the Philippines achieved some economic growth in the seventies, the very policies which were instituted to achieve development contributed to its downfall. With the advent of global recession, export–oriented industries were unable to survive. Thus, many industrial workers found themselves out of work. In addition, tourism

sloughed off, especially after the deterioration of peace and order conditions in the country in 1983.

Because of these developments, many industrial women workers found themselves jobless. In addition, more wives had to deal directly with the needs of growing families — since their husbands were laid off. Thus, the influx of underground trades and the entry of more women in the informal labor sector resulted from the economic difficulties of the early eighties. These developments aggravated the situation of women burdened with home–making functions, making the "double day" of women a common reality, especially for the poor. In addition, work in the informal sector meant loss of the benefits of fixed wages, paid leaves and security of tenure.

5. *Militarization and increased deterioration of peace and order conditions:*

Military operations in rebel–held areas had many negative effects on the family. For one, households with suspected rebel members were 'dismembered,' and wives suddenly found themselves single–parent heads of families. Secondly, reports from various human rights groups indicate that women were defiled in some of these offensives, so that rape and assaults on women (both suspected rebels and civilian bystanders) occurred with alarming frequency. Thus, Filipino women suffered humiliation in the hands of foreign tourists and unthinking soldiers alike. Third, the rapid deterioration of peace–and–order, even in urban areas, led to the political awakening of many Filipinos, so that both men and women took to the streets in protest of the excesses of the dictatorship. The women who marched together in the "parliament of the streets" eventually became the core of different groups which continue to advocate for human rights in the country – including the rights of women.

6. *Global developments in the movement for the advancement of women's causes coupled with local political action:*

Somehow, advocacy efforts for the elimination of discriminative practices against women in other parts of the globe influenced radically the thoughts and actions of Filipinas in the early eighties, crystallizing in the initiation of serious discussions on the situation of Filipino women in 1985, prior to the World Conference at Nairobi. Women's studies at formal institutions of learning were established one by one, complementing the ferment of activities occurring in various women's organizations.

Eventually, even government could no longer close its eyes to the sorry situation of Filipinas. For one, the preamble of the 1986 Philippine Constitution guarantees the

equality of Filipino men and women. Then, the Medium-Term Philippine Development Plan contains explicit provisions for promoting women's advancement, especially among the disadvantaged sectors. Also, the New Family Code has been promulgated, which promotes the civil rights of women formerly denied them in past laws. Aside from these, specific actions are being initiated in the legislative and executive departments to continually address, safeguard and promote the rights and welfare of women.

Thus, while there have been circumstances in Philippine society which have served as obstacles to the full realization of equality, development and peace for both men and women, there are also new efforts being initiated which may serve to accelerate women's advancement in this nation.

III. THE RESEARCH APPROACH: GENDER ANALYSIS

1. Conceptual Bases for Gender Analysis

Gender analysis in this research is used to refer to an assessment of development programs and/or projects in terms of whether or not they contribute to the advancement of women. In essence, "women's development concerns" pertain to the espousal of worldwide goals, as well as the implementation of national strategies, that eliminate all forms of gender discrimination.

From a global perspective, the full integration of women in the development process should include the following approaches (UN, 1985; FLO, p. 7):

a. Development should provide women, particularly those who are poor and destitute, with "the necessary means for increasingly claiming, achieving, enjoying and utilizing equality of opportunity" (*Ibid.*);

b. It should lead to the increasingly successful participation of each woman in societal activities as a legally independent agent;

c. It must be just and responsive to the needs and rights of the individual;

d. Finally, development must ensure that science and technology are applied within a framework that promotes environmental safety for all life forms on the planet.

From the standpoint of the Philippine situation, the development of rural women must be framed within the following concerns (Maranan, A., 1986):

a. There should be increased access to credit and loan facilities for land acquisition;

b. Assistance to women farmers should be extended in terms of appropriate farm machinery and inputs, as well as assistance for the marketing of products;

c. Women must be trained in land management with a view towards the use of indigenous resources and ecological preservation;

d. Small–scale and community–wide income–generating projects should be encouraged;

e. Close linkages must be established by government with non–governmental organizations working among women for the implementation of these strategies;

f. The working conditions of female agricultural workers should also be studied, to ensure that these are not inimical to women's health and reproduction.

The perspectives of the Philippine Development Plan for the years 1987–92 must also be considered in an analysis of gender impacts, particularly the following provisions (NEDA, 1987):

a. The Medium–Term Development Plan calls for the implementation of an employment–oriented, rural–based strategy which addresses the needs of the poor and of specially disadvantaged groups, including women.

Strategies for attaining rural–based development include: the implementation of a land reform program, promotion of off–farm employment and the dispersal of labor intensive industries to rural areas, development of technologies which improve product quality while using indigenous resources and keeping production costs down, and direct assistance to low–income communities through small–scale cost efficient projects that meet the fundamental needs of the population.

In this connection, skills–acquisition and entrepreneurship training programs are to be encouraged for both males and females. Moreover, the private sector is to be directly involved in the process of development. Training programs, mobilization of community resources, and the formation of economic organizations are among the roles envisioned for private voluntary organizations. NGOs are also expected to take part in working with vulnerable populations – including children, the youth, and mothers.

b. Population policy will be directed toward the promotion of small family size and a reduction in the population growth rate by the year 2000.

As a related move, the improvement of women's education, health, and increased socioeconomic opportunities are to be pursued in order to promote their overall welfare and "to bring about a long–term reduction in fertility" (NEDA, 1987, sec. 5.2.3, p. 40). Likewise, in the context of total population welfare, increased access of rural poor sectors to basic social services shall be ensured, especially those that promote family welfare.

Strategies in this regard include access to information and services which promote small families and responsible parenthood, community–based health services, equitable access to quality education (both formal and nonformal), and opportunities for training in livelihood skills and entrepreneurship.

c. Social welfare services are to be guided by the principles of poverty alleviation, social justice, self–reliance, and community organization in order to promote the well–being, security and stability of the family and community.

Specific strategies pertaining to women's development shall include: the replacement of the traditional concept that "women's place is in the home' with one which considers "women and men as partners in development," protection of women against abuse in the social and industrial settings, creation of employment opportunities for women, and improvement of the national data base for planning and policy–formulation by promoting the sex–disaggregation of information.

d. Along with the abovementioned concerns, government must identify constraints to equity and poverty alleviation brought about by existing laws, regulations and procedures. One problem area in this regard has to do with the equitable allocation and utilization of natural resources. The slow processing of titles, surveys and other procedures for resource allocation has negated distributive justice in the use of natural resources.

As a specific strategy to optimize equity in resource distribution, qualified tillers, occupants and other landless citizens will be given priority in land disposition, as in an agrarian reform program. Related to this, the development of community–based resource management programs will be intensified, including social forestry. Through these mechanisms, more effective systems can also be established for monitoring and controlling environmental degradation.

2. Guide Questions for Gender Analysis

Given these prescriptions for development, an analysis of rural development programs in terms of their effects and impacts on gender concerns will revolve around the following guideposts:

First, does the program/project aim to provide men and women equal access to the potential benefits of the developmental endeavor?

Second, will the development program/project increase the direct participation of women in societal activities (as in economic activities, utilization of natural resources, and community-based services)?

Third, to what extent does the program/project encourage the use of local materials and low-cost production processes?

Fourth, will the program/project lead to the dispersal of rural populations and contribute directly or indirectly to fertility reduction?

Fifth, to what extent does the development effort encourage the participation of the private sector, especially organizations of rural women?

Finally, does the program provide opportunities for women to acquire nontraditional roles in the community and society? In what ways will it contribute to changing sociocultural stereotypes about gender roles in Philippine society?

3. Selection of Programs for Analysis

The development programs and projects subjected to gender analysis are in the following areas of concern:

a. health and nutrition, including family planning;

b. land allocation through social forestry;

c. nonformal education for literacy and skills development; and

d. employment and income generation.

A listing of programs which have been implemented for at least two years at the time of this study (1989) in each of the areas of concern was drawn up. A total of 12 development efforts were identified in this manner from the following departments:

1. Department of Health
   1.1 Maternal Care

1.2 Family Planning Service

2. Department of Education, Culture and Sports
   2.1 Functional Literacy
3. Department of Trade and Industry
   3.1 *Tulong sa Tao* Self Employment Loan Assistance
   3.2 Techno–Managerial Trainings
4. Land Bank of the Philippines
   4.1 San Isidro Rural Systems Development Project
5. Department of Labor and Employment and Land Bank of the Philippines
   5.1 Non–Farm Employment Project
6. Department of Environment and Natural Resources
   6.1 Integrated Social Forestry Program
7. Department of Social Welfare and Development
   7.1 Parent Effectiveness Service
   7.2 Social Communication Skills Development
   7.3 Services for Solo Parents
8. Department of Agriculture
   8.1 Income Generating Projects

A total of eight (8) programs were consequently drawn from the list for gender analysis. These programs were selected on the basis of the following criteria:

(1) that they affect a sizable portion of the rural population;

(2) that the lifespan of the program is/will be at least five years; and

(3) that a monitoring and evaluation system is in place.

The final set of rural–based development programs included in this research are the following:

(a) Maternal and Child Health Program

(b) Family Planning

(c) Integrated Social Forestry Program

(d) San Isidro Rural Systems Development Project

(e) Functional Literacy Program

(f) ATI's Integrated Program for Rural Women

(g) *Tulong sa Tao* Self-Employment Assistance Program

(h) Non-Farm Employment Project.

4. Data Collection

Information about the programs were obtained from as many sources as possible, including:

(1) documents used in planning and operationalization,

(2) monitoring reports,

(3) evaluations,

(4) informant interviews among agency planners, partner agencies, implementors, beneficiaries, and community leaders,

(5) observational recordings (whenever possible).

The case presentations in the following chapters cover each of four major developmental concerns, namely:

a. health, nutrition and population development;

b. access to and redistribution of land for production activities;

c. education for literacy and livelihood;

d. employment and income generation

IV. GENDER ANALYSIS OF HEALTH PROGRAMS FOR WOMEN

1. Overview

Two programs in the area of health care are to be analyzed in this study: the Maternal and Child Health Program (MCH) and the Family Planning Program (FP). Both activities are implemented under the Department of Health as part of a total health program for the country. MCH is concerned with the protection and care of two vulnerable groups: children from conception to adolescence, and expectant and nursing mothers (MOH, Div. of Maternal and Child Health, Annual Report, 1986).

Pregnancy and birth are "hazardous" events for women in the developing nations (Hammer, V., 1981). In many areas of Africa and South Asia, it is estimated that about half a million women die annually from causes related to pregnancy and childbirth. For the survivors, tremendous problems still persist, "affecting all aspects of their health, and that of their children, for a very long span of time during their lives" (Hammer, 1981). Moreover, the health hazards which arise during childbearing and delivery may often be traced to a whole history of inadequate health and nutrition among these women.

Because of this grim profile, the World Health Organization (WHO) recommended that MCH be integrated into primary health care (PHC) and become responsive to the total needs and problems of women. Such care must be provided throughout the whole cycle of growth, development and reproduction, encompassing health–related activities in the family, community and health facility.

Continuing community care of pregnant women is, therefore, an imperative, from the first months of pregnancy through childbirth and afterwards. This is especially important among population sectors vulnerable to malnutrition and with scant resources for medical consultations. In this respect, the upgrading of the skills of traditional midwives is important, because, many rural women continue to rely on them for attendance at birth. The institution of *Perinatal and Under–six Clinics* will increase the survival chances of very young children. In the same vein, the promotion of breastfeeding is a strategy aimed at combating both infant malnutrition and the incidence of diarrhea in young children.

FP, in turn, considers that the health benefits derived from proper birth spacing or the limitation of pregnancies contribute to preventive health and life–preserving measures (MOH, Family Planning Service, 1988). In this respect, it is considered a vital component of the country's integrated approach to maternal and child health.

The importance of family planning to women is dramatized by the following global data (from Hammer, V., 1981):

(1) It is estimated that approximately 125 million babies are born yearly;

(2) Millions of women in the developing countries are pregnant for a significant portion of their lives, giving birth to a live child seven to eight times, with perhaps an additional four to five pregnancies which are never completed;

(3) One–fifth of adult women in many countries are pregnant for any given time;

(4) At the same time, death rates related to maternal causes are unusually high in many developing countries, with illegal abortion contributing from one–fifth to one–half of these deaths.

Hindsight reveals that these circumstances arise from several factors: incomplete and unclear information among childbearing couples on birth control methods, inadequate family planning service outreach, and sociocultural resistance (which includes gender politics). Thus, maternal and child survival, as well as the liberation of women from reproductive bondage in order to pursue socio–economic activities more fully, can only be realized through parenthood. This approach stresses the interrelatedness of birth spacing, maternal health, and child

survival. It is also a mechanism by which resource development (in terms of natural resources, infrastructures and services) can keep pace with population growth. Only then will the goals of full employment, rising standards of living and an improved quality of life for all Filipinos be met (E.O. #160, May 1987).

2. Maternal and Child Health Strategies

MCH is a nationwide health program geared towards pregnant and lactating mothers as well as children below six years of age. It is a continuing regular service of the Bureau of Health Services of the Department of Health, implemented at the barangay level and involving both government health personnel and trained *hilots*. The program aims to reduce both maternal and infant mortality through the following:

1) the utilization of trained *hilots* in the rural areas,

2) promotion of breastfeeding, and

3) immunization of children.

In pursuit of the goals of MCH, the following sub–programs and projects are being implemented:

(a) *care of pregnant women through risk approach,* which involves providing prenatal care to all pregnant women, but especially to those in need, with the goal of reducing maternal mortality and morbidity;

(b) training of *hilots* in hygienic practices of child delivery in order to reduce maternal mortality from tetanus neonatorum;

(c) pilot–testing of a *Home–based Mother's Record* as an instrument in the care of pregnant and non-pregnant women;

(d) maintenance of *Perinatal and Under–Six Clinics* in order to reduce infant and child mortality, and to be able to provide continuing comprehensive health care to pre–schoolers;

(e) the *promotion of breast–feeding* toward increased prevalence, early initiation and increased duration of use; and

(f) an *Expanded Program on Immunization* in order to reduce morbidity and mortality from childhood immunizable diseases.

2.1 Program Thrusts

By its very nature, MCH programs directly target the promotion and protection of women's health. The need for effective approaches in promoting the health of expectant and lactating mothers is dramatized by the fact that, of a total female population of 23,969,705 in this country in 1980, 97% were married women of reproductive age, with a fertility rate of 4.7% per woman. Furthermore, the need for promoting children's health is evidenced by the fact that the Philippines has a very young population: 37% are between the ages of five to nineteen, while 16% are less than five years (NEDA Yearbook, 1987).

In terms of their described objectives, the MCH strategies of the Philippine government are consistent with the avowed goals of the WHO. Young children are to receive health protection from infancy to adolescence. When pregnant, young women can then avail of free prenatal and postnatal services. Traditional birth attendants or *hilots*, the parties who most frequently attend to the childbirths of rural women, are to be trained in proper ways of child delivery. Then, mothers are encouraged to breastfeed their babies in order to insure the infants' nutrition as well as to be able to cut down on the costs of baby care. More recently, a Home–Based Mothers' Record has also been introduced in pilot sites, preparatory to institutionalizing a maternal health monitoring system.

2.2 Health Promotion and Protection

To what extent have the subprograms of MCH been able to promote and protect the health of mothers?

Health statistics describe that maternal mortality has steadily declined from the post–war years to the present. While the rate of maternal deaths was recorded as 4.2 in 1947, it was reduced to 3.2 in 1955, 2.0 in 1965, 1.4 in 1975, and 1.0 in 1985 (DOH, 1985).

Other indicators of maternal health are found in the reported rates of infant and child deaths. Fetal deaths declined from 11.2 in 1975 to 6.2 in 1985. However, the recorded rate of fetal mortality was only 7.0 in 1965, increasing to 13.5 in 1971.

Improvement in the health status of infants is described by the rate of deaths for children below one year. This, too, has declined within a span of forty years, from 111.5 (per 1,000 live births) in 1947, to 84.3 in 1955, 68.5 in 1965, 53.3 in 1975, and 38 in 1985 (see also Table 1 for comparative data).

2.3 Access to Essential Services for MCH

The access of Filipino women to professional services for childbirth in 1985 was about 53.94%. In Regions which are characterized as among the least developed, the proportion of

child births outside of major cities attended to by health personnel ranges from 92% to 1.92%. In 1980, the percentage of live births attended to by *hilots* was 14.20%, those attended to by health personnel was 8% (DOH, 1980).

From 1975 to 1985, a total of 29,167 *hilots* have been trained by the DOH. This represents about 74% of the total number of traditional birth attendants all over the country (DOH–MCH, 1986).

TABLE 1

Number & Rate of Registered Deaths Under 1 Year, Maternal Deaths and Fetal Deaths

Year	Death Under 1 Year		Maternal Deaths		Fetal Deaths	
	Number	Rate	Number	Rate	Number	Rate
1985	54613	38.0	1489	1.0	8948	6.0
1975	65263	53.3	1753	1.4	13764	11.2
1971	59730	62.0	1261	1.3	12969	13.5
1965	59733	68.5	1757	2.0	6143	7.0
1955	61958	84.3	2339	3.2	**	–
1947	63809	111.5	2425	4.2	**	–

*Per 1,000 livebirths

**No data available.

SOURCE: Health Intelligence Service, Department of Health. *Philippine Health Statistics*, 1985.

Another set of data which answers the question of access to health services is found in the Accomplishment Report of the Program. For instance, in 1986 the MCH Annual Report indicates the following accomplishments vis–a–vis targets:

(a) 89% of women targeted for prenatal care received the service;

(b) 95% of deliveries among the eligible women were attended to by trained health personnel, including trained *hilots*;

(c) 71% of the women were provided postnatal services;

(d) the number of *hilots* given training on child delivery exceeded the target, with an accomplishment rate of 197%; and

(e) 72% of 1.6 million children below six years of age were registered in the *Under–Six Clinics.*

2.4 Encouragement of Low-Cost Appropriate Strategies for Maternal and Child Care

The promotion of breastfeeding targets the improvement of the health of infants. It is one of the more recent subprograms under MCH, having been initiated only in the decade of the '80. In 1986, 77% of 1.6 million mothers were motivated to breastfeed their infants. More recently, after half a year, reports from seven regions of the country describe that almost 20% of eligible mothers had been motivated to breastfeed (DOH–MCH, 1988). Moreover, only 2% of babies have reportedly been treated for diarrhea through the use of oral rehydration therapy.

The favorable response of rural mothers to the breastfeeding campaign is also evidenced by the findings of a field study (Torres, A.T., 1986). In a national survey of communities initiated to primary health care, 90% of the mothers indicated that they gave breastmilk to their babies. Of this group, 60% were also of the opinion that breastmilk is "the best milk for babies."

2.5 Women's Participation in the Development Process

MCH strategies provide ample opportunities for women's direct involvement in development.

To begin with, the PHC strategy revolves around the basic precept of community participation in health promotion and protection. Part of this approach calls for the training and involvement of volunteers as Barangay Health Workers (BHWs) to serve as the facilitators of PHC in their respective communities. Almost all BHWs are women: in the 1986 survey, out of 1,080 BHW respondents sampled across 130 municipalities, only 2 were males. These women were typical community residents. Most of them had completed only elementary

school, with husbands reportedly engaged in agriculture. A majority were housewives who reportedly had no regular sources of personal income. However, at least half of them had concurrent or previous involvements in community–based social service delivery programs, indicating their interest in, and skills for, community work (Torres, A.T., 1986).

Women have also been described by studies to be more interested in health–related programs and projects. In the San Isidro Rural Systems Development Project (to be described in Section V), it was the women rather than the men who first obtained insights on the pressing health and environmental sanitation problems of the area. The initiative to build makeshift toilets in their backyards came from the women (VISCA, 1986, and informant interview with Land Bank personnel).

Finally, it cannot be denied that the direct service workers of the DOH who are responsible for the program implementation of MCH through PHC are women – namely, the Barangay Health Station (BHS) Midwives. They are the service providers for pre– and post–natal care and for childbirths. Midwives also assume supervision over the functions of the BHWs, who work closely with them in the villages. Community meetings and training efforts are coordinated by the BHS midwives, as well as the community reporting system which provide inputs for monitoring and evaluation of PHC services. Midwifery in the traditional sense is also a woman's job. In fact, it is estimated that about 85% of the trained *hilot* are females.

Interestingly, while females make up the majority of direct service workers, higher level officials in the DOH are predominantly males. From the Secretary to Regional Directors, 61% are men. Then, 80% of provincial health officers and 83% of chiefs of hospitals are males.

Hence, the participation of women in MCH is mostly evident during the implementation phase of its strategies. Females are not only the beneficiaries of maternal and child care services; they are also the service delivery agents.

2.6 MCH and the Education of Women

Maternal and Child Health strategies implicitly include educative components. The introduction of correct health, sanitation and family planning practices are learning experiences which are important to women's welfare. The breastfeeding and oresol campaigns, growth monitoring and immunization programs teach mothers concepts and values related to the care of their offsprings; while the use of the Home–based Mother's Record emphasizes the importance of personal medical histories for a better understanding of present and future health situations.

Of course, the training programs for hilots and BHWs are also educational strategies. For the *hilots,* training on hygienic child delivery reconciles traditional lore with science and upgrades the skills and competencies of these birth attendants. For the BHWs, training inputs are even more varied ranging from nutrition, FP, herbal medicine, control of communicable diseases, and environmental sanitation to training in food production and livelihood generation (Torres, A.T., 1986). Knowledge concerning these matters was previously the exclusive domain of health professionals. However, within the primary health care framework, it is now being transmitted extensively to the community. In essence, training programs introduced through MCH not only contribute to the welfare of the pregnant and lactating women; they also professionalize the competencies of the community health providers.

2.7 MCH and Fertility Reduction

Since MCH is part of a wholistic package of health services, education and services on family planning are integrated within its strategies. Hence, women given pre– and post–natal care are instructed on FP. Usually, they are also motivated to practice FP after delivering their babies. The effects of adequate birth spacing on their own health as well as on the status of their children are emphasized. Women are also taught about the relationship of breastfeeding to fertility. Hence, women who receive MCH services are encouraged to opt for small family size, for both health and socioeconomic reasons. (The gender impacts of FP strategies will be discussed later.)

2.8 Gender Roles Fostered by Maternal and Child Care Strategies

The reproductive role of women is the prime concern of MCH. The strategies included in its program focus on both the mother and young children as individuals at risk. Nevertheless, there are some relatively new strategies which are directed at promoting or protecting the health of mothers as individuals *per se.*

For instance, while prenatal care has been a service of the DOH for decades now, protective measures against maternal deaths from tetanus have been emphasized only more recently. And while growth monitoring, immunization monitoring, and other health records for child survival and growth have been in place for a long time, it is only now that Home–based Mother's Record is being piloted by DOH. In this monitoring form, the health condition of individual mothers is followed–up to be able to predict the risks they face for each succeeding pregnancy. It also serves as a continuing record of the health services availed of by the mother and her offsprings as they go through life. Such a record has not been available from a single source in the past.

It is, therefore, evident that MCH has been largely designed to promote the health of women in their role as mothers, since concern for women in terms of the effects of their reproductive role on their health has been late in coming. In this sense, MCH strategies are still largely framed within traditional views of gender roles.

Despite this general orientation, however, MCH has enabled women to play out roles outside of the family. One of these roles is being a community health worker. As BHWs, community women are given opportunities to learn new things such as: the use of simple medicines for common complaints, oresol, sputum collection techniques, herbal gardening, FP motivating, and weight monitoring. As an offshoot of these new learnings, the BHWs become community leaders and are sought for assistance in other community–based programs. They may also be the ones who run livelihood projects in the village in support of fund–raising activities of PHC.

Therefore, when done through a community approach, MCH enables women to try out new roles as health sentinels, community organizers, barangay officials, and entrepreneurs. Experiences in these endeavors are expected to open up the minds and lives of the BHWs.

2.9 Linking MCH with Private Sector Efforts

The Division of Maternal and Child Health Services, as a planning and coordinating body of DOH, coordinates with health centers of government, other government agencies, NGOs engaged in health service delivery, civic associations, and international health planning and assistance agencies (such as WHO and UNICEF). It also spearheads mass campaigns for immunization and conducts workshops on project support communication strategies. To assist MCHS in assessing the implementation of its health programs, it meets regularly with the service delivery institutions, provides consultations for problem areas and implementation plans and obtains quarterly and annual reports from them on the progress of these. Such documents are then summarized, per region and on the national level, as Accomplishment Reports.

2.10 Perceptions about Women's Roles

It was earlier stated that the framework within which MCH programs are conceived, generally, subscribes to existing notions on the primacy of woman's role as childbearer. So long as this is the perspective carried by implementors, then, no changes in the stereotype of Filipinas will be evolved. However, although MCH was not primarily intended to empower women through the transmission of new knowledge and skills through community training, or, through the employment of female BHWs, it is through these mechanisms that MCH contributes to gradually changing social perceptions of women. As community leaders, trained *hilots* and BHWs assume roles outside the home and become bearers of privileged knowledge

about health. This new function may eventually alter gender expectations about women's insignificant contributions to community life.

3. The Family Planning Program

The legal basis for the Philippine Population Program is embodied in Executive Order No. 160, signed by President Aquino in May 1987. It recognizes the close interrelationship among population, resources and environmental factors. Thus, government's efforts must be directed toward achieving consistency between the country's population growth rate and the state of her resources, as well as towards a more balanced population distribution within the context of human welfare (DOH–FP Service, 1988).

The basic principles of the Population Program include the following (DOH–FP Service, 1988):

1) Orientation towards the overall improvement of family welfare, not just fertility reduction;

2) Respect for the rights of couples to determine the size of their family and choose voluntarily the means which conform with their moral convictions and religious beliefs;

3) Promotion of family solidarity and responsible parenthood;

4) Rejection of abortion as a means for controlling fertility;

5) Recognition of socio–cultural variations among regions and localities within regions;

6) Promotion of self–reliance through community based approaches;

7) Coordination and integration of development efforts at various levels of government;

8) Enhanced public and private sector partnership through the participation of non–government organizations (NGOs); and

9) Maximum utilization of participation, with consultative approaches.

Following these principles, the current thrusts of the program are (DOH–FP Service, 1988):

1) An integrated approach to the delivery of health, nutrition and family planning, a subset of which is the integration and active promotion of Responsible

Parenthood–Family Planning as a vital component of comprehensive maternal and child health;

2) Conduct of information, education, communication and motivation in the promotion of responsible parenthood and family planning services in tandem with other development programs, taking into consideration personal beliefs and cultural values;

3) Provision of full and sustained information on medically and legally acceptable services as the couple's basis for free choice;

4) Provision of wider choice of contraceptive methods;

5) Assurance of accessibility and availability of family planning services;

6) Support to the program enhancing the status and role of women; and

7) Advocacy of policies and measures which can reduce the imbalances in population distribution as this relates to inequities in the social structure.

3.1 The Focus of Family Planning

Presently, the Family Planning thrusts are directed towards the couple as the recipient of information and services. Yet the enhancement of the "role and status of women" is explicitly mentioned as among its concerns.

The concept of "responsible parenthood" is also relevant to women's development. It is defined as "an important tool for the *protection of health of mothers* (underscoring mine) and children and all members of the family" (FP Service–DOH, 1988). The bases of responsible parenthood relate to the promotion of reproductive health. These bases include a recognition of the following facts:

a. That pregnancy, especially at the extremes of the reproductive years (below 18 and above 35 years) and of short intervals, impose a heavy biological burden on the mother's nutritional and health status, much more, if the mother is concomitantly suffering from a chronic disease condition;

b. Poor mother's health during pregnancy adversely affects the outcome of pregnancy and the chances of the offspring's survival during pregnancy and early childhood;

c. Short birth intervals contribute most to child survival risks. It does not allow enough time for the mother's body to recover from the strain of pregnancy, childbirth and

breastfeeding period. Hence, it results in giving birth to babies already handicapped to survive through the first few years of life;

d. Pregnancy complicates the pattern of treatment and recovery for mothers being treated for some major ailments such as TB, CVD, malaria, schistosomiasis, anemia, leprosy, liver disease, and others. Medication for these illnesses may have adverse effects on pregnancy itself and on the developing fetus.

3.2 Increased Access to Health and Nutrition Education and Services

Family planning services are part of the integrated set of health services of the DOH. In its framework, the DOH considers FP to be one among eight priority needs of mothers, the others being: nutrition promotion and health education, nutrition supplementation, detection and management of high risk conditions, maternal care, management of obstetrical complications and dental care. Hence, FP service delivery is almost always provided in conjunction with pre– or post–natal care, health education and nutrition education.

By 1987, FP had been integrated in the services of both rural health centers and government hospitals. This includes 1,779 Rural Health Centers (representing 83% of all RHCs) which provide information and education on all the available program methods: pills, condoms, IUD, Natural FP and permanent methods. It also involves the participation of 308 hospitals which offer either comprehensive FP services (63.6%), voluntary surgical contraception only (34.7%), or reversible contraceptives only (1.6%)

Apart from these, FP has been introduced in other health projects of the Department such as Leprosy Control, Social Hygiene, Tuberculosis Control, Under-Six Clinics, Lying-In Hospitals and Puericulture Centers. Hence, availment of any of the health services of the government provides opportunity for FP education and services, and *vice-versa*.

3.3 FP, Fertility Reduction and Women's Development

Family planning and responsible parenthood directly address the national concern for linking population growth and resource development. Through FP, approaches are available for keeping the population within manageable levels, given the country's existing economic development, its infrastructure and services.

FP also provides a direct response to women's increasing need to be freed for employment. Recent migration data indicates that Filipino women make up a greater bulk of those moving from rural to urban areas. These migrants are often young, skilled and educated (POPCOM), 1988) and are generally desirous of employment in the metropolis. FP provides information and methods for: first, postponing marriage; and second, delaying and spacing pregnancies. Such knowledge is important to women who desire employment and life options

other than those associated with domestic life. Without birth control information and methods, women will find difficulties in entering the labor force as full-fledged participants.

What have been the actual achievements of FP for fertility control and population reduction? In general, past efforts have resulted in the following positive effects (POPCOM, 1988):

a. An almost universal awareness (97%) of FP among the eligible population;

b. Increase in contraceptive prevalence from 32% in 1983 to 44% in 1986;

c. Decrease in population growth from 3% in 1970 to 2.4% in 1987;

d. Decline in the total fertility rate from 6.3 in 1970 to 4.1 in 1983; and

e. Decrease in the desired family size from 5.8 children in 1970 to 4.3 in 1983.

Closer examination of data from the 1986 Contraceptive Prevalence Survey (Concepcion, et al., 1987) indicates the following trends:

(1) Despite the increase in contraceptive prevalence rate (CPR) from 1983 to 1986, the preferred FP methods have been less effective and non-program methods, rather than the more effective program methods. As a result, the risks of discontinuation and method failures are relatively high. This effect is partially reflected by data on contraceptive effectiveness: it is observed to be generally better in areas where program rather than non-program methods are more frequently employed.

(2) Most of the credit for population control goes to women. CPR for male methods (for condom use, rhythm-condom, and vasectomy) makes up only 1.5% of the method-mix. These patterns indicate that men continue to remain aloof from matters concerning the reproductive function in their family life, making it still the domain of responsibility of women.

(3) CPR increases with women's educational attainment, and higher education is associated with the use of program methods. This may mean that full and appropriate information on contraceptive use does not reach the poor uneducated classes, who, in fact, urgently need FP services to help them enter the labor force and to protect their health from rapid deterioration.

(4) CPR among working women surpasses that for non-working women, providing evidence that birth control practice and labor force participation are associated events. Hence, the increased entry of women into the labor force necessitates a comprehensive and effective population program.

3.4 Gender Roles Reinforced by FP

On the one hand, family planning has the potential to liberate women for the pursuit of activities other than childbearing and childcare. Proper child spacing, consciousness concerning reproductive health, and small family size provide the impetus for women to become more active -- economically, politically, and even in relation to the pursuit of educational opportunities.

On the other hand, FP does not alter social views on gender differentiation vis-a-vis reproduction. Its strategies and accomplishments instead point to a strengthening of the norm that women have prime responsibility over reproduction. In the present case, responsible parenthood implies responsible *motherhood.*

The profile of FP acceptance over a 4-year period (1979 and 1983) is revealing in this respect (Table 2). In both years, the overwhelming majority of new acceptors have been women: for pills, IUD, bilateral tubal ligation and rhythm methods. Acceptance of vasectomy by males consistently remains at low levels across the 4 years, although, condom use jumped from fourth to second rank in terms of frequency of acceptance.

In recent years, current FP users were predominantly employing reversible clinical methods (58.5% in 1986 and 63.3% in 1987). This was followed by current use of condoms and rhythm (27.9% and 23.1%, respectively), and use of natural family planning (10.1% and 4.4%, respectively). Hence, the burden of maintaining a small properly-spaced family remains a woman's problem, rather than a shared responsibility between couples. Rhythm and NFP both require cooperation between the spouses and are not as frequently employed by the couples as are woman- centered methods such as the pill, IUD or DMPA.

3.5 Inadequate Technology for Acceptable Contraceptives

A continuing problem of the Philippine Population Program is the gap between level of FP knowledge and actual FP practice among the eligible population. As was previously noted, FP knowledge in recent years has been as high as 97% while the contraceptive prevalence rate (CPR) was only 44% in 1986. At the same time, about 50% of users drop out of the program annually (POPCOM, 1988).

An examination of reasons for contraceptive choice reveals the following as bases for choice: convenience, suitability, safety during intercourse, and the absence of side effects (de Guzman, 1988). Using these criteria, the less-effective program methods (such as condom and rhythm methods) had the highest CPR in 1986 (12.8%), followed by non-program methods (withdrawal, abstinence and the like: 11.7%), sterilization (9.5%), and program methods (pills, IUD, injectables: 8.1%; in Concepcion, et al., 1987). These figures indicate that the condom

and rhythm are perceived to be the 'safest' for use (but not for birth control, unfortunately), while the most-effective methods are generally perceived to be 'unsafe' and with many side-effects.

The major reason cited in the 1986 Contraceptive Prevalence Survey for discontinuing the use of contraceptives is the subjective experience of a side effect (de Guzman, 1988). Other reasons for discontinuation were: the occurrence of an accidental/desired pregnancy, inconvenience or ineffectiveness of the method, and husbands' objection to the use of condoms. Clearly, therefore, women consider the safety factor as important in contraceptive choice and continuing use.

TABLE 2

Distribution of Family Planning Acceptors by Method and Year

Methods	Year			
	1979		1983	
	Number	%	Number	%
IUD	5,888	11.9	10,64	9.8
Condom	9,358	8.9	23,781	21.98
Pill	11,263	22.8	48,186	44.53
Vasectomy	513	1.0	208	a/
Rhythm	1,917	3.9	6,654	6.15
BTL	–	–	17,698	16.35
Depo Provera	103	2	–	–
Ligation	19,788	40.0	–	–
Others	667	1.3	1,037	a/
TOTAL	49,497	100	108,205	100

a/ Less than one percent.

Source: PER, Family Planning Service, MOH.

Setting aside for the moment the subjectivity of experienced (or imagined) side-effects, the data indicates that FP contraceptive technology has not been totally 'appropriate.' This is revealed by both the statistics on discontinuation of contraceptive use as well as by the reasons mentioned by FP users.

Moreover, it is not only the technology for birth control development that requires improvement, but the technology for information dissemination as well. Apparently, recent strides in checking against the side-effects of pills, the IUD and injectables have not been adequately communicated to the users. Cultural and gender-related resistances to FP have not also been totally overcome. At the same time, the inadequacy of less-effective and non-program methods for birth control has not been as well-internalized by the MCRAs as they have the information on the health hazards of the more effective FP methods.

3.6 Involvement of Grassroots Women in FP

FP has provided grassroots women ample opportunities for direct involvement in its implementation as health service providers and motivators. This matter has been extensively discussed in the earlier section on MCH, which proves that FP cannot fully be implemented without the partnership of women's groups and community women.

4. Gender Development and Health Programs

MCH and FP provide women ample opportunities for becoming directly involved in their implementation. Not only are females the prime targets as beneficiaries of MCH and FP; females also make up the majority of direct service providers. In addition, linkages with both civic women's associations and local community organizations are forged in the context of primary health care.

As participants in MCH-FP, women are taught scientific concepts affecting maternal and child health and reproduction. In addition, they are introduced to low cost appropriate technologies for health promotion and disease prevention. These, therefore, are advantages enjoyed by women through health strategies.

Unfortunately, MCH and FP fail to transcend gender stereotypes about the responsibilities of men and women.

For one, both programs are interested in women-as-mothers, and not in the total health care of women. The effects on women's health and reproduction of inorganic agricultural inputs, for instance, receive no attention. Yet, chemical fertilizers and pesticides may well have adverse effects on the individual, including any fetus that a woman may be carrying at the time of her exposure.

Secondly, concern for birth reduction fails to take complete account of women's apprehensions, perceptions, and considerations in the choice of contraceptives. While method effectiveness is, of course, important, these contraceptives should have been developed and popularized only after their acceptability had been firmly established. Even bathroom soap and cola drinks are not sold to the general public unless their market acceptability has been proven. Yet, for more delicate products such as the pill or the IUD, the same efforts have apparently been absent, as evidenced by low CPR and high drop-out rates.

Third, the majority of FP acceptors are women, although reproduction is a proven partnership effort. The CPR of male methods was less than 2% in 1987. Then, current users of natural FP (which is a couple-method) in the same year totalled only 4%. Because of these limitations, the FP program has not reached its desired targets for fertility reduction.

Efforts should thus be exerted to transform MCH and FP programs into developmental strategies which take cognizance of the totality of women's health and reproduction concerns. It should not be interested in the management of motherhood only from the point of view of infant mortality or small family size.

V. WOMEN'S ACCESS TO LAND RESOURCES

1. Distributive Justice in Development

The concern for equity and distributive justice shall be at par with concern for economic productivity (NEDA, Medium-Term Philippine Development Plan, 1987- 92, p. 43). Any plan for development would be inadequate unless it included strategies for the promotion of equity and social justice. In many underdeveloped economies, one key factor which retards the advancement of the greater segments of the population is access to, and ownership of, productive resources. Such is the case in the Philippines, for which reason, agrarian reform is deemed a centerpiece effort for distributive justice (NEDA, 1987).

Apart from agrarian reform, the optimum allocation and utilization of public land for productive activities is a thrust toward distributive justice. The intensification of community-based resource management programs, such as social forestry, is a step in this desired direction. Integrated upland farming systems development is another strategy for developing land resources.

2. Integrated Social Forestry

The general objectives of the Integrated Social Forestry (ISF) Program is to develop denuded public forests into productive, sustainable, and stable forest ecosystems for the socio-economic benefit of the people, especially forest occupants (Balanza, A., et al., 1988).

The ISF was created in 1982 through LOI 1260. It integrates into a single program the Forest Occupancy Management (FOM) Program, Family Approach to Reforestation (FAR) Program, and the Community Tree Farm (CTF) Program. ISF considers forest occupants an integral component of the upland ecosystem, and recognizes the rights of kaingeros to the lands they have cultivated -- for their subsistence needs and towards disributive justice. At the same time, the Department of Environment and Natural Resources uses ISF as a community-based mechanism for monitoring and controlling environmental degradation in forest areas.

In carrying out its thrusts, DENR conducts information drives in ISF areas, leading to the identification and assessment of project areas before finally preparing an ISF Management Plan. A perimeter and parcellary survey as well as a census of forest occupants is also made. Other program components include community organizing, the processing and issuance of stewardship certificates or community forest stewardship agreement, establishment of agroforestry nurseries, training of program participants and technical, organizational, legal, marketing and financial assistance to program participants (Balanza, et al., 1988).

Four types of areas are available for ISF development:

1. areas covered under the three forest programs mentioned above and other suitable reforestation projects;
2. lands occupied and cultivated by forest occupants before December 31, 1981, with the exception of lands located within a national park, critical and proclaimed watershed and other reservations, and those which are threatened by soil erosion, sedimentation of rivers and streams, reduction in water yield and other destruction of natural resources;
3. land covered and being developed by the existing Timber License Agreement (TLA), Industrial Tree Plantation Lease Agreement (ITP), Pasture Lease Agreement (PLA) and Agroforestry Farm Lease Agreement (AFLA) occupied as of December 31, 1981 with the consent of license or lease holders; and
4. open and denuded areas suitable for ISF (DENR, ISF Primer, n.d.).

Direct and actual forest occupants, including kaingeros or landless farmers, tillers and rural workers whose livelihoods are dependent on public forest land are qualified ISF participants. A stewardship agreement (Certificate of Stewardship Contract, or CSC) or community forest lease may be issued to them for a tenure of 25 years. Moreover, this can be renewed for the same number of years. For the first 5 years of their tenure, no fee is collected

for the use of the land, but on the 6th year onwards, a minimal fee of P10 per hectare is required.

Other incentives for participation in ISF include the following:

a. There are no charges on collected or harvested forest products;

b. Income from the forest goes directly to the participants;

c. The allocated lands can be used as collateral for loans necessary to further develop the land;

d. Technical, legal, financial and marketing assistance is extended through ISF.

The holders of stewardship agreements can also avail of government national livelihood assistance, whenever these are available. Their direct heirs are given priority over the land, and in cases where the government no longer allocates the land, the participants are given just compensation for permanent improvements introduced by them, including for trees that will not be removed.

2.1 Unequal Access to Land Stewardship Rights

By December 1987, 760 Integrated Social Forestry Projects had been established nationwide, involving more than 200,000 families and covering almost 500,000 hectares. However, in a socio-economic survey of ISF participants reported in April 1988, female respondents made up no more than a fourth of the total sample (Balanza, et al., 1988). Respondents in the study had been drawn from an original sample of CTF and FOM beneficiaries whose socio-economic profile had been obtained in 1982. Therefore, the proportion of respondents mirrors, to a large extent, the disproportionate gender profile of FOM and CTF beneficiaries in various regions of the country. In fact, the percentage of female participant-respondents under the former FOM program ranged from only 4% (in Region 1) to 47% (in Region 8), while the corresponding figures for CTF participants ranged from 4% (Region 1) to 27% (Regions 4 and 10).

More than 75,000 Certificates of Stewardship Contracts (CSC) have also been issued by the end of 1987, involving 75,162 families and covering 190,485 hectares of land. Gender disaggregation of CSC awardees from 1983 to 1988 in two regions of the country again indicates that access to forest lands heavily favors males (Figure 1.1 & 1.2). In Region 8, the highest proportion of women CSC beneficiaries is obtained in 1987: a mere 32%; in Region 10, almost the same proportion of female awardees was obtained in 1986 (30%), and again in 1988 (30%). Hence, the percentage of females who have been awarded Stewardship Contracts under ISF has not been greater than 30% since the inception of the program.

FIGURE 1.1
Sex Distribution (F/M) of Certificate of Stewardship Contract (CSC) Awardees in Region VIII (in percent)

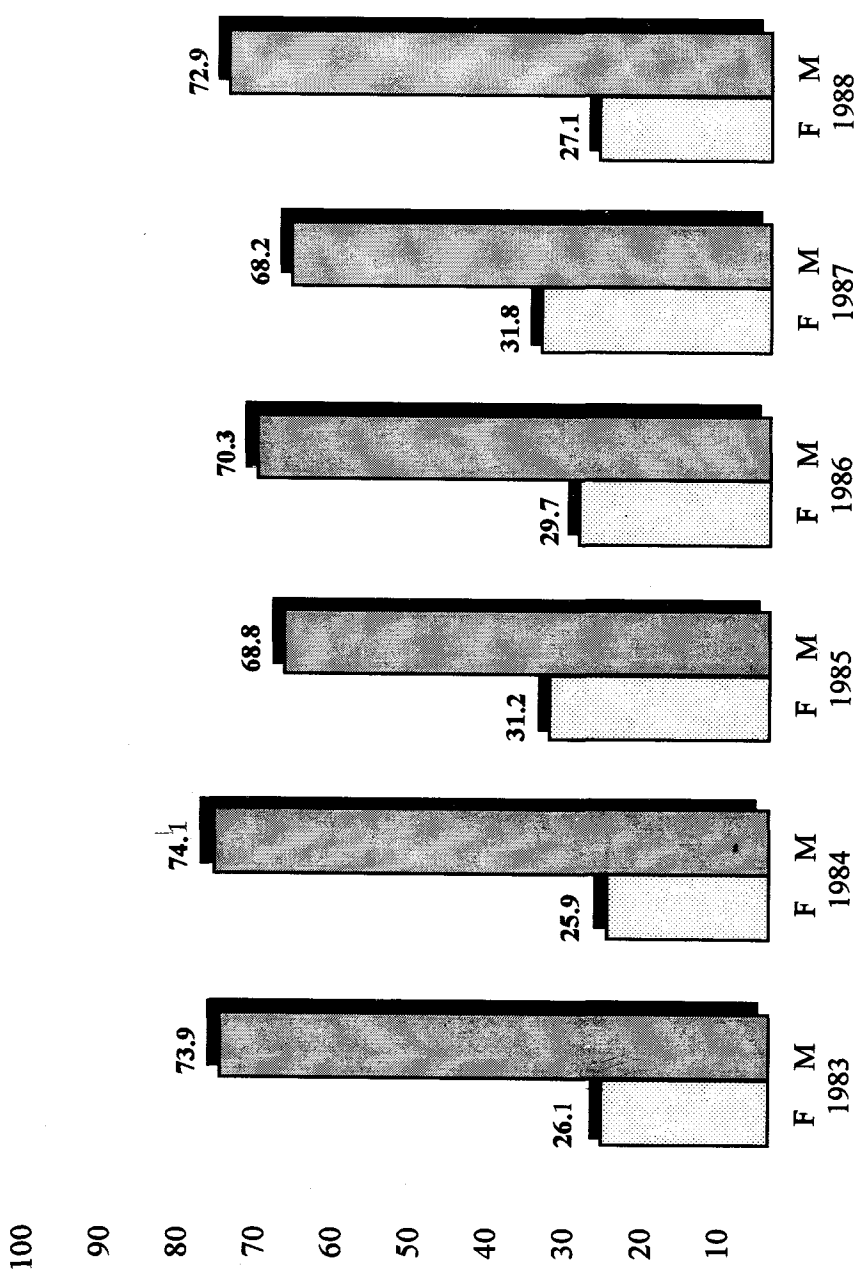
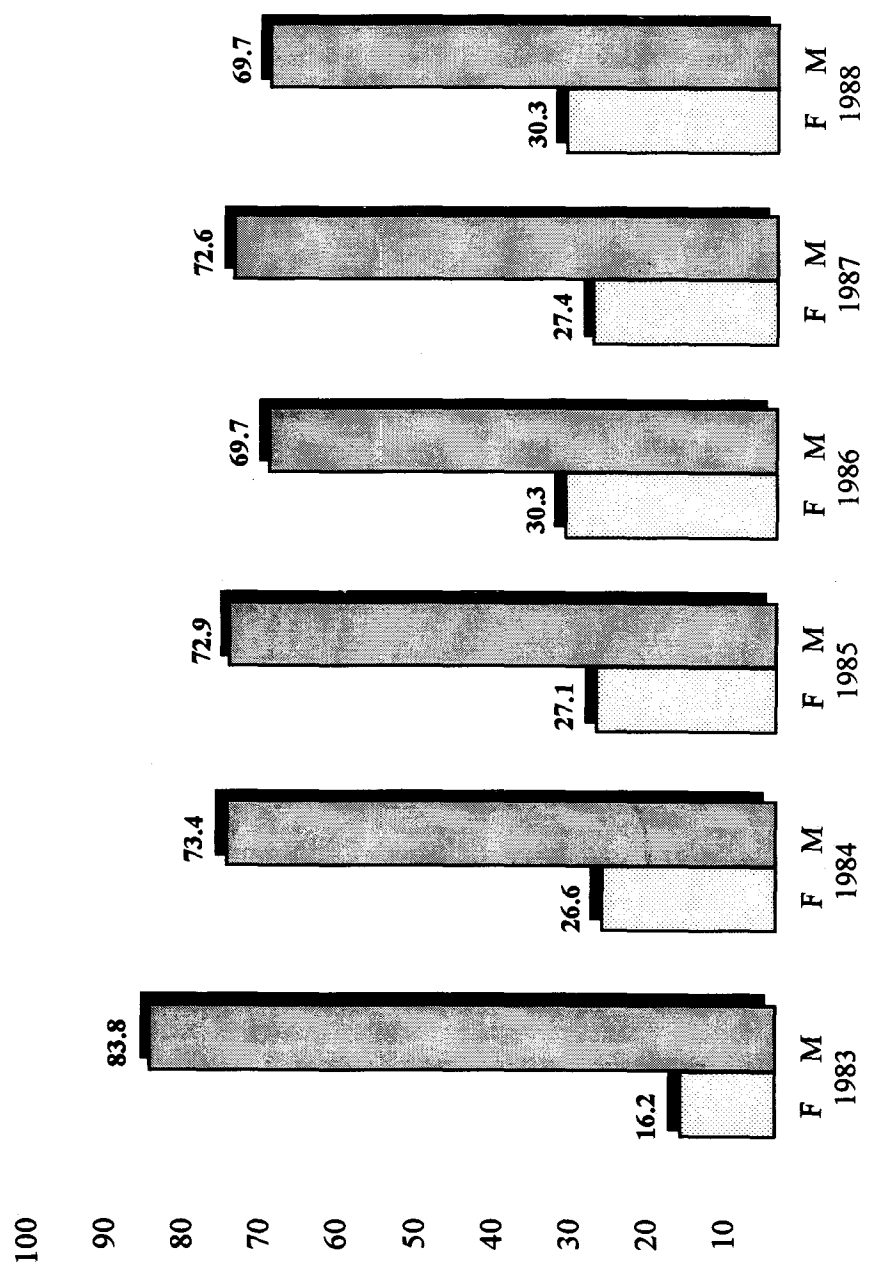


FIGURE 1.2

Sex Distribution (F/M) of (CSC) Awardees in Region X (in percent)



The obvious disadvantage suffered by women in relation to forest occupancy is traceable to the fact that beneficiaries are defined as forest cultivators - those who depend on the public forest for their livelihood. Given the overriding gender ideology that males rather than females have to earn a living for the family, it is understandable that men make up the greater bulk of ISF participants and CSC holders.

2.2 Dispersal of Rural Populations to Productive Sites

ISF is a response to the need of landless agricultural workers and upland dwellers for access to areas suitable to farm production. As part of the provisions of the program, qualified forest occupants may be issued stewardship contracts or obtain a community forest lease for, at least 25 years, renewable thereafter for another 25 years. No fees are collected from the farmers in the first five years, and all incomes and proceeds from the leased areas become their incomes, without taxation for collected or harvested forest products. The allocated land may even be used as collaterals for production loans. Therefore, with its liberal provisions, ISF potentially contributes to the national development goal of dispersing rural populations to economically productive settings.

The dearth of land resources for forest dwellers is made obvious by the motives cited by the ISF beneficiaries for staying in the project sites. Forty percent said they stayed in these areas because the forest provides them sufficient incomes, while another 38% stated that they moved to these places because they had nowhere else to go (Balanza, et al., 1988). The principal benefits to be derived from ISF were perceived by the participants to include "increase in income" (35%) and "additional food" (24%).

Ninety percent of the participants are married and have families, with about 6 to 16 dependents in each household. Hence, ISF provides men, women and children in family units with land resources for productive activities.

Unfortunately, the levels of production applied by these forest beneficiaries have not gone far beyond subsistence levels. Farm technology has not advanced beyond slash-and-burn agriculture. The number of fruit trees grown and livestocks raised are not yet sufficient in volume to effectively raise the incomes of the farm families. Technologies for off-farm activities, such as for cottage industries, are also still wanting. Hence, the farmers continue to engage in daily wage labor as a means of supplementing their earnings from the forest (Balanza et al., 1988).

2.3 Acquisition of Appropriate Upland Technologies

ISF includes a component for the conservation and development of forest resources. With this, women potentially have the opportunity to learn farm technologies appropriate for

raising livestock and planting fruit trees and vegetables in upland areas. The ISF survey indicates that supplemental agri-based economic activities are engaged in by about 30% of the forest dwellers (Balanza, 1988). These activities include: vegetable-raising (about 20% do this), poultry-raising (30.26%), and hog- raising (34%). Although no actual data was available to trace women's participation in these activities, it may safely be assumed that they contribute labor in these types of work, given the usual profile of women's participation in farm activities.

Apart from these off-farm activities, the survey recommends that cottage industries be developed in the ISF sites as sources of secondary incomes. Again, this type of economic activity is usually undertaken by women. Unfortunately, the mechanisms for instituting cottage industries have not yet been developed, and no real benefits to women can be described as yet.

Although the ISF was instituted in 1982, much remains to be done in terms of accomplishing its stated objectives. Because of this, the full impacts of its components on gender development cannot yet be fully described. For instance, the livelihood training component, which will potentially involve women, is just beginning to be implemented. The same may be said of the forest management component.

3. San Isidro Rural Systems Development

The San Isidro Rural Systems Development Project (SIRSDP) pertains to a five-component rural development effort undertaken jointly by the Land Bank of the Philippines and the Visayas State Agricultural College (VISCA) from 1983 to the present. The project's aim was to develop the Land Bank estates in San Isidro, Leyte.

The San Isidro Estates have a total area of almost 2,000 hectares and a population size of 5,100. The land occupants represent some eighty percent of the Operation Land Transfer (OLT) beneficiaries in Eastern Visayas (VISCA, 1986). Prior to the implementation of SIRSDP, the estates owned by the Land Bank in San Isidro had the following poor conditions of production:

a. low agricultural productivity characterized by low yields of corn, underdeveloped animal production, few areas of flatlands for farming, and no forest cover or crops;

b. scarcity of physical facilities and services such as the absence of electricity, poor communication and transportation systems, dilapidated school buildings, non-functioning health centers, and inadequate recreational facilities;

c. poor socio-economic profile of residents including low per capita incomes, high levels of indebtedness, absence of formal credit facilities, no functioning farmers' organization, and high migration rate;

d. poor health and nutrition conditions including high incidence of malnutrition, high morbidity rate, absence of toilets, and few sources of potable water supply.

These interrelated factors contributed to low productivity of the farms and homes. In consequence, the amortizing farmers were unable to pay the Land Bank for the lands they had acquired as OLT beneficiaries. Against this backdrop, the Land Bank, through the Land Bank Educational Foundation, entered into an agreement with VISCA to undertake a community-based research and development project in barangays Hacienda Maria, Daja Daku, and San Miguel/Tinago.

The undertaking had the following objectives:

a. restoration of the ecological balance in the area and increase in agricultural productivity;

b. increase in employment opportunities for OLT beneficiaries;

c. increased access to agricultural services and resources for OLT beneficiaries;

d. improvement of the health and nutrition of beneficiaries; and

e. increased capacity of OLT beneficiaries to manage and control effectively their own resources and socio- economic affairs.

The SIRSDP was evolved "to test innovative strategies in integrated upland farming systems employing the participatory research and development approach" (VISCA, 1987a). It focused on five major components:

a. institution-building and agribusiness development,

b. crop production and hillyland development,

c. animal production,

d. physical development, and

e. rural home development.

3.1 Gender Discrimination in Opportunities

The objectives of the SIRSDP are stated broadly as concerns for the development of OLT 'farmer-beneficiaries'. Inasmuch as a 'farmer' is stereotypically associated with the male gender, the project has an unconscious bias for the development of men rather than women.

The underlying bias of the project for males becomes more evident when the participation of beneficiaries in various training programs of the Project is disaggregated by sex (Table 3).

TABLE 3

Summary of Trainings, Seminars, Classes and Observation Trips Conducted Under *SIRDP*

Date	Name/Kind	Venue	Participants	
			Men	Women
Bimonthly Farmers Class	On Lowland and Upland Crop Production Rice, Corn and other Legumes And Agro-forestry	SIRSDP Project area	14	4
September 17-19, 1984	Observation Trip to Different Farmer–Managed Agribusiness Projects in Leyte	Leyte	14	2
October 25-27, 1984	Cooperative and Leadership Training for Farmers of Hda. Maria, San Miguel, Daja Daku and Tinago	VISCA	21	4
December 17-20, 1984	Observation Trip of Farmers to different Development Projects in Cebu	Cebu	12	0
Regular Weekly Cooking Class	Recipe cooking class for San Miguel and Daja Daku	San Miguel and Daja Daku	0	10
Biweekly Handicraft Class	Handicraft Making	Daja Daku	0	10
February 9, 1985	Cooperative Leadership Development Seminar for Women and Youth in Hacienda Maria	Hacienda Maria	14	24
April 9–10, 1985	Cooperative and Leader–Training for Daja Daku	Hacienda Maria SIRSDP Field Office	13	4
April 18–19, 1985	Observation trip to the different development projects in Leyte for Daja Daku & San Miguel	Leyte	30	9
May 4–7, 1985	Regional Conference on the Assessment of the High Yielding Rice varieties in the Philippines (selected farmers of Daja Daku and Hacienda Maria)	Punta Villa Beach Iloilo City	3	0
May 20–21, 1985	Cooperative and Leadership Development Training	San Miguel Chapel	21	12

TABLE 3 (Continuation)

Summary of Trainings, Seminars, Classes and Observation Trips Conducted Under *SIRDP*

Date	Name/Kind	Venue	Participants	
			Men	Women
May 25–26, 1985	Rice Production Development Training for Daja Daku Farmers	Daja Daku	10	4
July 15–20, 1980	National Conference on the Assessment of the High Yielding Rice Varieties in the Philippines (selected farmers from Daja Daku)	UPLB	1	0
July 25–26, 1980	Agro–forestry Training for San Miguel Farmers	San Miguel	20	13
August 8–10, 1985	Seminar–Workshop on Operation and Management of Farmers' Association for Hacienda Maria San Miguel and Daja Daku Farmers' Association Officers	Hacienda Maria	18	3
November 23–24, 1985	Kabisig Leaders' Training for Hacienda Maria residents	Hacienda Maria	25	25
November 23–24, 1985	Training on Org., Leadership and Comm. for Daja Daku Farmers	Daja Daku	20	1
November 29–30, 1985	Training on Org., Leadership and Communication for Hacienda Maria	Hacienda Maria	33	6
December 5–6, 1985	Leadership and Orientation Seminar for Farm and Home Advisers	Hacienda Maria	24	1
December 10–11, 1985	Training on Organization, Leadership and Communication for San Miguel Farmers	San Miguel	16	5
Farmers' Bi–monthly class	On Upland Crop Production [Corn, Mungbean and other Legumes] and Agro-forestry for Hacienda Maria Farmers	Hacienda Maria	21	8

TABLE 3 (Continuation)

Summary of Trainings, Seminars, Classes and Observation Trips Conducted Under *SIRDP*

Date	Name/Kind	Venue	Participants	
			Men	Women
Jan. 19, 1986	Election of the Board of Directors and Officers	HMFA	37	10
Jan. 24–25, 1986	Crop Production Training	Hacienda Maria	6	0
Feb. 9, 1986	Election of the Board of Directors and Officers of Daja Daku Farmers Association		19	5
March 1–2, 1986	Conducted Pre-membership Training to member–applicants of HMFA	Hacienda Maria	11	0
March 9, 1986	Crop Production Training for Squash, Water–melon and corn	Daja Daku	12	3
March 15	Training on Watermelon Production	Hacienda Maria	8	0
April 11–12, 1986	Conducted Pre-membership training to member-applicants of DDFA	Daja Daku	5	1
April 12–16	Held meetings/dialogues with association members	Hacienda Maria	16	5
		San Miguel	22	8
		Daja Daku	24	10
April 1986	Informally organized farmers of Bgy. Tinago as group to CD	Tinago	0	61
Bi–monthly Class	Participatory Leadership Management on Community-based Project	Hacienda Maria	6	0
June 13–15, 1986	Basic Seed Production	San Miguel	8	2
Weekly Farmers Class	On Upland Crop Production [Corn, Mungbean, and other Legumes] and Agro-forestry	San Miguel	6	3

Source: SIRSDP Terminal Report, 1987.

Of a total of 876 trainees in two years, 530 (60%) were males. These farmers participated in courses such as: crop production, agribusiness, cooperative and leadership development, training on rice production, agroforestry, operation of farmers' associations, and leadership seminars for Farm and Home Advisers (SIRSDP, 1987b). Apart from this, observation trips to demonstration farms in other parts of Leyte, or to Cebu, were joined almost entirely by men.

Female participants proliferated in cooking and handicraft- making courses. In the various barangay farmers' associations (FAs), men outnumbered the women in the meetings, an indicator that there were more male members in these sectoral organizations. Presumably, the officers of the FAs were mostly men also. Surprisingly, however, a meeting called to informally organize farmers in one barangay was attended entirely by women (61 of them). Perhaps this may be attributed to the timing of the said meeting, and the menfolk were then occupied elsewhere.

The conditions for taking-over the membership of an incapacitated beneficiary in a Farmers' Association, likewise provide unequal opportunities for males and females. To begin with, the project stipulates that membership can be assumed by legal heirs of a dead or incapacitated member only if: (1) he is a member of core groups or associations organized by VISCA; and (2) he must have undergone training and adopted recommended farm strategies. Because of these stipulations, male heirs are implicitly preferred to assume membership in the OLT associations and thus avail of privileges extended to their members because (a) they have most likely been registered in the farmers' associations, and (b) men rather than women family members have most likely received training in agricultural systems and technologies.

3.2 Participation in Development Efforts

The sex-typing of specific activities under SIRSDP is further seen in the extent to which men and women actually engage in the specific components of the project. According to a Project Assistant of the Land Bank, women are most frequently involved in the activities which fall under Rural Home Development (RHD) and Animal Production, while men engage in Institutional Building and Agribusiness Development, Crop Production and Hillyland Development.

The objectives of Rural Home Development under SIRSDP are to increase home production of the OLT households, improve their diet, provide safe drinking water, and make the homes and surroundings clean (VISCA, 1987B). Except for the infrastructure requirements of providing potable water, the other activities under this strategy are traditionally considered among "woman's work."

Thus, women manage home vegetable and fruit gardens and maintain communal seedboxes. They have participated in handicraft training, as a result of which, eight homemakers now produce bags during their "off-farm" time. Women also took the lead in constructing backyard toilets and compost pits in the communities in response to environmental sanitation goals.

Despite their intense interest in and involvement in Rural Home Development, the women leaders still lack confidence in their abilities. To quote from the project Report:

> "Motivated by the desire to make the group activities effective and systematic, a move was made to organize households into small units. However, electing their respective unit leaders became the major bottleneck. The women could not elect their officers because the potential leader candidates were reluctant to accept extra responsibilities and ... lacked confidence in their capability to assume leadership roles. It took the women more than three months to elect their respective unit officers." (VISCA, Draft Terminal Report on RHD, 1987b, p. 13)

An obstacle to woman's full participation in development projects, therefore, emanates from her own insecurity about her social roles, and also from the fact that activities undertaken by any woman in addition to housework actually increases her work burden.

The objective of the Animal Production component of SIRSDP is to increase the self-sufficiency of the households in animal products for better health and for additional farm income. In support of this general goal, the project's activities were in the following directions:

(a) increase farmers' scientific knowledge in the development of the animal industry;

(b) encourage field visitations and inter-household consultations and cooperation for information dissemination;

(c) organize the FHAs into an association to handle procurement of inputs and for marketing of the animals; and

(d) encourage rural women and children to participate in training programs aimed at increasing their capabilities to take care of the animals.

Thus, while there is no information from the available reports on the extent of women's actual involvement in Animal Production, it identifies women as among those who should be involved in animal care. The care of backyard animals is a traditional role of Filipino women; it is being reinforced by the design of the SIRSDP. With their participation in the project,

however, women may be able to acquire more scientific knowledge on the proper care of domestic animals and livestock. In so doing, they will have the means to provide for the nutritional needs of their families. They can also become directly engaged in economic activities and be able to increase their family's off-farm income.

3.3 Access to Improved Health, Education and Employment

As a project aimed at piloting innovative strategies for upland development, the SIRSDP is essentially an educative activity. The community has been educated in the following areas: crop and animal production, institution building and agribusiness development, and rural home development. Women, however, as was mentioned in a preceding section, were direct beneficiaries of education primarily in the fields of animal production, health and sanitation, and to some extent, in leadership development. Training and demonstration programs for agricultural systems and agri-businesses were participated in by males rather than females.

The Rural Home Development component of the SIRSDP paves the way for increasing the access of women and their families to improved health. As mentioned earlier, the general objective of the RHD is to improve the health and nutritional status of the OLT beneficiary-families. Achievements which may be attributed to activities undertaken within this component are the following:

(a) community participation in Operation Timbang, immunization and food-intervention project of the Midwife;

(b) free medical consultations provided to about 50% of OLTs in two barangays of the estate, and free medicine for 50% of the group;

(c) community assistance in the conduct of household surveys to identify health-related problems;

(d) increase in the number of vegetable growers -- from 13 households in 1984 to 29 in 1985; and

(e) doubling of the number of households with toilets (VISCA, 1986).

The impacts of SIRSDP on women's employment is less apparent from the existing records. To begin with, the gains from livestock production have not yet been achieved inasmuch as the education of beneficiaries in animal care procedures has just been completed. Secondly, there is no report either whether vegetable gardening has yielded enough surplus for marketability. Third, the direct or equivalent compensation obtained by women from participation in upland cropping practices is not reported. In fact, the general tone of the

reports seems to be that only moderate gains are describable, and that the program should continue further for the OLT farmers to realize fully the gains from SIRSDP.

3.4 Application of Low-cost Appropriate Technologies in Upland Production

The technologies tested by SIRSDP are a mixture of established scientific and experimental agricultural procedures for crop production, animal production, home production and even infrastructure development. In many instances, VISCA upgraded indigenous technologies or the seedlings used in planting.

For example, contour farming was introduced for the planting of rice, corn and mungo beans. High-yielding varieties of cereals were also tested for appropriateness in the areas, as well as a wider variety of nutritious vegetables and fruits. In animal production, native hens and pigs were cross-bred with established breeder animals to improve their body size and reproductive performance.

In SIRSDP, women have been recipients of information on appropriate technologies for animal production, vegetable and fruit-growing, environmental sanitation and herbal gardening. These are the activities in which they are most evident. Despite the relative success of some of the innovations, the Project's reports emphasize that cultural practices and unforeseen physical circumstances have negated the potential benefits of some of the procedures. Further field-tests and longer periods of immersion in the sites are still necessary, therefore, for the adoption and institutionalization of these technologies by the community.

3.5 Effects on Population

The SIRSDP's objectives are geared towards the improvement of the quality of life of the OLT beneficiaries. Through improved and sustained production of cereals, cash crops, vegetables, fruits and animals, the health and nutrition of the community may be improved, thus, combating morbidity and mortality resulting from insufficient access to food. Women's general health, nutrition and reproductive health are promoted by the initiation of primary health care in San Isidro, which integrates family planning education with pre- and postnatal care services among its concerns. Environmental sanitation and the construction of potable water sources also promote community health and help combat the spread of infectious diseases, especially among vulnerable age groups.

3.6 Community Participation in Rural Development

The SIRDP's approaches rural development through participatory strategies. Hence, the involvement of organized community groups is a dominant feature of the Project.

The main sector which is organized by the SIRSDP are the OLT farmer-beneficiaries. It has already been stated that this association is often male-dominated. Nevertheless, women have been encouraged to group themselves for the implementation of activities related to Animal Production or Rural Home Development. Unfortunately, the obtained reports contain no profiles of these women's associations in terms of membership, functions and activity.

4. Summary: Gender Impacts of Land Resources Programs

The development of land resources provides a basis for distributive justice in development. In this respect, neither the ISF nor the SIRSDP has any explicit gender biases. However, cultural stereotypes concerning male and female functions creep into the implementation of the projects, so that access to benefits emanating from the developmental efforts become sex–typed.

On the one hand, agricultural lands, both in the forests and in hillylands, are generally perceived to be the productive domain of males. As a result, technologies and training courses related to agriculture are imparted mostly to men. Males more than females apply as beneficiaries of land stewardship certificates covering forest areas. On the other hand, health, nutrition and sanitation projects are directed to women, as are technology transfer strategies in animal raising and gardening. As a result, differentiation of skills and responsibilities in agricultural production is artificially imposed on men and women – on–farm work for males and off–farm activities for females.

Even while gender stereotyping affects the implementation of land programs, a benefit obtained by women from such efforts is access to appropriate production technologies which promote the preservation and upgrading of environmental resources. Both forest and hillyland development thus enable women to participate in forest conservation and management efforts, a forward–looking development thrust.

Finally, to the extent that land resource development strategies are effectively implemented, they contribute to the fulfillment of another national development goal – the dispersal of populations to new settlements, away from congested urban sites. Moreover, if forests/hillylands are indeed improved by these programs, then more environmental resources will be accessible for use by the rural populace. This reduces the need for women to migrate to other areas for survival needs and/or gainful employment.

VI. NON–FORMAL EDUCATION STRATEGIES

1. The Role of Nonformal Education in Development

Nonformal education refers to "any organized or semi–organized systematic educational activity carried on outside the formal school system aimed at serving selected types of learning

to sub–groups in the population, adults as well as children" [from BNFE–DECS, A Briefer on the Nonformal Education (NFE) Program of the Department of Education, Culture and Sports,, n.d., p.1].

As defined by its mission, NFE is designed to provide learning opportunities to its client groups as an alternative for, supplement to, or extension of the formal school system (BNFE-DECS, n.d., p.2). In this context, the functions of NFE include:

1. meeting the learning need of those unable to avail of formal educational programs and services;
2. providing skills necessary to enhance and ensure employability, efficiency, productivity and competitiveness of its client groups in the labor market; and
3. expanding access to educational opportunities to citizens of varied interests, demographic characteristics, and socioeconomic status.

The Medium–Term Philippine Development Plan expects nonformal education programs of various agencies to expand within the period from 1987 to 1992. The Department of Education, Culture and Sports (DECS) hopes to reach out to almost 600,000 adult illiterates and out–of–school youth (OSY), while the National Manpower and Youth Council (NMYC) of the Department of Labor and Employment (DOLE) targets some 209,500 youth and 11,604 unemployed and underemployed adults (NEDA, 1987, p. 200). Nonformal education is also to be supportive of an agri–based development strategy. Hence, more training programs are to be designed for the development of agri–based and entrepreneurial skills.

As a strategy for advancing women's development, the importance of nonformal education is demonstrated by the following data:

(a) in 1980, only 56% of Filipino women completed elementary school, 21% entered secondary school, and 7% went to tertiary schools;

(b) the overall literacy rate of women in the Philippines in 1980 was 82.8%, while the rural literacy rate was only 76.9% (NCRFW, 1985).

Going by this information, it is obvious that a great majority of women have been denied access to the formal educational system. Hence, their employability and continuing advancement in Philippine society can be aided by nonformal training programs.

To be able to describe the potential and real impacts of nonformal education on women beneficiaries, two NFE strategies will be described in this chapter. The first is the Functional Literacy Program of the Bureau of Nonformal Education (BNFE), DECS. The second is the

Integrated Program for Rural Women of the Agricultural Training Institute (formerly the Bureau of Agricultural Extension) of the Department of Agriculture and Food.

2. Functional Literacy Program

Functional Literacy (FL) is one of three program thrusts of the DECS in nonformal education, the other two being livelihood skills development and values development (BNFE–DECS, 1988, p.1).

The long–term goal of Functional Literacy is "to develop self-reliant, self-sufficient and self-disciplined individuals who can participate actively and productively in development as well as enhance their quality of life" (FNFE-DECS, 1988, P. 2). In this connection, its general objectives are the following:

1. to eradicate illiteracy and raise the level of functional literacy of the population;
2. to provide unemployed and underemployed youth and adults with appropriate technical/vocational skills to enable them to become more productive and effective citizens;
3. to provide educational opportunities to those who cannot or do not wish to avail of formal on–campus education on account of time, space, preferences, and other similar constraints;
4. to develop among the clientele proper values and attitudes necessary for personal, community and national development.

The curriculum for Functional Literacy includes teaching of the basic literacy skills (reading, writing and arithmetic) and values education. Functional Literacy is also integrated into the Livelihood Skills Development courses for illiterate and semi–literate OSY and adults. Through its implementation, it is hoped that functional literacy will raise the country's literacy level and eradicate illiteracy by the end of this century.

Linkages are maintained by the Bureau of Nonformal Education (BNFE) with other bureaus in the Department such as the Bureau of Elementary Education, Secondary Education, Higher Education, and Technical and Vocational Education. It also works in collaboration with other agencies of government, and private and public colleges and universities. International linkages have also been forged with the UNESCO, UNICEF, and ACCU (BNFE- DECs, n.d., p.6).

2.1 Women's Opportunities for Functional Library

In 1982, the Office of Non–formal Education reported that of more than 1.2 million who graduated from NFE courses, two–thirds were females. They also outnumbered the males in

functional literacy classes. In 1987, of more than 76,600 OSY participants in FL classes, 53% were females. Among the adults, women made up 58% of the enrollees (n = 159,465). A little more than half of both adult and youth enrollees managed to complete the FL courses. In both subgroups, female graduates made up about 56% of graduates from the courses. When analyzed by Regions, it is also seen that women enrollees and graduates outnumber men.

Since FL is integrated in its Livelihood Development Programs, the number of graduates from such courses also provides a measure of the extent to which the BNFE has reached out to women. In 1987, 55.4% of OSY graduates and 60.3% of adults were females (BNFE-DECS, 1988).

Data on the number of enrollees and graduates from BNFE courses indicates that males and females have equal access to its nonformal education courses, with women enjoying a slight advantage in terms of entry and completion rates. In terms of age, both the youth and adults have almost equal opportunities for entering into and completing FL courses. However, slightly more OSY (72%) than adults (67%) complete livelihood–cum–literacy courses. NFE, therefore, provides Filipino women with ample opportunities for increasing literacy and for acquiring livelihood skills.

The project *Magbassa Kita* was begun on the initiative of a women's group – the Muslim Professional and Business Women's Association of the Philippines (MPBWAP). It began in 1978 as a project for the promotion of literacy and development among Muslim women (Rasul, S., 1987). During its first year, 8 classes were held in Jolo and 4 in Tawi–Tawi for adult illiterates. Later, 13 classes were also launched in Zamboanga City. Two years later, 42 *Magbassa Kita* classes were held for the Maguindanao tribes of Cotabato City. Eventually, the Ministry of Education expressed interest in the project. *Magbassa Kita* has since been used in the Mindanao Regions (9, 10, 11, and 12) for the promotion of adult literacy. Of 662 graduates of the project in Sulu and Zamboanga City in the early years, about 67% were women. This project, therefore, has been favorable to the advancement of education among the Muslim women. Its adoption in other Philippine regions will likewise hopefully, be a tool for the education of other Filipina women.

2.2 Development of Appropriate Learning Materials

Part of the accomplishment of the BNFE in 1987 was the adaptation and translation of materials for neo-literates originally developed for the Asian and Pacific Region. The materials covered the following topics: Electricity, The Water Cycle, Cooperatives, First Aid, Use of Daily Waste, Let Our Rivers Live, Trees, Sanitation, Gardening, Household Tips (BNFE–DECS, 1988).

These materials were first translated into five Philippine languages: Ilocano, Filipino, Hiligaynon, Cebuano and Maranao. Then they were tried out and tested in the field prior to finalization. Hence, the translations and field–testing insure the appropriateness of the printed material to their audiences.

Another of the BNFE's special programs is concerned with the development of self-learning modules for the continuing education of school leavers (BNFE-DECS, 1988, p. 16). They are appropriate for first and second year high school leavers, and intend to provide continuing home-based instruction to these OSY. Among the subject areas of the self-learning modules are: English and Filipino, Mathematics, Science, Social Studies, and Home Management and Technology.

Region–specific needs are addressed by NFE strategies. Among those implemented in 1987 were nonformal classes for disabled OSY, teachers and field workers; handicraft classes for OSY teachers and field workers; a course on program monitoring and evaluation and population education; reconciliation and national development; and social reconstruction (ONFE, n.d.). Booklets were printed to support the region–based efforts in NFE. These included topics such as *Raise Lumot in Your Pond, Carabao Power, I am a Living Thing,* and *I am Helpful.* A cursory examination of some of these pamphlets reveals the absence of gender stereotypes.

In *Magbassa Kita*, the SN (Santanina-Nooralhan) phono-syllabic method rather than letter identification, is used to teach reading and writing. Then, numeracy is taught through basic arithmetic and market-accounting (Rasul, 1987). The learners are also given lectures on health, law and government. In the second phase of the training, the adults are then taught skills for income-generation which are appropriate to their communities (e.g., seaweed farming in a fishing community). Finally, the primers have been translated into other dialects – including those of the Maguindanao tribes and the Samalas – and into Filipino.

2.3 Gender Images and Roles

Vocational and technical courses offered through its Livelihood Skills Development Program include sex-typed courses such as Cosmetology, Culinary Arts, Electronics, Refrigeration, and the like. More recently, Continuing Education courses offered to school leavers deal with agri-based topics such as crop production, livestock raising and handicraft-making. It would be interesting to determine the sex distribution of participants in these two sets of livelihood development courses. The Annual Report also mentions a skills training program conducted in Olongapo City for hospitality girls (p. 15). Unfortunately, the kinds of skills imparted to these women were not mentioned.

Following MECS Memorandum #99, series of 1986, values development has been integrated in NFE (BNFE-DECS, 1988). Some of these "desirable values" are: love of country, faith in God, honesty, respect for human rights, social justice, conservation, responsible parenthood, work ethics, peace, hope and creativity. On the surface, it appears that these values are gender-fair. However, the materials portray women in their traditional roles – as housewives and parents.

A sample of a module for Distance Learning was examined. It contains a short story written by a noted Filipino writer. The story reflects gender discrimination in Philippine society, as for instance in the following allusions (ONFE, Modyul 3: Sining ng Komunikasyon, Pilipino 1):

"mahirap supilin ang anak na lalaki..."

"ang matanda'y nanahi na ng kasuutang rosas para sa magiging apo [na inaasahang maging babae]"

"Hindi maikubli ang kagalakan ni Tomas [na ang panganay niyang anak ay lalaki]..."

Stereotypes about male and female characteristics are also found in the materials. In one illustration, it is communicated that girls are easier to bring up than boys who are aggressive and apt to do mischief.

One booklet is entitled *It's Never Too Late* and is about the husband and son of a woman working in Singapore as a domestic helper. The comic strip narrates how both father and son decide to reform (by giving up cockfighting and by doing well in school, respectively). Meanwhile, the daughter in the family is in the "top ten" at school. This short comics booklet talks about new roles actually developing in rural Philippines: the mother is the breadwinner and is abroad while the father is a dependent and stays home with the children. It then tries to infuse values of personal responsibility among the 'pensionados' supported by an overseas female contract worker. (Unfortunately, the sample booklet we examined was written in English.)

2.4 Instrument for Increased Participation in Development Activities

That "knowledge is power" has long been recognized to the extent that NFE adds to the knowledge and skills of women which is a mechanism for their empowerment. Among the learning opportunities provided by Functional Literacy and related offerings under NFE are basic reading and writing skills, vocational skills, knowledge about useful everyday things, population education and leadership training. To determine the extent to which Functional Literacy has proved helpful to women, it would be useful to make a follow–up study of these trained women.

2.5 Linkages with Local Women's Organizations

Informant interviews with a representative of the BNFE yielded the information that the DECS maintains mothers' clubs in various communities, serving as the linkage between the NFE program staff and the women at the grassroots. They also give classes in coordination with the NGO women's organizations. One group mentioned in this respect is the Katipunan ng Bagong Pilipina (KBP).

To obtain added insights on the impacts of FL as a strategy for women's development, an officer of the KBP was interviewed concerning her organization's participation in the functional literacy program of the BNFE. According to the informant, in 1985 the DECS sought the assistance of the KBP in Cabanatuan City in order to mobilize illiterate adults to attend a planned FL course. Through KBP's efforts, some 40 adults were enlisted for the class but only half eventually completed the course. The others dropped out because as they put it, "nahihiya sila sa kanilang mga anak na nag–aaral pa sila."

No other FL course was held afterwards. Neither was any follow–up activity organized for the learners. This is unfortunate, according to the KBP officer, because the FL program should be done regularly and not sporadically. If this situation is representative of the usual case, then it is important for BNFE to maintain continuing linkages with women's groups and other NGOs to be able to reach out to more women learners.

3. Integrated Program for Rural Women

The Bureau of Agricultural Extension (now the Agricultural Training Institute) paid tribute to Filipino women when it summarized their role in agriculture as follows (BAEX–MA, 1983, p. 2):

> In addition to their traditional functions of raising their children and managing their homes, they are engaged in almost all agricultural activities - from tilling the soil, to processing and marketing the produce.
>
> ...In different farm operations, females contribute about 21% of farm labor, 36% of hired labor and 17% family (unpaid). Hired female workers participate in almost all types of farm operations except land preparation and weeding.
>
> Other than their crucial task of reproducing and caring after the members of the labor force, women ensure that the basic need for food, water, shelter, fuel, health and clothing are met for day–to–day survival.

Despite these contributions, the same document notes that rural women for the most part have had "limited access to education, training, new ideas and new technology" (BAEX–MA, p.3).

The Integrated Program for Rural Women (IPRW) was devised as a response to this dilemma. In general, the program aims to "advance the social, economic and intellectual wellbeing of the farm family" by providing its members, particularly women, with knowledge, skills and competencies on nutrition, home–management and agri–business. More specifically, the program works for the following goals (BAEx–MA, p.9):

a. effective involvement of rural women in the uplift of family and community;

b. provision of appropriate technologies and skills and package of services to women for their active participation in the home and in rural development;

c. maximization of the use of indigenous resources, i.e. manpower (sic) and facilities, in the delivery of services.

An extension program strategy is employed for the IPRW with the Home Management Technicians (HMTs) as the main service delivery provider. The HMT facilitates the organization of Rural Improvement Clubs (RICs) which serve as the entry point for program implementation. The major components of the Integrated Program for Rural Women include the following:

1 *Food and Nutrition:* undertakes educational programs to improve knowledge, attitudes and practices in family nutrition; seeks to prevent the occurrence of malnutrition especially among infants; increases the participation of rural families in food production, nutrition education and other community nutrition projects;

2. *Family Life and Child–Youth Development*: promotes the involvement of rural women in activities that foster sound family relationships and well–being; inculcates positive Filipino values, and helps women recognize and appreciate the changing roles of men, women and children in the community; also highlights values for the practice of population and family planning;

3. *Home Management:* increases rural women's awareness and effective use of indigenous human and material resources; improves homemaking practices; initiates conservation and recycling activities; provides opportunities for decision–making with regards to planning of resources for family and community well–being;

4. *Agribusiness*: develops the agribusiness management skills of women in order to augment family income; assists and trains women for the identification, development

and management of livelihood projects in the areas of homeyard and homelot food production, food services/catering/trades, food processing and preservation, garments manufacture, handicrafts and ornamental horticulture;

5. *Women's Organization/Development:* hopes to raise the consciousness of rural women regarding their status in the home and community; develops women's leadership potential and organizational capabilities; organizes the Rural Improvement Clubs (RIC) as volunteer groups that will influence the direction and progress of their communities (BAEx–MA, 1983, p. 15).

3.1 Development Focus of IPRW

The components of the IPRW indicate that it intends to prepare women for life as mothers and off–farm workers. The program concentrates on the following areas for extension education: nutrition, home management, family life, agribusiness and human resource development. Table 4 aptly indicates the focus of the IPRW.

The IPRW components work toward the improvement of family life through the training of mothers in both home management and small scale off–farm activities. On the one hand, it tends to reinforce the domestic role of women, especially as health care and food providers, and on the other hand, it attempts to develop new skills and knowledge in the optimal use of existing resources for both household self–sufficiency and livelihood generation. Efforts to raise women's self–awareness are incorporated in the component on women's organization.

However, the IGPs also focus on projects which are traditionally associated with the work of women such as food production, weaving, handicrafts, garments production, plant propagation and food services. Table 5 illustrates this point further. From Regions 1 to 12, in 1986 there were only three projects funded through the RIC cooperatives which may be classified outside the abovementioned categories: a credit and marketing cooperative venture in Region 5, soap–making (Region 10), and butchering (Region 11).

3.2 Involvement of Grassroots Women in Program Planning and Implementation

The Rural Improvement Clubs serve as the conduits for implementation of the subcomponents of the IPRW. In essence, the work of the HMT is linked to the RICs in the following manner (BAEx–MA, 1983):

First, the HMT selects 3–5 barangays for home extension in an assigned area. Baseline information for situational analysis is then collected, covering information on the people and resources in the locality.

TABLE 4

Ministry of Agriculture Nutrition and Home Extension Program for Rural Women

Program components	INTEGRATED PROGRAM FOR RURAL WOMEN				
	Foods And Nutrition	**Family Life & Child/youth Development**	**Home Management**	**Agri–business**	**Women's Organization And Development**
PROJECTS/ ACTIVITIES	* Malnutrition Prevention Project * RIC – Children's Center * Nutrition education for all age groups	* Family Life and Welfare * Family Planning & Population Education	* Household Economics * Consumer Education * Conservation, Waste Utilization, Recycling * Environmental Sanitation	* Selective Home and Homelot Food Production * Food Processing; Food Catering/ Services; Food Trades * Cottage Industries * Ornamental Horticulture	* Rural Improvement Clubs * RIC in Cooperatives

TABLE 5

Distribution of Livelihood Projects in Rural Improvement Clubs Cooperatives by Region, Type of Projects and No. of Participants

Region	Project	No. Of Participants
I	Crocheting/Weaving	50 RIC Members
	Consumers Cooperative	50 RIC Members
	Vegetable Production	25 RIC Members
	Pottery	28 RIC Members
II	Swine Production	25 RIC Members
	Home–level Food Production/ Pres./Food Trades	75 RIC Members
III	Marketing Coop	50 RIC Members
	Home–level Food Prod'n	50 RIC Members
	Walis Tambo Making	25 RIC Members
	Medicinal/Ornamental	25 RIC Members
IV	Food Production/Processing	125 RIC Members
	Consumers Coop	25 RIC Members
	Garments Manufacturing	50 RIC Members
V	Food Production/Processing	125 RIC Members
	Multi–Purpose Serv. Coop/	75 RIC Members
	Consumers Coop	50 RIC Members
VI	Food Production/Processing	50 RIC Members
VII	Consumers Coop	25 RIC Members
	Ornamental	25 RIC Members
VIII	Coconut Utilization	25 RIC Members
	Fish Processing	25 RIC Members
IX	Food Production/Processing	50 RIC Members
X	Manufacturing	50 RIC Members
	Food Production	50 RIC Members
XI	Food Trades	100 RIC Members
XII	Seedlings Propagation	50 RIC Members
	Fish Chips Making	25 RIC Members

Source: Ancheta, Rufina. *The Role of Farm Women in the Development of Income Generating Projects*, Annex C.

Second, the obtained data is shared with the local leaders and officials of the barangay in a community assembly. The HMT identifies the needs of the community and possible courses of action.

Third, program planning is begun by recruiting and training potential community leaders. Together with the HMT and barangay officials, they develop the home extension component of the Barangay Agricultural Development Program. These then serve as guidelines in actual program implementation.

Fourth, in actual program implementation, the HMT undertakes the following activities: training of women leaders, organization of the RICs, establishment of RIC Children's Centers for management of, and services for, pregnancy and malnutrition cases, conduct of home extension classes, and initiation of IGPs.

Thus, according to the program framework, efforts are supposed to be exerted to involve the rural women in program planning and implementation. Training activities are conducted to expand their capabilities as leaders, home managers and for livelihood development. Home–based monitoring is also taught to the community women, particularly with respect to growth monitoring of infants, records–keeping for IGPs, and for identifying the accomplishment level of the various community projects and activities of the organization.

During the 1987 RIC National Convention and Workshop, women participants stated that the RIC had helped them in the following ways *(Proceedings of the RIC National Convention and Workshop*, 1987):

> The RIC leaders became more dynamic and sociable, courageous and active with improved personality... with an overall feeling of self–satisfaction.
>
> They learned to participate in identifying and solving community problems, to be involved in politics and be instrumental in promoting peace in their barangays.
>
> They gained additional knowledge/skills in nutrition and health, food production, processing and utilization, and management of income generations.

3.3 Increased Participation in Socio–Economic Activities

The strategy of the IPRW is essentially two–pronged: *training* for home management and *assistance* for livelihood generation. After they received training in the different program areas, rural women are given opportunities to engage in income–generating projects (IGPs) through the IPRW. Two types of IGPs are participated in by the members of RICs: self–help IGPs, for which fund–raising activities are undertaken by the organized women in order to raise business capital, and IGP projects, which receive assistance from specific donors such as

UNICEF, USAID, ESCAP, UNDP, and the Population Center Foundation, through the RIC Development Cooperative, Incorporated (RICDCI).

As of June 1987, (Ancheta, R., 1987) there were about 1800 existing RICs in twelve regions of the country (Table 6). These IGPs may be categorized under seven different types, namely: food production, propagation of ornamental or herbal plants, home–level food processing and preservation, weaving and handicrafts, pottery, garments production, and service (e.g., catering, buying–and–selling, credit, etc.).

TABLE 6

Category/Types and Number of Projects Undertaken by Women in the Rural Improvement Clubs

Category/Type	Location	No. of Families Engaged in the Project
Food Production	Regions 1–12	950
Propagation of Ornamental/ Herbal Plants	Regions 1–12	240
Home–level Food Processing and Preservation	Regions 1–3	323
Weaving & Handicrafts	Regions 1–12	250
Pottery	Regions 1,3,4, & 11	68
Garments Trade	Regions 1,3,4,9,10, 11 & 12	182
Services	Regions 1–12	449

Source: Ancheta, Rufina. *The Role of Farm Women in the Development of Income Generating Projects*, Annex A.

Apart from individual RIC projects, the Home Extension Program of the IPRW has also facilitated the institution of RIC cooperatives. In 1987, 24 cooperatives from eight regions nationwide were registered with the Bureau of Cooperatives. Through these institutions, the rural women were able to obtain financial assistance for their IGPs from the RICDCI.

The RICDCI was organized as a national multi-activity cooperative in 1983 (Ancheta, 1987). It was composed of representatives of Regional RIC Councils from among the 12 regions of the country. Fund-raising activities were initially undertaken by the RICDCI within the different regions to be able to generate its revolving capital. From these proceeds, the RICDCI funds the regional RIC cooperatives. Thus, in 1986, it provided assistance to ten regional branches in the amount of ₱61,200, with an average loan of P7,000 per project.

3.4 Low Level of Income Generated from IGPs

The report of the ATI itself indicates that economic gains from the micro-enterprises are not too substantial. As a whole, IGPs enable the families to, at least, meet their basic needs, in cash or in kind. It mentions the case of one member of a coffee-making project who has earned P950 in a month, and of another engaged in bag-making who obtains a regular income of ₱200.

To be able to obtain more information on the RICs, the ATI regional office in Bulacan was visited. Some 640 families in this province were reportedly engaged in 64 different micro-businesses within the years 1984-85 (from provincial documents). The initial capital costs of P454,000 for these projects yielded a net gain of ₱1,504,324, or a per capita profit of ₱2,350 per family over a 24-month period. If this amount is pro-rated across 24 months, then, each family earned no more than ₱97.90 monthly, a mere pittance.

Despite the small monetary gains from the IGPs, the project implementors perceive that they have reaped economic benefits from them (Ancheta, R., 1987, Annex E). Among their claims are that the IGPs have enabled them to educate their children, to buy better clothes and food, to repair their houses and purchase appliances. Money earned has also been used as capital for other ventures, as well as to repay loans. Perhaps in impoverished families which are used to meager cash incomes, even small income augmentations do make a difference. Besides, if the family manages to get by from day-to-day without the income from the IGP, then, it may well be used for 'extraordinary expenses' or for re-investment purposes.

The ATI, however, recognizes that a small business capital affects the volume of production and the maintenance of the business itself. They consider this one of the problems faced by the program.

3.5 Acquisition, Promotion and Transfer of Knowledge, Skills and Technology

Women reached through the IPRW have access to new knowledge through training programs. The range of training possibilities includes the following (BAEx–MA, 1983, p. 26):

1. Management and Organization of MPP (Malnutrition Prevention Program)
2. Early Childhood Enrichment Program
3. Operation of Livelihood Projects
4. Integrating Population/Family Planning in MPP and IGP
5. Catering and Institutional Management
6. RIC Coop Management and Operations
7. Home Management Modules Use
8. Family Life Modules Use
9. Nutrition Modules Use
10. Food Processing

The home extension classes impart the following sets of information through its three main program areas: food and nutrients, meal planning, causes and effects of malnutrition, special diets, rights and duties of children, child rearing practices, FP/population education, family relationships, and human sexuality.

New skills and technologies which have been extended to the RICs include project development and management, population education, and, in one region, the development of an Infant Supplementary Mixture (INSUMIX). Whenever such information are acquired through training programs, the RIC members are enjoined to pass on their knowhow to others in the community.

The promotion of technology transfer is ensured by the conditions set for IGP assistance. For example, INSUMIX was funded as a livelihood project by the BAEx. The given amount was programmed to cover development, training, and transfer of the processing technology, as well as for the continuing evaluation of the project.

In another instance, the RIC led in reviving the cultivation and use of arrowroot as flour. Because of the initial efforts of the women in Murcia, Bataan, other farmers have been encouraged to plant more areas to arrowroot. The root is then processed into flour in a center also established by the RIC.

Women in the RIC have also been instrumental in the development of cooperatives. A case in point is the Balilihan RIC in Bohol. It was able to expand the revolving capital of its cooperative from ₱2,000 in 1983 to ₱150,000 in 1987 through fund–raising drives. As a result of this capital build–up, it now sells RIC products within the whole municipality and undertakes catering services as far away as the capital town.

3.6 Impacts on Health and Nutrition

"Food and nutrition is [sic] the major area of concern of the RICs" (Ancheta, 1987, p. 13). The extension programs seek to improve knowledge, attitudes and practices in family nutrition, prevent malnutrition among young children, and increase food production. In addition, population and family planning education are integrated into the training component on Family Life and Child/Youth Development. In Murcia, Negros Occidental, the Infant Supplementary Mix produced by the mothers has led to slight improvements in the weight of the infant beneficiaries.

Thus, the health goals of the IPRW focus on the welfare of the families, and do not particularize the need to promote the health of the women themselves. While FP education may be beneficial to the women, its importance for their reproductive health is not emphasized at all. Neither is there any focus on pre– and post–natal care for the farm women, propagation of herbal medicine, or primary health care training.

3.7 Lack of Support Mechanisms for Non–traditional Roles

Developing women as income–earners in off–farm work is a step towards creating non–traditional, public sphere activities for the Filipina. Unfortunately, the kinds of work encouraged by the IPRW are those which remain within the domestic domain, such as food production and processing, the care of plants and animals, sewing, and food services.

The IPRW also fails to establish community support mechanisms through the RICs which may serve to take over the domestic functions of working women, such as day care centers, marketing and laundry cooperatives, and other similar structures. For this reason, the double burden of the farm women is not lightened and they are forced to engage in home–based, part–time work activities. As a consequence, only small loans are made available to the women and the impacts of existing livelihood schemes on income generation are marginal. A more wholistic view of women in development is undoubtedly needed to advance the status of women through a home extension program.

4. Summary: Education and Women's Development

The main directions of nonformal and livelihood education are towards making women better able to function as literates and earners. Providing functional literacy is important to the extent that it becomes a pre-condition to increased participation of women in livelihood activities, as well as in socio–political concerns. In turn, training in home management, nutrition and agribusiness empowers women with new knowledge and skills important to daily life.

What the program lacks, however, are clear commitments to developing gender equality through consciousness–raising efforts. The reading materials for NFE contain themes implying gender differences. They do not attempt to provide images which value gender equality in social relations and in access to resources. The thrusts of IPRW consciously stress the homemaking roles, thus, reinforcing the domestication of Filipino women. It is likewise unclear whether the concepts transmitted to women while organizing them into RICs are liberative rather than traditional.

Since nonformal education is a vital strategy for reaching out to rural women, clear objectives for the development of gender consciousness must be incorporated in its programs.

VII. GENDER DEVELOPMENT THROUGH EMPLOYMENT AND INCOME GENERATION

The domestication of women has led to their invisibility in accounts which measure the social contribution of various sectors to the economy. This absence does not merely result from their lack of opportunities to participate in the public economic sphere; it is also a consequence of the trivialization of women's work by society. This means that their efforts are usually deemed part of 'family labor' and jointly accounted for with the efforts of male household members, or are looked upon as menial and secondary sources of family income. Moreover, because of serious obstacles to the entry of women into the formal labor market, a great majority of women who need to work do so in the invisible economy – in pursuit of informal trades.

These circumstances pose significant obstacles to women's integration and advancement in any society. In this respect, the following observations are noteworthy:

1 Filipino men and women of the same educational attainment participate unevenly in the labor force, with men at an advantage; therefore, education is not directly related to women's access to employment.

2. The employment rates for Filipino women with little or no education are higher than it is for women with secondary or tertiary education (NCRFW, 1985); thus, employment opportunity, when analyzed by gender, is inversely related to educational attainment.
3. Examined by either major occupational or industry groupings, Filipino women consistently make up a lower percentage of the total labor force, indicating that women have had less chances of benefiting from employment (Table 7).

TABLE 7

Percentage Of Male And Female Workers In the Rural Sector by Occupational Groups

Category	Male	Female
Professional, technical and related workers	30.7	69.3
Administrative, executive, & managerial workers	72.7	27.3
Clerical workers	55.7	44.3
Sales workers	30.1	69.9
Service workers	42.9	57.9
Agriculture, animal husbandry, & forestry	69.87	30.2
Professional & related workers, transport equipment operators and laborers	73.5	26.5

Source: NCSO, 1983.

In addition to the poor participation of women in the labor force, national figures describe the sexual segregation of males and females in various occupational and industry classifications. Consider the following statistics:

1. Eighty-two percent of *all* Filipinos in the labor force are agricultural, animal husbandry and forestry workers. Of this occupational group, only 30% are females. When the sex disaggregation is examined by major industry groups, almost the same proportions emerge, indicating the preponderance of males reportedly working in agriculture-related activities.

2. In the rural sector, the distribution of male and female workers by occupations describes women as the majority among those employed as sales workers (70%), professional and technical employees (69%), and service workers (57%). In contrast, there are more men employed as production and transport workers (74%), managers and executives (73%), agricultural workers (70%), and clerical workers (56%).

Closer examination of these figures indicates that: (a) 83% of female professionals in rural areas are employed by government, including public school teachers; (b) 88% of female service workers are employed by private enterprises, including those working as waitresses, domestics, and entertainers; (c) 68% of female sales workers are self-employed, including those engaged in small-scale food retailing, vending and the like; and (d) 70% of unpaid family workers in rural sales work are females.

The data indicates that females are found mostly in occupations which are low-paying (e.g., teaching), insecure (domestic services and vending are not covered by labor standards), and involve tasks associated with the domestic role (such as services and food production). On the other hand, more males are in positions of responsibility (administrators and managers), and in work associated with *manual* labor (e.g., agricultural and production occupations). The data aptly describes gender differentiation of occupations in Philippine society.

Given these circumstances, the goals of rural women vis-a-vis employment include the following:

(a) increasing women's labor force participation and employment opportunities in all occupational group;

(b) access to more secure and prestigious jobs, rather than being confined to menial and sporadic economic activities;

(c) opportunities for employment in non-traditional areas, in order to improve rural women's chances for employment and income generation; and

(d) increased access to skills training and credit facilities for self-employment. It must also be stressed that skills training for rural women should include those important

for both farm and off–farm activities. Otherwise, their roles in agricultural production will continue to be de–valued and marginalized.

Using these circumstances and articulated goals as guide posts, two employment and income generation schemes of government will be described and analyzed in terms of their potential and real contributions to women's economic development. The first is a relatively new program of the Department of Trade and Industry (DTI), called *Tulong sa Tao* Self–Employment Loan Assistance Program. The other is the Non–Farm Employment Project undertaken jointly by the Bureau of Rural Workers Office (BRW) of the Department of Labor and Employment, the Land Bank of the Philippines, and the Bohol Integrated Area Development Office (BIADO).

1. *Tulong Sa Tao* Self–Employment Loan Assistance Program

The Self–Employment Loan Assistance Program, or TST–SELA, is a package of assistance to labor intensive micro–cottage, small and medium–scale businesses. More specifically, TST–SELA "encourages self–employment generating ventures, as well as subcontracting activities, particularly in the garments, gifts and houseware, furniture, metal–working, footwear and leather goods industries (DTI, 1986 Annual Report, p. 22).

Initiated in 1987, the DTI extends loan facilities to individuals and groups through the participation of Private Voluntary Organizations (PVOs). This approach is in line with the policies articulated in the Medium–Term Plan, which call on the active involvement of the private sector in mobilizing communities and sectors to participate in government–assisted economic programs.

In this context, the TST–SELA has two main objectives:

1. To develop the potential of PVOs to assist their target clientele in terms of providing them opportunities for income generating activities,
2. To provide opportunities for those who are unemployed/ underemployed to go into self employment.

In accomplishing these objectives, services of TST–SELA include:

1. *Financial Assistance* – in the form of a loan, ranging from ₱50,000 to ₱1 million, for PVOs to use as lending fund business capital, and
2. *Entrepreneurship Development* – to enhance business management skills of the PVOs' clients.

The PVOs to whom the TST–SELA funds are channelled must first be accredited by regional or provincial offices of the DTI. Essentially, each PVO has to demonstrate that it has successfully completed socio–economic projects, has internal systems and controls, is

acceptable to the communities, and is able to put up at least 20% of the proposed loan from *Tulong sa Tao*–SELA. Then, the following requirements need to be submitted: (a) its latest financial statement, (b) data on lending operations, (c) number of staff members, and (d) its list of projects intended for financing.

As of September 1988, a total of 88 loan applications from PVOs had been approved for TST–SELA financing. The loans range from ₱16,000 to P600,000, with an average of ₱264,431. The types of projects which are to be financed include the following businesses: small–scale manufacturing, food and chemical processing, services, vending and trading, and agri–business ventures (Table 8).

In order to obtain better insights on the gender impacts of the TST–SELA, three PVOs operating within and around the metropolitan area were visited. These include: *Tulay sa Pag–unlad,* Inc. (TSPI), the Foundation for Educational Evolution and Development or FEED, and the Fatima Credit Cooperative, Inc.

1.1 Profile of Participating PVOs in TST–SELA

1.1a Tulay sa Pag–unlad, Incorporated

This foundation was established in 1982 by a group of Filipino and American Christian businessmen. Its mandate is two–fold: on the one hand, it aims to transfer "business knowledge, skills and capital to qualified small businesses and create work opportunities for the unemployed poor;" on the other hand, it seeks to "infuse the values of responsible entrepreneurship and justice in labor management" (from TSPI brochure). Its programs include loan assistance of ₱20,000 for either business expansion or micro–projects, training in small business management, and business consultancy.

Qualified entrepreneurs are identified through the network of local church communities or community organizations. Recommendations for loan or technical assistance are coursed through the group leaders, after which, an evaluation and feasibility study of the applicant's business plans are made. Funds used by TSPI are donated by local and international development agencies, business corporations and individual donors. The TST–SELA is one such source of funds.

Its New Loans Report in Metro Manila for the third quarter (July–September 1988) lists a total of 41 loans for projects which are generally classified as follows: small–scale manufacture, trading, services, handicraft production, food processing and agri/aqua–business. The lowest loan grant for the period was ₱5,000 and the highest was ₱25,000, averaging ₱14,154.

TABLE 8

Approved Projects of the Tulong sa Tao-Self Employment Loan Assistance Program (As of September 26, 1988)

Types of Projects	Number of Organizations engaged in the project
A. Manufacturing	
Garments Manufacturing	41
Furniture Making	36
Handicrafts	27
Hollowblocks Making	18
Basket Making	11
Metalcrafts	13
Footwear	11
Gifts and Housewares	9
Handloom Weaving	9
Wood–based Industry	8
Soap Making	6
Stuffed Toys Manufacturing	5
Bag Manufacturing	4
Ceramics	4
Charcoal	4
Bamboocraft	3
Rattancraft	3
Pottery	3
Rubbercrafts	2
Leathercrafts	2
Food Manufacturing	2
Nipa Shingles	2
Candle Manufacturing	2
Hat Making	2
Broom Making	2
Jeep/Tricycle Body Making	2
Coco–based Products	2
Building Materials	1
Kropeck Manufacturing	1
Lime Manufacturing	1
Noodles Manufacturing	1
Slippers Manufacturing	1
Wallet Manufacturing	1
Galenicols Manufacturing	1
Bijon Manufacturing	1
Shellcraft	1

TABLE 8 (Continuation)

Approved Projects of the Tulong sa Tao-Self Employment Loan Assistance Program (As of September 26, 1988)

Types of Projects	Number of Organizations engaged in the project
Religious Articles	1
Chlorox/Cleanser	1
Stonecraft	1
Window Manufacturing	1
Needlecraft	1
Rag Making	1
Farm Implements	1
Wire Fence Manufacturing	1
Items Manufacturing	1
Poster Making	1
Bricks Making	1
Carving	1
Marble Sculpting	1
Chemicals Manufacturing	1
Salt Making	1
Coco–lumber Processors	1
TOTAL	258
B. Processing/Preservation	
Food Processing/Preservation	49
Fish Processing	2
Photo Processing	1
Charcoal Processing	1
Cocoa Processing	1
Meat Processing	1
Kaong Processing	1
Animal Skin Processing	1
Salted Eggs	1
Coco By–products	1
Meat/Leather	1
Honey Processing	1
Peanut Processing	1
Vegetables	1
Leather	1
Abaca Processing	1
TOTAL	65

TABLE 8 (Continuation)

Approved Projects of the Tulong sa Tao-Self Employment Loan Assistance Program (As of September 26, 1988)

Types of Projects	Number of Organizations engaged in the project
C. Services	
Metal/Steel/Iron Works	11
Motorworks Shop	6
Electronics Repair Shop	5
Rice Mills	3
Fabrication/Allied Services	3
Repacking	3
Silk Screening	3
Beauty Parlors	2
Upholstery	2
Abaca Braiders	1
Wood Ripping	1
Lamination	1
Photography	1
Quarrying	1
Gold Mining	1
Construction	1
TOTAL	45
D. Vending/Trading	
Variety Stores	5
Meat Vending	2
Fish Vending	1
Rice Vending	1
Bakery	
TOTAL	9
E. Agricultural Project	
Integrated Farming	1

1.1b Foundation for Educational Evolution and Development (FEED)

FEED is a non–profit corporation founded in 1979 for education and community development. Initially, FEED focused on the development of the child, "through a multi–dimensional educational process employing various scientific disciplines" (*FEED as PVO,* n.d.). In 1982, however, it became a USAID–registered Private Voluntary Organization (PVO). Since then, FEED has been involved in various community development projects such as the Ugnayan Farmers Training Center project in Pampanga, and the Human Resources Development Program in Negros Occidental which it implemented in collaboration with the First Farmers Human Development Foundation.

In 1985, FEED started the Integrated Urban Community Organization and Livelihood Development Program in 12 selected urban areas of Marikina, Antipolo and Makati. While this program started with seed money from the Australian government for socio–economic projects, it has recently received funds from the TST–SELA for loan assistance to urban families. The stated purposes of this program were the following:

1. To develop at least seven [7] communities into viable, dynamic and cohesive organizations.
2. To develop technical/entrepreneurial credit assistance to these organizations for income generation/augmentation.
3. To establish mechanisms for organizational and financial sustainability after phase–out, i.e., incorporation of viable cooperatives to meet production, marketing, credit and consumer needs of beneficiary organizations.
4. To ensure replicability/outreach of project in adjacent and neighboring areas through the Community Organization Volunteer network.

Proponents who qualify for loans under FEED must be residents and members of any of the community organizations accredited to it. He/she must also be recommended by the organization, have no previous record of bad debts, and must have completed seminars on Human Relations, Leadership, Project Development and Management, and others that may also be required (FEED, *Policies on Loan Assistance,* n.d.).

The projects themselves must have the following characteristics:

1. The proponent manages the business himself/themselves. Priority is given to group–managed projects.
2. The proponent must have the necessary skills for operating the project.
3. The project can generate additional income of at least ₱6 per day per beneficiary.

4. The project is labor–oriented and can generate employment for other members of the community.
5. The project is feasible at an interest rate of 16% per annum.

In the past year, the foundation approved 41 loans under the TST–SELA for beneficiaries belonging to its accredited community organizations. The loans ranged from ₱1,000 to ₱86,000, with an average of ₱17,500. At the same time, FEED has 57 old/ongoing and 15 new projects funded by Australia's PACAP.

1.1c The Fatima Credit Cooperative, Incorporated

The Fatima Credit Cooperative is a parish–based credit union located in Valenzuela, Metro Manila. It was founded in January 1985 by a group of civic–religious leaders, the majority of whom were women. The objective of this Credit Cooperative is to grant loans to individuals, for either personal or commercial purposes, at low interest rates. As of December 1988, it had 361 members, 70% of whom were women.

To qualify for a loan, an applicant to the Fatima Credit Cooperative must satisfy the following conditions:

a He or she must be a member of the cooperative, and pay ₱200 as share–capital;
b. Real and other properties must be presented as collateral for commercial loans;
c. A guarantor must be assigned to assure repayment and vouch for the character of the applicant; and
d. A member of the Cooperative inspects, monitors, or evaluates the project prior to loan approval.

However, the TST–SELA funds which are administered by the Credit Cooperative are awarded to parties who qualify using the latter's own conditions. Thus far, there have been eight (8) beneficiaries of TST–SELA through the Fatima Credit Cooperative, whose loans range from ₱10,000 to ₱25,000.

1.2 Benefits Derived by Women from Loan Assistance

1.2a Increased Access to Credit

Neither the TSPI, FEED nor the Fatima Credit Cooperative specify that the sex of applicants is important as part of the conditions of their loans. Nonetheless, a profile of their beneficiaries indicates that many more women than men have availed of the loans (Table 9). In the past year, TSPI awarded loans to 148 women and 86 men. FEED reports having 69 female

and 11 male beneficiaries in the past year, while 6 of 8 loan grantees of the Fatima Coop are women.

From this data, it is apparent that TST–SELA has increased the access of women to loan facilities. The loans have become accessible through the instrumentation of PVOs, which are linked to the beneficiaries through local associations.

1.2b Credit for Income and Employment Generation

Loans acquired from TST–SELA must be channeled to economic undertakings, and are not to be spent on personal necessities. To begin with, the loans are awarded only to individuals or groups who intend to undertake the proposed businesses themselves. Secondly, their credit–worthiness must be established, either through recommendations of local associations, or by putting-up collaterals (in FEED, for instance, real or personal properties, with a value 140% more than the capital assistance, must be put up as collateral). Third, applicants are asked to undergo training courses relevant to small business management prior to being awarded funds in order to ensure the success of their respective ventures.

TABLE 9

Beneficiary Profile of *FEED, TSPI* and Fatima Credit Cooperative by Type of Project and Sex Beneficiaries

Type Of Project	FEED		TSPI		FCC	
	Male	Female	Male	Female	Male	Female
Food Processing	1	43	6	9	0	1
Agri–Aqua Ventures	2	4	0	0	0	0
Services	3	2	3	4	1	0
Handicrafts	3	6	0	0	0	0
Trading	0	0	1	2	0	0
Manufacturing	2	14	3	13	1	5
TOTAL	11	69	13	28	2	6

Thus, the loans obtained by women beneficiaries from TST–SELA are earmarked for their direct participation in gainful employment. PVOs are then expected to maximize the use of funds, and guarantee repayments, through training and business consultancy.

In some cases, the PVOs apparently put up the required 20% counterpart to the TST–SELA loan, and utilized their local associations to monitor the micro–businesses and collect repayments from the loan awardees. In these instances, then, it is possible for any woman with a feasible business proposal to apply for loan assistance. However, in cases where beneficiaries are required to put up collaterals themselves, then, it is doubtful whether the very–poor are able to avail of the credit. In the latter case, the principle used by many social development agencies of giving self–employment assistance to only the 'opportunity poor' applies anew, and women at the lowest rungs of the poverty ladder have no way of availing of these loans.

The sustainability of the livelihood projects is a concern of the PVOs. In TSPI, thorough evaluation of the applicants and the feasibility of their business and expansion plans precede loan assistance. Consultancy and training for business management are then given for free to the awardees in order "to develop confidence and capability among participating small entrepreneurs" (TSPI Brochure). FEED likewise sets preconditions to loan assistance with a view towards sustainability. Apart from specifying that potential beneficiaries must have necessary business and community skills, it also stipulates that, to be approved, the proposed projects must be able to generate at least P6.00 per day for every beneficiary, or an approximate earning of P180 monthly. Further controls on project continuity are provided by FEED's intensive monitoring and feedback mechanisms.

Loans obtained from TST–SELA funds must also be for projects which are labor–intensive and are prioritized by FEED. In TSPI, projects which have generated employment for at least 25 to almost 200 employees include the following (Table 10): garments manufacturing, trading and sub-contracting, house construction, handicrafts (rattan furnitures, shell chandeliers, woodcrafts, pillow–making), and bakery operations. Many of these businesses are run by female entrepreneurs (about 60 of them).

1.2c Educational Opportunities Linked to TST–SELA

The number and variety of training opportunities open to women through the PVOs vary according to the goals of these associations. In TSPI, training components are in the areas of small business management as applied to specific needs of the trade sectors represented by its projects.

The range of training programs offered by FEED is wider, owing largely to the fact that its socio-economic program is linked to an overall community development process. Hence, training in human relations, leadership, community organization and mobilization, project development, and project monitoring may be preconditions to loan availment. In this instance, the local community leaders may have better chances of obtaining loans, inasmuch as they are the ones who are mostly expected to complete the abovementioned training courses.

In the Fatima Credit Cooperative, a pre–condition to membership is attendance in a one–day seminar on cooperatives. The trainors are members of the Cooperative themselves, and provide lectures on the objectives and by–laws of the credit union.

1.2d Development of Non–Traditional Roles

The entry of women into livelihood projects has the potential of introducing them to non–traditional roles. For one, entrepreneurship requires training in small business management, which is a departure from *home* management. Secondly, given the condition that loans from TST–SELA are coursed through PVOs which have grassroot linkages, including women's associations, then income–generation is tied–up to local leadership development, which again is a non–traditional function of women. Third, women are rarely debtors in formal financial structures, since most credit institutions prefer to deal with 'household heads' rather than their 'spouses'. Hence, women–as–loan–beneficiaries is an innovative experience.

TABLE 10

Approved Projects of the Tulay sa Pag-unlad, Inc., Under the *TST-SELA* (1988)

TYPE OF PROJECT	MALE		FEMALE	
	Number	Jobs Created	Number	Jobs Created
Manufacturing	3	8	13	41
Trading/Vending	1	2	2	6
Service	3	6	4	6
Food Processing	6	14	9	17
TOTAL	13	30	28	70

The loan conditions are also open in terms of the nature of projects which may be funded. Women have thus been granted loans for projects such as the following: tin–smithing, mini–sash production, vulcanizing, electroplating, printing press, diesel engine calibration, watch repair, furniture making, hollow blocks manufacture, steel and woodworks, and agri/aqua–business.

Despite these gains, women's traditional homemaking roles continue to be dominant in the choice of trades and commodities for production. On the one hand, garments production and trading, food processing and retailing, food catering, vending, and embroidery subcontracting are still among the popular types of small business endeavors for women. On the other hand, male beneficiaries dominate in furniture and woodcrafts, general merchandise and variety stores, refrigerator/air–conditioner repair, construction, and farming projects.

Nonetheless, the number of male and female loan applicants are almost the same in garments sub–contracting and manufacturing, and male beneficiaries are engaged in brassiere and lingerie production. This may either be nominal ownership of the businesses, in which case women still oversee production, or may be real ventures of males who recognize the lucrative market in garments and under–garments. The pursuit of nontraditional enterprises by men and women thus deserves deeper investigation, particularly, in terms of understanding the bases for choice of businesses.

1.2e Linkages with Grassroots Women

The extent to which TST–SELA loans reach organized groups of women largely depends on the structure and goals of the PVOs. Of the three PVOs monitored in this research, it is only FEED which is directly linked with organized women. The other two relate with individual women endorsed by the leadership of the community network and do not necessarily belong to women's organizations.

FEED's socio–economic assistance is funneled through its Integrated Urban Community Development and Livelihood Development Program. In this connection, it has organized 10 community–based people's organizations in Marikina, Antipolo and Makati. It so happens that, except for one *Samahan* in Marikina, the membership of 9 of these organizations is composed predominantly of women. Because of this, it may be said that organized women participate directly in TST–SELA and are the major decision–makers as far as business planning and implementation are concerned. An interview with an informant in FEED also reveals that, while these females are not yet aware of their rights as women, they have achieved skills for solving their immediate needs and problems, and have learned how to deal with issues concerning land and housing.

2. Non–Farm Employment Project

This project was initiated in 1985 for the development of highly depressed land reform areas through the promotion of non–farm economic activities. It was conceived through a grant from ESCAP/ILO as a project for non–farm employment. Its sites include barangays Angilan and Bantolinao in Antiquera, Bohol. The project objectives are:

1. to assist marginal farmers and landless workers to organize themselves into functional groups; and
2. to explore the potentials of the non–farm sector for increasing income and expanding rural development, particularly through basket–weaving projects.

The Non–farm Employment Project (NEP) has undergone two phases since its conception. During the first phase, from 1985–86, the following activities were pursued:

1. organization of regional and national implementing committees for the operationalization of the project;
2. conduct of a survey in project sites to obtain their community and non–farm employment profile;
3. conduct of participatory village workshops;
4. conduct of leadership and management training workshops for 35 potential farmer–leaders;
5. conduct of a national workshop to identify policy issues and formulate recommendations and strategies for the alleviation of these problems; and
6. organization and registration of two rural workers organizations under the BRW–DOLE.

An action plan was finalized after the first phase of NEP and submitted to ESCAP/ILO for funding assistance. Essentially, the action plan includes the following activities for implementation:

(a) Conduct of participatory village workshops for action planning at their levels;

(b) conduct of leadership, management and skills training courses; and

(c) operationalization and financing of the basket-weaving venture of the farmers.

As of August 1988, the NEP was still undergoing Phase II activities, with emphasis on organizational strengthening through community training programs. Hence, the basket-weaving projects still have to take-off. Thus far, ₱80,000 has been alloted for basket-weaving projects. For this amount, 23 men and 16 women have been identified as beneficiaries, all of whom belong to either one of the two registered rural workers' organizations in the project areas.

For Phase Two, the general objective of NEP is "to optimize the growth and development potential of the rural sector, by creating and enhancing agro–based employment opportunities, and by increasing the rural workers' income and productivity" (BRW–DOLE, 1986). In this connection, the specific project goals include:

1. *strengthening and institutionalization of people's participation through active assistance in the formation of rural workers' institutions and cooperatives, and through a review of current government policies, procedures, and regulations;*
2. *improvement of the delivery system for inputs and raw materials used in non–farm processing and manufacturing activities through marketing and information assistance;*
3. *increase of income and productivity by providing entrepreneurial skills, upgrading programs, and through technical consultancy services;*
4. *enhancement of the viability of rural enterprises by creating conditions for the development and adoption of appropriate technologies.*

2.1 Benefits to Women of Non–Farm Employment

2.1a Women as the Focus of Non-farm Employment

While the stated goals of NEP are phrased generally, it in fact targets women for non–farm employment, for two reasons:

First, male farmers in the two barangays maintain that farming is the principal source of livelihood in these areas. The farmers believe this even if the average harvest per hectare in these sites is no more than 7–10 cavans of rice annually. Hence, they prefer to put their efforts into agriculture rather than non–farm activities;

Second, basket–weaving is traditionally a woman's job in the barangays of Angilan and Bantolinao. Thus, NEP merely hopes to maximize the use of these talents through skills upgrading and organized marketing efforts.

Because of these existing values and practices, basket–weaving for non–farm employment is sex–typed. It also reinforces the notion that principal activities in the farm, which center on agricultural production are for the males, while secondary income sources are for females to undertake. Despite these socio–cultural realities, however, more of the approved loans for basket-weaving projects are in the names of males (59%).

Hence, the NEP does not really increase the participation of women in new areas of economic activity. Neither does it seek to alter existing divisions in gender roles. As one informant revealed, while the women are busy gathering their raw materials and weaving, the

menfolk spend their time in drinking sessions. Men's participation in basketry is confined to canvassing for potential buyers of the finished products and in bringing the goods to market.

2.1b Women as Decision-makers

NEP functions through local village associations formed within each of the barangays targeted for assistance. As of August 1988, these local groups are: *Pundok sa mga Mamumuo sa Angilan* (PUMA) and *Humaba-Hinnisang Mamumuo sa Bantolinao* (HIMABA). Training in leadership and management forms part of the main strategy for developing the community. Loan assistance for off–farm employment activities is then to be extended to these groups as soon as their viability as local associations is assured. In this respect, it may be asked, to what extent do local women become part of the core groups for rural development? How much do they participate in decisions related to the project?

First of all, women make up the majority of members in either PUMA or HIMABA, while men are a minority. In earlier years, membership was open to anyone in the community. However, BRW is re–thinking this because of problems in internal relationships. There is a plan to include only basket–weavers (usually women) in either association and to exclude canvassers (usually men), because of the danger that the canvassers will take advantage of the weavers in terms of pricing the finished baskets. In any case, approximately 85% of the membership in both associations are already basket–weavers, and therefore, women.

Second, even while females compose the majority in the local associations, the leadership of these groups is largely in the hands of men. All the officers of PUMA are males, from president to business manager. In HIMABA, only 2 of 6 positions are filled by females: that of secretary and business manager. Given this leadership profile, it is apparent that opportunities for leadership training are available to males more than to females. Cultural patterns of leadership preference become obstacles to the development of leadership roles for women in the project sites, even if the project is dependent on women's labor for implementation.

Third, the over–all NEP action plan stipulates that local associations take part in developing the projects. This includes participatory planning exercises; meetings to detemine sources of material, markets and pricing policies; involvement in training courses (i.e., productivity, quality control, project feasibility studies, and project management); and meetings on credit policies, etc. To the extent that female members of the associations take part in these meetings and training courses, the NEP has helped to develop them as business decision–makers and would–be entrepreneurs. New knowledge is extended to the women in terms of productivity, project management and quality control concepts. Determining credit policies and identifying potential markets may also be new avenues of problem–solving.

Finally, women participate most extensively in decisions related to the implementation of the basketry projects. They select, gather, and process the required raw materials. They spend hours weaving these materials into baskets and decide for themselves how much time to allocate to weaving as against their household responsibilities.

2.1c Development of Appropriate Technology

ESCAP/ILO set the condition that the grant money be spent wholly as operating capital for basket–weaving. In this connection, the following schemes were devised as appropriate to the requirements of the projects:

(a) The volume and type of raw materials are to be procured on the basis of purchase orders of potential buyers;

(b) The association procures the materials and distributes these to the individual members; suppliers who offer the lowest price for the materials will be selected over others;

(c) The Land Bank pays the supplier upon advice of the association;

(d) Training is provided to the associations to improve business management and upgrade product quality;

(e) The associations market the products of their individual members; potential buyers are selected in terms of who offers the highest purchase price;

(f) The buyers pay through the Land Bank, which then deducts money corresponding to the outstanding loans of the associations before remitting their net earnings.

Following these procedures, the production of baskets has the potential of becoming systematic and cooperative rather than individualized. The associations may learn to assume a scientific business posture that will cut down the cost of production while maximizing profits through collective marketing. Competition for the market between individual weavers, which is a potential danger if the loans were given to separate beneficiaries rather than through the association, is also avoided through this approach.

The institution of these systems, however, presently constitutes a source of conflict between BRW and the communities. While the community facilitators would like to strengthen the organizations further in terms of technical know–how and group solidarity, the members would like to avail of the loans immediately, inasmuch as they really need capital to expand their businesses. Apparently, the benefits of organized and collective business activities have

not yet been perceived by these women. The burden of daily survival, which capital infusion can definitely lighten, obstructs organizational development goals, which, in the long–term is expected to sustain business goals.

2.1d No Support Systems for Developing Alternative Roles

NEP fails to consider the total world of a woman in its strategies. As a result, off–farm employment will not ease the double burden of basket–weavers in Angilan and Bantolinao.

First, it has already been mentioned that, while the two communities depend largely on basket-weaving for family income, basket–weaving continues to be considered a woman's job and invites minimal participation from the men. Stepped–up activities for the project will mean work from the women.

Second, community support mechanisms have not been conceived that will lighten household responsibilities of the basket weavers while they are at work. Instead, the NEP expects them to do both, and do them equally well. Thus, on the one hand, the women were trained in 'time management' so that they may learn to complete their household chores quickly, freeing their time for basket weaving. On the other hand, they receive technical and skills training for quality and efficient basketry.

A more suitable strategy would have been to use the associations to provide surrogate care to the children, and to train the menfolk to take over chores which they can do in their own off-hours from the farm. Infrastructures such as proximate water sources, community–run consumers, cooperatives, and day-care centers should also be established for family convenience.

Third, another component of the project should focus on women's health concerns. An informant mentions that many children in the two communities are born deformed or disabled. The phenomenon may definitely be traced to poor maternal nutrition during the gestation period. In addition, the women continue to weave even while pregnant, and this means spending long hours in a sitting position, thus, constituting a strain on their bodies. The effects of this on both mother and infant must be determined and corrected, if NEP is to be a truly developmental strategy for rural women.

3. Summary of Impacts: Employment, Income Generation, and Women's Development

The most positive benefit obtained by women from employment generation programs is access to credit. Worldwide, women complain that they are discriminated against in terms of credit facilities. The profile of loan beneficiaries from three PVOs, who have been assisted

through the TST Loan Assistance Program, indicates that women outnumber men. These loans have been extended to increase women's economic participation and range in value from one thousand to more than half–a–million pesos. Thus, this particular credit facility is sufficient to maintain small enterprises as well as micro–businesses. TST–SELA also emphasizes assistance to projects which generate employment and favor labor intensive industries to others.

Availment of loan facilities enables women to engage in non–traditional roles. To begin with, running a business is a public activity. It pulls women out of their homes and forces them to interact with the community and other sectors in society. In the process, new skills are developed for human relationships. New perspectives may also be imbibed in the course of interaction, consequently, broadening their view of society. The lifestyle of a businesswoman may lead to the development of nontraditional views of gender roles and relationships in the family may, consequently, be transformed. Finally, success in business brings with it prestige and status. Women who were formerly ignored by their communities may now be consulted for important decisions (since they are now recognized as effective decision–makers), and they may even be asked to assume formal leadership roles.

In the NEP, loans are particularized, i.e., for basket–weaving projects. Its unique characteristic is that the credit is extended to rural organizations rather than to individual beneficiaries. Because of this, no actual loans have yet been extended; the process of organizational strengthening is still going on and financial assistance will not be given unless the workers' groups are consolidated. Employment programs which employ the community development strategy thus provide opportunities for women to participate in community affairs through the collective efforts of their organizations. It gives them an experience of the pains and rewards of organizing interest groups. In the process, some of them acquire leadership skills and eventually learn to mobilize the community for goals of mutual interest.

Another favorable impact of these strategies pertains to the increased knowledge possible from participation. Knowledge transmitted include business concepts and livelihood skills, innovative technologies, leadership, and other skills for community development. Credit and employment programs, therefore, have far–reaching impacts on men and women.

VIII. DEVELOPMENT CONCERNS AND WOMAN'S DEVELOPMENT: A RESUME

Eight different programs addressing various concerns for national development have been discussed thus far within a framework of gender analysis. In this chapter, the over–all profile of their effects on gender development will be reviewed in the context of the guide questions.

1. The Question of Access to Development Benefits

In general, none of the programs which were documented for gender analysis are essentially biased against women. On the contrary, Maternal and Child Health (MCH) as well as Family Planning (FP) directly address women's need for health protection and reproductive choice. The Integrated Program for Rural Women (IPRW), likewise, serves the skills training requirements of farm women for livelihood activities.

Functional Literacy, Integrated Rural Development, Integrated Social Forestry (ISF), Loan Assistance and the Non–farm Employment (NEP) Programs are designed for resource and production needs of both men and women in rural settings. However, cultural views on gender roles have in reality differentiated the beneficiaries of these development efforts. The following sets of data will be interpreted in this light.

1.1 Females outnumber male graduates in Functional Literacy classes.

There may be several reasons for this observation. To begin with, females in the rural areas indeed have lower literacy levels than males; thus, it may be expected that more of them will be attracted to literacy classes.

Secondly, it is not far–fetched to consider that men, with their burden of superiority, will not admit their 'illiteracy' as easily as do women. Hence, they are less interested in participating in the classes. This interpretation is bolstered by the fact that, while females outnumber males in both adult and youth groups, the number of male *adult* learners is considerably less than the male out–of–school–youth enrollees.

Third, the fact that functional literacy is integrated with livelihood and values education may also partially explain the female bias in functional literacy. As will be shown later, non–farm income–generation projects tend to attract women more than men.

1.2 Technical assistance and training opportunities in the San Isidro Rural Systems Development Project are sex–typed; men's skills and knowledge are upgraded for agricultural production, while females receive training and assistance for home development and backyard animal projects. Leadership courses are also participated in mostly by men.

Philippine society harbors the notion that farm work is men's work, while home work is for women. Because of this, access to training and technological assistance in agriculture is largely directed to the males, while training in health, sanitation, backyard gardening and poultry/pig–raising projects are for women.

This pattern in rural development schemes is not unique to the Philippines. In fact, in most countries, it is the men who have primarily been drawn into technical extension programs that provide knowledge and skills necessary to the use of new techniques (Youssef, N. & Hollnsteiner, M., 1983).

> "This orientation is the cornerstone of the household delivery approach which guides most rural planning and which is premised on the notion that identification of men's productive needs satisfies all household requirements (Youssef & Hollnsteiner, 1983, pp. 3-4)."

Because of this differentiation, women have not really been given equal access to production technologies which matter in agriculture. Mechanization of certain phases of work in agriculture has also been biased against women. In the first place, many of the new machines have been designed to take over the work previously done by men. In the second place, when a machine is developed for tasks which were previously the domain of women, the work is taken over by the men, leading to the marginalization of female participation in production (Bautista, C., 1987; Castillo, G., 1985).

Another component of rural development schemes is the formation of local organizations. The participation of the people themselves in efforts to improve their level of living "with as much reliance as possible on their own initiative" (UN., 1972, p. 5) is an integral part of community development. In order to prepare the people for full participation in planning and decision-making processes, leadership training programs are undertaken.

Again, available data describes the dominance of male participation in leadership courses. Information obtained from the SIRSDP also demonstrates that women are themselves reluctant to assume leadership roles in community organizations. The sociocultural pre-conditions to leadership, the social ascription of household 'headship' to males, and time-consuming household tasks prevent women from taking a more active role in the community. Hence, the value system prevents them from engaging in community level activities – both mentally and physically.

1.3 Men have greater access to forest lands; since 1982, an average of only 30% of the total beneficiaries of social forestry have been women.

The poor access of rural women to productive land resources may again be traced to the fact that men are considered by society to be the producers, while women form part of unpaid family labor in land utilization and agricultural production. For this reason, qualified forest dwellers and *kaingeros* who apply as beneficiaries of ISF programs are predominantly men.

The few women who make up the beneficiary pool are probably widows and other female-heads of forest households.

1.4 Loan assistance programs which focus on micro–industry development invite the participation of women more than men.

Women all over the world clamor for access to credit as a means of advancing their economic status in society. The present set of development programs indicates that women in the Philippines already benefit from such assistance. What factors may account for this positive gain?

First, agricultural *farm* production has been shown to be socially perceived as a male responsibility, while non-farm activities are for females. Micro-industry assistance has been largely directed towards the development of off-farm or non-farm projects, meant to *supplement earnings* from agriculture. Thus, they are implicitly directed at women beneficiaries. That this is the case is borne out by the projects' rationale, which identify cottage industries, as well as livestock and poultry raising, food processing, and catering services, as potential sources of income-generation. Training opportunities for cottage-type IGPs have also been participated in by more women than men.

Secondly, data from other studies indicates that Malay women, including Filipinas, have been micro-entrepreneurs through history (Buvinic, M., 1976; Szanton, B., 1982.) It is only to be expected, therefore, that women will be interested in credit facilities for small-scale business ventures.

Third, many of the micro-industries which are apparently feasible in this stage of our economic development are those which utilize skills associated with the work of women. Many of the businesses which have been granted credit are in the areas of food processing, garments manufacture, handicraft, and trading/vending.

Hence, credit assistance for IGPs increases access of women to economic participation but does not serve to alter gender differentiation in Philippine society.

2. Women's Participation in Societal Activities

2.1 Opportunities for Active Involvement in Development Activities

Each of the development programs subjected to analysis have the potential of directly involving women in the slated activities. Usually, direct involvement of grassroots women is possible during planning and implementation phases. Women have also acted as service delivery agents in some of the developmental undertakings.

Women's opportunities for direct involvement in a development activity were most visible in MCH, FP and IPRW. In these programs, females are not only the beneficiaries of the projects; they are also the service providers.

As beneficiaries of integrated health programs, women are expected to become personally and actively involved in the development task if the effort is to succeed. For instance, the breastfeeding program accomplishes its goals to the extent that the targeted women continue to practice breastfeeding within the recommended period. To be fully implemented, Compulsory Immunization requires mothers' cooperation. Thus, educative efforts are a vital component of these developmental activities, to be able to elicit maximum participation from women.

As service providers, women act as Barangay Health Workers in primary health care, Barangay Service Point Officers for FP, or as Barangay Nutrition Scholars. In IPRW, women entrepreneurs provide another type of service - employment for members of the community. Undertaking these roles provides women with opportunities to become community leaders and influentials, therefore, becoming direct participants in shaping the future of their neighborhood and communities. In this way, women are given the opportunity to become involved in activities within the public sphere of social undertakings.

There are fewer opportunities for the active involvement of women in the planning and design of the ISF, Functional Literacy, and Loan Assistance Projects. In these cases, the women who benefit from the projects may be described as passive recipients rather than advocates or participants. There are no avenues, either, for grassroots rural women to become leaders identified with these projects. However, successful women in business may, and do, acquire leadership status in their communities. This is then an indirect effect of micro–enterprise development.

The profile of opportunities provided by development schemes, for the active participation of individual women in project activities, is heavily shaded in favor of health promotion and service delivery and for micro–enterprise projects. It is almost invisible in relation to activities related to planning land resources, loans and literacy projects. This uneven picture mirrors anew societal definitions of gender roles and responsibilities.

2.2 Involvement of Organized Women

The participation of organized women in development activities is a component of all but one of the programs under study. These include the MCH, FP, the *Magbassa Kita* Functional Literacy Program, IPWR, SIRSDP, the TST Loan Assistance Program, ahd the Non–farm Employment Program.

Women's Club have organized health centers and puericulture centers which render services in MCH and FP. *Magbassa Kita* reaches out to needy individuals through an association of professional Muslim women. IPRW is implemented through the Rural Improvement Clubs, while both the SIRSDP and the Non–farm Employment Program (NEP) have facilitated the institution of local community associations. In turn, the *Tulong sa Tao* (TST) Loan Assistance Program extends credit through private voluntary organizations, some of which may be directly linked to local associations, including those which are predominatly composed of women.

It is only the Integrated Social Forestry Program which fails to document the involvement of organized local organizations, especially those composed of women, in its component undertakings. Rather, available records indicate that the ISF reaches out primarily to individual beneficiaries and, through them, to families.

3. Introduction to Appropriate Technologies

Each of the development activities under study included the introduction of new knowledge and/or new approaches to problems or basic needs. The question presently being addressed is: To what extent were these innovative solutions or processes appropriate to the situation of the women – in terms of available resources, local conditions, and relevance to their pressing needs?

3.1 Production Processes and Products

Conscious efforts to introduce appropriate production technologies are most apparent in the SIRDP. The task of the VISCA team in this integrated rural development project was to test innovative strategies in upland farming systems which would be more appropriate to the hillyland areas and conducive to productive agriculture. Its main approach, therefore, was to test a mixture of established scientific and experimental procedures for crop production, animal production, home production and infrastructure development. Indigenous technologies and seedlings used for agriculture were also tested and upgraded for greater crop yield.

Women in the areas covered by the SIRSDP were introduced to new technologies related to animal production, gardening, health and sanitation. This included demonstration trials in the use of new breeds for piggery and poultry projects; planting of fruit trees and vegetables not traditionally found in the areas; and training in primary health care, especially for maternal and child care and sanitation concerns.

Unfortunately, women's participation and exposure to technologies directly related to farm production was minimal. Instead, men were the principal beneficiaries of such tecnologies. This oversight, therefore, minimizes the chance that women will be active

participants in agricultural production. More likely, they will continue to be perceived as supplementary labor in farm production.

The same components for introducing appropriate technologies are incorporated in the ISF. This program potentially includes opportunities for women participants to obtain appropriate technologies important to the goals of forest resource management and conservation, as well as for upland–types of production. Unfortunately, the pace at which these innovations have been extended to farmer–beneficiaries has been slower than in SIRSDP, and cannot yet be adequately described.

In addition to new concepts and procedures, product innovations have also been developed and disseminated to various RIC groups under the IPRW. Often, the new product is developed in one Club, and the technology is passed on to other women's groups, through the RIC network. In this manner, an innovation can be diffused systematically.

As an off–farm income–generating strategy, however, the types of new technologies which develop in the RICs are usually those for food processing and nutrition needs (like the INSUMIX in Negros or arrowroot flour in Bataan). One has yet to see women developing production processes which will lighten their work in off–farm or farm production, or lead to the creation of alternative production activities suitable to their needs and aspirations as members of the community and society.

3.2 Appropriate Learning Methods and Materials

Appropriate learning modules and teaching materials have been evolved by the education and training programs (functional literacy and rural women's livelihood training schemes). In the Functional Literacy program, innovative materials include simple reading matter for neo–literates in five Philippine languages and self–learning modules. In addition, *Magbassa Kita* has developed a simple phono–syllabic method for teaching the alphabet. Number–learning is then taught in the context of market–accounting as well as basic arithmetic concepts, thus making the content of teaching immediately useful to adult learners.

The IPRW enables women in the Rural Improvement Clubs to obtain knowledge for livelihood generation and project management, as well as for family life, parenting, nutrition, and population/family planning. It uses various methods in teaching, whichever are deemed appropriate to the situation. Mass media and public bulletins have likewise been used as sources of information. The 'classroom' of the RICs may be the yards, the streets, or any other place convenient and suitable to the topic (or project) for discussion.

In terms of learning methodologies, therefore, tremendous strides have been made to facilitate the acquisition of both basic and practical knowledge by women.

3.3 Appropriate Technologies for Women's Health and Reproductive Function

A vital component of the Maternal and Child Health program is the introduction of affordable health technologies suited to the needs of mothers and infants alike. Breastfeeding is one of the appropriate technologies encouraged by the MCH. It allows mothers to provide adequately for the nutritional needs of their infants in the early months, without recourse to expensive food substitutes. The introduction of oral rehydration therapy as an approach to the management of diarrhea among young children is another innovative health technology. Besides these, the integration of MCH with other elements of primary health care provides greater opportunities for mothers to learn low cost health care methods, such as the use of herbal medicine, accupressure and first aid techniques, appropriate sanitation technologies, nutritional guides, and other simple preventive and promotive practices. The impacts of these innovations on the health practices of women are slowly becoming evident.

While new MCH technologies apparently meet the needs of women for simple and low–cost approaches to family health care, family planning technologies have not been as popularly received. Contraceptive prevalence continues to be less than 50% among the eligible population even while FP knowledge is high. The usual reason cited by women for discontinuing contraceptive use is fear of side–effects, indicating that they do not have sufficient confidence in the safety of the methods introduced under the population program. Efforts are clearly needed for more effective informational and educational strategies among couples, as well as for the development of more appropriate and acceptable birth control methods.

Aside from these observations, it must be noted that the health technologies which have been introduced for women's use are those needed for protecting 'motherhood'. Breastfeeding, under–six care, and compulsory immunization are safeguards against infant morbidity and mortality. Birth control is primarily concerned with preventing conception and motherhood, and conscious concern for the health of the woman's reproductive function is a recent phenomenon. Because of this focus, there remains a need for promoting women's reproductive health – as wives, mothers, workers, community leaders, etc.

The situation of the female basket–weavers in Bohol (Non-Farm Employment Program) is revealing in this respect. It has been observed that women in the sites continue to weave even during their pregnancies, at long hours and in uncomfortable positions. One can only guess at the effects of these factors on the health of the individual basket–weavers. Unfortunately, concern for women's health has not been integrated in this income–generation scheme.

4. Population Dispersal and Fertility Reduction

4.1 Dispersal of Rural Population

Dispersal of rural populations away from dense urban centers is possible through successful implementation of the Integrated Social Forestry and Integrated Rural Development schemes. These programs target on–site development of upland areas, for increased agricultural production and for the promotion, management and conservation of natural resources. Human settlements are upgraded or developed in the process, enabling farm families to move away from the *poblacions* and to settle on forest or hilly lands, ready for productive activity. These programs must be given more directed support, to enable rural populations to find alternative sites for agricultural production.

Population dispersal is also possible through employment and income–generation schemes in rural communities. The IPRW, for instance, which provides livelihood and credit facilities to Rural Improvement Clubs, potentially enables women to earn money within their homes and communities. The NEP in Bohol likewise incorporates a component for livelihood generation in the rural households.

Unfortunately, the impacts of these strategies on income generation have not been substantial. Instead, the money earned by female beneficiaries has usually been enough only for the subsistence needs of their families, with meager or no surplus income for further production or investments. As a result, the participants in these programs rely on incomes derived from the projects as supplementary earnings, and spend more time on other sources of cash earnings, or continue to depend on their spouses for family needs. More substantial loans are badly needed to ensure that IGPs of these types will effectively steer women away from urban centers in search of gainful employment.

The TST Loan Assistance scheme also provides income and employment to communities, through its entrepreneur–beneficiaries nationwide. In fact, a condition for loan grants in some PVOs is that the proposed projects generate employment in the communities. To the extent that the supported enterprises are successful, individuals will find sources of employment in their backyards and neighborhoods. Entrepreneurs themselves will obtain enough income for personal and investment needs. Migration to urban centers may thus be minimized.

4.2 Fertility Reduction

The Integrated MCH–FP Program directly addresses the issue of fertility reduction. Information, education and service delivery activities coordinate in promoting responsible parenthood and a small family size among Filipinos.

The IPRW, NFE and the SIRSDP likewise directly address fertility issues in their implementational guidelines. In the RICs, training courses on livelihood include modules dealing with population and fertility issues. There have been instances in the past, moreover, when RIC loans were made contingent on current contraceptive use. Materials and modules on population and fertility have also been developed for use in non–formal education, and have been integrated in teaching values development. In SIRSDP, the home development component of the program touches on maternal health and reproductive control in its extension efforts.

Neither the TST Loan Assistance Program nor the NEP directly include fertility concerns in their implementation. However, to the extent that gainfully employed women may wish to space their childbirths and maintain small family sizes, then, fertility is indirectly affected by these schemes.

It is only ISF which does not demonstrably address the need for fertility reduction. The nature and pace of its implementation to date has provided few opportunities for women's direct participation in development. Thus, far, there have been few courses dealing with livelihood issues, and the link of social forestry to fertility concerns is not clearly indicated.

5. Opportunities for Innovative Gender Roles and Perspectives

As have been noted, gender differentiation unintentionally creeps into the implementation of development programs. Traditional roles of women as homemakers and mothers also color the objectives and strategies of programs. Given this situation, what alternatives to women's domestication are possible through development activity? Are there new roles for women which may evolve through national development strategies? What new ways of thinking are introduced alongside these roles?

5.1 Increased Involvement in Economic Activities

The programs which encourage women's income-generating activities, despite the fact that production activities continue to be sex–typed, have the potential of pushing women out of their homes, to become full participants in gainful occupations. Handicrafts, food production, garments production and food services have enabled women entrepreneurs to move upward from sustenance–level part–time work to running small enterprises, and even medium and large–scale businesses.

As has been documented in the past, attention to the requisites of a business which include problem–solving skills and a clear grasp of the environment, spurs women to become

more circumspect about their situation, to partake in important decisions affecting not only their families but also their communities, and to become more independent and critical in their thinking (Eviota, 1985). To the extent that a business undertaking requires continuous updating of procedures, product, design and markets, it also forces women to become continuous learners – acquiring new technologies, studying new product possibilities, and searching for new markets for their products. These decisions require scientific knowhow, both for technology development and utilization as well as for business development and management. With these skills and cognitions as necessary requisites of entrepreneurship, women are provided unlimited avenues for self–fulfillment, innovation, and participation in national life.

What needs to be done, however, is to ensure that the structure and strategies of the development programs incorporate these forward–looking possibilities, so that women may truly benefit from income–generation and employment schemes. The conditions set by the TST Loan Assistance Scheme have the broadest latitude for achieving the abovementioned goals. To begin with, projects cannot be funded unless it is demonstrated that these are feasible, therefore, requiring some prior problem analysis. Secondly, credit is substantial enough for continuing business operations, for roll-over of funds and for expansion purposes, rather than limited to micro–enterprises which may only generate subsistence income. Third, this program encourages manufacturing projects rather than vending, and offers broad possibilities for innovation and expansion.

In contrast, the income-generating schemes of the IPRW and the NEP provide opportunities for developing micro-industries only. Thus, the women who are able to engage in full-time businesses are a minority, and the majority generate only enough surplus earnings to meet their subsistence needs. The credit structure of these programs must be upgraded to allow women to become more intensively involved in economic activity. Nevertheless, the training component of the IPRW for livelihood projects is supportive of entrepreneurial development.

5.2 Ledearship Development

Programs for rural development incorporate provisions for the institution of local self-help associations with which the extension workers and community organizers work as partners for community development. These strategies have been described (see sub-section on *Involvement of Organized Women,* this section). Because of this thrust, leadership training courses are a component of the developmental activities in each program. Women in community organizations, therefore, have the opportunity to acquire leadership roles through

rural development. They may function as officers of their respective organizations, as trainors for health, nutrition and home extension classes, as service providers for community based health programs, and even as demonstration farmers for agricultural innovations in animal and vegetable production. Women in businesses also possess potentials for leadership because of their special skills and knowledge, as well as by dint of their improved financial statuses in the community.

It is obvious, therefore, that increasing the direct participation of women in non–domestic activities carries the potential of developing their leadership qualities as individuals. While traditionally women were expected to pay attention only to home–related problems, leadership in organizations now expands the scope of their prerogatives and responsibilities.

Leadership training adds to the fund of knowledge of women. Problem–solving and decision–making skills are taught, as well as human relations and group mobilization techniques. Procedures for holding meetings, for effective communication, and for developing linkages with other institutions in the pursuit of common goals are identified and practiced. In women's organizations, gender problems are now being discussed in leadership training courses. Most importantly, participation in organized activities allows women leaders to experience collective thinking and action, the prerequisites to community and societal development.

The extent to which gender differentiation in leadership opportunities exists must thus be overcome in order to advance women's potentials in this new role. Moreover, community support mechanisms need to be instituted so that the limitations imposed on women's community participation by domestic responsibilities will be removed. Men's participation, in home–related functions must be, in turn, encouraged and de–feminized.

5.3 Acquisition of Scientific Thinking

Science and technology are important accompaniments to, and precursors of, societal development. In agriculture, technology has been viewed as:

> ... the systematic application of scientific and organized knowledge to practical tasks through a combination of assimilable and proven scientific skills, processes and practices, applied within the context of a certain culture, which when managed in a coordinated and consistent manner, leads to increased and improved physical productivity of food and services. (Voluntary Fund for the UN, 1983)

It was previously shown that women have largely been left behind by science and technology (see section on *Access to Benefits*). In the present study, it has been noted that the

technologies which women have had the opportunity to acquire are those related to their traditional concerns in health, micro–businesses and backyard production. While these areas of social concern fail to evolve into new roles for women, training in appropriate technology engenders new ways of dealing with routine activities and the problems of daily living.

In the SIRSDP, for example, female participants have been introduced to scientific innovations in animal and vegetable production directed at hillyland development, as well as to newly–developed breeds of chicken and pigs. In the income–generating schemes, appropriate livelihood projects are identified and implemented scientifically, using the principles of business planning and management. Herbal gardening, first aid and other primary health care principles acquired by community women are likewise based on scientific knowledge. In social forestry, science provides the guidelines for training forest dwellers in ecological preservation and environmental resource management. Finally, scientific thinking is an integral component of functional literacy programs, and reading materials dealing with everyday affairs have been developed in this vein. The development of scientific thinking, therefore, is one of the benefits derived by rural women from development undertakings.

This then is the pattern of effects describable from eight rural development programs. In sum, gender differentiation is evident in the benefits which are obtained by men and women from various developmental strategies. This differentiation is rooted in socio–cultural distinctions made by Philippine society concerning appropriate gender roles. Despite this overriding point of view, there are other positive impacts of development activities on women, including: increased participation in social and economic life, acquisition of scientific and appropriate production technologies, and training opportunities for leadership development. With increased directed efforts for developing gender consciousness in all levels of Philippine society, these development programs may evolve into truly transformational strategies for all individuals in Philippine society, both men and women.

IX. ACTION FOR WOMEN'S DEVELOPMENT

Given the results of the foregoing gender analysis of rural development programs, what outlooks and strategies may be recommended to ensure that social development redounds to the advancement of the goals of women?

1. Recommendations: Strategies Which Enhance Women's Development

1. To ensure that the benefits of any development program will equally reach men and women, objectives must clearly include goals for women's progress and advancement in society. In so doing, the development targets for women may also be planned for, and appropriate welfare indicators developed.

As an example, programs aimed at increasing access to land resources contain no apparent sex bias in their objectives. In reality, however, social values and cultural norms prevent women from taking full advantage of the program. Had there been a concrete objective of increasing women's access to land rights and resources, the beneficiary profile of these programs would not have been biased in favor of males.

2. Development activities that are integrated and wholistic in perspective are better able to respond to the goals of human development. Programs must be designed for woman's *total* development, and not simply be directed at one of her roles (e.g., woman–as–mother, –as–fertile–being, –as–worker, –as–learner, –as–entrepreneur).

For instance, employment programs in depressed rural areas cannot be implemented in isolation from health, skills training and education strategies. Maternal care and birth control technologies which fail to consider cultural beliefs, socio-economic conditions and prevailing health myths stand a poor chance of acceptance. Neither will these programs fulfill women's aspirations for engaging in social, economic and political activities unless family and community structures and support services are evolved to take over traditional female household responsibilities. Without a wholistic view of woman's development, existing obstacles to her advancement will not be effectively removed.

3. On–site developments should consciously aim to minimize outward migration. Rather, rural development strategies should include schemes for the delivery of sufficient basic services, generate ample employment and identify or evolve diversified sources of income. At the same time, services for fertility reduction must be provided, both in order to enable the population to survive within the limits of community resources, and to facilitate the full participation of men and women in economic activities.

This is again a wholistic perspective related to the need for population dispersal. Unless on–site services, infrastructures and livelihood opportunities are sufficient to support the local population, individuals and households will continue to move to urban centers.

4. Technologies and training efforts for development must aim to place women in the mainstream of activities rather than in the peripheries. Moreover, equality of opportunity must be guaranteed in all training programs that potentially affect men and women. On the one hand, home development training programs must not predominantly include women, but men as well. On the other hand, males and females must have equal representation in leadership and farmer training programs.

Agricultural production programs should consciously include women among those to be introduced to innovations in farming techniques. Rural technologies and training activities for

women should not be confined to health, nutrition, poultry and pig–raising, and gardening. They should be trained as well in new methods of planting cereals and cash crops, introduced to farm systems approaches, and given the chance to do hands–on learning of innovative technologies.

5. Specific technologies must be developed which consider women's physical, biological and social requirements. For one, increased scientific efforts must be undertaken to develop birth control technologies that are easy to use, undoubtedly safe and without side effects for users. Acceptable and effective methods for male contraception should also be introduced.

Technologies pertinent to modernizing the productive output of micro–business which are favored by women should also receive more attention. These methods should, be affordable and efficient, using locally available materials. For instance, cheap industrial ovens, kneading and mixing machines, weaving looms, implements for processing rattan, grass and other handicraft materials should be upgraded and the results disseminated to beneficiaries of IGP loans.

Livelihood training programs should not be confined to business and financial management. Creativity in product selection and development should also be encouraged among the women. They should develop competencies for design improvement, materials selection, and quality control.

Finally, women and men together should be taught the scientific bases of ecological management. Respect for the natural environment must be imbibed in rural development efforts, so that deleterious practices that ravage the earth will be stopped. Projects in agricultural production, income–generation, settlements and infrastructure development should be approved only if they take cognizance of environmental conservation principles.

6. Rural development programs should always be undertaken in partnership with local associations, including women's groups. To begin with, social development should address the collectivity and not the separate individuals in the group. A collective spirit generates power, while individuality spawns envy and destruction. Secondly, linking up with organized groups facilitates the introduction and diffusion of new ideas, processes and social relations. Thirdly, organizational activity empowers women. It provides them the experience of working together for common objectives, with themselves (not men) as decision–makers. It leads to the surfacing of latent potentials and the development of self-esteem and confidence in working out problems and devising solutions.

Because of these, organizational life provides concepts and skills needed by women for defining new roles and identifying desired alternatives in Philippine society. Organization provides the implements for breaking out of the shackles of domestication – for women's liberation.

2. Guidelines for Gender Analysis

Five interrelated questions were earlier posed in this study to serve as the framework for a gender analysis of development programs. These guidelines include concern for the following aspects of gender (and social) development:

1. equality of access to the potential benefits of a development activity;
2. women's direct participation in development efforts, both as individual beneficiaries and as collectivities,
3. introduction and use of appropriate rural technologies;
4. population dispersal and fertility reduction; and
5. development and innovative roles for women.

After the current review of rural development approaches, the following other aspects of development are seen to be crucial to an examination of the contributions to women's welfare of development:

a) concern for the total woman, rather than for women in distinct roles,

b) use of integrated and wholistic strategies for women's development;

c) women's access to leadership training and positions; and

d) development of scientific thinking in all aspects of women's life.

Future assessments of the potential gains for women of rural development may be framed within these recommended guidelines and perspectives. The relevance of the guidelines for urban–industrial development approaches should also be tested, so that a national profile may be drawn of gender benefits from development.

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POST-CRISIS DEVELOPMENT IN THE SUGAR HACIENDA AND THE PARTICIPATION OF WOMEN IN THE LABOR FORCE: THE CASE OF NEGROS

Nanette Garcia–Dungo

I. INTRODUCTION

There is widespread concern over the collapse of the sugar industry which is still in the process of being revived by the artificial increase in the market price of sugar and current attempts of planters to shift to more viable crops. Compounded by the insurgency situation, the social climate has become even more tense and uncertain. An estimated 450,000 sugar workers have been endangered by the crisis, about 265,000 hectares now planted to sugar out of a 450,000 pre-crisis hectarage are undergoing varied changes in terms of diversification.

Survey reports in the aftermath of the industry's collapse reveal trends such as falling incomes due to fewer jobs, displacement of labor on account of mechanization, underemployment, hunger, out-migration from the hacienda and malnutrition. These trends have for some time been the indicators of the extreme deprivation which has continually disturbed hacienda households. Corollary to these trends, the current annual income of a typical worker is reported to be ₱19,874 while the poverty line is ₱36,826 for an urban family of six and ₱29,988 for a rural family of the same size. This means that the average family is about ₱10,000 pesos short of the required resources to maintain the average needs of the household.

Further aggravating this problem is the fact that employment has long been adversely affected by the mechanization of farms. With sugar Czar Benedicto's bid to improve the competitiveness of the sugar industry by increasing its productivity and reducing labor costs, labor displacement due to farm mechanization by 1981 had already reached 88 percent (Gonzaga, 1983). Slow efforts at diversification have gained momentum after the 1986 "February Revolution" with farms shifting from sugar to prawn culture or combining sugar with rice, ramie, black pepper and other viable crops. Whether the shift is total or partial the outcomes for the workers still need to be assessed.

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*This is an abridged version of the original report. The complete report is available at the U.P. Center for Integrative and Development Studies.

Under conditions of such changes that threaten the very lifeline of the local economy, how are households being sustained? How do they survive the strain and pressures of a changing industrial infrastructure continuously disturbed by a volatile sugar market and, possibly, an equally uncertain prawn market? How are the members of the households facing up to the shifting labor market as crisis and post-crisis changes alter employment opportunities?

The specific agenda of the study on which this paper is based is to investigate the effects of the crisis on women in the hacienda whose contemporary role requires them to undertake productive activities both at home and in the farm. What specific changes might be expected with the crisis and post-crisis developments with respect to female employment in the hacienda? Are women getting more integrated into the labor market as men leave the farms for greener pastures elsewhere? Now that the sugar economy is being transformed into a more diversified one, how have women been affected?

1. Objectives of the Study:

1. the objectives of the study are to determine the patterns and extent of changes in the labor participation of women both in diversified and non-diversified farms; and
2. to assess the activities of women as members of the household and as hired workers in the farm; in particular
   (a) to compare the labor allocation of productive and reproductive tasks between working men and women;
   (b) to assess the authority and control women exercise over the pooled labor returns of working family members;
   (c) to determine how technology affects the labor participation of women workers;

2. Methodology

Given its focus on the labor participation of hacienda women and the limited time for the study, this paper relied on key informant interviews and first-hand observation. It utilized secondary data obtained from documents and previous studies made on the industry. The information obtained in the process of data gathering were woven into miniature case studies portraying the crisis and post-crisis developments in the lives of hacienda women.

The key informants consisted of landlords, overseers and women. The women's group was further divided into the old (60 and over), middle-aged (36 to 59) and the young (18 to 35), to determine the existence of significant patterns in the quality of employment by age.

Sampling procedure. Negros Occidental was divided into the following geographical areas referred to as *Districts*:

> North Negros District – which covers the municipalities/cities of E.B. Magalona, Victorias, Manapla, Cadiz, Sagay, Escalante, Toboso, Calatrava and San Carlos.
>
> Central Negros District – which covers the municipalities/cities of Silay, Talisay, Bacolod, Murcia, Bago, Pulupandan and Valladolid.
>
> Southern Negros District – which covers the municipalities/ cities of San Enrique, Isabela, Hinigaran, La Carlota, La Castella, Pontevedra, Himamaylan, Binalbagan, Kabankalan, Candoni, Cauayan, Ilog, Sipalay and Hinoba-an.

From each of these divisions one municipality/city was chosen purposively. Within this site, five (5) haciendas (farms) were selected on the basis of the willingness of the owner to participate and the extent of diversification. In each of these haciendas, one landlord; one overseer and three women representing three generations: the young, middle-aged and the old served as key informants.

A tabular presentation of the final sample is shown below:

TABLE 1

Sample of Districts

District	Municipality or City	Distance* from Bacolod (km)	Haciendas	Key Informants Interviewed		
				Land–lord	Over–seer	Women
North Negros	San Carlos City	144.3	5	5	5	15
Central Negros	Bacolod City	10.0	5	5	5	15
Southern Negros	Cauayan	119.9	5	5	5	15

*The distance of haciendas in the sample from the provincial Capitol in Bacolod City.

II. WOMEN AND MECHANIZATION

The entry of Philippine sugar into the world market in 1974 unraveled the weaknesses of the industry. At about this time inefficient labor and low productivity had placed the Philippines in the position of the second most expensive sugar producer in the world. Productive cost in the world market then was only three cents per pound while local production cost was more than triple this amount. Since the world selling price of sugar was half its cost in the Philippines, its continuing increase projected a bleak future for Philippine sugar.

The declining profitability of sugar production impelled industry leaders to campaign actively for the mechanization of sugarcane farming as the only means to improve productivity. While fully aware of the possible labor-displacing effects of the strategy, they claim there is no other available means to make sugar competitive in the world market. Mechanization, however, suited medium and bigger farms – 50 hectares and above – but not the average 15 to 30 hectare farm for which machines are not viable.

1. The Process of Mechanization and Labor Displacement

A few farms in Central and Northern Negros started mechanization as early as 1978, gradually replacing human labor in the varied stages of production from planting, cultivation, weeding and fertilization to harvesting. In a limited survey of medium and large-sized farms, Gonzaga (1986) documents the impact of modification in the production process. The new planting machine reduced by 70 percent the labor requirements in planting. Only six workers were needed to cover 1.5 hectares a day. With the use of the weeder rake on the other hand, the labor requirements dropped from 60 workers to only one operator for a six-hectare area. See Table 2.

TABLE 2

Modern Implements Used and their Labor Displacement and Requirements

Implements Used	Area Covered per day (in hec.)	Size of Workforce Conventional	Required Labor with Mechanization
Planting Machine	1.5	20	6
Fertilizer Applicator	6	25	1
Ripper	6	18*	1
Stable Shave	2	8	1
Chipper	4	16	1
Trash Rake	20	40	1
Weeder Rake	6	60	1
Disc Harrowing Machine	4	not done	1
Cut-Away	4	not done	1

*With carabao.
Source: Gonzaga (1986: 126, Table 2.44).

2. Women and Mechanization

When the labor displacing effects of mechanization are viewed in the context of the gender division of labor in the different phases of production, the most affected operation involved tasks assigned to women. While men merely shifted from the use of the carabao and the plow to driving the tractor with the trash rake in cleaning the fields; from utilizing the boio for harvest to operating a harvester; and from hauling the cane with a carabao and cart to using a hauler, women were radically dislodged. Table 3 indicates the gender of the laborers displaced by modern implements.

TABLE 3

Modern Implements Used and Labor Displacement and Replacement by Sex

Production Task	Modern Implement Used	Gender of Labor Displaced	Gender of Labor Replacement
Cleaning Fields	Trash Rake	–	Male
Planting	Planting Machine	Female	Male
Weeding	Weeder	Female	Male
Fertilizing	Fertilizer Applicator	Female	Male
Harvesting	Harvester	Male	Male
Hauling	Hauler	Male	Male

On the whole, the mechanization of sugar production displaced more women than men. However, a few of the men possessing driving or other technical skills were retained. The rest joined the unskilled and unemployed majority in the hacienda.

While women acknowledge how modern machines have made farm work easier and faster, they are distressed over the fact that it has reduced the amount of work available to them. With mechanization, women were relegated to peeling and cutting cane points after harvest to prepare them for planting. Prior to mechanization, this job was assigned to children while women were preoccupied with weeding activities. As a peripheral activity, preparing cane points for planting yields very little pay and compensation is on a piece rate or *pakyaw* basis. With the relatively large supply of women workers, individual shares in

pakyaw work has diminished considerably. On account of such disproportion between labor supply and available jobs, conflicts have ensued from competition over limited jobs.

Other employment opportunities open to women include part-time cottage industry projects of the planter's wife and other hacienda-based livelihood projects. Aggravating the situation of limited opportunities for women is the fact that men are priority choices for alternative sources of income. Considered as "breadwinners," planters choose to employ men first before the women.

With substantial work decline, women's contribution to household income has been progressively on the downtrend. Data from actual receipts of households show that women's input to total household income declined from around 30 percent in 1980 to 24 percent in 1981, and dropped further to 18 percent in 1982 (Gonzaga: 1983). The case of Maxima Cruz portrays the outcomes of mechanization on women.

> **CASE I.** Maxima Cruz, daughter of Ka Jose who is a *dumaan* had always worked in the farm. She began working at the age of 10 while still a Grade III pupil in a nearby elementary school. Her mother used to bring her along to weed in the cane fields. Eventually, she decided to drop out of school because her mother did not have money for pencil and paper. Besides, she could not understand her lessons due to prolonged absences. Since she dropped out, Maxima did not go back to school. Instead, she helped her mother around the house – cooking, washing clothes, taking care of younger sisters or working in the farm when the younger ones were old enough to take over some of the domestic chores. She knew all along that the meager earnings of the family went to food expenses. Her family incurred debts with the hacienda, the sari-sari store and the fish vendor. When food was scarce during the off-milling season, her mother sent them out, all seven children to hunt for vegetables around the hacienda or for frogs as substitute for fish.
>
> Prior to mechanization, Maxima was assigned to weeding and earned about ₱15.00 a day for 3 to 4 days a week. Her husband, a priority casual for 10 years earned ₱35 per day for 2 to 3 days work per week. His wage covered expenses for rice, fish, salt and other subsistence needs of their family of five children. Between the two of them, the couple secured

a monthly income of ₱520- 550, incurring debts during shortages from the hacienda store and other small sari-sari stores around the community.

With mechanization, Maxima is having difficulty getting her usual assignment in the fields. She reports for work but there is no work available even on a rotation basis. While a priority casual, her husband is unskilled and his chances of employment in the farm are nil. Now and then, he can hope to be called to work in the livelihood projects of the hacienda but the rates are low. Sometimes, he goes out looking for work outside the hacienda in construction sites. While there is no income, Maxima brings her five children to her father's house to share their food. Her father is a *dumaan* and a tractor driver, but with three younger children and two married daughters still with him, his 250 pesos weekly salary could not be stretched to accommodate another married daughter.

CASE 2. The case of Aling Maria reflects a similar, albeit better fate. Now 60 years old whose husband, a *dumaan*, died five years ago, Aling Maria engaged in weeding or planting prior to mechanization. Five grandchildren and an unmarried daughter lived with her. The mother of the children worked in Manila as a domestic helper while the children's father, a non-priority casual worked on and off in the farm.

Aling Maria earned about ₱350 to ₱400 every two weeks to support the household in the pre-mechanization phase. Her unmarried daughter was unable to help her in the farm. With some amount of support from Manila and her son-in-law, Aling Maria was able to send her grandchildren to a nearby elementary school.

With mechanization, however, Aling Maria's work was cut down to 5 to 6 days a month and her income had been reduced to about 35 to 42 percent of her usual monthly salary. She volunteers for the livelihood projects even if the rate of compensation is about 50 percent lower than normal farm work because the hacendero claims that available remunerative jobs will be given to the men. Meanwhile, a steady amount of ₱300 from her daughter in Manila keeps the household secure from extreme deprivation. Aling Maria predicts three of her five grandchildren will drop out of school by next schoolyear.

It thus appears from the two cases that as mechanization proceeds, women are not only displaced more than men, but are also disadvantaged in terms of opportunities for alternative employment. As such, their income contribution to the pool of household earnings has decreased.

2. The Role of Non-Farm Work

How did women respond to their increasing marginalization? Women from Class A and B households are able to continue small entrepreneurial activities such as sari-sari store vending and pig-raising, which bring in earnings of from ₱800 to ₱1,000 for 6 to 7 months. Women from Class C households, on the other hand, are plunged into extreme deprivation as incomes are reduced to almost nothing except for small amounts earned for a few days work in livelihood projects within the farm. The women from this household type have, therefore, been compelled to search for work as laundry women or domestic helpers in the nearby towns; or simply to harvest available vegetables in the hacienda to be served with rice and salt. Meals are irregular, with meat and fish completely absent in their diet.

It is noteworthy that the plight of these poor households may be alleviated by the willingness of the hacendero to help. Interviews with planters reveal that their willingness to subsidize workers depends on their liquidity status. Regardless of liquidity status, however, most planters are allocating 1/10 of their farm as common ricefields. At the very least, there will always be rice for the poor households.

3. Mechanisms of Adjustment

Gonzaga enumerates some coping mechanisms women adopt in the face of chronic shortages of consumption items in the house. Because rice is raised in the communal plot, its availability allows the women to use it in exchange for fish or any item she runs short of. Gonzaga describes the mechanisms as follows:

Padalawat – when a housewife undersells her rice stocks to secure cash to purchase commodities she lacks in the house.

Baylo/Barter – when a housewife exchanges her rice stocks for fish, soap, sugar, kerosene or other commodities in the store.

Pangalili – when a housewife obtains an emergency loan from her regular sources (storeowner or money lender) payable during the harvest season. Payment is not in cash but in the form of palay or grains. For

every 50 pesos she borrows, she agrees to pay 1 cavan of palay. The borrower actually loses 40-50 percent of the actual cost of palay.

Panaghaw – when the wife gathers excess grains after the palay has been harvested.

Pamupho – when a housewife gathers excess rice spilled during threshing.

Prenda – when a housewife in a Class B household secures money by pawning valuable items like a carabao, a television set, sewing machine or radio. An agreement on the rate of interest and the date of payment is settled before the exchange. Failure of the pawnee to comply with the said agreement means the confiscation of her pawned property.

Saka-an or five-six – when a housewife approaches a money lender to avail of a cash loan at an interest of from 15 to 20 percent per month. Only Class B households resort to this kind of borrowing as they are perceived by moneylenders to be creditworthy.

Pasagod – when the housewife of a worker-household raises or fattens swine or poultry animals with capital provided by the upper class households. Expenses for feeds are shouldered by the household which fattens the animals. The animal is sold when ready for slaughtering and the proceeds from the sale are equally divided between the two households.

Although these coping strategies are always accessible to women, they assume the borrower's possession of rice for exchange. Such strategies, therefore, are not open to Class D households. In these households, the wife who is left alone to fend for the family is thrown into a constant search for work. Older children are also sent to do odd jobs which generally fetch very little. Cases 3 and 4 reflect the coping strategies of Negros households.

> **CASE 3:** Luring, a mother of 6 children, with ages ranging from 2 to 12 years old, recalls how her family fared during the crisis. Mayo, her husband, an unskilled worker who used to clean canals and fields, was displaced when the planter reduced their total farm area under cultivation. While both of them worked prior to the crisis and averaged about 450 to 500 pesos a month, the crisis, she said, reduced their total income to ₱125. Her husband was able to work for sometime until the planter stopped giving him work to do. He then decided to leave for the

city to look for work, but was unheard of for a long period. Left without anything to feed her children, Luring volunteered to wash clothes in the cabo's household for whatever fee in cash or in kind. Sometimes, her work fetched ₱10 or ₱20, at other times, just a kilo of rice. In the late afternoon, she used to walk around the hacienda with a 10 year old son, looking for vegetables in the swampy places. Once, she could not find any food but her son caught a field mouse to play with. In desperation, Luring later decided to cook the mouse for supper to go with their "lugaw" (rice gruel).

The owner of the sari-sari store sometimes allowed Luring to make small purchases on credit like salt and soy sauce to add flavor to their rice. None of the credit sources in the community would extend a significant loan to her because she cannot guarantee repayment. She also had no relatives to help her.

When she could no longer find work in the farm, Luring ventured into town, hoping to find better opportunities, leaving her 2-year old baby with the older children with only 'lugaw' for food. In town, she was hired for a day's laundry work and went home with ₱25.00. Soon after, a feeding program in the hacienda sponsored by a nearby sugar Central allowed her children to get more regular meals. Mayo never came home. Neighbors told her he was killed in an encounter but she never believed them.

CASE 4: Delia, a mother of seven children, was left behind by her husband Tomas when he went to another town at the peak of the crisis to look for work. Tomas was a skilled worker and knew how to drive. He planned to get work as a jeepney driver in town. He landed a job, but only as a substitute driver. He drove on and off. In between driving, he worked in a little machine shop, picking up odd jobs, hauling things around. The earnings from these activities took care of his meals. Twice a month, he was able to send Delia some amount for household needs. To meet the family subsistence requirements, Delia tried to work in the farm as she did before the crisis. Daily she reported to the Cabo, but for a long time, she went home empty-handed. When more areas began to be opened up for cultivation and practically all the men were deployed in the field, the Cabo started giving work to the women. The women were first asked whether they could do the job since the available jobs were mostly

> for men. The women agreed to any condition. Delia was assigned to carry and transfer irrigation pumps to areas where they should be located. There were two of them performing this task. She remembered Tomas moving the irrigation pumps in better times after plowing the field. The following day, Delia was assigned to cultivate the corner parts of the field which could not be reached by tractors, using a huge pick. While her husband was paid ₱35.00 a day for doing the same work in the past, she was paid only ₱25.00 per day. For Delia, this rate was acceptable as long as she had a few pesos to get by.

The two cases reveal the significant role women played in maintaining the household during the sugar crisis. While undeniably, the hacienda women's informal productive work like vending, poultry raising, gardening, domestic service and washing clothes supplemented the family's pooled income before the crisis, the same productive activities prevented starvation during the difficult crisis years. Since business was dead in the hacienda during these years, women, mostly from the Class C households, crossed hacienda boundaries to the nearby towns as laundrywomen and domestic helpers, reporting in the morning and returning home at night. Women from Class A households, on the other hand, maintained the family sari-sari store and engaged in moneylending activities to offset the reduction in family income brought about by the crisis. The efforts of men and women to survive the crisis are highly visible. However, it is still apparent that women's labor is underestimated in formal farm employment, as shown in the experience of Delia, who did a job traditionally assigned to men and got paid only 70 percent of the regular wage paid to men doing the same job. This observation is consistent across the three sample sites of Northern, Central and Southern Negros.

III. WOMEN AND CROP DIVERSIFICATION

By the second half of 1986, when the price of sugar began to recover slowly, banks resumed issuing production loans to a few planters whose past deficits had been paid up. Meanwhile, realizing the problems of living in the city, worker-migrants who failed to find more regular employment in the city decided to trek back to the farm to rejoin their families.

Two developments in the hacienda facilitated the absorption of the workforce in the immediate post-crisis years. Some farms in Central and Northern Negros were "de-mechanizing" phases of sugarcane production, opening up opportunities for workers to go back to the fields. In these farms, the use of the tractor for plowing the field was deemed too expensive because it was only rented and the driver had to do over time work to complete the job. Since gasóline and labor rates for over time work proved costly for some planters, going

back to manual labor was deemed cheaper. At this time, whatever resources the planter could secure were ploughed to crop diversification programs, which remobilized some members of the once idle workforce. While Southern Negros had always been diversified, smaller farms in Central and Northern Negros followed aggressively, maintaining sugar as the main crop, and intercropping it with mongo, peanuts, corn, black pepper and rice.

1. Re-employment of Women and Hours of Work

The new labor requirements for crop diversification maintain the preference for men and the traditional division of labor where men are assigned to heavier tasks and women to the lighter ones. Some crops require more women than men at certain stages of production. For instance, in the cultivation of black pepper, while men undertake land preparation and planting of "madre cacao" for the plant to climb on, women are preferred for manual cross-pollination which is done to breed bigger pepper seeds and shorten the bearing period. Women are specifically chosen because they have gentle and smaller hands. They are also preferred in nursery projects as "baggers" of seedlings sold to other farms.

In Southern Negros, where the crisis did not change farming practices and technology and where farms are smaller, sugarcane cultivation employs more men; the women, instead, are engaged in the sectors which are diversified cultivating rice, cassava, camote, legumes and other vegetables.

Across the sample sites and for all the other forms of diversified crops like rice, corn, cotton, guapple and peanuts, the traditional division of tasks between the sexes is generally observed. Men use machines and are dominant in all crops and phases of production. There are occasional deviations from the traditional division of labor, however. Men are also assigned manual weeding and cultivation, tasks originally given to women. Women observe that there are more men assigned to women's jobs than the other way around.

Another form of diversification is prawn culture which started as early as 1980. Northern and Central Negros have the monopoly of this type of development which is suited only for big farms on account of the huge capitalization reqiured. Sugarcane farms converted to prawn ponds utilize only 10 to 20 percent of the workforce involved in sugar production.

The tasks involved in prawn farming are as follows:

Phases of Production	**Machine**	**Male**	**Female**
1. Pond Construction			
– survey site		x	
layout		x	
– digging dikes &	x		
pond making	x		
– applying lime to neutralize soil		x	
2. Stocking		x	
3. Grow-out period			
– feeding & checking growth size		x	x*
4. Harvest	x		
5. Processing – selection of undersized prawns from marketable ones			x

* a substitute only

As can be observed, men dominate the tasks in prawn production. There are only two tasks which are assigned to women and these are feeding the prawns and selecting the undersized prawns from the marketable ones. The latter is specific to women but the former is not. In the feeding activity, the worker rides a banca and moves around the pond while broadcasting the feeds. Feeding frequency depends upon the age of the prawn; young ones need more frequent feedings, about 4 to 5 times daily. As the prawns mature, they need less food until they have reached the required size. Checking growth size goes with feeding. The worker catches the prawns at random and weighs each one to determine the amount of weight gain. The part of the feeding phase which requires the worker to ride a banca around the pond while broadcasting the feeds is assessed to be risky for women. Men, therefore, are preferred over women for this activity although women, occasionally, take on the task.

Prawn ponds are often combined with sugarcane cultivation. However, few planters whose farms are near the coastlines of Central and North Negros have converted large sectors of their properties to prawn culture ponds. Such a decision reduces the workforce participation considerably and eliminates the opportunities for women's involvement in the labor force (except for the tasks mentioned previously).

Case 5 raises some of the issues in the current diversification program.

CASE 5: Born and raised in a 60-hectare hacienda in Central Negros, Analie finished Grade 4 and had to quit schooling soon after due to poverty. At 12 years old, she began regular work in the hacienda, weeding the fields with her mother as an unpaid worker. Her family was deeply indebted to the owner and her mother's salary served as payment for the debt. Depending upon the available work in the farm, working hours sometimes lasted the whole day; at times, half a day. Analie cooked or washed clothes and helped her mother at home after work.

During the sugar crisis in the early 1980s, Analie ventured off to work as a domestic helper in one of the nearby towns. A year later, she got married; then she and her husband both decided to go back to the farm. The crisis was still on going and work was scarce. The couple lived with Analie's older brother who was a truck driver. Analie's husband was subsequently employed as a truck helper, earning ₱30 a day on a very irregular basis.

Until recently, there was no job in the hacienda. Analie eventually found work as a regular worker in the "Nursery Project" of the planter/owner. They are all women in her work group of 10. They do "bagging" (putting soil in a plastic bag) and planting seedlings in it (e.g. guapple, eucalyptus and black pepper). Her daily rate is ₱20 per day (her mother's rate before), working from 6:00 a.m. to 11:00 a.m.; 1:00 to 5:00 p.m., Mondays to Fridays without interruption. When she finishes bagging in the morning, she is made to weed in the afternoon. Her rate for the day covers all kinds of work in this highly diversified farm. Analie complains of long hours with very little compensation. She is now pregnant with her first baby and can hardly imagine how she would fare when the children start coming.

CASE 6: Solita shares Analie's sentiments. Married at 16, she now has 10 children at 38, with ages ranging from 3 to 20 years old. As far as she can recall, she did weeding and planting and helped her mother around the house as she was out of school. Early in her marriage, she continued working in the farm, weeding and planting on an intermittent basis, as the

children started coming. Her husband, Pio, is a *dumaan* who works as an all-around handyman in the hacienda shop and as a driver receiving P800 pesos a month.

When the crisis struck, the landowner reduced the area under cultivation in the farm to only 70 percent but allowed the workers to cultivate food crops in the area not planted to sugar. The agreement was for the workers to use the area until funds could be secured to replant sugarcane. Many workers were laid off, and Solita herself could no longer be accommodated. Even Pio's salary as a *dumaan* was reduced to ₱400 pesos; the eldest son got married at the height of the crisis, adding a new member to an already famished household. Solita was forced to go out to the nearby subdivision to work as a laundrywoman, cum casual domestic helper, gardener or yaya. For two years, she did whatever was offered her.

About five months ago, management decided to call her back to work in the hacienda. Replanting has resumed and now includes not only sugar but such other crops as guapple, peanuts and legumes. She still receives her bid rate of ₱20 per day for four days work a week (compared to 3 days before the crisis). But weeding now involves moving from one section to another of the farm through the varied crops. The "cabo," at times, gets rough and supervises very closely, hurrying workers to weed and cultivate faster to cover all the sections for the day. While before one hectare used to be worked by 5 to 6 workers per day, now, only three workers are assigned per hectare, but with the cropping more varied, work is a bit more complex. The women would jokingly complain but the cabo would shout back and say "Damo pa kamo reklamo, ma-ayo na gani nga may obra kamo subong" (Too many complaints, good enough you have work to do!).

While changes accompanying crop diversification are being initiated in Northern and Central Negros, Southern Negros maintains its diversified character. As previously noted, farm sizes in this area are small with few worker-households. Within a farm, a range of 1 to 3 households for less than 12 hectares and 4 to 6 households for over 12 hectares may be found. The community is relatively homogenous comprising mostly of Class C households when compared with the two other sample sites, Northern and Southern Negros where the communities are heterogenous, fragmented by the variation in income causing households to have varying capacities for self maintenance..

The pattern of crop diversification tends towards planting subsistence crops such as cassava, camote and legumes rather than the commercial crops found in Northern and Central Negros. In terms of employment, the two previous sample sites hire workers individually. There is an extensive use of family labor in this area where all members of the family who are old enough, work with their parents in the farm. The men go to the sugarcane fields; women and children initially go to the diversified sectors but are transferred to the cane fields as well for weeding and cultivation. Children's wages are incorporated in the compensation for adults: ₱10.00–₱15.00 for women and ₱20.00–₱25.00 for men. For Northern and Central Negros sample sites, the compensation rates are ₱25.00–₱28.00 for women; ₱30.00–₱35.00 for men. Children may either be paid or unpaid workers across the sample sites. When unpaid, the understanding is that their wages are being used to pay family debts.

CASE 7: The case of Nena features a woman in Southern Negros. Nena is 76 years old, a widow with six children, only two of whom are surviving. She does not have any form of schooling. She comes from Cotabato, settled in Cauayan with her family when she was 10 years old in this 12-hectare farm, and never left the place since then. There are only two worker-households in the farm and her husband, being the older household head, worked in all sectors of the farm, at all hours of the day. The owner, Mang Domingo, trusted him and gave much of the important work of the farm to him until his death 10 years ago.

Then and now, Nena's work in the farm are planting, weeding by "guna," and fertilizer application. With a daily rate of ₱10.00, three times a week, she estimates her monthly income to be ₱120.00.

Nena lives with her married son and his family of four children. Her son works in all areas of the field as his father did. His daily rate is ₱15.00 and earns about ₱700 a month. Nena works more in the diversified portions of the farm compared with the years when she was younger and was made to move all over. Weeding in the cane fields is difficult because a worker has to have more strength going through the towering stalks of cane. Her strength is gone and that's the reason why she thinks the cabo allows her to engage permanently in weeding peanuts, camote and legumes. Her eldest grandchild helps her weed after school. But she finds weeding in the non-sugar crops more time-consuming because there are more and even varied plants to cover within a hectare compared with a sugarcane monocrop field.

After work, she goes home and resumes work on the partially-completed domestic chores left behind by Lina, her daughter-in-law who also works, selling vegetables in the market. Since Lina leaves the market at 6:00 p.m. and walks home for another hour, Nena babysits for the next 3 to 4 hours while preparing supper for the family.

2. Returns to Labor

With respect to the income status of women included in the case interviews, the trends show that those who are in the smaller farms of Southern Negros receive the lowest wages compared with those of the Central and Northern Negros sample sites. Among them, 67 percent of the women earn within the category of ₱150–225 per month for two to three days work per week. The women in the sample sites of Northern Negros are the highest paid, with 33 percent earning within the category of ₱863–933 per month. For the women of Central Negros, 53 percent earn within the categories of ₱367–436 and ₱437–₱507 monthly. The women of Northern Negros and Central Negros are those working in the bigger farms.

The most diversified farms are in Southern Negros and the least diversified in Northern Negros. As earlier noted, the diversification of small farms is toward planting subsistence crops both for consumption and for sale in the local market. The big farms of Northern and Central Negros are planting crops for commercial purposes with an apparent concentration on sugar, prawn and rice production.

What can be further observed in this study is the fact that diversification does not necessarily lead to increased income, given the observation that the most diversified farms (Southern Negros) have the lowest wages. Although there are farms in Northern Negros which have undergone transformation into prawn farms or prawn farms in combination with sugar, these farms can possibly be categorized as diversified. Given all these observations, it is still significant to note that whether the women belong to the higher income or the lower income levels in the sample sites, their monthly incomes are low.

Diversification does not mean the worker gets an individual wage for every type of crop worked on. The daily wage includes payment for work done in all crop sectors within a day. Compared to pre-crisis years, the women respondents noted longer working hours now due to crop variation. They further assert that while there appears to be more available work, the number of people working per hectare has been reduced from 6 to 8 workers before to 4 to 5 workers now with diversification.

3. Non-Farm Work

Poverty forces women to undertake whatever productive activities are available at home or within the community. The subsistence plot is a veritable source of vegetables and bananas to sell. For women who reside near places where cockfights are held, cooking snack food for sale during the games is frequently another way of earning an extra income. Poultry raising and fattening pigs, in particular, are common means of gaining extra cash which have been found most effective by many. These means, however, are confined to those who have a small capital to buy feeds in exchange for a piglet in this arrangement. This kind of "gainful occupation" brings ₱800 to ₱1,000 pesos every 6 or 7 months for the household. The range of such productive activities is wide and varied in type and accessibility.

The kind of productive activities women engage in differ depending upon their income status. Women in the upper income levels of the community tend to undertake entrepreneurial activities such as running a sari-sari store, while, those on the lower levels engage in vending activities, selling vegetables from their plot or selling cooked food prepared at home for "merienda." They are also the women who undertake laundry work and domestic service outside the hacienda.

Regardless of class, non-farm work is an all-season strategy engaged in by women more than men to augment the pooled household income and to provide adequate maintenance of family members.

4. Emerging Trends

With crop diversification, the trends reveal that women are being re-absorbed into employment as the hacienda rises from the ruins of the crisis, but their re-employment pattern assumes a different mode. With the variation of crops, women as planters, weeders, or cultivators are made to move from one section of the field to another. They are, therefore, more mobile than during the pre-crisis period when the whole farm was planted purely to sugarcane. Since crops vary in size, growth, and distance from one another, cultivation and weeding take longer than before. Tasks assigned to women equally vary: from weeding and cultivation to "bagging," storage of seedlings, manual cross-pollination to traditional male tasks. All these tasks are done without the use of machines; only with manual instruments such as the trowel, pick or bare hands and for long hours. Men's tasks are done generally with the use of machines or animals and while they may be heavy and intensive, the machines make work easier with shorter time required for completion. For women, on the other hand, the tasks have become multiple, taking longer hours to complete, using more intensive manual labor in exchange for the same compensation as before the crisis.

The developments, likewise, show that moving away from a monocrop economy increases the number and range of farm-related tasks. However, this does not redound to a bigger workforce. In fact, with mechanization and the transformation of some sectors of farms or the whole hacienda into prawn culture ponds, the actual working population has been significantly reduced. What the present diversification has brought about is greater continuity of jobs rather than more jobs. The women claim that the gap between the milling and off-milling season is no longer drastically felt because of available tasks in the other non-sugar crops. However, because men tend to get the farm jobs, the women who are displaced tend to intensify their labor in non-farm productive activities which they claim supplement the household's pooled income or at the very least, provide the remedies for the shortfalls.

Across the three different sample sites, there is no difference in the nature of women's employment; whatever difference there is, may be due to the crop variation. In Northern and Central Negros sites, the crops are commercial in type and in scale; in Southern Negros where there have been no changes before and after the crisis, the crops are subsistence in nature, but are also sold in the limited local market.

IV. CONCLUSIONS AND RECOMMENDATIONS

This section summarizes the findings discussed in the earlier chapters.

There are two major developments in the sugar hacienda which have resulted in changes in the participation of women in the labor force. The first is mechanization initiated as early as 1978, to make sugar competitive in the world market and to prevent the occurrence of a widely-felt impending crisis. The second is crop diversification as a post-crisis measure to reinforce the process of recovery from the ravages of a fallen industry.

Since mechanizing operations required a huge capital outlay, only the medium and large-sized haciendas initiated the modification. The immediate consequence of the measure was to divide the labor force into skilled and unskilled labor. The former were absorbed to run the machines. The unskilled laborers, on the other hand, where directly hit. Although men and women were equally displaced, the latter were more discriminated against since planters preferred to employ the male 'breadwinners'.

Crop diversification, in turn, gave rise to peculiar needs requiring the labor of both men and women, offsetting the discrimination against women in the process. In some diversified farms, for instance, there are specific jobs requiring women's labor – "bagging" in Nursery projects and "manual cross-pollination" for black pepper. Counterbalancing this trend, in favor of women however, are jobs in prawn farms which require men's labor. Majority of the tasks in

prawn production are undertaken by men; only one phase employs women and that is the task after harvest when women are preferred in the separation of undersized prawns from the marketable ones.

For the women re-integrated into formal farm employment, the work has become more labor intensive, with long hours required to complete the tasks, less mandays (mandays means number of workers per day) as rationalization of farm work intensifies, but with the same pay as before the crisis.

As women experience low wages as well as relative or absolute displacement, they tended to concentrate their efforts on productive activities such as entrepreneurial projects, domestic service and poultry-raising. Regardless of class, more women in households were engaged in these types of activities than men. Afterall, the brunt of making ends meet in crisis or post-crisis situations fall on their shoulders.

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TOWARDS AN UNDERSTANDING OF THE INTERNATIONAL MIGRATION OF WOMEN FROM THE THIRD WORLD: THE PHILIPPINE CASE

Carolyn Añonuevo

I. INTRODUCTION

In November 1988, the news that the Oxford English Dictionary had defined FILIPINA as "domestic help" infuriated many Filipinos. Initiated by the Philippine Chamber of Commerce and Industry's resolution which called on the government to "make the necessary representation to concerned authorities to delete this definition in the Dictionary," President Aquino and her advisers in a knee-jerk reaction condemned the supposed Dictionary entry. While later investigation showed that there was no such entry, informal interviews with the members of the foreign service working in London revealed that in the late 1970s, the term *Filipina* was already being used in Britain to mean "domestic help" or "maid" (Demain, 1988).

It is unfortunate that it had to take an incorrect piece of news to jolt us into examining how we are perceived by the outside world. The evolution of such a usage, however, simply reflects the existing reality that thousands of our fellow countrywomen are working as maids in that country, or more correctly, that thousands of our women are working as domestic helpers, chambermaids, entertainers, prostitutes and nurses all over the world. They comprise a significant percentage of the 2 million Filipinos who have left the country in the last 10 years to work overseas. Scattered in 132 countries, most of these migrant workers are willing to take up any job to enable them to support their families in the Philippines. President Aquino calls them the "new heroes of our nation" and rightly so, because according to the latest Central Bank figures, overseas workers have remitted a total of $856.81M in 1988, making them as a group consistently one of the top dollar earners in the last six years (POEA Report, 1988). This amount merely represents the money that has gone through formal banking channels. POEA estimated that in 1988, a total of $2.5B were remitted by expatriate Filipinos, a large chunk of which was transmitted through informal channels (*e.g. padala* or sending remittances through friends).

Traditionally, migration of women has been explained in terms of the migratory decisions of men/women said to have left either to accompany or to follow a father or husband. It is not surprising, therefore, to find a paucity of materials explaining women's migratory patterns independently of men. While the last decade witnessed the increasing numbers of Third World women who crossed their national boundaries to work without necessarily joining their parents

or spouses, the dominant explanation for such moves has left very little room for variables related to gender stereotyping and its accompanying expectations. Focusing on economic factors, there is hardly any mention of how gender and race exacerbate and compound the Filipina migrant's woes in an alien land.

Without discounting the strong push effects of financial considerations, this paper attempts to analyze women's migration by looking also into other variables that can account for their growing participation in the overseas labor market. In our complicated world, it is important to see the interconnections of international structures and events with our country's policies, as well as their consequences for our citizens and their families. To fail to do so would be to obtain a myopic view of Filipina labor migration.

This paper has the following objectives:

1. To review the studies that have been done on the migration of Filipino women overseas;
2. To identify gaps in such studies;
3. To present data gathered from government agencies, embassies, consulates, and recruitment agencies on women migration and employment; and
4. To draw the policy implications of the issue of migrant women overseas.

II. PERSPECTIVES ON MIGRATION

While the millions of dollars in remittances are enough reason for the government to systematize and rationalize the labor export program, there should be a parallel concern for the implications of such a heavy outflow of humanpower on the individual as well as the family left behind. The complex interplay of factors that result in the movements of people has to be studied and explained, as not everything can be measured and justified simply in terms of its dollar returns.

The term 'migration' in itself deserves scrutiny as to its applicability to our study of overseas workers. Everett Lee (1966) has defined migration as any permanent or quasipermanent change of residence from one location to another. To highlight the difference between permanent and temporary migration, Zelinsky uses the term 'circulation' which he defines as "a great variety of movements usually short-term, repetitive or cyclic in nature, but having in common the lack of any declared intention of a permanent or long-lasting change in residence" (Chapman and Prothero, 1984). In a way, the term circulation is more relevant to this study especially as it distinguishes between immigration and temporary migration. While it can be tempting to use this term, 'migration' will nonetheless be used to accommodate the

phenomenon of the mail-order brides which is one of the concerns of this study. What can be stressed, however, is that there is a qualitative difference between people moving simply to work and people deciding to settle down.

In terms of perspective, there are two ways by which migration has been viewed. One is the perspective which takes off from the individual while the other starts from a more structural approach.

I. The Individual Migrant

In the past, studies on migration had focused on explaining the individual migrant (Wood, 1982; Burawoy, 1976). The basic assumption in these studies is that the individual is rational and weighs the positive and negative effects of moving. Burawoy points out that "individuals are conceptualized as actively responding to environmental forces, maximizing their individual interest and in this sense, exercising control over their own destiny." Related to this is the 'equilibrium model' which posits that individuals act according to the 'push-pull' factors and in so doing, contribute to the uneven distribution of the population.

Social scientists using this perspective therefore look into: 1) reasons for migration and 2) effects of migration on the individual or group. Those who focus on the first, look into the process of decision-making in relation to the push-pull factors while those who look at the second, seek to explain the problems of adaptation, assimilation and acculturation of the migrant (Burawoy, 1976). Because individual migrants leave the support systems they have been used to, there is a great deal of adaptation they have to make when they start to work in an entirely different social system (Brody, 1978). In addition, Brody explains that "individual adaptation is also determined by the severance or maintenance of ties to family and friends left behind. Increasingly effective communication and the facility of transportation increase the likelihood both of circular movement and of continuing support and information exchange through visits, letters and telephone contact."

While this explanation is important, there are also limitations in using this perspective to explain the phenomenon of overseas workers. Burawoy (1976) points out that this perspective is unable to clarify the existence and function of migrant labor in the wider social, political and economic context.

2. The Macro-Perspective of Migration

Cognizant of the limitations of the 'individual migrant' perspective, other social scientists have come up with their own explanation of the phenomenon based on a wider societal perspective.

2.1. The Equilibrium Model

Rhoades (1978) explains the basic assumption of this model which looks at migration as a "complementary process functioning to promote economic development and social well-being in both sending and receiving societies." Premised on Friedman's economics, the equilibrium model explains the operation of migration in the following way: "Capital will tend to flow from low to high productivity regions and labor from low to high wage areas until, by a process of successive marginal adjustments in both areas, a spatial equilibrium is established" (Rhoades, 1978).

In this way, migration supports economic development and the equalization or levelling-off of differences between agrarian and industrial regions. In so doing, it helps the agrarian populace. When migrants send their salaries, their families are not the only ones who benefit but the larger society as well. Their remittances are important in maintaining foreign exchange reserves and consequently, in stimulating investments. When overseas workers come back, they play an important role in communities, having acquired new knowledge, skills and attitudes towards work.

Sociologists have also discussed the role of migrants in modernization. They contend that migrants are able to imbibe beliefs and attitudes which can help in the modernization process upon their return to the country of origin. Migrants are able to invest in productive endeavors like farms and other business enterprises which can contribute to the development of the area (Wood, 1982). Applied at the international scene, movement of labor can, thus, help in the gradual balancing of the different levels of economic development.

As the equilibrium model has dominated migration literature, it has been the object of a lot of criticisms. For example, Wood (1982) explains that there is no levelling off that takes place and instead the flow of labor from underdeveloped countries to developed countries exacerbates the differences. Rhoades supports this with findings in his study which show that "labor migration functions to feed growth in the European core while stimulating socioeconomic decay or maintenance of the status quo in the periphery" (1978). Second, the approach is ahistorical as it fails to consider periods in history that can be the cause of migration.

2.2 Historical-Structural Perspective

One difficulty in discussing the historical-structural perspective is the range of theories that can be classified under it. Aside from the classical Marxist position, included are the dependency theory and the 'global accummulation' or 'world view' model. Rather than discuss their differences, what will be explained are the similarities of their assumptions. Central to their discussion is the role of class structures and how migration is shaped by existing

inequalities. They also believe that to understand the present movement of people, it is necessary to examine the wider historical and structural contexts under which migration occurs. Important therefore is an analysis of the social, political and economic factors that shape the phenomenon. In addition, one has to look into the 'pressures and counter pressures' internal and external to the economy which can cause changes (Wood, 1982).

While the microeconomic model looks at migration primarily as the result of an individual decision, the historical-structural perspective treats it as the product of a societal process. Because of its emphasis on structural conditions, this perspective considers in its analysis a whole range of phenomena such as, the 1) rise and expansion of capitalist labor, 2) the kind of development being implemented, 3) the role of the country in the international division of labor, 4) the inequalities inside and outside the country, and 5) the articulation of capitalist and non-capitalist social formations that affect the distribution of the maintenance costs of labor (Wood, 1982).

The major criticism against this perspective is its undue focus on macro factors which overlook the process by which individuals come to the decision to migrate. By giving so much attention to structures of determination, it fails to account for the factors that shape the migrant's decision and the role of the family and the community in such a process. This perspective is unable to take different levels of reality into consideration, as it is not ready to move from the structural level to individual factors.

Both the micro and macro perspectives have their strengths and limitations. Wood summarizes these as follows:

The theoretical propositions of the equilibrium model specify the economizing behavior that takes place in a given market context; the historical-structural perspective stresses a dynamic view of the overall structure of the economy and the social and political matrix that constitute the context within which the economizing behavior occurs. The former refers primarily to individual choices, while the latter refers to the structural conditions that make certain choices possible. The principle is clear that an understanding of population movement must encompass both the determinants of the parameters of the behavior and the factors that motivate individual actors.

For, indeed, to understand and explain the process of migration it is important to look into structural and individual factors. Social scientists are therefore trying to look into the merging of these and are suggesting the reconceptualization of migration (Wood, 1982; Pessar, 1982).

One of the most important components of this reconceptualization is the shift in focus from the society and individual to the household. Pessar (1982) writes that "this

conceptualization draws attention to the mediating role households play between individual laborers and their dependents and the organization of production in a specific social structural context." Wood (1982) defines the household as a "group that insures its maintenance and reproduction by generating and disposing of a collective income fund." He argues that "when the household is unable to maintain the desired level of income despite the strategies adopted or when viable alternatives to improve its condition exist elsewhere, permanent movement is a likely outcome." Wood, therefore, proposes the thesis that "migration is an activity firmly embedded in, and conditional upon the success or failure of the initiatives undertaken by the household as it interacts with the social, political and economic environment."

The following section focuses on how migration perspectives can be enlightened by feminist thought. Realizing that existing migration perspectives have not incorporated the gender factor, several feminists have attempted to trace and explain the relationship between gender and the movement of populations.

3. A Feminist Perspective of Migration

In the past, migration of women merited neither serious study from social scientists nor consideration from policymakers. Smith *et al.* (1984) explain that movement of women from one area to another has often been linked with the migration of their spouses and, therefore, had no specific socio-political and economic impact on their own.

The last twenty years, however, have seen radical changes in the study and analysis of women. The growing strength of women's movements and their efforts to bring the world's attention to the discrimination and oppression of women account for the shifting perspective on women in the social science research literature. From mere appendages of men, women have now been recognized as producers and partners in development. The UN declaration of the Decade of Women in 1975 and the wealth of data it generated all over the world, likewise, contributed to the clarification of the nature and dynamics of women's involvement in production and reproduction.

Prevailing distorted notions of women's roles in society are now slowly being demystified as alternative ways of looking at women's participation are being developed and sharpened. The paucity of women-specific data and the invisibility of women in statistics are slowly being addressed. In all these changes, women in different parts of the globe have stood to benefit.

The dissemination of research findings throughout the world has resulted in the growing realization that the problems of First, Second and Third World women are intricately related. This has positively meant the closing in of the ranks of these women, for many of them have recognized that problems in their own countries, cities, villages and families have an

international dimension. This means that: a) international events and phenomena, whether induced by monopoly capitalists, powerful states, cartels or revolutionary movements can affect or shape not only national economic policies or the political decisions of heads of states but also the lives of individuals and their families, and b) existing and evolving economic and political structures can transform not only thrusts of governments but also daily routines of women and men all over the world.

It is in this context that we should look into the growing numbers of women who migrate not only to greener pastures within their countries but, more importantly, those who leave for other lands. In the Philippines, a growing number of women, both single and married, are leaving the country in droves for Singapore or Hongkong to work as domestic helpers, or for Japan or the Netherlands to work as entertainers, to Saudi Arabia or the United States to work as nurses, or to Nigeria or Papua New Guinea as teachers. They are joining the ranks of Filipino migrants who worked as plantation workers in Hawaii in the 1920s, as construction workers in Vietnam and as doctors in the United States in the 1960s, and, of late, as construction workers in the Middle East.

3.1 International Division of Labor

The pattern is no different from other Third World countries, with occupations varying across the countries but with the same trend of cheap labor. Historically, this can be considered a continuation of the international division of labor (IDL) which started around the 16th century.

Mies (1986) explains that IDL has been used to describe the structural division, the vertical relationship existing between the colonial powers and their dependent colonies in Africa, Latin America and Asia."

This is now referred to as the old IDL since it characterizes labor relations between colonies and the colonizers. Such an arrangement meant that the colonies, through their nationals, produced the raw materials which were then imported to the colonizers. Today, although theoretically almost all colonies have been granted their independence, economic relations similar to those mentioned above continue to exist.

In the 1970s, a new dimension of such division of labor emerged when an economic model fashioned by the Organization for Economic Cooperation and Development (OECD) proposed that labor-intensive production processes previously done in the First World countries would now be exported to Third World nations. This has resulted in the establishment of free-trade zones (FTZs) in many Third World countries. Because of the nature of the work (assembly of electronic parts, sewing garments) and the necessity to get docile and passive workers, most of the FTZs' workers are women. The FTZs and other

multinational corporations proved to be a significant factor in the participation of women in the formal industrial sector. Compared to the old IDL, which did not exactly discriminate against women or men, the new IDL had a marked preference for women.

For many Third World men, migration to other countries proved to be a temporary solution. Whereas the old IDL and the new IDL generally did not mean Third World nationals leaving their countries, extreme poverty and high unemployment rates and the attractive prospects of migration to other countries had opened up new opportunities for them. This meant leaving their families temporarily. Taking on construction jobs in the Middle East or agricultural tasks in America, Third World men provided models and contacts not only for other men but for women as well. The promise of bringing in salaries ten times their present wages lured many Third World women to try their luck. True to the gender stereotypes imposed on them, however, women took on overseas jobs as domestic helpers, chambermaids, nurses and entertainers.

3.2 Gender Division of Labor

In analyzing such trends, Barrett's explanation in terms of the gender division of labor is useful. She explains that "gender has played a profoundly important part in this division of labour. At the level of a general social division of labour, in which occupationally derived groups of workers are divided from each other, the sharply sex-segregated character of the workforce has crucial implications. In terms of 'detail' work and deskilling, women have consistently been constructed as a differentiated and more vulnerable group than men."

Women working in industries are therefore assigned tasks that are closely related to the work they do at home or perhaps those which require the same characteristics like patience. The dexterity needed in microchips assembly, for instance, can only be found in the nimble hands of women who have been trained to do such time-consuming and detailed work.

The migration trends of Third World citizens therefore require, as Mies (1987) puts it, "a systematic study of the interplay between the new international division of labor and the manipulation of the sexual division of labor" because of what she observes as the "increasing convergence of sexual and international division of labor." A division of labor based on sex is no longer limited to the household but is evident in factories, offices and, as recent events show, even in international migration. It is not by accident that Third World women end up in jobs like domestic helper, nurse or entertainer. First, the training they obtained in their respective countries fits the stereotypical functions assigned to women – to serve, to care for or nurture, and to entertain. Second, the economic conditions in these countries make it an easy choice for women to try their luck abroad.

III. THE FILIPINA AS DOMESTIC HELPER IN SOUTHEAST ASIA

The active participation of the Philippine government in the 1970s in promoting the labor power of Filipinos overseas signalled the priority given to the export of its people. Justifying the benefits of dollar remittances not only for the country, but also for the worker's family, the Marcos government sought to rationalize the growing 'export of Filipinos' industry.

There were several government agencies which addressed themselves to employment abroad like the Overseas Employment Development Board (OEDB), the National Seaman's Board (NSB) and the Bureau of Employment Services (BES). But it was only in May, 1982 that all these three offices were brought together to form the Philippine Overseas Employment Agency (POEA) for a more effective coordination of the overseas workers' program. Realizing the potential of the export of Filipinos, the government joined the private sector in the systematic and active search for possible labor markets through this agency.

To ensure the continuous flow of dollar remittances, Executive Order 857 was issued in December of that year. This required seamen, construction workers, nurses and other professionals who were provided free board and lodging, to remit seventy percent of their salaries through the banks. For those domestic helpers and other professionals who were not given free board and lodging, fifty percent had to be sent home. True enough, the remittances of overseas workers partly helped government shore up the country's dwindling foreign exchange reserves then.

The economic crisis in the Philippines as manifested in negative growth rates and depleted dollar reserves and the drive of Filipinos to leave for work abroad were matched by the booming economies of neighboring Asian countries and the oil-rich Middle East countries. Singapore, for instance, having grown at such an unprecedented rate through an export oriented strategy, recruited workers from neighboring countries to fill up positions Singaporeans did not want to take on, but which were necessary for the continuous growth of the economy. Contract workers were also assigned to work in industries that were not yet mechanized so that Singaporeans could concentrate on automated work. To enable young women with children to work, the Singaporean government has since been liberal in the granting of work permits to foreigners as maids (Tan, 1985).

Like Singapore, Malaysia also adopted an export-oriented industrialization policy beginning in the early 1970s, which led to the rapid increase of factories. As with most export-oriented factories, young women were taken in as workers. For these young people, factory work was preferred to domestic work since it meant better wages, fixed working hours and the opportunity to meet new friends. Meantime, the middle class had difficulty getting

full-time household help as the local girls wanted to work part-time in several households. Filipinas, therefore, came in conveniently to fill the need for domestic helpers (Tharan, 1987). It was in 1985 that the presence of Filipina domestic helpers was highlighted. Two hundred women were working then in Malaysia but after a few months, all of them were deported since it was discovered that their working permits and visas were not genuine. A year later, Filipino women were legally allowed to work with the accreditation of recruitment agencies by the Ministry of Home Affairs (Tharan, 1987).

On the other hand, Hongkong had grown into an international financing and industrial center that opened a wide range of work opportunities to its residents. Young women who used to work as 'amahs' or Chinese maids moved up to a higher status as factory workers. Likewise, more and more middle class women pursued their own careers and household chores were delegated to domestic helpers. These conditions facilitated the import of Filipina domestics. Starting from a hundred Filipinas in the early 1970's, the number of women who left for Hongkong had risen to several thousands by the end of that decade. Initially, expatriates and foreign consuls hired the Filipinas as maids or babysitters. This changed when more Chinese women left their homes to work but found the Chinese 'amahs' expensive. The English-speaking Filipina proved to be the alternative (MFMW, 1983). The short distance of the former British Colony from the Philippines has made it doubly attractive for Filipinas. A month's wage is sufficient to bring them back in case of emergency or family problems.

The demand for Filipinas to work as domestic helpers abroad is partially reflected in hundreds of daily newspaper and magazine advertisements. Requirements for interested applicants include English fluency, at least a high school diploma and experience as domestic helper. Responding to the 'English-fluency' requirement, thousands of professionals, mostly school teachers, discouraged by meager salaries in the Philippines, have left the country to become maids. Other college graduates who cannot find jobs related to their educational backgrounds have likewise set their sights on Singapore or Hongkong as the site of their new jobs as domestic helpers. As to their experience in domestic work, the socialization and training of Filipino women to assume all household chores have prepared them in a way for a gruelling job.

On the receiving countries' end, prospective employers are likewise subjected to advertisements about the joys and comforts of having a maid. For instance, one ad in a Singapore daily claims: "We specialize in Filipino maids – package offer $550 inclusive (full insurance protection, documentation fee/services, 1 year free medical check-up, free replacement guaranteed)." Together with this is a picture of a woman in a maid's uniform with the caption, 'WE SERVE'. Another ad reads, "Personally selected provincial maids through video," while one agency enumerates the services offered. "Best quality maids and superb

service are available. We visit provinces monthly to pick and screen maids. Widest selection: Few hundreds new arrival, detailed and authentic bio-data. Well-trained: Strictly imposed 2-week Domestic Training. Guaranteed replacement, highest percentage recontracting maids in Singapore and Hongkong" (Sereewat-Srisang, 1987).

Existing studies support the claim that most of the Filipinas who leave are in fact college graduates and in many instances, professionals. With a sample of 150 Filipino maids in Singapore, Tan (1985) points out that 56% of her respondents had attained tertiary education.

As to their marital status, Tan (1985) writes that 59% of her sample are married, with an average of three children. From the background of the Filipinas who leave, it is simplistic to say that they do so solely because of poverty. Most of the women are highly educated and have held previous jobs (Tan, 1985; Tharan, 1987). Their low salaries are insufficient to support their families, so working abroad presents itself as an alternative. But while women leave primarily for financial considerations (to help the family, to build a house, to send a sibling to school, to save for the future), women do leave for other reasons. The possibility of marrying a foreigner, the excitement of living abroad, and the desire to run away from a marriage are some of the other reasons that facilitate the departure of Filipino women.

In outlining the recruitment process, Tharan (1987) concludes that the screening for maids is not so rigid, as the most important consideration is the ability to pay the P15,000 recruitment fee. The resumes of the women are sent to Malaysia for the perusal of prospective employers. When selected, the processing of the work permit commences. The working contract is then sent to the Philippine embassy for authentication and passed on to the POEA in the Philippines. The agent in Manila arranges for the passport, medical examination, police clearance and exit pass (Tharan, 1987).

Despite the steep recruitment fees, women still manage to leave. Tan (1985) explains that they borrow money from relatives or friends, mortgage property or use their savings to raise the needed amount.

Majority of the women understand the terms of the contract but they do not usually have a personal copy of the document (Tan, 1985). Having a contract does not also guarantee that the worker will get the specified wages and working conditions. The Tan study tells of domestic helpers who were promised $300 but instead got $200 in wages. Employers are quick to justify this by saying that they have to deduct the airplane ticket and placement fees from the monthly wages (Tan, 1985). The Philippine government itself discovered that the registered recruitment agencies based in Malaysia had falsified documents. The master contracts they furnished the POEA stated that they were paying the Filipinas a minimum of $500. In reality, most of the maids were only receiving $300 (*New Straits Times*, January 21, 1988).

A question that easily comes to mind is why Filipina professionals and college graduates put up with this situation. In both Hongkong and Singapore, women would receive between $200 to $300. Although very low as compared to the wages received by the Chinese and Singaporeans, this is relatively higher than the $50 to $100 they can expect to receive in the Philippines if they get a job. For many women, Hongkong, Singapore and Malaysia are far better options than being underpaid or unemployed in the Philippines (Añonuevo, *et al.,* 1987). Table 1 shows the differences in wages of domestic helpers in Hongkong and the Philippines through the years, an indication of the wide gap of the wage rates in both countries for that occupation.

TABLE 1

A Comparison of Monthly Minimum Wage of Domestic Helpers in Hongkong and the Philippines (In Pesos)

Year	Domestic Helper in HK	Philippines
early 70's	480-560	60-70
1979	1,360 – 1,520	100-150
between 1980-81	1,615	150
August 1981	1,846	
September 1982	2,076	180

Source: *A Situationer of Filipino Migrant Workers*, 1983.

On the other hand, wages of domestic helpers in Singapore had been reduced from ₱2,700 in 1984 to P1,980 in 1985. This is due to the Singapore $120 (₱1,080) levy imposed on all employers of foreign helpers. This subtle form of taxation was imposed to stem the rapid increase of foreign domestic helpers entering Singapore (Rodriguez, 1986).

As to working conditions, there are different types of employers and this partly determines the working conditions of domestic helpers. For instance, a Filipina working for an expatriate (usually holding a top position in a multinational firm) would generally have a higher salary than the one working for local residents. Some households are larger, thus requiring more work. In many cases, domestic helpers are forced to serve other members of the extended family like a daughter or son who has married and has set up a separate household. The

situation becomes worse for Filipinas whose employers own businesses like restaurants or small shops, and who are obliged to render service over and above domestic chores.

Due to the nature of their work, Filipinas have to contend with long working hours (12 to 16 hours), undefined job descriptions and demanding employers. Usually living in cramped rooms, they seldom get medical care. There are also cases of women who are not allowed to entertain phone calls or accept visitors.

Another problem area for domestic helpers is their day-off. While the law provides that they should be given off-days, Filipinas complain about violations. A letter to the Editor from a Filipina maid in Petaling Jaya, Malaysia reflects the sentiments of the helpers:

> If an employer and a recruiting agency had concern, trust and confidence in Filipino maids they must guide us - give us our off days and show us how to get from one place to another, and tell us what to avoid.
>
> It is not correct to say that we would gossip about our employers when we Filipinas meet. If and when we do meet we just share jokes and problems, but mostly, concerning the families we left behind in the Philippines.
>
> It's the only way to lessen our homesickness. Only our own countrywomen can understand our feelings on such occasions. Personally, I have no problems with my employers – the way they treat me. Only they don't give me any day off, or allow me to join other Filipinas to go to church, for example.
>
> Their reason is they have been advised by the recruiting agency not to give me any day off or allow me to join other Filipinas to 'avoid problems.' I was never told by the agency that there would be no off-days when I signed up (*The Star*, September, 1986).

On the employers' side, many are cognizant of the provision that they should give their helpers a day off every fortnight. They likewise admit that they do not do so but instead compensate the maid with $10 in lieu of the day-off or bring them to family outings (Rajeswary, 1986).

Malaysian employers are also quick to point out that on the whole, they are satisfied with the helpers except that a number of them still had to be trained to do certain chores. Others had to be taught the use of vacuum cleaners and other electrical appliances. They did not know how to cook Chinese food so their employers had to rely on caterers (Rajeswary, 1986). The MFMW situationer discusses the following various factors that contribute to employer-employee conflicts in Hongkong:

1. Cultural differences and discriminatory practices. Among the Filipinos and Chinese, there is an obvious anti-Chinese and anti-Filipino sentiment which dates back in history. Expatriate employers, on the other hand, who are not accustomed to enjoy household servants, may tend to treat their maids as 'properties.'
2. Communication problems. Not all Chinese housewives can communicate in English. Even in English-speaking families, comprehension on both sides may be difficult because of different usage and intonation.
3. Economic problems. Aware of the economic conditions in the Philippines and the reason why Filipinas come to Hongkong, the employers may tend to scrimp on salaries, maximizing services and other unjust labor practices. The Filipina, afraid of the consequences, will endure such conditions or a wage below the contractual minimum as long as she maintains her job.
4. Lack of knowledge and orientation. Most of the Filipinos come to Hongkong unaware of their rights, duties and privileges. They are liable to be forced to sign receipts for money they expect to be given but never receive, sign working agreements which are against the law, or allow themselves to be treated unkindly.
5. Fears and insecurities. Being alone in a foreign land, the Filipina develops many fears, insecurities and apprehensions. She feels that one small mistake will lead to grave consequences. She, thus, develops nervousness which affects the quality of her work.

When asked about physical and sexual assault, Tan (1985) explains that the women left this blank. Still, there were three respondents who claimed that they were beaten by their employers while two said that their employers attempted to rape them. One woman admitted that she had been raped by her employer.

Abuse is not only limited to sexual advances nor does it come only from the male employer. Maglipon (1986) tells the story of Victoria:

> Victoria worked as a maid in Singapore for seven months. In that time, she was getting an average three and a half hours sleep each night. Apart from working at her employer's home, she was also made to do chores at his market stall without a work permit. Discovering her, the labor ministry fined her employer HK $1,000 which he passed on to Victoria. Days became bearable when her relatives sent her letters, but whenever she was found to have received any, her employer fined her HK$30. She did not complain, afraid her employer would retaliate by cancelling her work permit as a housemaid, which meant being sent back to the Philippines.

> But one day her employer's wife became enraged with her for coming late from the market. The wife stripped her of her clothes, cut off half her hair, then pushed her inside a commercial food freezer. Victoria stayed locked inside a whole 15 minutes. When a priest found her, her hands were bleeding, cracked, bloated and numb. She was advised to go to court. This way, the labor ministry could give her four weeks to look for a new employer. But Victoria found none within that time. She was forced to leave Singapore and drop all her charges. Her employer and his wife were no longer answerable for anything.

A study conducted by Arotcarena, Tan and Fang discusses some of the reasons why employers abuse their helpers. Some employers feel that since they pay their helpers good money, beating them up is justified. Others considered their maids as investments and, therefore, that they should 'squeeze' as much work from them. They cite the case of a helper whose main responsibility was to take care of an old couple. The daughter-in-law thought that the maid's work was too easy so the latter was required to mop the floors thrice a day. Caprice of the employer and sexual jealousy were cited as possible reasons for abuse. They tell of three attractive and young maids who were badly beaten by their employers' wives. As if this was not enough, their hair was cut. The authors explain that "this form of punishment can only be inflicted by women against their own kind to make the maid appear less attractive." One should not also discount the possibility of psychologically disturbed employers (Maglipon, 1986).

What happens when the women are confronted with such problems? According to the Tan study, 50% of the women turned to their friends when they had problems. Some would turn to organizations like the Geylang Center (migrant center in Singapore) or to migrant organizations. Most of the women interviewed replied that they did not know the Philippine embassy could help them, and therefore, only a few approached the embassy for help.

The laws in the receiving countries can aggravate the working and living conditions of the Filipinas as these leave them unprotected. The Employment Act of Singapore, for instance, does not cover domestic helpers because it is difficult to ascertain the hours of work and household chores (Tan, 1985). An interview with the Labor Ministry spokesman, for instance, revealed the sentiments of the law-enforcers. He claimed that "we find it hard to justify putting out a law which would inconvenience so many employers. When you talk of legislation, you are talking about enforcement. How can we enforce things like rest days or hours of work when the duties of a domestic worker are so variable?" He also points out that "last year the proportion of complaints to the stock of foreign maids was less than one percent. The majority of the employers and their maids are happy. Legislation could well sour relations" (Maglipon, 1986).

Furthermore, the $5,000 (₱45,000) deposit or bond that is required of every employer before the request for a domestic helper is approved makes the Singaporean employer strict and overly protective of the domestic help. This deposit will be forfeited if maids are illegally employed in other jobs, get married to a Singaporean or get pregnant (Rodriguez, 1986). So the helper is simply not allowed to go out of the house.

In Singapore, the domestic worker is classified as unskilled and according to the country's immigration policy, "marriage is allowed only to foreigners having the skills and qualifications whose absorption into the permanent workforce will be of value to the nation. It is also for this reason that domestics are required to submit to pregnancy tests every six months" (Maglipon, 1986).

In 1982, the Singaporean government also announced that migrant workers must leave Singapore by 1991. They too, realize the many repercussions of the influx of migrant workers like the deflation of wages, having to share the limited resources of the country with the migrant workers, and problems arising from cultural differences.

On the other hand, labor and immigration rules in Hongkong prevent the women from freely terminating their contracts or seeking new employment. According to the one-year rule, a change of employment cannot be approved if the contract is terminated within the first year of the two year contract. In addition to complying with this requirement, a Filipina who wants to leave has to secure a 'release letter' from her former employer certifying that she is no longer working for her and that the employer has no objections to her transferring to another employer. If the contract is terminated by either party during the first year, the Filipina has to return to the Philippines before she can get another job in Hongkong (MFMW, 1983). In 1987, the Hongkong government laid down the following guidelines for the repatriation of Filipinas:

1. A change of employment will no longer be allowed in the first two years of the employment contract.
2. Those who break their contract will not be allowed to submit a new and valid contract before they leave Hongkong.
3. When a foreign domestic helper's contract is terminated, she will be allowed to stay in Hongkong for at most two weeks.

Malaysia has also come up with the following conditions for recruitment agencies: 1) the agencies have to deposit M$100,000 with their immigration department for the employee's food and lodging should they face problems with their agencies; 2) the workers must be brought in only through Subang Airport and not through any other entry points to avoid illegal entries; 3) they must fly Malaysian Air Lines; 4) the employers must see to it that the workers carry with

them their 'yellow cards' or work permits at all times, and 5) the workers are not transferable (*Manila Chronicle*, 1986).

In the future, as a result of government policy there might be a reduction in the number of Filipina domestic helpers needed if the Hongkong ban on Chinese amahs is lifted. As Hongkong will be annexed to China in 1997, there is a possibility that the ban will be lifted and since Chinese amahs are preferred, this will mean a decline in the demand for Filipina domestics (Fisher, 1986).

Aside from countries and employers, banks also benefit from maids. In Hongkong, for example, the First Metro, a subsidiary of the Metropolitan Bank and Trust Company in Manila, receives around 2,000 Filipinas during Saturdays and Sundays. Through the bank, the Filipinas send money to their families which the latter receive in 24 hours. In a year, domestic helpers' remittances can run as high as $3.5 million. The bank also lends money to the Filipinas. A maximum of HK$10,000 (₱26,000) can be borrowed, payable in four months at 2.5 percent interest. For collateral, the borrowers use their passports (Macasaet, 1986).

The presence of Filipinas in Hongkong, Malaysia and Singapore has its positive and negative points. On the plus side, while the Filipina is able to remit money to her family, the Malaysian, Singaporean or Chinese woman she is working for is able to seize the opportunity to work outside the home. On the negative side, the time away from her family and the unpleasant working conditions and abuses the Filipina have to endure are always important to bear in mind.

In the next part, the conditions of her sisters in Japan, both those who have married Japanese men or are working as entertainers, will be examined. Are they better off?

IV. THE FILIPINA AS HAYOME-SAN AND JAPAYUKI-SAN

One of the controversial strategies launched by the Marcos government was its tourism program. Five star hotels mushroomed while beaches and other scenic places were played up to the hilt. Communities along the seashore or the mountains were gradually invaded by tourists. While some came to experience the beauty of the country and the friendliness of its people, others came to try the renowned Filipina. For, indeed, included in some of these tour packages were our Filipinas. Europeans, Americans, Australians and Japanese men came in droves. For the latter, what was significant was that many came here as part of their company-sponsored vacations. Since living expenses were costly in Japan, many companies decided to send their workers to a cheaper vacation place where they could 'enjoy' as well and that was the Philippines.

Data from the Tourism Ministry confirm this increase. In 1975, there were 192,169 Japanese visitors, 85% of whom were males. This grew to 253,717 in 1979. By this time, the Japanese were the largest group of tourists in the Philippines, accounting for almost 26% of all tourist arrivals. Not only were they the biggest but they also spent the most (de Dios, 1987).

The so-called sex tours (which would cost from $300-400) went on until women's and church groups in Japan and the Philippines protested the exploitation of Filipinas under such an arrangement. By the beginning of the 1980s, the number of Japanese men coming to the Philippines had dwindled.

Matching this decline was a steady increase in Filipina tourists to Japan. Immigration Statistics from the Japanese Embassy indicate an increase of Filipinos leaving for Japan. From 32,223 Filipino visitors in 1984, this grew to 40,909 in 1985 and 45,933 in 1986. In 1986, seventy percent of the tourists were women. This was a big leap from the 1970s when there were less than 10,000 Filipinos who went to Japan. This trend has led Mr. Danilo Olivares of the Chamber of Industries in Music and Entertainment (CHIME) to observe, "Isn't it absurd and highly suspicious that while the total number of foreign tourists to Japan went down by 10.6% from 1985 to 1986 because of the very strong increase in the value of the yen against the U.S. dollar which makes Japan the most expensive country to tour today, the number of mostly young female tourists from a poor country like the Philippines went up by 12% in the same period?" (*Manichi Daily News*, May 1987).

The increase in Filipinos entering Japan was also matched by the growing number of Filipinos being deported. Also worth noting is the fact that the ratio of Filipinos among foreigners being deported is increasing (Table 2) (*Manichi Daily News*, May, 1987).

TABLE 2

Number and Percent of Filipinos among Foreigners Being Deported from Japan for Illegal Entry

Year	Filipinos deported	Percent of Filipinos Among Foreigners
1983	1,544	36.8
1984	3,564	57.8
1985	4,407	63.8
1986	7,006	70.8

In the late 1970s, there was an increase in the demand for Filipina entertainers. In response to this, the Japanese embassy granted the so-called entertainer's visa in 1981. Records show that as much as ninety-four percent of those holding 'entertainer's visas' were bound for Japan (de Dios, 1987). Aside from getting higher wages, the goal of 'professional advancement' through international exposure has pushed men and women alike to work in Japan. In fact, the Philippine Entertainment Certification Center (PECC), a government agency which is in charge of giving auditions and certifying entertainers for employment abroad 'tests' hundreds of them a month. Yet most of them are oblivious to the so called 'hazards of the trade.' A study done by KAIBIGAN reveals that "aside from the much publicized sex trade and prostitution problem, Filipino entertainers also suffer from labor abuse and socio-cultural problems." For instance, interviews with employees of private corporations who are into the training of entertainers, revealed that twenty percent of the earnings of the workers goes to the manager while ten percent goes to the agent. On the average, a singer can earn from $450-740 a month while a dancer/prostitute could get as much as ₱9,800. The study points out that the women could earn more except that the YAKUZA which 'keep' them also get a cut from their services. KAIBIGAN further points out that of the 80,000 entertainers, sixty four percent are women and the average educational attainment is secondary level (Sison, 1987).

On the other side, Mr. Danilo Olivares, Chairperson of the Chamber of Industries in Music and Entertainment (CHME), explained that the problems of legitimate entertainers are "minimal and manageable." In response to discussions about the possible banning of Filipina entertainers to Japan, he was quick to say that "impulsive solutions may create bigger problems and kill a multi-million dollar legitimate entertainment industry" (*Mainichi Daily News,* May 1987).

While many of those who left did work as professional entertainers, a number of women were brought to Japan to work as prostitutes through fraudulent recruiting agencies. Thus, although the sex industry remains a lucrative enterprise for the Japanese promoter and club-owner, it is the source of subsistence for many Filipino families.

Cabaret and snack-bar owners pay promoters US$1500 to $2000 a month per woman. However, only a third of this ($450-$600/ a month) is received by the woman. Of the prostitution fee obtained from a customer, usually two-thirds ($230-$330) goes to the employer/promoter and only one third to the woman herself.

Ironically when prostitutes are caught and illegal activity uncovered, the corrupt promoters and employers who exploit the women are not arrested for their criminal violations; instead the burden of guilt is laid on the women, who are forcibly deported.

The statistics of the Ministry of Justice show the extent of "illegal" involvement of Filipinos. In 1987, out of 11,307 arrested illegal workers, 8,027 or 71% were Filipinos. Of these, 5,481 (or almost 70%) were classified as hostesses, nude dancers or prostitutes. It is also interesting to note that, all in all, 62% (or 7,018) of the illegal workers are women (Asian Women Workers' Center, 1988). Aside from Filipinas, women from Thailand, Hongkong, China and Korea have been accussed of illegal activity in their work as hostesses, prostitutes and nude dancers.

Historically, however, Japan had been a sending rather than a receiving country. In fact, the term 'Japayuki-san,' which is used to refer to Filipinas and other Asian women had its equivalent in 'Karayyuki-san' or women who go to China, a term once used to refer to Japanese prostitutes. During the Meiji period (1868-1912), thousands of Japanese women were sent to China and Southeast Asia. The Philippines then was also a recipient of the world famous 'Japanese geishas.' Today, all this has changed as the economic fortunes of Southeast Asia have fallen while that of Japan has risen meteorically.

Generally, Japanese hostesses earn more than the Filipinas as the former get 300,000 yen per month while the latter only get an average of 80,000 yen (*Mainichi Daily News,* 1987). Yet in many instances, more 'services' are required of the latter. For these Filipinas, ending up in such a job may be due to the wily Filipino or Japanese recruiter who does not apprise them of what their actual jobs would be, or to the sheer lack of opportunities in the country.

Despite the numerous cases of abuses and virtual slavery of Filipinas (*Mainichi Daily News*, April 1987), there are a few, however, who come forward and protest. Most of the victims hardly complain. Yoko Hayashi, a lawyer who takes care of cases of illegal workers' comments that "most do not have any awareness of the concept of human rights. Even if they're treated badly, they don't have the will to protest, but rather, just want to return home as soon as possible."

Although the number of 'illegal workers' continues to increase, the Immigration Bureau of Japan has not come up with hard-and- fast rules on how to bar foreigners illegally working in Japan. There have been suggestions to open the labor market to poorer neighboring countries in order to legalize foreign workers. However, Shunji Kobayashi, the Immigration Bureau Director is not amenable to such a proposal. He explains that "illegal workers are attractive to employers because they will work for low pay, but if doing legal work they would be entitled to the same benefits as Japanese, employers would be likely to choose Japanese workers instead." He also argues that to open the markets would mean that Japan needs more workers when, in fact, for 1986 it had an unemployment rate of 2.8%, the highest since 1953.

With the Filipina figuring significantly in the consciousness of the Japanese came another opportunity, that of marrying Japanese men. Known as "Hanayome," a number of Filipinas end up marrying Japanese men through a series of arrangements facilitated by their respective town officials.

Brokers make as much as 14,000 to 17,000 dollars per bride (*Solidaridad,* 1988) in a 'match-making' process which can take up to two months. For instance, in 1986, the Mayor of Okura-mura of the Yamagata prefecture, upon his visit to La Trinidad was described to be "in town shopping for Filipino wives for single Japanese men." It is said that the latter prefer women from this town because it approximates Okura (*Sunday Times,* 1986). A year later, a tabloid announced that there had been eleven arranged marriages in Okura. The town has since been a model for communities as a solution to the scarcity of Japanese women in rural areas.

Among the many problems in mixed marriages are language and food. Another is coming to terms with social customs. There is usually a struggle between mothers-in-law and the brides (*People's Journal*, 1987).

In 1988, another group wedding hit the headlines as 12 Japanese men were married to Filipinas in rites officiated by Mayor Jun Labo of Baguio City. Tagged as a cultural exchange between the Nigata Prefecture and Baguio, the wedding was the culmination of a series of ads placed in local papers to call the attention of women to apply as prospective brides. In this case, while the grooms were mostly farmers, the brides were professionals (*Malaya*, 1988).

A sample ad goes like this:

Wanted candidates for Filipino-Japanese Mixed Marriage Program. The sponsors are cordially soliciting candidates for its marriage program whose personality traits are specified below:

Age:	18-20 years old Filipina
Legal status:	Single
Personality:	A member of a bonafide farmer's family in La Trinidad, Benguet or neighboring towns
Education:	At least high school graduate and speaks good English and does not smoke cigarettes.
Application and inquiry:	Please send bio-data including school history, occupation in the past and present, names of family members and their ages, occupation, present address, also enclose any ordinary photo available.

Deadline of Application: Oct. 20, 1986.

Aware of the adjustment difficulties, a series of lectures on Japanese language, customs and cuisine is given. Coronel (1988) reports that "the lectures stress the importance of traditional Japanese values: respect and care for parents, the husband's role as provider and main decision-maker and the wife's role as housekeeper." This is in reaction to the situation of Japanese women who are leaving the rural areas where such chauvinistic values prevail, in search of other opportunities in the city.

Majority of the hanayome's problems have to do with adjustment to Japanese culture and learning the Japanese language. To date, Filipinas are the biggest number of foreign wives in Japan.

While most of the Filipinas who married Japanese were previously working as entertainers in that country, today arranged marriages are usually done through local government's intermediaries.

What are the things that a Filipinas learn so she can be a good wife to her Japanese husband? Coronel, in her article "Turning Filipinas Into Proper Japanese Wives" (1988) relates how Hiroshi Ikeda, a Japanese strawberry grower in Baguio, teaches values and skills to future brides:

> To hasten their integration into this milieu, Ikeda teaches the women the rigid stratification of traditional Japanese society and the acute awareness that old-fashioned Japanese have their place in that society. The concept of higher and lower is integral to a basic understanding of the Japanese.
>
> He teaches the women to know their place in relation to those around them and give the necessary respect to those who are socially superior. Ikeda teaches them how to sit with their legs folded in the Japanese way and their hands by their sides. When he demonstrates how guests should be greeted with averted eyes and a respectful bow or how women should open doors with knees slightly bent and eyes looking demurely on the floor, he never fails to elicit giggles from the women who find all these unnecessary in their own cultures.
>
> In Japanese society, it is the women's task to prepare the beddings, to seat and serve guests (counterclockwise depending on their importance), to turn around slippers left by the door so guests can easily put them on when they leave. To prepare for these situations, a series of lectures and demonstrations is presented to the future brides.
>
> "Always sit nearest to the kitchen," Ikeda advises, "so that you can easily serve food." Meantime, Ikeda's wife teaches the women the basic Japanese recipes: miso

soup, sukiyaki, tempura and sashimi. Ikeda is quick to point out that parents-in-law must be treated with utmost respect. It is more important to serve the parents than the husbands, although deference is due the husband as well. Ikeda puts it simply. "Husbands decide, wife follows."

In a study of Japanese-Filipino marriages, Samonte writes, "The Filipino wife was seen to be accepting of her situation, harnessing everything within her capacity and capability to make something work despite the odds." This long suffering, patient and persevering stance, Samonte concludes, "may very well prove to be the key for keeping marriages intact."

In the past, Japanese men looked for wives in Taiwan and Korea but, as the levels of economic development in these countries continue to rise, "the women there are getting to be like Japanese girls and don't want to stay in the province" (Coronel, May 30, 1988).

One of the earliest arranged marriages took place when men from Okura-mura town married Filipinas from Cavite. As word of the Philippines as a market for brides spread, an increasing number of Japanese men have come to the country to get married. Among the reasons cited (based on an interview) are: "The Philippines is very accessible to Japan, and Filipinas are very charming. They take care of the (men's) parents and they can mingle easily with society. Also Filipinos are a happy, happy people."

Since most of the prospective husbands are farmers, Shimada prefers women who come from farming families. In Japan, wives are expected to help their husbands tend the farms, in addition to doing housework. In an interview with a Japanese businessman who arranges marriages between Japanese and Filipinas, he noted that from his observation, "maids make the best wives because they voluntarily do housework. In Japan, there are no maids and the wife has to do everything." The same businessman also said that he recommended Benguet women because they are used to farm work and cold climates. In addition, he said, "Benguet girls are hard workers and they're not extravagant. They are stingy. They don't spend so much on clothing and make-up" (Coronel, May 30).

The entire package including plane fares, wedding expenses and up to 20,000 pesos of dowry amount to about 150,000 pesos (Coronel, 1988). The Japanese men usually have to take out loans to pay these. Once back in Japan, husbands and wife have to work together to amortize.

In a transaction that is closer to a business proposition than a marriage vow, it is not surprising to find a number of these marriages 'broken.' Some Filipina brides fail to meet the expectations of their husbands and in-laws and can easily be alienated from them. The harsh working conditions, coupled with an unfamiliar culture is enough pressure for the Filipina to

rethink her status and come flying back to the Philippines. In a way, her story is repeated all over the world and some of her countrywomen in Europe have the same sad stories.

V. THE FILIPINA AS SERVICE WORKER IN EUROPE

One of the earliest destinations of Filipina migrant workers was Europe. While stricter migration laws have been imposed more recently, Filipinas still comprise a large number of service workers in different countries in the region.

In Spanish cities like Barcelona, Madrid and Gerona, having a Filipina housemaid has become a status symbol. According to the Philippine Embassy in Madrid, there are 35,000 Filipinos all over Spain, with only one percent working as professionals and the rest as maids. The salaries of the maids range from ₱2,500 to ₱3,500 a month. (Trinidad, 1985)

Meantime, in Italy, the Philippine Embassy in Rome reports that while there are 175,000 Filipinos in that country, only 75,000 have working permits. Most of these work as domestic helpers. According to Italian Embassy employees, around 10,000 to 12,000 tourist visas are granted every year, but working visas are rarely granted except to seamen who board on Italian ports.

Around 20,000 Filipinos are scattered throughout Manchester, Glasgow, Liverpool, Birmingham, London and other parts of Britain. Of these, 88% are women whose occupations range from domestic helpers, chambermaids, clerks and nurses. For many of them, the nature of their work allows little contact with others since they either live in isolation from other Filipinas (as domestic helpers) or they take on second jobs. This has led Burns (1984) to write that "the Filipino community is a hidden community. Little is known generally about the Filipinos and only those working in the hotel and catering industry would be aware that there are Filipinos here in quite large numbers."

The increase in the construction of hotels was sparked by the rising number of tourists to Britain. With the devaluation of the pound in 1967, Britain became a relatively cheap place to visit. The problem of lack of service-workers for these hotels came about because, despite the recession, many British women were not attracted to the prospect of being chambermaids, etc. While the Immigration Act of 1971 allowed only skilled employment, the shortage of labor for these hotels created exemptions, most important of which were the domestic helpers and chambermaids. Through a work-permit system where the employer rather than the worker is given a permit, Filipinas were able to work in Britain (Burns, 1984).

In 1981, around 400 Filipinos were threatened with deportation under the new Immigration and Nationality rules. They were accused of using false references or, in the case of the women, failure to declare that they had children before entering Britain.

In West Germany, the Statistische Bundesamt in Weisbaden reports that in 1984, there were around 12,985 Filipino nationals, with 10,077 women predominating over only 2,908 men. Salazar (1987) contends that this is an underestimation. He explains that "in reality, the total should now reach 30,000 at least, if one considered the fact that certain groups do not have to apply for a residence permit like the seamen, those Filipinos working in various embassies, families of diplomatic and consular employees, those attached to the American bases, and children below sixteen years; that illegals have increased over the last six years; that the rate of naturalization has likewise increased; and finally, that the children of German-Philippine marriages automatically take the German nationality."

Meanwhile, according to an article in the *Sunday Express*, most of the 11,000 Filipinos in Germany work as nurses, midwives, medical technologists and doctors. Around a third (or four thousand) are undocumented and for them to remain in the country, many opt to marry German men (August 21, 1983).

Unlike in other countries where Filipinos are concentrated in certain areas, Filipinos are dispersed across the Bundesrepublik, with some degree of concentration in Northrhine-Westphalia and in some cities like West Berlin, Hamburg, Frankfurt and Bonn. Occupational concentrations have also developed in certain areas. For instance, medical personnel are concentrated in hospital areas of a given city while sailors are in the port areas of Hamburg and Bremen. Personnel working for diplomats and their families or in embassies and consulates are more likely to be found in Bad Godesberg and Bonn. Wherever there are U.S. bases or facilities, there are bound to be Pinoys as servicemen or workers, both legal and illegal (Salazar, 1988). Compared to other European countries, it can also be said that Filipinos working in West Germany are engaged in a variety of occupations.

Salazar (1988) discussed the different phases of Filipino migration to West Germany. The first phase is the period before 1972. For many Filipinos, Germany is the land of Hitler and was not thought of in terms of economic opportunities. In the 1960s, if there was migration from the Philippines, it was to the United States. But at this time, German hospitals found themselves in need of medical and paramedical personnel. As the economy grew, the health of the population was increasingly looked into. New hospitals were built and old ones remodelled. This growth in infrastructure was not matched by the supply of health personnel. Very few Germans were attracted to this area, particularly in the fields of nursing and medical technology since more remunerative jobs were available elsewhere.

In 1962, a German priest in the Philippines thought of bringing back with him to Germany a group of ten nursing students. This was followed by smaller batches in the following years. Salazar notes that after finishing their contracts, the nurses either went to Canada or the United States, or stayed and married Europeans. Only a few would return to the Philippines. In 1965, bigger batches were supposed to have been recruited but nothing came of such talks as the Philippine ambassador thought that the nurses might not get good treatment. Nonetheless, the following year, Dr. Weisswange of Kreiskrankenhaus Bad Homburg personally recruited and brought back to Germany 70 hospital personnel. There followed a steady increase in the number of Filipina as well as Korean and Indian medical personnel, as they filled personnel vacancies in German hospitals (Salazar, 1987).

The second phase of Filipino migration was between the years 1971-78, when bigger numbers of Filipino sailors and nurses came to work in Germany. Salazar notes that it was the "age of nurses and sailors, in fact: but it likewise saw the beginnings of the bride trade and of illegals or tourists." As for the Filipino medical and hospital personnel, many would now decide to get married to their boyfriends or get their husbands to come to Germany. At this point, the Asian nurses in Germany had gained the nickname 'lotusblumchen' or Lotus Flower.

The third phase of Filipino migration to Germany was from 1979 to 1986 and was one of "crisis and decision." At this time, there was continuing economic and political crisis in the Philippines, and the German government imposed tighter immigration measures as their own economic crisis necessitated the hiring of less foreigners and more Germans. Initially dubbed as guest workers, migrant workers were now called foreigners. From *Gastarbeiter,* they were now *Auslander.*

As immigration had been stopped, Filipinos had to find other ways to continue their stay. Concretely, this meant: 1) continued increase of illegals, and 2) intensification of the bride trade. Since the new brides immediately sought employment upon reaching Germany, the "bride trade" was merely a new form of labor migration. The latter was only one of the means of circumventing the immigration ban. The oldtimers legally took advantage of the "family reunification policy" and resorted to getting their brothers, sisters and relatives to come to Germany and stay and work there illegally.

In the beginning, many Filipinos thought of Germany as a "jumping board" or a "way station" to the U.S. or Canada. This was true not only of nurses and medical technicians but of all sorts of Filipinos who came to Germany. This belief was bolstered by the fact that it was not necessary to secure a visa in Germany. While a number were able to successfuly migrate to the U.S. either on their own or by marrying Americans stationed in U.S. bases in Germany, many

who harbored dreams of moving to America have come to consider Germany as their second homeland and have forgotten their aspirations to live in the United States.

As with other migrant workers, the economic motivation is to send money back home so that it is necessary to earn as much and as quickly as possible. This is particularly so for the brides who, after getting their residence permits, usually set about to look for a job in order to be able to remit money to their families. They thus behave exactly like the earlier migrants, which shows, among other indicators, that the "bride trade" is, in fact, a continuation of labor migration through a different route.

As with other migrant workers, the economic motivation to remit to families left behind is the main motivation of migrant workers or Filipina brides in Germany. Salazar notes a facet of the economic motive which is "magpundar" – to build the future for the immediate family. This is true for those who intend to return, for whom there is a strong drive to invest their hard-earned money in land, either for construction of a family house or for rice cultivation and in some businesses like sari-sari stores, jeeps, auto repair shops, apartments and the like. The properties are usually left with the parents, husbands, siblings or relatives – which, however, can create complications for many.

Surviving in Germany, however, is not only achieved through regular jobs. Some are inclined or forced into the recruitment trade, i.e., the business of getting Filipinos to enter Germany on the promise of jobs or German husbands or, in a few cases, German wives. Salazar observes that "a certain connection exists between recruitment and the *'kuha'* system. The *'kuha'* applies to both relatives and friends. Established Pinoys were the first to engage in this preoccupation although more fearful of the consequences than the illegals and brides, who have also begun their own profitable network. The *'kuha'* has been in existence since the outset of Filipino migration to Germany. In the beginning, it was more facile to get one's kin because jobs were easier to obtain. Now, the one recruited is either sent to Switzerland, Austria, Norway, Italy, Spain or some other land in Europe or he/she becomes an illegal or a bride who then spins off another series of *'kuha'*. *'Kuha'*, therefore, is a form of de facto recruitment."

Today, recruitment has become a lucrative business and the drive to sell Germany as another 'haven' has been participated in by amateur and professional recruiters. Even with the passing of restrictive legislation in the middle of the 1970s which made recruitment an illegal business in Germany, Filipinos still dare to smuggle in Filipinos and continue to be suppliers of illegal workers not only to Germany, but to other countries as well. Compared to the workers, the recruitment of brides is more or less legal, the latter being handled more by German nationals. Recently, the arrest of a gang in Frankfurt showed that local Filipinos are increasingly involved in the trade of Filipinas.

On the non-economic side, the drive of Filipinos to bring their families to Germany is also explained by Salazar. He notes that "we are a people less attached to places than we are to familiar human beings, i.e., we are more attached to kins, kindred and friends than we are to where we might happen to live. The frequent reason for going abroad is thus, in our times, to work for one's immediate and extended family or to follow in the wake of relatives and friends wherever they might have established a new network of relations among relatives, friends, and friends' friends. The concepts of *kamag-anakan* (clan), *sakop* or *tauhan* (retainers) have thus remained fundamental – at least till now – than that of the lupang tinubuan (native land) in the socio-cultural consciousness of the Filipino from whatever ethnic source he might originally have come from. Our historical consciousness, indeed, is that of people constantly on the move across the land and beyond."

If this is the case, then does this mean that we will be seeing droves of Filipinas fleeing to other parts of the world and permanently settling down wherever the chance of bringing their families to a better environment is given? Can this be reinterpreted to mean that for us Filipinos, our families will always be the primary consideration, with feelings of nationalism and serving the country taking a back seat?

Many studies have demonstrated that the 'socially undesirable jobs' (heavy, dirty, monotonous, with irregular working hours) are filled by immigrants (Burns, 1984). Filipinos are becoming renowned for such work, whether as construction workers in the Middle East or as domestic helpers or nurses in Europe and other parts of the world. Many of them are ready to sacrifice dignity and endure alienation in exchange for a more secure future.

VI. THE LAND OF MILK AND HONEY AND THE FILIPINOS

The links of the Philippines to the United States of America as a former colonial master have not only shaped the country's macroeconomic and political realities but also decision-making at the individual or family level. The United States remains our first choice, given the chance to immigrate. With a colonial education, oriented primarily towards the U.S., many Filipino families pine for the land of opportunity, inspired by stories of countrymen in the early 1920s and the 1970's.

For many Filipinos, the opportunity to go to America comes with an American husband (whom one has met at the bases) or a Filipino husband who left ahead to work or to join other members of his family. In the past, the trend was for women to join their men in the United States. All this is changing now with the increasing demand for nurses in the U.S. As the work of nurses involves stereotyped roles for women, it is not surprising that majority of nursing graduates are women.

With a growing demand for health care, the need for medical personnel is also increasing in the United States. A survey revealed that vacant positions for registered nurses in U.S. hospitals have doubled since 1985. In 1987, the Philippines had deployed 25,940 nurses all over the world and the United States ranked second (next to the Middle East) with new hires of 1,607 and rehires of 1,292.

Already, fewer Americans are going into this field because of the demands of the profession. Also, with the AIDS scare, it is said that more and more Americans are shying away from the medical field. The incentives, on the other hand, for the prospective migrant can be so overwhelming that the prospect of contracting AIDS can simply be overlooked. Examination of an ad will demonstrate the attractive proposition that is being put across to our nurses:

> The package of benefits has never been this good. Consider these benefits when you work at the Wyckoff Heights Hospital – a 312-bed teaching hospital located on the borderline of Queens and Brooklyn, where a lot of Filipino nurses are already working.
>
> 1. Weekly paycheck, $30,600 annually (BSN graduates), shift differentials of $3,000 for evening and night. Hospital and nurses' union are now in the midst of negotiations for substantial increases in salaries effective 1990.
> 2. Opportunities to work on per diem rates during off days at $28 per hour.
> 3. 7 hours per day or 36 hours per week, with guaranteed off day every other weekend.
> 4. Flexible time and alternate work schedule program.
> 5. Overtime work in excess of seven hours a day paid at time and a half rate.
> 6. 16 paid sick days, if unused, will still allow a nurse to potentially receive additional 3 weeks pay.
> 7. 5 days paid leave time for marriage and bereavement.
> 8. Extensive health benefits paid in full by hospital.
> 9. Additional pay for work experience.

Nurses hired for this hospital will receive $500 before departure, one-month free housing, 3 sets of uniforms and two pairs of shoes plus all expenses paid for the job placement and airfare. There is absolutely nothing to pay at all. If the economic returns are not incentive enough, the possibility of becoming immigrants might have a stronger drawing power for others. With the filing of a US house resolution that seeks to amend the Immigration Act, Filipino nurses may be granted immigrant status.

Side by side with the attractive possibilites of working in America is the low pay of health personnel in the Philippines, whether at private or public hospitals. Nurses working in provincial hospitals receive less than a thousand pesos. It is not surprising, therefore, to discover that Filipino overseas nurses now outnumber those working in the Philippines. Official statistics showed that 90,000 Filipino nurses are working abroad while only 70,000 are working in the country. This has resulted in a critical shortage of nurses. Dr. Alejandro de Leon, assistant undersecretary of the DOH, told a Senate hearing that there is an 11% vacancy rate for nurses in the DOH. On the other hand, the Philippine Nurses Association (PNA) president testified that at both public and private hospitals, the vacancy rate is 6%. She also said that at the end of 1988, 127,000 out of 160,000 licensed nurses went overseas, leaving approximately 33,000 nurses in the country. To work in the almost 2,000 Philippine private and public hospitals (with 99,649 bed capacity), 37,500 nurses are needed (*Globe*, Aug. 18, 1989).

Aside from the cost of neglecting health care, what are the problems related to the massive outflow of our nurses? In her talk on Care-Management in a multi-cultural setting, Velasquez observed that "most Filipino nurses who are sent to work in U.S. hospitals are not properly oriented, failing to realize that the U.S. is composed of multiple interacting cultures and the health care providers need to accept cultures of other individuals." Those who work abroad for the first time experience a great deal of culture shock when dealing with their superiors, fellow nurses and even their patients. Among the symptoms of culture shock are irritability, depression, shortness of attention span, frustration, aggression, avoidance of conflict, paranoia and susceptibility to fatigue.

She recalled that one's language and mannerisms could be easily misinterpreted. When Filipina nurses use Tagalog in their work, this is mistaken as a sign of cliqueness, hostility and inability to speak English well. Such behavior actually signifies loneliness, fatigue, crises and forgetfulness. Velasquez also advises prospective nurses to look at all sides first before signing their employment contract. Attracted by the $25,000 salary and the opportunity to earn green bucks, some women fail to look closely at the details. The possibilities of having to work from 16 to 24 hours in the US, of having to pay large amounts in taxes (30% of their salary), of being meeting assigned to the remotest part of the country and co-workers and superiors who often

deal with foreign workers with contempt and jealousy have to be considered (*UP Newsletter*, 1989).

More recently, Canada has become one of the first choices of migrating Filipinos. Its more liberal immigration policies may be contributory to this. The immigration policy of Canada has undergone many changes through time. The present Immigration Act which was implemented in 1978 is said to be more structured and equitable than previous Acts. Today, the Canadian government's policy is non-discriminatory and has no restrictions based on color, creed or race. It is governed by the principles of family reunion, humanitarian concern for refugees and promotion of Canada's social, economic, demographic and cultural goals (Employment and Immigration Canada, 1987).

In contrast to the family or relative-assisted immigration, the category of independent migration is exclusively based on the point system. In 1985, the Philippines was third highest in terms of independent immigrants. This was a jump from its position in 1980 when it ranked only sixth (Employment and Immigration Canada, 1987).

Landed immigrants are persons who have received "lawful permission to come into Canada to establish permanent residence." In 1986, there were 4,102 landed immigrants whose country of last permanent residence was the Philippines. Of these, 2,456 or 60% were females. As to the immigration class, 2,723 or 66% belonged to the family category. Nine hundred three or 22% were classified as independents while 288 (7%) belonged to the entrepreneur group. In terms of intended occupations, 697 or seventeen percent indicated service-related jobs while 205 or five percent were in clerical and related personnel administrative work.

Immigration statistics likewise show that the entry of Filipinos began to rise in 1986. In 1980, there were 6,051 landed immigrants from the Philippines, declining continuously to 5,859 in 1981, 5,062 in 1982, 4,454 in 1983, 3,748 in 1984, and 3,076 in 1985 (Employment and Immigration Canada, 1988).

In November 1981, the policy on foreign domestic workers came into effect. The following table reveals that the Philippines has been the number one provider of domestic helpers to Canada from 1984 to 1986.

TABLE 3

Foreign Domestic Workers: Top Ten Countries of Last Permanent Residence by Calendar Year, 1984-86

	1984	1985	1986
Philippines	877	787	630
Jamaica	408	358	598
England	289	318	190
Guyana	159	121	140
Ethiopia	71	99	80
Portugal	64	66	78
El Salvador	35	56	68
Scotland	35	57	55
Barbados	34	51	49
Grenada	20	54	47
Others	711	673	678
Grand Total	**2,713**	**2,640**	**2,613**

Source: Immigration Statistics, Employment and Immigration Canada, 1988.

At the level of the Philippine government, some officials are quick to point at the possible opportunities for Filipinos. Assistant Foreign Affairs Secretary for International Labor Affairs Israel Bocobo, for instance, pointed to the open labor market for domestics and nurses in Canada up to 1995. He cited two favorable conditions for employment: 1) lenient immigration rules, and 2) coverage of foreign workers in the country by Canadian labor laws. Furthermore, he adds that after two years, foreign workers can become immigrants if they meet the requirements.

For domestics, an occupation which has the highest demand here, the selection criteria include: a) a year's experience and a certificate or proof of training. One must also have relatives or a friend who can act as a sponsor, and b) pass the medical examination. There are presently 15,000 Filipinos with domestic status in Canada who are waiting for the two-year residency requirement for immigration. Four thousand applications for domestic help are

pending in the Canadian Embassy. In terms of remuneration, the minimum wage for domestics in Canada is at par with the U.S., which pays domestics a minimum of $250 a week. It is also projected that aside from domestics and nurses, Canada will also need 1,844,500 workers from now until 1995.

But the stay of many Filipinas in Canada has not always been smooth. Canada has been deporting Filipino domestic helpers found to have falsified their marital status. The Philippine consulate reported that there has been a spate of deportations of those whose marital status has been verified as married. Consistent with the family reunion framework, Canadian authorities have generally frowned on long separations from husbands. According to the Philippine Consulate the bulk of the deported Filipinas were recruited from Singapore, Hongkong and the Middle East. They had in fact been married but they passed themselves off as single or unmarried when they entered Canada, unaware that the separation of Filipino women from their husbands, if discovered, is ground for deportation (*Evening Star,* July 28, 1989).

VII. THE FILIPINA AS SHE CONFRONTS THE MIDDLE EAST

The last fifteen years saw a tremendous increase in the outflow of Filipino construction workers to the Middle East. In the early 1970s, as the strength of the Organization of Petroleum Exporting Countries (OPEC) grew *vis-à-vis* First World countries, it was able to dictate the price of oil, and this meant millions of petrodollars in revenue. As a result, countries in the Middle East undertook a development strategy, no different from First World models, which entailed heavy infrastructure.

With very small populations, these countries initially had to import labor from neighboring capital-poor but labor-rich countries to work on highways and buildings. This was not sufficient so male workers from the Indian sub-continent were recruited. The proximity of their countries allowed the Indians, Bangladeshis and Pakistanis to bring their families to the Middle East. The result was a growing expatriate community which eventually became a threat to their host countries.

With these problems, the oil-rich countries set their sights on Southeast Asian nations like the Philippines as a source of labor. At that point in time, the Philippines was experiencing an economic crisis which meant, among other things, a high unemployment rate and a foreign exchange deficit. This conjuncture of events made possible the massive outflow of male construction workers to the different Middle East countries. Through the years, the demand has grown and in fact, remittances from the workers have been one of the more important sources of dollar revenues.

The numbers are staggering, as POEA statistics will show. In 1974, 30,000 workers were deployed. In 1988, this had risen to a total of 471,030 contracts processed. Eighty-two percent (385,117) of these were land-based workers who were mostly deployed in the Middle East. For the last thirteen years (1975-88), the Kingdom of Saudi Arabia has consistently remained the top employer of overseas Filipino contract workers.

In terms of economic returns, from a meager $1.054M in 1974, remittances went up to $856.81M in 1988. If one were to sum up the remittances since the overseas work program began, POEA claims that it could run to as high as $7.286B by 1988. This, in fact, is an underestimation as government is unable to include in its statistics remittances that are sent through informal channels.

As buildings (like hospitals and hotels) and highways were completed, demand for construction workers and heavy equipment operators slackened. The phenomenon of Saudization where Saudi nationals are preferred over expatriates is slowly affecting the recruitment of male foreigners. This has resulted in a shift of demand from construction-related workers to maintenance personnel like engineers and chambermaids and health personnel like doctors and nurses. Households have also experienced a rise in income and are, therefore, able to hire domestic helpers and in some cases, even their own dressmakers.

Nurses, chambermaids, domestic helpers and dressmakers are stereotype occupations for women so, together with the shift in the demand, is a change in the sex composition of overseas workers to the Middle East. More and more Filipinas are now leaving to fill up these openings. Furthermore, in terms of place of destination, the Middle East remains the number one place even for females. POEA statistics confirm this phenomenon. As of the first quarter of 1987, 47% or a total of 20,270 female workers were deployed to the region (Table 4).

TABLE 4

Number and Percentage of Legitimate Female Workers Deployed (As of the 1st Quarter of 1987)

Region	Numbers	Percent
Middle East	20,270	47
Asia	19,624	46
Europe/America	2,394	6
Africa/Oceania	421	1
Total	**42,709**	**100**

Source: POEA Report.

Aside from the magnitude of the outflow of women to the Middle East and the corresponding dollar remittances, what is probably well-known are the abuses of Filipinas in these countries. Newspapers and tabloids never fail to cover the plight of Filipinas who come home physically bruised and emotionally scarred.

In September 6, 1989, for example, the *Inquirer* reported that the Department of Labor and Employment was working for the immediate repatriation of 20 Filipinas who were beaten up, raped and held captive by their employer in a clinic in Saudi Arabia. Five of these were nurses.

Two months earlier, the *Daily Globe* described the fate of two Filipina maids who were beaten up by children of the Dubai royalty. The guards saw them reading a prayerbook inside their room and were beaten when summoned by the children. Upon arrival in the Philippines, they had multiple contusions all over their bodies, particularly the arms, buttocks and thighs (July 15, 1989).

A well-publicized story was that of four Filipinas working as domestic helpers in Kuwait in May of 1987. They shared the same experience of being impregnated by their employers but were refused admission to the hospitals as they could not provide marriage certificates. While they could be admitted to the hospital, it was possible that they would not be released until they showed their marriage contracts. Some have gotten around this rule by getting hold of fake marriage contracts which can cost them $500. On the other hand, they could not be sent home as their employers had their passports. Philippine Ambassador to Kuwait, Alunan Glang, stated that they have repatriated around 30 Filipinas who were raped by their employers (Pastor, 1987).

A government report in fact points out that "the belief is that 9 out of 10 Filipino DH (domestic helper) are liable to experience rape attempts. Although this matter is not properly backed by evidence, the Philippine government nonetheless must not totally discount the possibility that such reports are true, since quite a number of human rights violations committed against Filipino domestic servants are unreported to the proper authority for fear of reprisals" (Cited in Francisco, 1987 from Market Research Group, POEA, May 1987).

The stories of these Filipinas are consistent with the number of complaints POEA received from overseas workers. Table 5 shows that Kuwait has the highest number of complaints. Among these, physical abuse was number one followed by poor accommodations. Other complaints were non-payment of salary, verbal abuse, inadequate salary, and excessive workloads.

TABLE 5

POEA Statistical Report of Complaints of Filipina Contract Workers (1986)

Country	No. of Complaints
Kuwait	281
KSA	68
UAE	46
Malaysia	52
Singapore	12
Lebanon	5
Hongkong	2
Egypt	2
Italy	4
Japan	2
Libya	2

The POEA explains the nature of the problems faced by domestics in the Middle East. "The main labor problems in Kuwait arise from Filipino domestics who arrive in batches in the country without any employer and it is the Arab middleman or broker who assigns them to various households. Contract substitution involving reduction in salary from $200 to $100-$130/monthly is rampant. It is difficult to determine the sending agency in Manila as the contracts given to the domestics do not bear the name of the agency" (Manpower Exchange, 1985).

One other problem that has not been thoroughly studied is the extreme cultural diversity in the region. Filipinas who leave to work in the Middle East enter a society entirely different from their own. Men and women in these countries are also in a quandary as to how to deal with Filipinas who do not exactly fit their mold of womanhood.

Filipino construction workers, heavy equipment operators and engineers work and live with other expatriate workers in enclaves which can be quite isolated from the rest of the population. The nature of their work and expectations of Filipinas are radically different. They live in households together with Middle East families and the confrontation of their diverse cultures on a day-to-day basis can result in complex problems.

Former POEA Administrator Patricia Sto. Tomas explains how cultural differences play a large part in many complaints. She points out that "the Middle East is essentially a fundamentalist society." Women there are not meant to be visible. When they appear in public, they are fully covered and wear loose clothes. Then here comes the Filipino domestic helper who wears tight jeans as she works and wants to wander around with friends on her days off. It is easy to see why the woman of the house would not be above thinking that her maid is after her husband. These are nuances we have difficulties teaching those going abroad. A domestic whose Middle Eastern master attempted to rape her received little sympathy from her female boss. The latter told her, "If you were not a bad woman in the first place, you would not come here alone to work."

Francisco (1987) elucidates on the persistence of Islamic conservatism and its implications on the role and status of women in the Middle East. The veiling of women and their seclusion are part of the Islamic way of life which non-Muslims might find difficult to deal with.

Several steps have been taken of to counter untoward events as a result of these differences. Filipina domestics have gone to the extent of wearing the black "abaya" or veil, which reveals only the eyes, in order to ward off their employers' sexual attention. Recruiters have shown preference for Muslim applicants here in the Philippines, as some employers have complained that their domestics have been teaching their children the Catholic doctrine.

The drive to earn more so that their families can have better lives is the primary reason women leave their families. In most cases, this is enough for them to disregard the sad stories of other Filipinas who have been abused, battered and raped in the Middle East. With only the economic benefits in mind, they have gone and come unprepared to confront an entirely different culture.

Salina Pineda's story elucidates the hardships (whether it be physical abuse or mental torture) Filipinas have had to endure in their search for the pot of gold. Eight months after working in Jeddah, Saudi Arabia, she wrote her parents, "Nais ko nang umuwi Inay, Itay. Hindi na ako makatiis. Ano ang gagawin ko sa pera kung mababaliw naman ako?" (I want to go home. I can no longer take it. What's the use of having money if I go crazy in the process?). Working as a domestic helper in Saudi, she was assigned to clean four living rooms, two kitchens, four bathrooms, three bedrooms and one dining room. She had little time for rest as she starts cleaning the mansion at 5:30 in the morning and finishes at 1:30 the next morning. In between cleaning, she took care of the children of her employer and sometimes the children of the relatives of her employer. Aside from the heavy workload, she suffered from the inhuman treatment. As she relates in her letter, "Masyadong mabagsik si Madam...kaya ko namang

magtrabaho nang magtrabaho pero hindi ko kaya ang ako'y laging saktan. Kaaawaan ninyo ako kapag nakita ninyo ang mga galos ko. Nangangamba ako na isang gabi ay mabaliw ako" (Madam is so cruel. I can work hard but I cannot take the maltreatment. You will take pity on me if you see my scars. I fear that one night I will just go crazy). When she came home months later, the scars she had were enough to tell her story. She is therefore in favor of the ban on sending domestic helpers to the Middle East, and says, "Walang sinuman ang dapat magtrabahong katulong sa Saudi. Hindi sa Saudi!" (Nobody should be working as a domestic helper in Saudi. Not in Saudi!) She added that "Maari pa kung sa Australia. Siguro ay makakahanap ako ng penpal roon" (Perhaps, in Australia. Maybe I can get myself a penpal). This was understandable as Salina's older sister had an Australian penpal who promised marriage. When the Australian arrived, Salina joked, "Mayroon nang asawa at lolo ang kapatid ko" (Now my sister has a husband and grandfather at the same time) (Bodegon, 1987).

VIII. FILIPINA BRIDE: A PRIZED CATCH

While the names "Cherry Blossoms," "Lotus Blossoms" and "Island Blossoms" can easily be associated with colorful flowers, these are actually the titles of the catalogs which feature Filipinas interested in contracting marriages with foreigners.

For many years, throughout the world pen-pal columns were used by women and men to reach out and make friends. Little information was provided then – only the name, address, age, hobbies and sometimes an accompanying picture. One hardly expected to gain a marriage partner. It was sufficient to meet a new friend and learn about her/his country or place. Today, in the Philippines and other Third World countries, the idea of a pen-pal conjures an entirely different image.

Many Filipinas, mostly middle-aged, now rely on these wanted-friends/wife ads to meet their future husbands. While better economic opportunities are the main consideration for many women, the prospect of living abroad and being married to a white man are other reasons why Filipinas find it worthwhile to advertise in pen-pal columns or catalogs.

Table 6 shows the number of women who left as fiancees for the years 1986 and 1987. While not all these women met their future husbands through the mail, it gives an idea of the number of women whose records do not indicate that they are leaving to marry. As in the case of overseas workers, this is an underestimation because many do not cite their real reasons for leaving, marriage being one of them.

TABLE 6

Distribution of Filipina Fiancee Visa Holders by Country of Destination (1986-87)

Country	1986		1987	
	Number	%	Number	%
United States	610	56.4	1060	50.2
Australia	422	39.4	847	40.1
Canada	21	1.9	119	5.6
Others	29	2.7	87	4.1
Total	1082	100%	2113	100%

Source: From Commission on Filipino Overseas (CFO) Report 1988.

The table supports the belief that the United States is the number one preference for these women. Of course, the presence of US bases in the country facilitates the meeting of American men and Filipinas. On top of this, studies have shown that many of these marriages have been contracted through the mail-order system. Usually run from a post-office box, a number of them were started by couples who met through the mails.

In the United States alone, there are an estimated 100 mail-order bride companies (out of more than a thousand agencies in Europe, Australia and Canada) which rely on advertising for husband/wife hunting. There are no accurate statistics on the exact number but it is said that around 6,000 mail-order marriages take place in the US every year. Half of these marriages are contracted with Asians, compared with only a few hundred annually in the 1970s.

Rainbow Ridge is an example of a mail-order company. Owned by John Boussard, this company makes money through subscription fees. The Hawaii-based agency advertises in magazines. Subscription fees range from $5 to $10 for an initial publication. Current and back issues may be available for $300 – depending upon a variety of plans in which the subscriber may even be offered first crack at a designated number of women. The men also get their preferences listed in the services' register and their names placed in newspaper ads throughout the Far East. Once a man has sent his subscription fee, the company's catalogue featuring

women in up to 48 pages of photographs is mailed to him. There is even a specialization among these mail-order catalogs. For instance, the "Island Blossoms" catalog features Filipinas while "Cherry Blossoms" shows other Asian women. "Feminia" on the other hand, presents Caucasian females from Poland, Australia and New Zealand (Kirch, 1986).

Agencies have devised creative ways to be competitive. One company, for example, features video-tape interviews with the women. Others highlight the submissive nature of women from the 'exotic east.' The returns can be overwhelming as the experience of Rainbow Ridge shows. Starting with no capital at all, the company now grosses about $500,000 from subscription fees alone. Its owner, a former Sociology professor, explains that business is booming for the following reasons:

1) economic – women from poor countries saw marriage to an American as the possible ticket to a better life;

2) gentlemanly reputation – many mail order bride candidates had heard that American men treated women with more courtesy and respect than they were used to at home;

3) bachelor gap – many men born during the post-war baby boom want to marry women five to ten years younger and have trouble finding American mates. They are looking abroad; and

4) anti-feminism - the mail-order business has been stoked by a backlash against women's liberation. There is a feeling among a few men that American women are aggressive and selfish (*Manila Standard*, 1987).

A survey of male subscribers to the Rainbow Ridge was conducted by Davor Jedlickà, a professor of Sociology at the University of Texas in 1983. Sending questionnaires to 603 clients, only 44% responded. On the average, the client was 37 years old. The men had a relatively high educational background with only five not completing high school and more than half finishing two or more years of college. Most of them had been divorced at least once. Jelicka explains that they had been psychologically burned and wanted to make sure that this does not happen again. The respondents saw the women's liberation movement as the cause of their problems. They wanted to marry Asian women because these women were considered family-centered, undemanding, and untouched by women's liberation (Belkin, 1986).

European-based agencies also use the same line of advertising -- capitalizing on the renowned 'softness' of Asians. In Norway, Philnor, a mail-order bride agency, supplies Norwegian males with "small, beautiful, kind and mild" Filipino women. It is said that PHILNOR is the biggest of the three clubs that trade in Asian women (two deal mostly with Filipinos, one with Thais). On a regular basis, it arranges trips to the Philippines for

Norwegians who want to marry Filipinas. At least twice a year, Philnor arranges a party in Cebu City where such meetings are possible *(Women's Update*, Nov. 1985).

Claiming that Filipino women are small exotic dolls, these agencies describe Filipinas as "so small, you would say, they are just like dolls." They have also likened the women to travel pigeons who have no problems about leaving the family (Maglipon, 1985).

A sample of the catalog entry is as follows "Congratulations! You have taken the first step towards discovering an eternal treasure. For many discerning men, there can be no other choice than a Lady of the Orient. These women possess wit, charm, and grace unmatched anywhere in the world. They are faithful and devoted to their husbands...when it comes to sex, they are not demonstrative; however they are uninhibited and believe sex is healthy. She wakes up in the morning with a smile on her face, and she does wake up in the morning" (Kirch, 1986).

Aside from describing the women, these agencies also provide tips on 'assessing' and 'wooing' women. For instance, "Cherry Blossoms" offers, at discount rates, less photogenic women. It also warns the men of "rotten apples," *i.e.*, women who use their letters to solicit "samples of foreign currency" for their private collections or ask for donations for typhoon relief (Kirch, 1986).

A handbook entitled "How to Write to Oriental Ladies" includes tips ranging from how to get the correspondence going to advice on immigration procedures and a glossary of important phrases in Thai or Tagalog, to keep the writing or conversation going.

While emphasizing that Asian women are not choosy, their booklets also give advice on how to soften or conceal potential blemishes - such as being black, disabled or divorced. On the other hand, so much information is extracted from the women (from stints of prostitution to membership in communist organizations, their attitudes towards pre-marital sex and abortion). In the process, men get to know so much of the women while the latter know so little of their future husbands (Kirch, 1986).

In the Philippines, one can also notice a corresponding increase in advertisements for pen-pals. According to a study conducted by professors from the University of the Philippines – "The Mail-order Business: a Reconsideration of the Filipino Image," the increase in personal ads placed in a leading Manila daily over a four-year period was tremendous. Starting with 16.85 ads per day in 1982, the number has grown to 45.48 ads per day in 1985. The leading advertisers were Americans and Canadians, followed by Germans, other Europeans and Asians. The study also reveals that a number of the men were professionals and rather well-off (Samonte and Carlota, 1986).

Aside from North American and European men, Australians also compose a large bulk of men looking for brides through the mails. Compared to other countries, the phenomenon of marriages between Australian men and Filipina women has been the most studied. Cooke's research, for instance, (1986) sought to "provide a structural explanation of the phenomenon of Australian-Filipino marriages by attempting to link individual reasons for marrying to the economic and social conditions prevailing in both societies."

The Cooke study, which involved 155 women and 30 men, points out that contrary to the common notion that most Filipinas in Australia are mail-order brides, only 30% use the formal mail-order system. More women met their future husbands through the informal network of friends and relatives.

Although the common view is that Filipino women marry for economic reasons, Cooke explains that this should be qualified. While it is true that many Filipinas marry Australians to improve their economic standing, she points out that they also do so in the hope that their husbands will take care of them and their families. The declining eligibility of the women (in terms of age and occupation) as far as Filipino men are concerned, makes marriage to Australians an alternative option. She also writes that "the decision to marry Australians is a popular option since there is a tendency to perceive them as loyal and honest." On the other hand, Filipino men are perceived to be "good lovers but poor providers."

In her study, majority of the men are above 35 years old. Forty six percent are divorced. Cooke accounts for their declining eligibility in Australia in terms of the " imbalance in the sex ratio which makes it hard for some men to find female partners and the developments in Australian society following the post World War II economic boom that culminated in greater independence among women (with improved education and increased labor force participation), a more egalitarian attitude in marriage, a loss of the motherhood mystique and greater individualism which provides women (and men) with more alternatives to choose from." In her review of the literature, Cooke cites the alleged tendency of Australian men who marry Filipinas to perceive them as their docile pets.

Cooke also explains her predicament in ascertaining the magnitude of the mail-order phenomenon. "The exact number of these mail-order brides is difficult to gauge for reasons of confidentiality and the way records are kept in the country, i.e., marriage records do not account for unions made outside Australia." She notes an increase in the number of Filipinas marrying Australians, where there were 700 in 1976 compared to 4,709 brides in 1981. *Malaya* reports that for the 1986-87 financial year, Australia took in 6,431 Filipino settlers while 8,119 have arrived in the first nine months of the fiscal year of 1987-88 (*Malaya*, 1988).

Cooke also outlines the different issues raised both in Australia and the Philippines: 1) the manner in which the 'mail-order' system came about, 2) the type of women and men involved, 3) reasons underlying decisions for such unions and 4) reports of alleged unhappy experiences of a large number of men and women after marriage.

Citing Wall, Cooke enumerates the factors that contributed to the mail-order system: a) economic difficulties; b) the marriage market boom in Australia ; c) changing social attitudes related to ideologies about women; and d) the complementary relationship between the sex ratio in both countries.

A typical Filipino bride leaving for Australia is a 30 year-old professional or clerical worker with 11.4 years of formal education and single. On the other hand, the Australian man she marries is usually a 44 year-old skilled, semi-skilled or unskilled worker who is divorced.

Sample ads from newspapers and catalogs are as follows:

> "Australian Businessman, 47, now in Manila, healthy, slim, no vices, would like to meet a sincere, loving, affectionate, marriage-minded, one-man woman, with good character. Please send self description and photo to Box 220 Main '84 c/o *Bulletin Today*."

> "6814 is from CC, 30 years old, 5'2, 100 lbs., 32-23-34, an employee, is frank, quiet, with good moral character. Hobbies include strumming guitar, singing, reading, collecting foreign dolls and writing. Looking for a man who is humble, sincere, caring, has a stable job, marriage-minded.

A more controversial study is one entitled "Pastoral Care of the Filipinos," which was done by a Catholic priest and covered 15,000 persons. It described the severe physical and emotional abuse of brides in Queensland. According to the study, domestic violence stems mostly from the husband's alcoholism. Meanwhile, due to the traditional sense of family loyalty of the Filipino wife, she is hesitant to report violence unless she is inflicted with severe physical and emotional damage. The study explains that such violence also arises because of the image of the Filipina as subservient, an image that seems to attract men with authoritarian tendencies. In response to this study, Australian bishops urged the Church, particularly in Cebu, to discourage mail-order marriages. Cardinal Vidal himself ordered his priests not to officiate any marriage between Filipino women and visiting foreigners (*Malaya,* April 22, 1988). Among its recommendations is the careful screening of Australian men who apply for visas.

The findings of the above study done by the Church is consistent with those of a Federal government study of 40 Filipina brides in Melbourne. It shows that about half are unhappy in their marriages to Australian men and that a significant number have had their lives shattered

or severely limited. The study also found that the women tend to be better educated than their husbands. Material considerations "do seem to have a high priority in their decision to marry an Australian rather than a Filipino."

Among its recommendations are a) the development of a code of ethics for introduction agencies and pen-pals; b) improved information and counselling services both in the Philippines and Australia; and c) self-help groups for the brides.

Reacting to the concern of its consulate in Australia, the Philippine government required all Filipino women who are leaving to marry foreigners to undergo an orientation program before receiving a passport. Pre-marital counselling, as well as cultural and lifestyle information are part of this program (*Women in Asia Newsletter*, 1983).

The findings of a survey done by the Commission on Filipinos Overseas (CFO) on Mail-order brides are likewise consistent with those of previously mentioned studies. The objective of the study was to get first-hand information on the attitudes/expectations of wives or prospective brides. In terms of educational attainment, sixty-five percent of the women had some college education while twenty-four percent finished high school.

Twenty-six percent said they were marrying for love while twenty-four percent replied they wanted to improve their economic standing. Sixteen percent wanted to fulfill their desire to live in a different country, while twelve percent wished to acquire foreign citizenship to enable them to petition other family members. To earn in dollars (to send to their relatives) was the main reason for nine percent, while three percent said they wanted to be free from hard work and family pressure.

Majority of the women (63%) met their husbands through friends/relatives, while only sixteen percent met through pen-pal columns. Nine percent got to know each other through the marriage bureaus while seven percent met personally at school or at work.

The following were the reasons cited for the breakdown of 'mail-ordered' marriages: maltreatment by husbands, culture shock, communication problems, the desire of Filipino women to adhere to extended families, and incompatibility. Estimates of the CFO run to at least 10 percent of marriages between Filipinos and Australians ending in divorce.

Among the study's recommendations are: a) intensive study of Filipino women, their personality and values, as well as their present status and role in Filipino society as related to their motives in marrying foreigners; b) study of the foreigners in search of Filipino mates as to their attitudes, personality and conception of Filipino women; and c) follow-up of marriages to determine the outcome of such unions.

Most of the studies point to cultural differences but Wall (*Sydney Times*, 1986) is quick to point out that at the macro-level, the political economy of migration has to be addressed. She raises two questions: What impels people to allow themselves to be uprooted from their home countries? To what extent does the social structure transform human relationships into economic transactions?

Many consider marriage as a personal decision and this is the same line the Australian government takes when pressed on charges of exploitation of poor Filipino women. Moorhouse (First Secretary for Immigration of the Australian Embassy in Manila) said that "Filipinas made the personal decision to marry someone and when they come to Australia they have access to all services and rights that any other Australian resident had access to" (Doronila, 1987). This line of reasoning is a way of saying that in the long run, it's really up to the woman if she wants to marry. It fails to show that the decision and her options have in a way been predetermined by her position in society, by virtue of her gender and class background.

Nonetheless, the Australian embassy has its own pre-departure orientation seminar which features among others a video. Most of the video, however, is directed at the Filipino women, telling them to check their prospective husband's financial background and commitments, whether he will allow her to send money back home, possible differences in food preferences, the isolation of rural life, differing attitudes with regards to aged relatives and the possiblity that the Filipina wife-to-be may be viewed as a domestic helper rather than an equal partner. Critics have pointed out that while it might be well-intentioned, the paternalistic attitude towards women by the Australian men is very evident.

All told, the mail-order system, unlike the usual marriages, has further relegated women to the status of merchandise stacked in neat catalog rows, ready for picking (or buying). The question of whether it is any different from prostitution always crops up. Capp has observed that "some of these Filipinas are writing 60 to 70 guys in Norway, Switzerland, Japan, where answering letters becomes their job for the day. Yet where prostitution and underemployment loom, marriage to some febrile foreigner can be a means of remaining relatively unbought."

It is also important to note that in most cases, Asian women with their submissive upbringing are seen as replacements for North American, European and Australian women who are slowly reaping the gains of their respective women's movements. The famous axiom "None are free until all are free" is therefore most appropriate when analyzing the situation of women who leave the country either to marry or to work.

IX. THE FILIPINA AS THE ALL-AROUND MIGRANT

The preceding discussion tried to demonstrate that Filipinas are now found all over the world, accepting all kinds of jobs just to keep their families going. Many have sacrificed property, the company of their loved ones and even their dignity in exchange for the possibility of a better life. In the end, the question would always be, is it worth it?

Thousands of Filipino women leave to work as domestic helpers, entertainers, prostitutes, and nurses in different parts of Asia, Europe, North America and Africa. More often than not, the impact of the outflow of men and women has been measured in terms of dollars earned and numbers sent (as an indirect gauge of how it has stemmed unemployment). With more and more men and women leaving, the long-term effects of such export of skilled labor would have to be assessed. At the macro level, as teachers and nurses migrate in droves, who will take their places? How long will it take to train the same number who will serve the Filipino population? At the family level, what is the impact when the mother leaves? How different is the effect of a mother's migration from that of a father? Finally and perhaps more importantly, what kind of consciousness is bred when Filipinos are encouraged to leave for temporary employment in exchange for dollars? In other words, what are the non-economic costs of this massive outflow of skilled persons?

Perhaps to situate the problem one has to fully grasp the extent and magnitude of the outflow of Filipino women. The following are estimates from the Philippine embassies and consulates. At this point, it is important to note that these underestimate the real figures.

Table 7 shows that in 1987, there were around 191,000 female workers who left the country and who reported that they did so to work. If this were translated into foreign exchange earnings, this can mean a conservative estimate of $462.6 million annually.

TABLE 7

Destination, Number and Occupation of Filipina Overseas Workers (Some Estimates)

Country	Number	Occupation
Hongkong	30,000	mostly domestics
Singapore	16,000	mostly domestics
Japan	28,000	mostly entertainers
Italy	30,000	mostly domestics
Spain	10,000	mostly domestics
U.S.A.	7,000	mostly nurses
Middle East	70,000	domestics, nurses entertainers, service workers

Source: Briefing Paper, Cabinet Assistance System, July 29,1987.

Table 8 gives an idea of the range of salaries women receive when they work outside the Philippines. Only three categories of occupations were included to reflect the more important jobs Filipinas hold. The figures reveal that the salaries women obtain from working abroad can be many times higher than their salaries in the Philippines.

TABLE 8

Salary Scale By Destination and Occupation (in US$)

	Domestics	Entertainers	Nurses/Paramedics
Hongkong	US$ 250	US$ 411-1,378	
Singapore	125-185	500-1,901	
Japan	250	350-1,500	
Italy	200	350-1,000	
Spain	350		
USA	624	1,000-1,500	
Middle East	150-200	420	300-1,000
Greece		500-1,091	
Brunei, Sabah and Malaysia	175	500	400-600

An analysis of the 1987 POEA statistics showed that of the total 293,690 land-based contracts deployed from January to September, 45.84% (134,642) were women. In terms of occupational distribution, sixty percent of the women were found in the service sector while almost twenty-five percent were professional, technical and related workers. Of the service workers, 76.6% were domestic helpers while nurses made up 44% of the professional women deployed.

As far as permanent immigration is concerned, records from the 1981 to 1987 period demonstrate the predominance of female over male Filipino emigrants. Table 9 presents the distribution of registered Filipino emigrants by sex.

TABLE 9

Distribution of Registered Filipino Emigrants By Sex

Year	Male	%	Female	%	Total No.
1981	20,350	41.6	28,517	58.4	48,867
1982	21,752	40.3	32,201	59.7	53,953
1983	17,816	42.1	24,665	58.1	42,481
1984	16,970	41.1	24,581	59.1	41,551
1985	18,409	40.6	26,860	59.4	45,269
1986	20,408	41.4	28,930	58.6	49,338
1987	23,921	42.5	32,429	57.5	56,350
Total	139,626	41.3%	198,183	58.00%	337,809

Source: Commission on Filipino Overseas Report, 1988.

Table 10 presents a comparison of the destination of permanent emigrants and temporary contract workers. Majority of the migrants who leave the country permanently left for North America while a large forty percent of overseas workers went to the Middle East.

TABLE 10

Comparison of the Geographical Distribution of Permanent and Temporary Workers, 1976

Destination	Percent Distribution of Migrants	
	Permanent	Temporary
Africa	–	2.0
Asia	–	27.2
Europe	1.5	16.1
Middle East	–	39.6
Oceania (Australia, Papua New Guinea)	2.7	1.6
North America (U.S., Canada)	95.7	2.9
Trust Territories (Marianas, Gilbert, Solomon Isles)	–	10.7

Source: Mangahas, Ma. Alcestis, "An Evaluation of the Philippine Overseas Employment Promotion Policy," *Migration from the Philippines,* 1984.

As we try to take stock of the phenomenon of female migration, other countries are opening their doors to Filipino women and men. This makes monitoring harder, since we do not only have to catch up with a past but also with a rapidly changing world that attracts our people.

For instance, there are around 20,000 Filipinos working illegally as construction workers, domestics and as factory workers (in manufacturing) in Taiwan. Domestics can get ₱ 16,000 a month. While they are classfied as overstaying aliens, the Taiwanese government has chosen to look the other way. One reason for this is the increasing scarcity of labor needed for Taiwan's thriving industries (*Chronicle,* Sept. 3, 1989).

The story of over 300 Filipina dancers who were thrown out of Cyprus and held hostage by their managers hugged the news for a while. Using their passports as leverage, the managers forced the women to sell their bodies to live and pay their way out of Beirut. The women were told they were going to be dancers in Cyprus but were ousted when their temporary work permits expired. They were at the mercy of four or five Lebanese talent agencies that rented them out for $6 a night to some 30 bars in Beirut's Christian and Muslim communities (*Globe*, June,1989).

Finally, one hears of an agency formed to cater to war invalids in Jerusalem. The owner points out that the men can choose their wives or companions from a catalog of Thai and Filipino women. For a fee of $2,200 and a promise of support for the woman's family with a fixed monthly allowance, the war invalid can get married (MMT, Feb.1, 1984).

Indeed the continuous increase in the demand for Filipinos overseas, the feminization of most of the migrant workers and the rise of female workers engaged in vulnerable occupations have necessitated a closer and critical look at the outflow of women.

To understand the entry of women from the Third World into the industrialized nations, Morokvasic suggests the following framework: "The incorporation of migrant women into the labour force in Western industrialized countries has to be seen within the context of a post-crisis economy, progressive deindustrialization and dislocation of vertically concentrated, unionized factories and an increase of small production units which locate their network through informal networks - immigrant ethnic enclaves – where the unpaid work of women both as homeworkers and as household workers subsidizes the modern sector."

Because of their upbringing, women tend to gravitate toward occupations which are consistent with their assigned gender roles in society and, therefore, resemble their roles in the family.

Women from Third World countries, for whom local production and dissolving economic sectors do not offer any more opportunities, consist of the reserved-labor supply, which is at once the most vulnerable, the most flexible and, in the beginning, the least demanding work force.

What happens to women when they leave to work? This is where the contradictions of working women are seen sharply. On one hand, the stories reveal women experiencing discrimination, oppression and exploitation. On the other hand, they gain independence as they travel on their own and earn their income.

While working abroad can give women the chance to interact with other cultures, it can also be a stressful situation. When women are not working within the law, as when they carry expired work permits or fradulent papers, they feel insecure in the host country and are hesitant to give correct information, unsure of what could be used against them.

In summary, women no longer leave to join their spouses or their fathers but on their own are capable of migrating. Migration, whether local or international, is no longer male-dominated. There are indications that across the continents, women's labor is increasingly in demand, but is largely confined to stereotypical occupations with low wages.

The male-biased framework has to be discarded to make room for explanations which can account for the growing migration of women. When this has been done, the issue of migration of women will be more successfully integrated into policy discussions.

Some Recommendations:

1) A handbook of requirements for both employers and employees is imperative. This will inform them of their rights, duties and privileges. This booklet must include the fees charged by the recruitment agencies as well as by the government. The steps they have to undergo in applying for overseas work have to be stated clearly so they will not be conned by illegal recruiters. An updated list of legitimate recruitment agencies will also have to be enclosed.

2) A pre-departure orientation seminar (PDOS) that discusses in detail what the workers can expect once they reach their destination has to be implemented. It is suggested that Filipinas who have worked overseas be made part of a committee which will determine what is to be included in the seminar. The PDOS should be regularly evaluated and revised if necessary.

3) The government has to make representations in all countries where Filipinas are working, to explore the possibilities of signing bilateral agreements to protect our workers.

4) International standards in working conditions have to be set to amply protect Filipino workers. As the Philippines has one of the largest number of overseas workers, it should make representations with the ILO for the establishment of such standards.

5) Mechanisms for the implementation and monitoring of the standard employment contracts (SEC) should be put in place.

6) Government should seriously study whether it wants to continue with its recruitment and placement function or whether this should be delegated to private recruitment agencies so that government can be more effective in monitoring, supervising and running after the violators.

7) Based on Burns study, the migrants are asking for the following: abolition of double taxation, reduced passport fees, improvement in services at the embassy, and payment of their taxes to their own home towns. In this connection, one concrete suggestion would be to have regular dialogues with migrant workers and their organizations.

8) Gender-disaggregated data should be consciously collected. Gaps in the research on women overseas workers should be immediately addressed.

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THE FILIPINO ELDERLY: PROFILE AND POLICY IMPLICATIONS

Lita J. Domingo

I. INTRODUCTION

The Philippine government is committed to improving the welfare of the people and population-related policies are among the tools available to policy makers for this purpose. In general, these policies can be classified into two types: one type is "**population-responsive**" or policies that will ameliorate or overcome the effects of unprecedented increases in population size and density, high birth rates, and high population growth rates; and the other, is "**population-influencing**" policies which are aimed to bring about a reduction in fertility and mortality and in growth rates, or will beneficially influence internal migration (Revelle, et al., 1971; Ilchman *et al*, 1975).

At present, there is still a debate about the official position on the family planning component of the Philippine population program or, therefore, on whether or not the government should take a more active role in influencing population growth through fertility regulation. On the mortality and migration aspects of population growth, however, there are more defined government efforts with intended and unintended effects on demographic processes. We may cite policies on public health and nutrition that lower mortality and efforts at regionalization and decentralization that could influence spatial mobility as among those that could influence the demographic processes.

Policies concerning employment, food supply, building of cities and towns, and resource development can be classified among those designed to respond to existing or cumulating demand of the growing population. In a sense, therefore, given the breadth of their coverage, policies that involve the welfare of the people are population policies.

Different age groups have different kinds of demands upon the state – for health services of children and mothers, for various levels of public education, for employment opportunities for entrants into the labor force, for medical services and social security for the old. As such, information on population age structure serves as a major input to policy formulation. Past trends, current profile and future composition of the population provide basic guidelines and help define the magnitude and nature of services required by the different sectors of the population.

Clearly, basic demographic information on age composition have helped the policy-makers and program implementors focus on sectors and areas with the greatest need. We observe, for example, that the largest proportion of our population are composed of children below 15 while, on the other hand, we note that major allocations in the national budget are for education and other social services to help provide for the basic needs of the young. In 1988, for example, NEDA estimates that 24.5 per cent of the national government expenditures was allocated for social services. This exceeds the 21.6 per cent for economic services (NEDA, 1986).

The age composition of a population is, however, not static. As the components of demographic growth change, the distribution of the age groups is altered. In the sixties, for example, rapid mortality declines brought about by improvements in medical technology and public health coupled with high fertility levels resulted in very large proportions in the young age groups and highly expansive populations in the developing world. Various governments responded by instituting and supporting population programs. The amount of commitment the governments had coupled with economic development, largely determined the demographic outcomes in the seventies when the declines in growth rates were registered.

Some countries completed what is known as the "demographic transition". Briefly summarized, according to theory, population variables undergo a three-phase change during the course of development. Phase I is characterized by high fertility and high mortality rates with slow population growth; during Phase II, fertility remains high whereas mortality experiences sharp drops and, consequently a "population explosion" is registered; during phase III, mortality continues to fall slowly but fertility rates are reduced until a situation of "low level" equilibrium is approached (Notestein, 1945).

A by-product of the completion of the demographic transition and further achievements in health which spell out prolongation of life is the reduction of the proportional share of the young in the population or population aging. It is generally accepted that population or demographic aging is a consequence of a wide range of demographic factors such as fertility, longevity/mortality, fecundity and migration, but, it has been argued that it is the fall in birth rates which is the crucial determinant of aging through its effect of undercutting the base of the pyramid (Jones, 1988).

While it was first commonly believed that aging is particular to developed countries, because of their large share of the elderly population (about 15% to 23% of the countries' population), the growth in the number of the elderly in the developing countries has been rapid that in 1980, the number of elderly in these countries approximates that in the developed countries (world total of 376 million). By the year 2000, more than 60 per cent of the total aged

will be found in the developing countries. This proportion will increase to 72 per cent in 2025 when the total projected elderly will be 1.1 billion.

1. The Philippine Experience

The shift in age structure of the Philippines has been gradual owing to the slow decline in fertility. The total fertility rate which has declined from 6.5 in 1960 to 5.0 in 1980 (and estimated to be 4.5 in 1984) remains high. Improvements in life expectancy have likewise been registered with an increase from 53 in 1960 to 62 years in 1980, an increase of about 17 per cent in 20 years (UPPI, 1985). With these demographic processes operating at these levels, the population age structure remained youthful and the proportionate share of the elderly to the total population has remained comparatively low at around 5 per cent.

It is expected, however, that the levels of fertility and mortality will continue to change with more development inputs and possibly stronger commitment on the part of the government not only to respond to but also to influence demographic processes. Given a moderate assumption of fertility and mortality declines as specified in the medium series population projection, the resulting transformation in the age structure of the Philippines is illustrated in Figure 1. The population structure will still be "young" even up to the year 2000 and will remain "youthful" even up to about 2020. It is only in 2030 when the elderly is projected to compose 13.5 per cent, that the population would be considered "mature" with a median age of 32.9 years. (Note: Some demographers are of the opinion that given the current rates and trends, we may not be able to achieve the medium series scenario, and that the "high" series may actually be more realistic. In this case, the estimated proportion elderly in the year 2000 is about 6 per cent, 2020 is 9.5 per cent, 2030 is 12.4 per cent. The median age in 2030 will be 31.0)

The question might be asked as to why it is necessary at this time to consider aging a phenomenon deserving attention in the Philippines. While it is true that the population of the Philippines is still young, the proportion of the aged will continue to rise and the number of old people will be increasing faster than those of the other ages. Table 1 shows, for example, that from less than a million population 60 years and over in 1948, this number has increased to 2.5 million in 1980. Furthermore, as reflected in Table 2, while the total population increased by 2.7 percent per annum between 1975 and 1980, the elderly population increased by close to 5 per cent (Domingo and Feranil, 1987). Viewed in relation to the other countries, the Philippines is among the countries with the highest expected rates of increase of the elderly.

FIGURE 1

PHILIPPINES' AGE PYRAMIDS 1960 AND 1980 AND PROJECTED FOR 2000 AND 2030

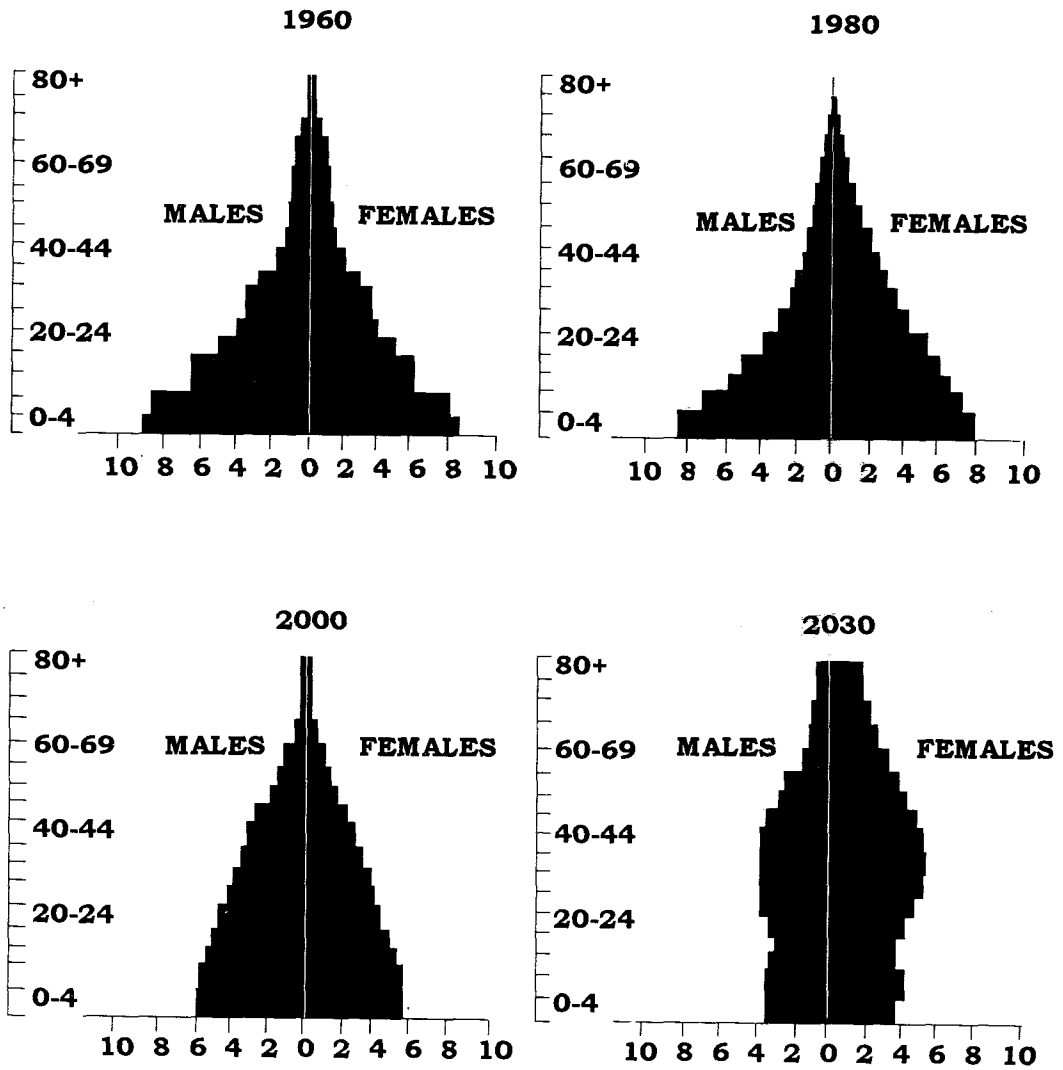


TABLE 1

Size of Philippine Population 60 and Over by Sex, 1948-1980

Sex	1948	1960	1970	1975	1980
Both Sexes	938,742	1,169,552	1,646,485	1,994,078	2,541,837
Males	475,259	600,639	817,069	1,013,901	1,236,076
Females	463,483	568,913	829,416	980,177	1,305,761

Source: Censuses of the Philippines, various years

TABLE 2

Annual Rates of Growth of the Total and the Elderly Population by Sex, 1948-1980

Population Groups	Annual Rate of Growth			
	1948-1960	1960-1970	1970-1975	1975-1980
BOTH SEXES				
Total Population	3.06	3.01	2.79	2.71
Elderly Population (60+)	1.95	3.40	3.92	4.97
MALES				
Total Population	3.10	2.87	3.12	2.55
Elderly Population (60+)	2.08	3.06	4.42	4.04
FEMALES				
Total Population	3.01	3.15	2.45	2.88
Elderly Population (60+)	1.82	3.70	3.41	5.90

Source: Censuses of the Philippines, various years.

The call to focus attention on the elderly sector of the populations not only in the developed countries but in the developing world as well, was sounded at the World Assembly of Aging held in Vienna in 1982. The developing countries are in a unique position of being able to plan ahead for the problem. Not only can we learn from the experience of the developed world, but with some lead time, we will be able to evolve our policies and programs that can truly be responsive to this emerging demographic concern.

2. OBJECTIVES OF THE STUDY AND SOURCES OF DATA

The first part of the report will focus on the socio-economic and demographic profile of the elderly based on a one per cent sample of the 1980 Census as well as published reports, based on a 20 per cent sample. Recognizing the limitation of the use of census data, we will integrate in the analysis studies based on special surveys. This secondary analysis will allow a more in-depth view of the status of the elderly and the roles that they play in Philippine society. Existing policies and programs that affect the elderly will likewise be presented and areas for possible policy or program intervention will be identified.

In the early 80's, in response to the call for studies on the elderly sounded at the Vienna convention mentioned earlier, several studies were undertaken which involved collection of new data on the elderly. While the Censuses are a potentially rich source of data for this field of research, the information available are limited to a few basic demographic, economic and social variables. The collection of new data allows more flexibility in the design, scope and analysis of the data.

The following reports and papers are utilized in this integrative report:

1. "The Socio-economic Consequences of the Ageing of the Population" conducted by the Demographic Research and Development Foundation for the Population Commission with funding from the Australian government (ASEAN).

   Domingo, Lita J. and Imelda Z. Feranil. *The Filipino Elderly: A Review of Literature and Existing Data.* Demographic Research and Development Foundation. Quezon City. 1987.

   Domingo, Lita J. "Ageing in the Philippines : An Overview." Paper presented at the Seminar-Workshop on "Development Implications of Urbanization, Ageing and Morbidity and Mortality" on October, 1988.

   Feranil, Imelda Z. "The Economic Status and Needs of the Elderly." In *Socio-Economic Consequences of the Ageing Populations: Insights from the Philippine Experience.* Demographic Research and Development Foundation. Quezon City. 1988.

Sarmiento, Eileen. "Family Structures and Relations of the Elderly." In *Socio-Economic Consequences of the Ageing Populations: Insights from the Philippine Experience.* Demographic Research and Development Foundation. Quezon City. 1988.

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2. "Aging in Asia/Oceania" a four country study sponsored by the World Health Organization Regional Office of the Western Pacific conducted by the Institute of Public Health of the University of the Philippines (WHO).

Andrews, Gary R. et. al. eds. *Aging in Asia/Oceania.* A four country study sponsored by the World Health Organization Regional Office of the Western Pacific. Manila. 1985.

Baltazar, Jane C. and June P. Lopez. "Health and Functional Ability of the Elderly." Paper prepared for the Seminar-Workshop on "Development Implications of Urbanization, Ageing and Morbidity and Mortality" on October, 1988.

3. "The Elderly in the Philippine Society" conducted by the Department of Social Science of the University of the Philippines at Los Banos funded by the International Development Research Center (UPLB).

Samonte, Virginia PB. et al. "The Elderly : Their Roles in Various Institutional Areas." University of the Philippines at Los Banos, College, Laguna. 1984.

4. "A Comparative Study of the Filipino Elderly in a Rural and an Urban Community" conducted by the Social Research Center of the University of Santo Tomas (UST).

Pedro, Amor. "A Comparative Study of the Filipino Elderly in a Rural and an Urban Community." Paper prepared for the Seminar-Workshop on "Development Implications of Urbanization, Ageing and Morbidity and Mortality" on October, 1988.

5. "The Elderly Population of the Philippines, 1980: Characteristics and Concerns" by Morada, Marietta P. and Hector B. Morada and Estela T. de Guzman, Philippine Population Journal, 1986 (MORADA).

For comparison, these various surveys that have been conducted, including the two studies based on the 1980 Census, are summarized in Table 3. Our present analysis using the one per cent sample of the 1980 Census is represented in the table with the acronym CIDS. The surveys were undertaken at roughly the same time and, since in the early 80's no special data on the elderly had been collected yet, the authors claim that baseline data were being collected.

There is inconsistency in the definition of what constitutes the elderly in the various samples studied. While the ASEAN, WHO and UST studies utilize the recommended UN definition of 60 years and older, the UPLB and MORADA studies adapt an older age cut-off of 65. In our own analysis of the 1980 Census, we use the standard UN definition.

Other dissimilarities among the surveys are in their sampling design, area coverage as well as sample size. It is notable, however, that there is a great deal of overlap in the topics covered by the surveys. They vary however in degree of emphasis, instrumentation and approach. As we try to highlight the findings from these studies, a form of validation of some of the results can be achieved.

Research on aging in the Philippines is still in its infancy and this is evidenced by the fact that most of the studies that have been done locally are largely exploratory and descriptive in nature. (Note: the WHO data have been used in a multivariate study on living arrangements and mortality; Martin, 1987 and 1988). To date, the reports and papers that have come out of these studies have mainly provided profiles of the elderly in various settings. We hope to show in this present report the value of these initial studies especially in their effort to establish the current status of the elderly, define their needs and identify groups which require attention from the government.

II. A REGIONAL PROFILE OF THE ELDERLY

1. Demographic Processes and Proportion aged

The variability of the age structure of the various regional populations is evidenced by the range of proportions aged 60 years and over - Ilocos tops the list with about 8 per cent of its population in the elderly category while Central Mindanao is in the other end of the continuum, with only 3 per cent of its population aged. Next to the Ilocos are the Visayan regions with 6 to 7 per cent in the 60 and over category. The Mindanao regions together with Metro

TABLE 3

Philippine Surveys on the Elderly and Studies based on the 1980 Census

	ASEAN	WHO	UPLB	UST	Census 1980	
					CIDS	Morada
Age cut-off	60	60	65	60	60	65
Sampling scheme	quota	stratified cluster sampling	30% of 65+	30% of 60+	complete enumeration	
Sample Areas						
Urban	Tondo Q.C.	13 brgy. in Metro	Sta. Ana	Tondo	National coverage	
Rural	Batangas Ilocos Norte Bohol	Quezon Laguna	Quezon	Bulacan		
Sample sizes						
Urban	660	525	63	83	1%	20%
Rural	661	305	54	58	Sub-sample	
Total	1321	830	117	141		
Date of Survey	1984	1984	1984	R-1983 U-1984	1980	
Topics covered						
Demographic	x	x	x	x	x	
Economic	x	x	x	x	x	
Family	x	x	x	x	(household)	
Health	x	x	x	x		
Social /community	x	x	x	x		
Preparation for old age	x			x		
Problems	x		x			
Aspirations	x		x	x		
Social Action				x		
Key Informants	x					

Manila have less than 5 per cent aged while the other Luzon regions approximate the national average of about 5 per cent composing the elderly sector (Table 4). In terms of absolute size, however, Southern Tagalog has the most number of elderly (335,998) which is consistent with the fact that it has the largest population of all the regions.

TABLE 4
Distribution of Elderly Population 60 Years and Over by Region, 1980

Region	Population 60 Years and over	
	Number	Per Cent
Philippines	**2,541,837**	**5.28**
I. Ilocos	281,015	7.94
VII. Central Visayas	274,528	7.25
VI. Western Visayas	284,125	6.28
VIII. Eastern Visayas	174,350	6.23
V. Bicol	194,658	5.60
IV. Southern Tagalog	335,998	5.49
III. Central Luzon	260,902	5.43
II. Cagayan Valley	117,675	5.31
X. Northern Mindanao	117,597	4.26
NCR	226,136	3.82
XI. Southern Mindanao	122,495	3.66
IX. Western Mindanao	86,348	3.41
XII. Central Mindanao	66,010	2.91

Source: Census of 1980.

While this variation could be accounted for by differences in fertility and mortality experiences of the regions, the correlation between selected indicators of fertility (Total Fertility Rate, Mortality (Life Expectancy) and migration (net migration rates) with the proportion aged in the population (shown in Table 5) show that migration has the strongest relationship with the aging indicator. The significant correlation coefficient of -.6840* suggests that the higher the in-migration rates, the lower the proportion aged. The positive relationship with life expectancy (.6140) and TFR (.0642) were not found to be significant. So, while we have seen that fertility change largely accounts for the change in age structure for the whole country, within regional groups, migration is a major determinant.

TABLE 5

Intercorrelation Matrix

Correlations	LIFEX*	TFR*	AGED*	RATE*
LIFEX	1.**	–.4869	.6140	..0059
TFR	–.4868	1**	.0642	–.5587
AGED	.6140	.0642	1**	–.6840*
RATE	.0059	–.5587	–.6840*	1**

*N of cases: 13 1 – tailed significance: * – 0.01 ** – .001*

**LIFEX – Life Expectancy*

TFR – Total Fertility Rate

AGED – Population aged 60 and over

RATE – Net Interregional Migration Rate

The effect of migration on the population distribution of the regions are clearly seen in Table 6 were regions which experience the highest out-migration rates are relatively older.

The "oldest" regions, Ilocos and Cagayan Valley, registered negative net migration rates of 1.5 and 1.8 per cent per annum, respectively. On the other hand, the relatively younger population of the NCR (3.8% aged) reflects the movement of the young migrants to the area. The net migration rate of 3.2 per cent is the highest in the country. The same may be said of Northern Mindanao with a 1.4 per cent net migration between 1975 and 1980.

Another indicator of the effects of migration on population composition is the sex ratio (SR). The data shown in Table 7 pertain only to the elderly groups so the ratios could be a function not only of differentials in morality but of lifetime migrations as well. The table also shows that eight of the 13 regions have low sex ratios signifying that more female elderly abound in these areas. The standard explanation for this is the longer life expectancy of women. The other five regions, therefore, "deviate" from this standard pattern and this could be mainly because of the effect of migration flows. It will be recalled that the Ilocos region registered the highest proportion of elderly. The low SR value could be the effect of the well documented-migratory experiences of Ilocano males in response to the harsh Ilocos terrain resulting in the women being left behind (Perez, 1983).

The migration streams of the pre-1960 period is generally characterized as frontier-ward and predominantly male. The effect of htismigration stream may still be visible in the high sex ratios or the numerical dominance of males in Mindanao, the frontier areas of the 50's and 60's. On the other hand, the relatively more developed regions of Central Luzon and the NCR, registered low SR values of 81 and 78, respectively. This could partly be the combined effect of the propensity of women to gravitate toward more urbanized places as well as their higher life expectancy levels.

2. Residence

Just like the total population, the majority of the aged live in rural areas. Through the years, however, the proportion living in the urban areas has been noted to increase. In 1970, 31 per cent of the elderly resided in the urban areas and the estmate was observed to have increased to 35.6 per cent in 1980 implying that the elderly is also being affected by the process of urbanization (Domingo and Feranil, 1987).

Data on Table 8 based on a one per cent sample of the 1980 Census shows that aside from the NCR, two other regions exceed the national average of 36 per cent urban and they are Central Luzon and Southern Tagalog with 43 and 39 per cent, respectively. On the other hand,

TABLE 6

Per cent Distribution of Elderly Population 60 Years and Over and Volume of Net Interregional Migrants, 1975–1980, By Region

Region	Percent 60 and over	Net Interregional Migrants 1975–1980
I. Ilocos	7.94	–1.5
VII. Central Visayas	7.25	–1.8
VI. Western Visayas	6.28	–1.7
VIII. Eastern Visayas	6.23	–2.6
V. Bicol	5.60	–1.9
IV. Southern Tagalog	5.49	1.2
III. Central Luzon	5.43	0.2
II. Cagayan Valley	5.31	–0.2
X. Northern Mindanao	4.26	1.4
NCR	3.82	3.2
XI. Southern Mindanao	3.66	0.9
IX. Western Mindanao	3.41	–0.4
XII. Central Mindanao	2.91	0.8
Philippines	5.28	

Sources: Census 1980 and Raymundo, et.al., 1988.

TABLE 7

Sex Ratios Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Philippines	81.8	99.2	92.5
I. Ilocos	64.6	86.3	80.6
II. Cagayan Valley	81.4	96.0	93.0
III. Central Luzon	73.8	86.8	81.0
IV. Southern Tagalog	82.6	98.6	92.1
V. Bicol	91.2	106.6	102.4
VI. Western Visayas	81.8	95.8	91.6
VII. Central Visayas	87.0	94.0	91.9
VIII. Eastern Visayas	83.0	99.5	94.9
IX. Western Mindanao	96.2	121.6	116.4
X. Northern Mindanao	107.9	116.1	113.4
XI. Southern Mindanao	107.2	127.0	119.7
XII. Central Mindanao	90.0	124.9	117.0
National Capital Region	78.0	–	78.0

Source: One per cent sample of 1980 Census.

TABLE 8

Elderly Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Philippines	**36.1**	**63.9**	**100.0**
I. Ilocos	24.0	76.0	100.0
II. Cagayan Valley	19.0	81.0	100.0
III. Central Luzon	43.2	56.8	100.0
IV. Southern Tagalog	38.9	61.1	100.0
V. Bicol	25.6	74.4	100.0
VI. Western Visayas	28.2	71.8	100.0
VII. Central Visayas	28.9	71.1	100.0
VIII. Eastern Visayas	26.2	73.8	100.0
IX. Western Mindanao	18.4	81.6	100.0
X. Northern Mindanao	31.8	68.2	100.0
XI. Southern Mindanao	34.8	65.2	100.0
XII. Central Mindanao	19.7	80.7	2.7
National Capital Region	100.0	–	100.0

Source : One per cent sample of 1980 Census.

Cagayan Valley and Western and Central Mindanao register the lowest proportions of the elderly residing inthe urban areas.

3. Migration

Spatial mobility is a major determinant of he current residential status of the elderly. The MORADA study examined data on province of residence of the elderly in the five year period, 1975-1980, and concluded that the elderly is a mobile group. About 42 out of a thousand changed their province of residence during the period (Table 9). Comparing the groups classified by relationship to household head, the authors observed that, on the average, the head of household exhibited the lowest migration rate of 31 per thousand. The Metropolitan Area (Area I in their categorization), however, are at variance with this with a relatively high rate of 70 per thousand.

TABLE 9

Migration Rate Among the Elderly Population by Relationship to Household Head and by Type of Area: 1980

Area	Relationship to Household Head			
	Total	Head/ Spouse	Other Relatives	Non-Relatives
Philippine				
Population	1,612,788	1,191,008	400,652	21,128
Migration Rate	42.2	30.6	68.8	195.4
Area I				
Population	142,912	93,544	45,912	3,456
Migration Rate	91.7	70.4	125.8	219.9
Area II				
Population	52,252	35,200	15,672	1,380
Migration Rate	63.2	44.8	99.5	121.7
Area III				
Population	44,832	32,320	11,980	532
Migration Rate	57.3	33.0	118.5	150.4
Area IV				
Population	27,192	20,392	6,468	332
Migration Rate	40.3	30.4	56.9	325.3
Area V				
Population	321,604	232,380	84,820	4,404
Migration Rate	41.4	29.3	68.6	160.8
Area VI				
Population	1,023,996	777,172	235,800	11,024
Migration Rate	33.9	25.5	53.6	209.0

Per thousand population aged 65 years and older.

Source : Morada et al., 1986

The high mobility of the non-relatives is attributed to lack of housing facilities. The authors speculate that these movers could include those who may not have relatives (and perhaps, we can add those with no relatives who are willing to house them) who find shelter with friends and non-relatives in exchange for some services they could render around the house. The absence of filial ties, however, make this type of arrangement less permanent, thus, explaining the high migration rate of 195 per thousand.

4. Marital Status

The marriage pattern exhibited by the elderly generally attest to the stability of marriages in the Philippines. Substantial percentage of the group remain married even at the oldest age; the decrease in the proportions married being mostly attributed tothe increase in widowhood rather than to divorce or separation (Table 10). The table shows that about two thirds of all the elderly populations are currently married, about 16 per cent are widowed, 6 per cent remained unmarried and less than one per cent are separated.

Table 11 further reveals very distinct sex-differential - most of the elderly males are still married (81%) while a significant proportion of females are widows (41%). This pattern could have arisen from various factors including differentials in life expectancy, difference in age at marriage with wives generally being younger, and a stronger tendency for the males to remarry. It was shown in the ASEAN data, for example, that 14 per cent of the males have been married more than once, which is twice the corresponding estimate for females. This closely approximates the estimate we got from the one per cent sample, which shows that only 7 per cent of the ever-married women have been married more than once. Table 12 reveals some interesting regional differentials on remarriages among women. The elderly women in Eastern Visayas shows a stronger tendency to remarry than those in other regions with about 15 per cent of female elderly having been married more than once. It is also interesting to take note of the fact that in general, proportionately, more multiple marriages are found in the rural rather, ,than in the urban areas. The other regions which exceed the national average are Cagayan Valley, Bicol, Northern and Western Mindanao.

Further examination of the regional data (Table 11) reveals that proportionately more females than males remain unmarried (8% versus 3%). This could be a result of women playing the expected role of caring for other family members and performing other family obligations, like the support of parents and siblings, which may have restricted their exposure to the opposite sex, thus, adversely affecting their chances to marry. The regions with the highest celibacy rates among the women are Ilocos (16%), Central Visayas (10%) and the NCR (11%). It is interesting to note that this pattern is consistent with what has been observed wit h younger cohorts of women in these regions, that is, these same regions register the highest

TABLE 10

Elderly Classified by Marital Status, Region and Age , 1980

Region/ Age	Single	Married	Widowed	Divorced/ Separated	Total
Total					
60–64	5.2	74.2	19.5	1.1	100.0
65–69	5.7	68.5	24.9	0.9	100.0
70–74	6.1	59.6	33.7	0.6	100.0
75+	6.1	45.7	47.4	0.8	100.0
60+	5.7	64.7	28.7	0.9	100.0
Region I					
60–64	8.2	71.5	19.9	0.4	100.0
65–69	11.2	66.4	22.0	0.4	100.0
70–74	11.0	60.9	27.7	0.4	100.0
75+	11.9	44.7	42.5	0.9	100.0
60+	10.4	61.8	27.3	0.5	100.0
Region II					
60–64	2.3	74.9	22.3	.5	100.0
65–69	4.1	68.7	26.2	1.0	100.0
70–74	4.4	59.6	35.0	1.0	100.0
75+	2.7	45.4	50.3	1.6	100.0
60+	3.3	65.2	30.6	0.9	100.0
Region III					
60–64	5.1	73.5	20.0	1.4	100.0
65–69	6.2	65.3	28.1	0.4	100.0
70–74	5.9	60.9	32.3	0.9	100.0
75+	4.4	47.7	47.5	0.4	100.0
60+	5.4	63.4	30.4	0.8	100.0
Region IV					
60–64	4.8	73.8	20.1	1.3	100.0
65–69	5.3	66.8	26.4	1.5	100.0
70–74	4.3	54.9	39.8	1.0	100.0
75+	5.1	44.8	49.7	0.4	100.0
60+	4.9	63.6	30.4	1.1	100.0
Region V					
60–64	2.6	81.7	14.6	1.1	100.0
65–69	3.7	71.7	23.6	1.0	100.0
70–74	2.4	60.9	36.1	0.6	100.0
75+	5.0	43.9	49.8	1.3	100.0
60+	3.3	68.6	27.1	1.0	100.0
Region VI					
60–64	6.4	70.7	22.1	0.8	100.0
65–69	5.6	68.8	24.8	0.8	100.0
70–74	8.5	52.2	39.3	0.0	100.0
75+	7.2	41.5	51.1	0.2	100.0
60+	6.6	61.8	31.1	0.5	100.0

Table 10 (Continuation)

Elderly Classified by Marital Status, Region and Age, 1980

Region/ Age	Single	Married	Widowed	Divorced/ Separated	Total
Region VII					
60–64	7.1	74.2	17.7	1.0	100.0
65–69	7.6	67.5	23.6	1.2	100.0
70–74	6.2	60.6	32.8	0.4	100.0
75+	7.0	46.0	46.6	0.4	100.0
60+	7.0	64.5	27.7	0.8	100.0
Region VIII					
60–64	2.5	77.2	18.6	1.7	100.0
65–69	2.9	72.8	23.5	0.8	100.0
70–74	4.3	61.3	33.5	0.9	100.0
75+	4.2	46.5	47.9	1.4	100.0
60+	3.3	67.6	27.8	1.3	100.0
Region IX					
60–64	3.1	78.0	16.8	2.1	100.0
65–69	2.1	71.6	26.3	–	100.0
70–74	4.2	64.3	30.1	1.4	100.0
75+	3.3	6.3	47.1	3.3	100.0
60+	3.0	69.2	26.2	1.6	100.0
Region X					
60–64	3.2	77.5	18.1	1.2	100.0
65–69	4.3	67.5	26.7	1.5	100.0
70–74	7.2	56.9	35.9	0.0	100.0
75+	2.3	54.8	42.3	0.6	100.0
60+	4.0	67.6	27.4	1.0	100.0
Region XI					
60–64	2.7	77.9	18.7	0.7	100.0
65–69	2.5	73.8	23.7	0.0	100.0
70–74	4.0	69.4	25.4	1.2	100.0
75+	3.0	51.5	45.5	0.0	100.0
60+	2.9	71.5	25.2	0.4	100.0
Region XII					
60–64	4.7	70.8	20.5	4.0	100.0
65–69	1.7	78.7	17.9	1.7	100.0
70–74	–	66.7	33.3	–	100.0
75+	2.5	43.3	2.5	1.7	100.0
60+	2.8	67.3	27.5	2.4	100.0
NCR					
60–64	8.6	69.2	21.5	0.7	100.0
65–69	6.9	66.1	26.3	0.7	100.0
70–74	8.9	60.0	30.8	0.3	100.0
75+	6.1	47.1	46.0	0.8	100.0
60+	7.7	62.7	29.0	0.6	100.0

TABLE 11

Elderly Classified by Marital Status, Region and Sex

Region/ Sex	Single	Married	Widowed	Separated/ Divorced	Total
Total					
Male	3.1	80.7	15.5	0.7	100.0
Female	8.0	50.0	40.9	1.1	100.0
Total	5.7	64.7	28.7	0.9	100.0
Region I					
Male	3.9	79.5	15.9	0.7	100.0
Female	15.7	47.4	36.5	0.4	100.0
Total	10.4	61.8	27.3	0.5	100.0
Region II					
Male	2.1	80.9	16.4	0.6	100.0
Female	4.3	50.5	43.9	1.3	100.0
Total	3.3	65.2	30.6	0.9	100.0
Region III					
Male	2.7	81.0	16.0	0.3	100.0
Female	7.6	49.1	42.0	1.3	100.0
Total	5.4	63.4	30.4	0.8	100.0
Region IV					
Male	3.0	80.1	16.3	0.6	100.0
Female	6.6	48.3	43.4	1.7	100.0
Total	4.9	63.6	30.4	1.1	100.0
Region V					
Male	2.2	82.5	13.9	1.4	100.0
Female	4.3	54.5	40.6	0.6	100.0
Total	3.3	68.6	27.1	1.0	100.0
Region VI					
Male	3.4	79.0	17.1	0.5	100.0
Female	9.6	45.8	44.0	0.6	100.0
Total	6.6	61.8	31.1	0.5	100.0

TABLE 11 (Continuation)

Elderly Classified by Marital Status, Region and Sex

Region/ Sex	Single	Married	Widowed	Separated/ Divorced	Total
Region VII					
Male	3.4	78.4	17.6	0.6	100.0
Female	10.4	51.6	36.9	1.1	100.0
Total	7.0	64.5	27.7	0.8	100.0
Region VIII					
Male	2.5	81.3	15.4	0.9	100.0
Female	4.1	54.7	39.6	1.6	100.0
Total	3.3	67.6	27.8	1.3	100.0
Region IX					
Male	2.7	82.3	14.1	0.9	100.0
Female	3.4	53.9	40.4	2.3	100.0
Total	3.0	69.2	26.2	1.6	100.0
Region X					
Male	3.8	79.4	15.4	1.4	100.0
Female	4.2	54.1	41.1	0.6	100.0
Total	4.0	67.6	27.4	1.0	100.0
Region XI					
Male	2.7	83.7	13.3	0.3	100.0
Female	3.1	56.8	39.5	0.6	100.0
Total	2.9	71.5	25.2	0.4	100.0
Region XII					
Male	3.0	81.6	14.0	1.4	100.0
Female	2.6	50.7	43.2	3.5	100.0
Total	2.8	67.3	27.5	2.4	100.0
NCR					
Male	3.6	84.4	11.8	0.2	100.0
Female	10.9	45.7	42.4	1.0	100.0
Total	7.7	62.7	29.0	0.6	100.0

Source: One per cent sample of 1980 Census.

TABLE 12

Proportion of Female Elderly Married More Than Once Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Total	**6.0**	**8.0**	**7.3**
I. Ilocos	5.4	5.8	5.7
II. Cagayan Valley	5.7	10.2	9.3
III. Central Luzon	5.5	7.5	6.6
IV. Southern Tagalog	4.4	8.1	6.7
V. Bicol	8.2	8.4	8.3
VI. Western Visayas	5.1	6.3	5.9
VII. Central Visayas	5.5	6.1	5.9
VIII. Eastern Visayas	13.6	15.8	15.2
IX. Western Mindanao	8.3	7.7	7.8
X. Northern Mindanao	11.1	6.6	8.0
XI. Southern Mindanao	5.3	8.2	7.1
XII. Central Mindanao	5.8	7.7	7.3
National Capital Region	5.0	–	5.0

Source: One per cent sample of 1980 Census.

proportion unmarried among women 40-44 in 1975 (Domingo and De Guzman, 1984). It is possible that some of the factors that have hindered entry into marriage inthe past may have likewise affected the younger generation.

There is wide variability in the proportion of women marrying before 18 as shown in Table 13. Usng the national average as the standard (17%) , regions which are relatively "early marriers" can be identified and this would include REgions II, IV, V, VI, XI. Later marriages are observed for I, III and the NCR. The low proportion of early marriages for the Ilocos region (13%) is consistent with what had been noted earlier about celibacy among the Ilocanas.

TABLE 13

Proportion of Female Elderly Who Married Before Age 18 Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Total			
	15.9	**18.1**	**17.3**
I. Ilocos	12.8	12.6	12.7
II. Cagayan Valley	20.2	22.5	22.0
III. Central Luzon	11.2	11.1	11.1
IV. Southern Tagalog	19.8	21.9	21.1
V. Bicol	20.4	19.4	19.7
VI. Western Visayas	20.4	18.6	20.5
VII. Central Visayas	12.8	18.3	16.7
VIII. Eastern Visayas	15.7	20.1	18.8
IX. Western Mindanao	19.7	18.0	18.2
X. Northern Mindanao	20.7	16.6	17.9
XI. Southern Mindanao	18.1	22.4	20.7
XII. Central Mindanao	15.8	19.5	18.7
National Capital Region	13.9	–	13.9

Source: One per cent sample of 1980 Census.

Differences between the total urban and rural proportions also exist. Focusing on Cagayan Valley and Central Luzon, the pattern suggests that nuptiality is related to level of development. Given the difference in the level of development of these two regions)for example, non-agricultural employment in Region II and III were 29% and 61%, respectively in 1978: Raymundo, 1983) it may be surmised that development could have had a delaying effect on entry to marriage. Various studies in the Philippines, have shown that increased opportunities for women in education and economic activities, which have accompanied development, have become viable alternatives to early marriage for women (Smith, 1975; Domingo, 1982; de Guzman, 1983). The pattern, however, does not seem to be very consistent as exemplified by Southern Tagalog, a relatively developed region which posted a comparatively high precentage (21%) of women who married young. This may be due to the fact that marital decisions of these elderly women took place at a time when the regions have not yet attained their present levels of development.

5. Fertility

Ever-married women were asked additional information on marriage and fertility during the 1980 Census. Being past their marriageable and reproductive ages, the data set is a potentially important source of indicators of completed cohort experiences.

However, it is likewise recognized that at these late ages, there is a greater chance for memory failure, thus, the data reported and reflected in Tables 14 to 17 could be highly subject to misreporting.

Table 14 provides the fertility profile of this elderly group uusing the computed mean number of children ever born (CEB). The estimates shown in the table somehow makes the data suspect for possible underreporting. The mean CEB of 5.2 appears low especially when compared with the same estimate for a younger cohort women, says those 40-44 years of age covered by the National Demographic Survey (NDS) of 1983 - this sample reported an average of 5.5 children (Cabigon, 1985). Differentials are noted with generally higher mean CEBs registered for the rural women. The mean CEB of the elderly ranged between 4.4 foro the National Capital Region and 5.7 for both Western and Central Visayas. A pattern by age is notable withthe total mean CEB gradually decreasing with age (Table 15) which is contrary to what might be expected given the observed fertility declines. This trend may just be indicative of the problem of recall among the older women.

As had been previously mentioned, the mean CEB (around 5) for the female elderly sample is relatively high even if possibly underestimated; thus, it is expected that the mean number of children still living (CSL) would still be substantially high (Table 16).

The possiblity of receiving support from the children is greater the more the number of children still living. Western Visayas posted the highest mean CEB among all the regions. It also registered the highest mean CSL, and the largest proportion of the elderly with, at least, a female child still alive (Table 17). At the other extreme, the National Capital Region registered the lowest values for the three variables considered. As will be seen in discussions below, the past fertility of this cohort is an important determinant of the available support in their old age and tc a large extent their status.

6. Education

The status and roles played by the elderly is determined not only by the amount of services and support that can be provided for by their families, but alos, by their own skills and ability to function in this increasingly modernizing world. One of the most important source of the ability to cope given current situation is education. To gain some insights into this aspect of the elderly profile, we examine the educational attainment of the elderly. The 1980 census

TABLE 14

Mean Children Ever Born Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Total	**4.9**	**5.4**	**5.2**
I. Ilocos	4.7	4.8	4.7
II. Cagayan Valley	5.1	5.0	5.0
III. Central Luzon	5.2	5.5	5.4
IV. Southern Tagalog	4.8	5.3	5.1
V. Bicol	5.2	5.7	5.6
VI. Western Visayas	5.2	5.8	5.7
VII. Central Visayas	5.3	5.8	5.7
VIII. Eastern Visayas	5.4	5.3	5.4
IX. Western Mindanao	4.9	4.9	4.9
X. Northern Mindanao	5.7	5.2	5.4
XI. Southern Mindanao	5.0	5.2	5.1
XII. Central Mindanao	5.0	5.1	5.1
National Capital Region	4.4	–	4.4

Source: One per cent sample of 1980 Census.

TABLE 15

Mean Children Ever Born of Female Elderly Classified by Region and Age

Region	Age				
	60–64	65–69	70–74	75+	Total
Total	**5.3**	**5.2**	**5.1**	**5.0**	**5.2**
I. Ilocos	4.9	4.8	4.7	4.6	4.7
II. Cagayan Valley	5.0	4.8	5.1	5.6	5.0
III. Central Luzon	5.4	5.7	4.9	5.3	5.4
IV. Southern Tagalog	5.5	4.9	4.8	4.6	5.1
V. Bicol	5.5	5.6	5.7	5.7	5.6
VI. Western Visayas	5.8	5.7	5.5	5.5	5.7
VII. Central Visayas	5.9	5.5	5.4	5.6	5.7
VIII. Eastern Visayas	5.5	5.3	5.4	5.1	5.4
IX. Western Mindanao	4.6	5.2	4.6	4.9	4.9
X. Northern Mindanao	5.7	5.4	5.3	4.7	5.4
XI. Southern Mindanao	5.0	5.5	5.2	4.6	5.1
XII. Central Mindanao	5.4	5.3	4.9	5.2	5.1
National Capital Region	4.4	4.6	4.2	4.3	4.4

Source: One per cent sample of 1980 Census.

TABLE 16

Mean Children Still Living of Female Elderly Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Total	**4.2**	**4.5**	**4.4**
I. Ilocos	3.8	4.0	4.0
II. Cagayan Valley	4.0	3.8	3.8
III. Central Luzon	4.4	4.6	4.5
IV. Southern Tagalog	4.1	4.4	4.3
V. Bicol	4.4	4.9	4.8
VI. Western Visayas	4.5	4.9	4.8
VII. Central Visayas	4.4	4.8	4.7
VIII. Eastern Visayas	4.3	4.3	4.3
IX. Western Mindanao	4.4	4.1	4.2
X. Northern Mindanao	4.9	4.4	4.6
XI. Southern Mindanao	4.3	4.5	4.4
XII. Central Mindanao	4.3	4.4	4.4
National Capital Region	3.9	–	3.9

Source: One per cent sample of 1980 Census.

TABLE 17

Proportions of Female Elderly With Female Child Still Living Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Total	**79.1**	**79.2**	**79.2**
I. Ilocos	75.8	76.7	76.5
II. Cagayan Valley	81.0	77.0	77.8
III. Central Luzon	82.0	80.7	81.3
IV. Southern Tagalog	76.4	77.9	77.3
V. Bicol	78.4	78.5	78.5
VI. Western Visayas	81.6	84.5	83.7
VII. Central Visayas	79.3	83.2	82.0
VIII. Eastern Visayas	82.0	76.3	77.9
IX. Western Mindanao	79.2	75.6	76.3
X. Northern Mindanao	84.3	78.9	80.6
XI. Southern Mindanao	79.8	76.5	77.7
XII. Central Mindanao	87.0	77.4	79.5
National Capital Region	77.3	–	77.3

Source: One per cent sample of 1980 Census.

the elderly profile, we examine the educational attainment of the elderly. The 1980 census suggests that literacy levels decline with age (Table 18) implying differential effects of development efforts in the form of increasing educational inputs on the different age groups. This positive change in education implies that, in the succeeding years, the elderly will increasingly be composed of more literate and formally educated individuals. This change will, however, be gradual.

TABLE 18

Proportion of Elderly Who Are Literate Classified by Region and Age, 1980

Region	Age				
	60–64	65–69	70–74	75+	Total
Total	**59.3**	**56.1**	**50.9**	**42.2**	**53.7**
I. Ilocos	59.4	53.9	48.3	34.7	50.0
II. Cagayan Valley	54.2	49.3	39.5	34.8	46.7
III. Central Luzon	64.8	62.0	54.1	43.9	57.6
IV. Southern Tagalog	62.3	56.5	50.6	43.1	55.3
V. Bicol	58.5	53.1	50.8	33.8	51.3
VI. Western Visayas	55.5	53.4	53.0	53.2	51.7
VII. Central Visayas	49.9	47.4	40.9	34.9	44.7
VIII. Eastern Visayas	50.3	44.1	42.6	37.4	44.9
IX. Western Mindanao	42.8	42.1	37.1	30.6	39.8
X. Northern Mindanao	60.0	61.4	58.7	48.9	58.4
XI. Southern Mindanao	54.4	53.9	52.9	39.5	51.9
XII. Central Mindanao	47.1	43.9	32.0	40.5	42.8
National Capital Region	89.1	87.5	86.8	77.8	86.1

Source: One per cent sample of 1980 Census.

The national literacy level of about 54 per cent for the elderly is relatively low especially if we consider the fact that the NCR posted a considerably high value of 86 per cent. Such difference between the NCR and the other regions again draws attention to the country's disperate levels of development. This situation is also seen when one ocmpares the urban/rural literacy levels. In all cases, the large differences between the literacy values reflect the fact that advances in education have not fully reached the rural elderly (Table 19).

TABLE 19

Proportion of Elderly Who Are Literate Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Total	**73.2**	**30.5**	**53.7**
I. Ilocos	67.1	22.5	50.0
II. Cagayan Valley	67.3	25.4	46.7
III. Central Luzon	69.7	21.3	57.6
IV. Southern Tagalog	72.0	27.4	55.3
V. Bicol	67.5	21.7	51.3
VI. Western Visayas	73.3	30.1	51.7
VII. Central Visayas	64.7	28.2	44.7
VIII. Eastern Visayas	66.2	28.9	44.9
IX. Western Mindanao	60.8	25.7	39.8
X. Northern Mindanao	72.9	21.2	58.4
XI. Southern Mindanao	69.0	26.3	51.9
XII. Central Mindanao	63.9	26.3	42.8
National Capital Region	86.1	–	86.1

Source: One per cent sample of 1980 Census.

Differentials in age, sex and locale as revealed by the literacy tables may be be discerned from the next table showing the mean years of schooling and proportion with no schooling classified by the same variables (Tables 21 to 23). For the total sample, the mean years of schooling is about four years with the NCR posting the highest average of about 8 years. Again, the big difference between the NCR and other regional values points to the very large discrepancy in educational development.

Table 24 further attests tot he disadvantage of other regions compared to the NCR with regard to educational status. Only 9 per cent of the elderly from Metro Manila had no schooling compared to large proportions shown by the other regions with the highest percentages of 49, 45 and 41 recorded for Central Mindanao, Western Mindanao and Central Visayas, respectively.

Intraregional differences are again evident with generally bigger shares of the elderly from the rural areas with no schooling or who only had a few years of elementary education, while those fromthe urban areas registered comparatively larger values for the other higher educational attainment categories (Table 25).

Table 26 againshows the predominantly higher proportion of educated males than females. Conistently larger values of elderly females who had no education are revealed by all the regions. While the above results seem to point to the unequal dissemination of educational opportunities across regions, by sex and by locale, it is, however, again seen in Table 27 that improvements in education have reached the younger elderly cohorts. For instance, while 45 per cent of those 75 years old and over had no schooling, only about 26 per cent of those aged 60-64 belonged to this class. Increasing proportion with at least an elementary education are observed for the younger elderly in almost all the regions.

Given these various indicators, therefore, we observe that the elderly populations of Central and Western Mindanao and Central and Eastern Visayas, the rural folks and elderly women are greatly handicapped in this highly literate society with theirhigh illiteracy rates and generally low levels of educational attainment.

7. Language

Closely related to educational attainment is the ability to speak English. As expected, the highest proportion of the aged who speak English are found in the National Capital Region followed by the elderly from the Northern Mindanao region (Table 28). Central Luzon, Southern Tagalog, and Ilocos also show higher than average proportions of English-speaking elderly.

TABLE 21

Mean Years of Schooling Classified by Region and Age

Region	Age				
	60–64	65–69	70–74	75+	Total
Total	**4.0**	**3.8**	**3.6**	**2.9**	**3.7**
I. Ilocos	3.8	3.5	3.4	2.2	3.3
II. Cagayan Valley	3.8	3.5	3.0	2.4	3.3
III. Central Luzon	4.4	3.9	3.8	2.9	3.8
IV. Southern Tagalog	3.9	3.6	3.3	2.8	3.5
V. Bicol	3.8	3.5	3.2	2.2	3.3
VI. Western Visayas	3.7	3.5	3.4	2.7	3.4
VII. Central Visayas	3.3	3.1	2.8	2.4	3.0
VIII. Eastern Visayas	3.1	2.8	2.9	2.5	2.8
IX. Western Mindanao	2.7	2.7	2.4	2.3	2.6
X. Northern Mindanao	4.0	3.6	3.5	3.0	3.6
XI. Southern Mindanao	3.5	3.5	3.5	2.5	3.4
XII. Central Mindanao	2.8	2.5	2.8	2.4	2.7
National Capital Region	7.8	7.8	7.7	6.9	7.6

Source: One per cent sample of 1980 Census.

TABLE 22

Mean Years of Schooling Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Total	**5.7**	**2.5**	**3.7**
I. Ilocos	5.6	2.6	3.3
II. Cagayan Valley	5.7	2.8	3.3
III. Central Luzon	4.8	3.0	3.8
IV. Southern Tagalog	5.0	2.6	3.5
V. Bicol	5.2	3.2	3.3
VI. Western Visayas	5.6	2.6	3.4
VII. Central Visayas	5.1	2.1	3.0
VIII. Eastern Visayas	4.7	2.2	2.8
IX. Western Mindanao	4.4	2.1	2.6
X. Northern Mindanao	4.9	3.1	3.6
XI. Southern Mindanao	5.0	2.5	3.4
XII. Central Mindanao	4.7	2.2	2.7
National Capital Region	7.6	–	7.6

Source: One per cent sample of 1980 Census.

Table 23

Mean Years of Schooling Classified by Region and Sex, 1980

Region	Sex		
	Male	Female	Total
Total	4.1	3.3	3.7
I. Ilocos	3.8	2.9	3.3
II. Cagayan Valley	4.0	2.7	3.3
III. Central Luzon	4.5	3.3	3.8
IV. Southern Tagalog	3.9	3.2	3.5
V. Bicol	3.8	2.8	3.3
VI. Western Visayas	3.6	3.2	3.4
VII. Central Visayas	3.4	2.6	3.0
VIII. Eastern Visayas	3.0	2.7	2.8
IX. Western Mindanao	2.8	2.2	2.6
X. Northern Mindanao	4.0	3.2	3.6
XI. Southern Mindanao	3.8	2.8	3.4
XII. Central Mindanao	3.0	2.3	2.7
National Capital Region	8.8	6.7	7.6

Source: One per cent sample of 1980 Census.

TABLE 24

Proportion of Elderly With No Schooling Classified by Region, 1980

Region	No Schooling (%)
Total	**31.2**
I. Ilocos	37.1
II. Cagayan Valley	34.0
III. Central Luzon	23.9
IV. Southern Tagalog	29.2
V. Bicol	29.8
VI. Western Visayas	31.1
VII. Central Visayas	41.0
VIII. Eastern Visayas	37.7
IX. Western Mindanao	45.2
X. Northern Mindanao	25.6
XI. Southern Mindanao	30.7
XII. Central Mindanao	48.9
National Capital Region	9.0

Source: One per cent sample of 1980 Census.

TABLE 25

Elderly Classified by Education, Region, Urban and Rural, 1980

Regions/ Locale	No Schooling	Elemen-tary	Elementary Graduate	High School	High School Graduate	Some College	W/College Degree&Over	Total
Total								
Urban	16.6	34.4	20.2	6.7	8.8	4.6	8.7	100.0
Rural	39.4	44.0	11.4	2.3	1.4	0.8	0.7	100.0
Total	31.2	40.4	14.6	3.9	4.1	2.2	3.6	100.0
Region I								
Urban	23.9	27.6	18.1	5.8	10.5	4.4	9.7	100.0
Rural	41.2	39.9	14.0	1.8	1.5	0.9	0.7	100.0
Total	37.1	36.9	14.9	2.8	3.7	1.7	2.9	100.0
Region II								
Urban	17.0	38.5	14.0	7.0	7.5	6.0	10.0	100.0
Rural	38.0	41.2	11.9	4.1	2.7	1.3	0.8	100.0
Total	34.0	40.7	12.3	4.6	3.6	2.2	2.6	100.0
Region III								
Urban	17.0	40.7	23.2	5.2	6.7	1.7	5.5	100.0
Rural	29.1	50.3	13.7	2.3	2.1	0.8	1.7	100.0
Total	23.9	46.1	17.8	3.5	4.1	1.2	3.4	100.0
Region IV								
Urban	16.8	40.4	23.2	4.6	6.4	2.9	5.8	100.0
Rural	37.1	46.5	11.8	1.6	1.5	1.0	0.5	100.0
Total	29.2	44.1	16.2	2.8	3.4	1.7	2.6	100.0
Region V								
Urban	16.3	40.4	20.0	6.7	5.6	4.5	6.5	100.0
Rural	34.5	48.8	12.7	1.7	1.1	0.7	0.5	100.0
Total	29.8	46.8	14.5	3.0	2.3	1.6	2.0	100.0
Region VI								
Urban	16.9	34.4	20.4	8.6	7.7	4.8	7.2	100.0
Rural	36.7	47.0	10.8	2.7	1.5	0.6	0.7	100.0
Total	31.1	43.6	13.5	4.3	3.2	1.8	2.5	100.0

TABLE 25 (Continuation)

Elderly Classified by Education, Region, Urban and Rural, 1980

Regions/ Locale	No Schooling	Elemen-tary	Elementary Graduate	High School	High School Graduate	Some College	W/College Degree & Over	Total
Region VII								
Urban	24.2	34.1	14.7	9.1	4.1	5.7	8.1	100.0
Rural	47.9	41.0	6.8	2.3	0.6	0.7	0.7	100.0
Total	41.0	39.0	9.1	4.2	1.6	2.2	2.9	100.0
Region VIII								
Urban	21.7	41.6	17.3	5.8	5.3	1.8	6.5	100.0
Rural	43.3	44.5	7.9	2.3	0.7	0.6	0.7	100.0
Total	37.7	43.7	10.3	3.2	1.9	1.0	2.2	100.0
Region IX								
Urban	26.1	39.9	14.4	5.9	3.9	5.9	3.9	100.0
Rural	49.8	34.6	11.8	2.1	0.4	0.4	0.9	100.0
Total	45.2	35.6	12.3	2.8	1.1	1.5	1.5	100.0
Region X								
Urban	13.5	45.4	18.8	9.4	6.2	2.6	4.1	100.0
Rural	31.3	47.5	14.4	3.0	1.9	1.2	0.7	100.0
Total	25.6	46.7	15.8	5.1	3.3	1.7	1.8	100.0
Region XI								
Urban	17.5	40.3	17.3	6.9	8.6	4.8	4.6	100.0
Rural	37.7	44.9	12.6	2.5	1.6	0.4	0.3	100.0
Total	30.7	43.4	14.2	4.0	4.0	1.9	1.8	100.0
Region XII								
Urban	29.0	32.2	16.0	3.8	6.1	7.6	5.3	100.0
Rural	53.5	30.8	9.0	3.9	1.7	0.9	0.2	100.0
Total	48.9	31.0	10.3	3.9	2.5	2.2	1.2	100.0
NCR								
Urban	9.0	23.4	22.5	7.2	15.4	7.0	15.5	100.0
Rural	–	–	–	–	–	–	–	100.0
Urban	9.0	23.4	22.5	7.2	15.4	7.0	15.5	100.0

Source: One per cent sample of 1980 Census

TABLE 26

Elderly Classified by Education, Region and Sex, 1980

Regions/ Sex	No Schooling	Elemen- tary	Elementary Graduate	High School	High School Graduate	Some College	With College Degree&Over	Total
Total								
Male	26.6	40.6	16.0	4.6	5.2	2.8	4.2	100.0
Female	35.5	40.4	13.3	3.2	3.0	1.6	3.0	100.0
Total	31.2	40.5	14.6	3.9	4.1	2.2	3.6	100.0
Region I								
Male	29.7	38.7	18.0	3.3	5.2	2.5	2.6	100.0
Female	42.9	35.5	12.5	2.4	2.5	1.1	3.1	100.0
Total	37.1	36.9	14.9	2.8	3.7	1.7	2.9	100.0
Region II								
Male	26.3	41.3	14.7	6.9	5.1	2.4	3.3	100.0
Female	41.1	40.3	10.0	2.6	2.2	2.0	1.8	100.0
Total	34.0	40.7	12.3	4.6	3.6	2.2	2.6	100.0
Region III								
Male	17.4	44.1	21.8	4.7	6.5	1.7	3.8	100.0
Female	9.0	47.7	14.7	2.6	2.2	0.8	3.0	100.0
Total	23.9	46.1	17.8	3.5	4.1	1.2	3.4	100.0
Region IV								
Male	25.0	44.2	17.8	3.1	4.6	2.5	2.9	100.0
Female	33.1	43.9	14.8	2.5	2.4	1.0	2.3	100.0
Total	29.2	44.1	16.2	2.8	3.4	1.7	2.6	100.0
Region V								
Male	22.9	49.6	16.4	3.4	2.7	2.7	2.3	100.0
Female	36.9	43.8	12.6	2.5	1.8	0.6	1.8	100.0
Total	29.8	46.8	14.5	3.0	2.3	1.6	2.0	100.0
Region VI								
Male	28.4	44.2	13.6	4.5	4.2	2.4	2.7	100.0
Female	33.5	42.9	13.5	4.2	2.3	1.3	2.3	100.0
Total	31.1	43.6	13.5	4.3	3.2	1.8	2.5	100.0

TABLE 26 (Continuation)

Elderly Classified by Education, Region and Sex, 1980

Regions/ Sex	No Schooling	Elemen- tary	Elementary Graduate	High School	High School Graduate	Some College	With College Degree& Over	Total
Region VII								
Male	35.6	40.1	10.8	5.3	2.2	2.4	3.6	100.0
Female	46.1	38.1	7.5	3.2	1.0	1.9	2.2	100.0
Total	41.0	39.0	9.1	4.2	1.6	2.2	2.9	100.0
Region VIII								
Male	34.7	45.4	10.4	3.5	2.3	1.1	2.6	100.0
Female	40.5	42.1	10.3	2.9	1.5	0.8	1.9	100.0
Total	37.7	43.7	10.3	3.2	1.9	1.0	2.2	100.0
Region IX								
Male	42.8	35.7	12.8	3.1	2.0	1.6	2.0	100.0
Female	48.3	35.5	11.7	2.4	0.0	1.3	0.8	100.0
Total	45.2	35.6	12.3	2.8	1.1	1.5	1.5	100.0
Region X								
Male	22.7	44.5	18.0	5.8	4.8	1.6	2.6	100.0
Female	28.9	49.3	13.4	4.2	1.6	1.8	0.8	100.0
Total	25.6	46.7	15.8	5.1	3.3	1.7	1.8	100.0
Region XI								
Male	25.2	42.7	17.5	5.1	5.1	2.1	2.3	100.0
Female	37.3	44.2	10.2	2.7	2.7	1.7	1.2	100.0
Total	30.7	43.2	14.2	4.0	4.0	1.9	1.8	100.0
Region XII								
Male	44.4	32.8	10.8	4.7	3.1	3.1	1.1	100.0
Female	53.7	29.0	9.8	2.9	2.0	1.3	1.3	100.0
Total	48.9	31.0	10.3	3.9	2.5	2.2	1.2	100.0
NCR								
Male	5.3	17.5	20.5	8.7	17.7	9.9	20.4	100.0
Female	11.8	28.0	24.0	6.2	13.5	5.2	11.3	100.0
Total	9.0	23.4	22.5	7.2	15.4	7.0	15.5	100.0

Source: One per cent sample of 1980 Census

TABLE 27

Elderly Classified by Education, Region and Age, 1980

Regions/ Age	No Schooling	Elementary	Elementary Graduate	High School	High School Graduate	Some College	With College Degree & Over	Total
Total								
60–64	25.5	42.6	17.1	4.1	4.4	2.7	3.6	100.0
65–69	28.5	41.8	15.2	4.4	4.6	2.2	3.3	100.0
70–74	33.5	40.0	12.6	3.9	3.7	2.0	4.3	100.0
75+	44.0	34.7	10.6	2.8	3.1	1.3	3.5	100.0
60+	31.2	40.4	14.6	3.9	4.1	2.2	3.6	100.0
Region I								
60–64	27.1	43.2	17.4	2.9	3.7	2.6	3.1	100.0
65–69	33.6	36.3	17.9	3.6	4.1	2.0	2.5	100.0
70–74	36.8	36.6	13.8	3.0	4.1	1.4	4.3	100.0
75+	54.0	29.5	9.3	1.6	3.0	0.5	2.1	100.0
60+	37.1	36.9	14.9	2.8	3.7	1.7	2.9	100.0
Region II								
60–64	25.6	42.7	18.2	4.9	4.3	2.0	2.3	100.0
65–69	34.1	41.1	9.1	5.9	3.5	2.8	3.5	100.0
70–74	38.4	41.8	7.4	4.4	3.0	2.5	2.5	100.0
75+	47.4	34.5	10.2	2.3	2.8	1.1	1.7	100.0
60+	34.0	40.7	12.3	4.6	3.6	2.2	2.6	100.0
Region III								
60–64	15.5	49.2	20.5	4.5	5.1	1.0	4.2	100.0
65–69	19.1	49.1	20.4	3.8	4.1	1.4	2.1	100.0
70–74	26.7	44.5	14.4	4.5	4.7	0.2	5.0	100.0
75+	40.6	38.8	13.3	1.0	2.1	1.9	2.3	100.0
60+	23.9	46.1	17.8	3.5	4.1	1.2	3.4	100.0
Region IV								
60–64	22.8	46.6	18.9	3.2	4.0	2.4	2.1	100.0
65–69	26.5	45.6	17.3	2.5	4.4	1.5	2.2	100.0
70–74	33.7	42.2	14.3	2.6	2.8	1.0	3.4	100.0
75+	43.4	37.5	10.5	2.5	1.2	1.4	3.5	100.0
60+	29.2	44.1	16.2	2.8	3.4	1.7	2.6	100.0

TABLE 27 (Continuation)

Elderly Classified by Education, Region and Age , 1980

Regions/ Age	No Schooling	Elementary	Elementary Graduate	High School	High School Graduate	Some College	With College Degree & Over	Total
Region V								
60–64	23.4	46.7	20.6	2.6	2.0	2.2	2.5	100.0
65–69	25.9	50.6	13.7	2.7	2.9	2.0	2.2	100.0
70–74	33.7	47.0	9.1	3.3	3.0	1.5	2.4	100.0
75 +	45.8	40.4	8.8	3.7	1.0	0.0	0.3	100.0
60 +	29.8	46.8	14.5	3.0	2.3	1.6	2.0	100.0
Region VI								
60–64	26.9	44.5	16.1	4.3	3.6	1.4	3.2	100.0
65–69	29.9	42.7	14.1	5.2	3.7	3.1	1.3	100.0
70–74	29.3	47.6	12.6	2.9	2.7	1.5	3.4	100.0
75 +	42.5	39.5	8.6	4.2	2.3	0.6	2.3	100.0
60 +	31.1	43.6	13.5	4.3	3.2	1.8	2.5	100.0
Region VII								
60–64	35.1	42.7	10.2	5.1	1.2	2.2	3.5	100.0
65–69	37.6	41.7	9.5	4.8	2.0	1.8	2.6	100.0
70–74	46.2	34.8	8.4	3.7	2.4	2.8	1.7	100.0
75 +	52.0	32.6	7.0	2.3	0.8	2.1	3.2	100.0
60 +	41.0	39.0	9.1	4.2	1.6	2.2	2.9	100.0
Region VIII								
60–64	31.9	49.6	11.1	2.0	1.9	1.0	2.5	100.0
65–69	36.3	43.9	11.6	4.0	2.5	0.6	1.1	100.0
70–74	39.5	42.3	7.8	4.4	1.9	1.6	2.5	100.0
75 +	50.3	32.7	9.2	2.8	1.1	0.7	3.2	100.0
60 +	37.7	43.7	10.3	3.2	1.9	1.0	2.2	100.0
Region IX								
60–64	46.1	32.8	14.4	2.5	0.9	1.8	1.5	100.0
65–69	41.3	38.0	14.3	3.4	1.3	0.0	1.7	100.0
70–74	47.3	37.3	7.0	2.8	1.4	3.5	0.7	100.0
75 +	49.3	36.4	8.5	2.5	0.8	0.8	1.7	100.0
60 +	45.2	35.6	12.3	2.8	1.1	1.5	1.5	100.0

TABLE 27 (Continuation)

Elderly Classified by Education, Region and Age , 1980

Regions/ Age	No Schooling	Elemen- tary	Elementary Graduate	High School	High School Graduate	Some College	With College Degree & Over	Total
Region X								
60–64	22.0	47.4	16.3	5.7	4.4	2.5	1.7	100.0
65–69	25.4	47.1	16.5	4.6	3.1	1.5	1.8	100.0
70–74	27.5	44.3	17.4	5.4	1.8	1.8	1.8	100.0
75 +	32.9	47.0	11.8	4.1	2.4	0.0	1.8	100.0
60 +	25.6	46.7	15.8	5.1	3.3	1.7	1.8	100.0
Region XI								
60–64	27.7	45.6	14.5	4.0	4.2	2.2	1.8	100.0
65–69	28.9	42.4	16.3	4.5	4.2	1.7	2.0	100.0
70–74	27.9	46.5	12.2	4.7	4.1	1.7	2.9	100.0
75 +	45.8	36.0	11.0	2.4	3.0	1.8	0.0	100.0
60 +	30.7	43.4	14.2	4.0	4.0	1.9	1.8	100.0
Region XII								
60–64	46.3	30.3	13.1	5.1	2.6	2.2	0.4	100.0
65–69	47.9	35.1	7.6	4.1	2.9	1.8	0.6	100.0
70–74	52.0	28.4	5.9	3.9	2.0	3.9	3.9	100.0
75 +	52.4	29.2	11.7	0.8	2.5	1.7	1.7	100.0
60 +	48.9	31.0	10.3	3.9	2.5	2.2	1.2	100.0
NCR								
60–64	5.7	23.1	25.3	6.9	16.0	10.3	19.7	100.0
65–69	7.7	25.3	19.4	8.3	16.5	5.9	16.9	100.0
70–74	8.9	21.4	26.5	7.3	11.8	5.7	18.4	100.0
75 +	17.2	22.5	18.5	6.3	15.3	4.0	16.2	100.0
60 +	9.0	23.4	22.5	7.2	15.4	7.0	15.5	100.0

Source: One per cent sample of 1980 Census

Differential by sex and locale exhibit a previously established pattern: proportionately more of the urban elderly relative tothose in the rural areas speak English and males have a clear advantage over their female counterparts (Table 29 and 30). A distinct pattern by age also emerges. Increasing age is associated with a decrease in the elderly who know the English language, further proof of the entry of young, more educated elderly (Table 31).

Knowledge of Pilipino/Tagalog is exhibited by Regions III, IV and V and especially by the NCR (Table 28) which is largely due to predominant use of Tagalog in those areas. The same differentials by age, sex, and locales noted earlier are also seen for this variable (Tables 28, 32 and 33). An examination of the percentages with no schooling in relation to knowledge of iether Pilipino or English reveals a direct relationship between the indicators - the higher the proportion of the elderly with no schooling, the lower the percentage who speak English or Pilipino. This finding suggests the importance of formal schooling in acquiring skills in English and for those in non-Tagalog speaking areas, in learning the national language. Since these are two of the most important means of communication in the Philippines, the low level of knowledge in some regions like Central Visayas and Western Mindanao should be among the things to be considered in designing programs and services for the elderly.

This porifle of the elderly reveals a wide variability in demographic behavior and social characteristics not only across regions but within regions as well. This diversity should always be borned in mind in the process of policy-formulation and program design to them truly responsive to the requirements of the elderly in specific areas.

III. THE STATUS OF THE ELDERLY

In the next section, we shall try to define the status of the elderly and identify the various roles that they play using published reports and papers. In effect, we shall mainly be looking at the "consequences" of population aging. While the "determinants" approach to the issue would be another area of interest, it is not of present concern to us. At most, we will just infer from other sources the possible linkages between the observed current status and roles of the elderly, and the cultural, demographic and developmental factors affecting them.

1. Living Arrangements

One of the approaches commonly used in the study of the status of the elderly is to examine their living arrangements. Like most countries in the developing world, the family has taken on the care for and provision of the needs of the elderly in the Philippines. A clear indicator of the central role played by the family in the lives of the elderly is the very low proportion of elderly living alone or living without relatives. In an analysis based on a 20 per cent sample of the Census, Morada et al., (1986) report that only about 6 per cent of the

TABLE 28

Proportion of Elderly Who Speak Pilipino/Tagalog Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Total	**79.3**	**46.7**	**58.5**
I. Ilocos	69.3	39.9	46.9
II. Cagayan Valley	75.6	37.9	45.0
III. Central Luzon	93.4	86.9	89.7
IV. Southern Tagalog	98.0	94.4	95.8
V. Bicol	80.9	57.7	63.6
VI. Western Visayas	62.3	32.4	40.8
VII. Central Visayas	48.1	17.7	26.4
VIII. Eastern Visayas	51.7	27.9	34.1
IX. Western Mindanao	46.4	26.0	29.7
X. Northern Mindanao	54.2	33.1	39.8
XI. Southern Mindanao	62.3	38.5	46.7
XII. Central Mindanao	67.7	37.3	43.3
National Capital Region	98.3	–	98.3

Source: One per cent sample of 1980 Census.

TABLE 29

Proportion of Elderly Who Speak English Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Total	**63.5**	**31.6**	**43.1**
I. Ilocos	62.6	35.6	42.0
II. Cagayan Valley	65.4	35.2	41.0
III. Central Luzon	57.5	35.5	45.0
IV. Southern Tagalog	61.1	33.0	43.9
V. Bicol	57.8	32.2	38.7
VI. Western Visayas	64.2	30.3	39.9
VII. Central Visayas	55.1	24.8	33.6
VIII. Eastern Visayas	51.0	25.0	31.8
IX. Western Mindanao	47.1	27.6	31.2
X. Northern Mindanao	61.2	37.9	45.3
XI. Southern Mindanao	56.0	32.4	40.6
XII. Central Mindanao	55.6	31.4	36.1
National Capital Region	78.2	–	78.2

Source: One per cent sample of 1980 Census.

TABLE 30

Proportion of Elderly Who Speak English Classified by Region and Sex

Region	Male	Female	Total
Total	**48.1**	**38.4**	**43.1**
I. Ilocos	50.0	35.7	42.0
II. Cagayan Valley	49.8	32.7	41.0
III. Central Luzon	51.5	39.7	45.0
IV. Southern Tagalog	48.9	39.3	43.9
V. Bicol	44.6	32.8	38.7
VI. Western Visayas	41.6	38.3	39.9
VII. Central Visayas	39.0	28.6	33.6
VIII. Eastern Visayas	33.6	30.1	31.8
IX. Western Mindanao	36.5	25.0	31.2
X. Northern Mindanao	50.9	38.9	45.3
XI. Southern Mindanao	47.6	32.3	40.6
XII. Central Mindanao	40.1	31.5	36.1
National Capital Region	84.9	73.0	78.2

Source: One per cent sample of 1980 Census.

TABLE 31

Proportion Of Elderly Who Speak English Classified by Region and Age, 1980

Region	Age				
	60–64	65–69	70–74	75+	Total
Total	**48.2**	**44.3**	**40.7**	**33.8**	**43.1**
I. Ilocos	49.5	45.4	41.5	29.0	42.0
II. Cagayan Valley	48.9	41.0	36.1	29.4	41.0
III. Central Luzon	52.2	46.2	44.5	32.9	45.0
IV. Southern Tagalog	50.0	45.5	37.7	34.3	43.9
V. Bicol	44.5	39.8	37.8	25.9	38.7
VI. Western Visayas	44.0	41.1	37.8	31.8	39.9
VII. Central Visayas	38.2	34.5	31.0	26.3	33.6
VIII. Eastern Visayas	34.9	31.1	33.3	24.8	31.8
IX. Western Mindanao	34.6	35.8	24.5	20.7	31.2
X. Northern Mindanao	48.0	47.7	41.3	38.1	45.3
XI. Southern Mindanao	41.3	41.9	46.6	29.9	40.6
XII. Central Mindanao	40.6	32.9	31.1	34.7	36.1
National Capital Region	82.6	77.0	77.7	72.2	78.2

Source: One per cent sample of 1980 Census.

TABLE 32

Proportion of Elderly Who Speak Pilipino/Tagalog Classified by Region and Age, 1980

Region	Age				
	60–64	65–69	70–74	75+	Total
Total	**62.7**	**60.0**	**55.4**	**51.1**	**58.5**
I. Ilocos	57.1	49.3	45.9	31.8	46.9
II. Cagayan Valley	53.4	44.1	38.5	35.8	45.0
III. Central Luzon	92.8	92.3	87.9	83.1	89.7
IV. Southern Tagalog	96.2	96.8	94.7	94.1	95.8
V. Bicol	69.4	67.3	59.5	49.8	63.6
VI. Western Visayas	46.5	41.3	38.6	31.1	40.8
VII. Central Visayas	31.8	27.0	22.9	19.4	26.4
VIII. Eastern Visayas	38.3	34.7	33.3	25.5	34.1
IX. Western Mindanao	31.5	33.8	23.1	24.8	29.7
X. Northern Mindanao	44.9	39.5	34.7	33.5	39.8
XI. Southern Mindanao	48.2	51.1	47.1	32.9	46.7
XII. Central Mindanao	46.8	42.8	35.0	43.0	43.3
National Capital Region	98.9	98.1	98.1	97.7	98.3

Source: One per cent sample of 1980 Census.

TABLE 33

Proportion of Elderly Who Speak Pilipino/Tagalog Classified by Region and Sex, 1980

Region	Sex		
	Male	Female	Total
Total	**60.8**	**56.3**	**58.5**
I. Ilocos	53.3	41.8	46.9
II. Cagayan Valley	50.4	40.1	45.0
III. Central Luzon	91.4	88.3	89.7
IV. Southern Tagalog	95.9	95.7	95.8
V. Bicol	68.8	58.4	63.6
VI. Western Visayas	42.8	39.0	40.8
VII. Central Visayas	30.4	22.8	26.4
VIII. Eastern Visayas	35.2	33.1	34.1
IX. Western Mindanao	32.9	26.0	29.7
X. Northern Mindanao	43.6	35.6	39.8
XI. Southern Mindanao	52.6	39.8	46.7
XII. Central Mindanao	48.1	37.6	43.3
National Capital Region	99.0	97.8	98.3

population 65 and over are living alone. This observation is likewise documented by the various studies conducted bearing in mind the difference in definition, the other estimates of proportion of the ASEAN and WHO studies which used 60 as the age cut-off. The UST study reports an even lower 1.7 per cent based on their 65 and older sample.

Morada et al. observed that living arrangements appear to be a function of the level of urbanization - the proportion living alone decreases as the level of urbanization of the area increases. As shown in Table 34, while there are 6.5 per cent living alone in the rural areas, the corresponding estimate for Metro Manila is 2.8 per cent.

The UPLB and UST studies emphasized the significance of three and four-generation families residing in one household. Though this can be indicative of familial attachment among the Filipinos, it can also be a strategy to address housing problems which affect a large majority of the population. That this living arrangement is more common in the urban areas which have been attracting the migrants, is a possible evidence. About 72 per cent of the urban and 64 per cent of the rural sample of UST reside in three generation family households.

Consistent with these observations is the ASEAN analysis which examined the type of households. About 37 per cent belong to extended households, 28 per cent reside in multinuclear households and 27 per cent live in nuclear households. A larger share of the Metro Manila respondents are occupants of extended and multinuclear rather than nuclear households (69 % vs. 59%). As stated earlier, this could be directly related to the influx of migrants into the area and reflective of the process of accomodating kin into the households. Given these complex living arrangements, it is no surprise that the elderly live in fairly large households. About a quarter stay in households with eight or more persons (Sarmiento, 1988).

An arrangement which has been observed to be quite prevalent in one of the urban sites of the ASEAN survey, which was not captured by the surveys, is the practice of children taking turns in taking care of their elderly, which sometimes involve the elderly moving from one child's house to another (Domingo and Feranil, 1985). This arrangement allows the children to share in the company (and possibly the benefits and services) of the elderly as well as in the economic burden of caring for them.

Earlier, we noted the relatively high fertility experience of this elderly cohort. This demographic fact helps increase the likelihood of living with children in their old age. The ASEAN study shows that about 75 per cent are living with their children while about 16 per cent are living in "empty nests" or where all the children have established their own homes away from their parents. The WHO study reveals that four out of five lived with their children and that the number of living offspring an elderly person had was positively associated with living with children. Elderly persons with seven or more children lived with a child 93 per cent

of the cases. In the Philippines, therefore, where assistance in old age is considered one of the most important values attached to children (Bulatao, 1975), this observation somewhat shows the fulfillment of such expectation.

To examine further the availability of caretakers for the elderly, we use the data from the ASEAN survey. Table 35 shows the large majority of the elderly living in households with female adults aged 15-59. This positively indicates availability of caretakers in the household since daughters and other female members of the family are generally preferred carers for the elderly and other members of the family. This observation, which is common in other Asian countries, have led some to speculate that there could occur a shift in the relative "value" placed on the respective genders of children in anticipation for the care required in old age (ESCAP, 1987).

The close relationship between the elderly and their children who lived away from them is documented with the very high "visitation rates" recorded in the ASEAN and UST surveys. It is conceivable, therefore, that even among these children continued support can be expected.

Even with the predominance of elderly living with their children, there are some who do not live with any of their children especially the married ones. The UST study reports that about one-third of their total respondents are not living with their children because they feel they can still live on their own. Only a few cited difficulty in getting along with children, and grandchildren as a reason for living independently.

1.1 Institutionalization

As a possible alternative arrangement, the ASEAN respondents were asked about their opinion on institutionalization. The respondents, though not totally adverse to the idea (75% said having "Homes for the Aged" is a "good idea"), said that they would not like to live in "Homes for the Aged" because they expect to be cared for by their children or other relatives. This expectation is clearly articulated in the UST study where, when the respondents were asked "Aside from your spouse, whom do you expect would help and care for you in your old age?", 97 per cent of the rural and 71 per cent of the urban sample replied "children". Given the observed living arrangements, it may be said that the expectation has generally been met.

1.2 Housing conditions

On the physical housing conditions, the studies came up with varied assessments. While about half of the ASEAN respondents felt that their housing conditions are problematic, majority of the UST sample felt it was not a grave problem. Researchers from the latter study report that even if the housing conditions may not be the best, the respondents felt that it was not something to complain about. The WHO report shows that the rural elderly were a little more enthusiastic than the urban elderly in rating their houses as good places to live.

TABLE 34

Per cent Distribution of the Elderly Population by Relationship to Household Head and Type of Area, 1980

AREA	RELATIONSHIP TO HOUSEHOLD HEAD						
	Living Alone	Head living with spouse only	Head/spouse living with children and no other adults	Head/spouse living with other adults	Other relative of head	Non-relative of head	TOTAL
PHILIPPINES	5.7	34.2	2.6	31.5	24.7	1.3	100
Area 1 (NCR	2.8	29.8	1.7	31.2	32.1	2.4	100
Area 2	3.7	30.7	1.9	31.1	30.0	2.6	100
Area 3	4.2	32.0	2.3	33.7	26.6	1.2	100
Area 4	3.7	33.8	1.2	36.2	23.8	1.2	100
Area 5	5.3	32.4	2.6	32.1	26.3	1.4	100
Area 6 (Rural)	6.5	35.6	2.8	31.1	22.9	1.1	100

Source: Morada et.al., 1988

TABLE 35

Household Composition

Household Composition	Male			Female		
	60–64	65–67	75+	60–64	65–69	75+
With other elderly aged 60 and over	23.3	42.4	41.5	45.6	35.0	24.7
With females aged 15–59	91.6	81.7	87.0	75.1	80.5	78.5
With children aged 0–5	36.6	40.9	35.2	33.3	36.2	34.2

Source: Domingo, 1988.

The ASEAN survey provides additional data on housing conditions of the elderly. It is reported that physical space is a cause for concern especially for the urban residents. Three out of every five urban respondents lived in homes where they had to share 1 to 2 rooms with the rest of the household members. Another basic housing concern is access to drinking water. The data show that while more than half of the urban homes of the elderly have private water system fitted inside the housing structure, only 8 per cent of the rural residents have the same source of water supply. For the total sample, 14 per cent make use of privately owned pumps or wells outside their homes. Nearly half make use of public systems or even springs or rain. Access to a private toilet does not seem to be a major problem in their households with 95 per cent of the urban and 82 per cent of the rural reporting its availability in their homes.

Similar indicators were also gathered in the WHO survey and the conclusion reached was that the elderly were well serviced with regard to water, toilet, cooking and bathing facilities. All the respondents had cooking facilities, 1 per cent did not have adequate bathing facilities, 2 per cent did not have access to water and 4 per cent lacked toilets. There were no age and sex differences and the few who did not have toilets or bathing facilities were all rural residents (Andrews, et al., 1985).

Given the central role of the family in determining the status of the elderly, the authors express concern about the process and changes accompanying social and economic development that could impinge upon the ability of families to adequately perform this task. One such process is migration. As discussed earlier, these moves especially among the younger members of the family will necessarily mean a reduction in the available pool of help for the elderly in the places of origin. The increasing dominance of females in these urbanward moves has aggravated the situation.

Closely related with this phenomenon is the increasing labor force participation of women and the changing nature of their economic activity. As Table 36 shows, there is a shift in the relative importance of the self-employed and the unpaid family worker relative to the wage and salary workers suggesting the increasing incidence of women working outside of their homes, thus, diminishing their time spent for care for other members of the family. Before the sixties, wage workers comprised less than a third of all the employed females. In the late seventies and the eighties, the estimate exceeds 40 per cent.

While these patterns tend to suggest possible erosion of the amount of care that will be made available to the future elderly, there are some indications and trends that can help offset the negative effect of these changes. One is the increasing education of the younger cohorts. This improvement could mean that there will be increases in the participation in the more formal sector of the workforce. This could further imply that more of the workers could be covered by pension plans, thus, there is some assurance of source of economic support in their

older years. On the part of the government as well as the private sector, increased pressure on the pension system is expected. Change in the nature of work may also mean a possible increase in their earnings and savings, some of which can be earmarked for their retirement years. Furthermore, in the 1983 NDS, indications show that there is a decreasing expectation of support from children among the younger cohort (Domingo and De Guzman, 1984). If the pattern observed suggests a trend, then perhaps the cohorts who are approaching the elderly ages would deal with the problem of self-sufficiency early on in their lives.

These are just some of the forces that could affect the family and support system for the elderly. At present, the majority of the elderly can be provided for by their families although there are those who are not as fortunate as the rest. From an ASEAN report, we learn that this situation is more common among those who have never been married. Furthermore, the continuing social and economic changes will have direct effects on family systems. Even at this state, effects of migration and increasing participation in the labor force among women even those who are married, have had some effect on community development and the availability of caretakers in the family. It would be helpful to view the status of the elderly within this context of continuous change and development.

2. ECONOMIC STATUS

2.1 Dependency Burden

One of the concerns that arise from the growing significance of the elderly sector is its implication on the dependency burden. A growing fear in most developed countries is that over the next 20 to 30 years, the economically active workforce will not be able to supply a large enough tax base to support the dependent age groups, especially the elderly (Hugo, 1985). From a macro perspective, this is not of major concern yet in the Philippines with its relatively youthful population. As shown in Table 37, the young imposes a heavy load on the population with a dependency ratio of 80 for every 100 in the working ages in 1980. The old-dependency burden is relatively lighter with 10 aged dependents per 100, 15 to 59 year olds.

Utilizing the medium-term projection, Domingo and Feranil (1987) show that the dependency burden of the aged will increase from 10 in 1980 to 12 in the year 2010 and to 21 in another 20 years. The increase in the old age-dependency is, however, offset by the falling dependency of the young assuming that the fertility assumptions of moderate fertility decline will hold true. The overall dependency burden is expected to decline.

Based on the published regional census data, the ratio of the elderly to the population in working ages are shown in Table 38. The relative magnitude of the dependency ratio is generally consistent with the data on proportion aged shown earlier. The Ilocos population is shown as having the highest old age dependency burden with a ratio of 15.4 while Central

TABLE 36

Per Cent Distribution of Female Employment By Status of Worker: 1958–1978

Period	Status of Worker			
	Wage &Salary Workers	Self-Employed Workers	Unpaid Family Workers	All Employed
1958–1959	29.3	31.3	39.3	100.0
1960–1964	33.1	29.4	37.5	100.0
1965–1969	37.3	29.6	34.7	100.0
1970–1974	41.5	26.6	31.9	100.0
1975–1978	46.2	26.4	27.3	100.0
1986	43.0	32.2	24.8	100.0

Sources: Domingo, 1988 and Integrated Survey of Households Bulletin Series No. 56, 1988.

TABLE 37

Age Dependency Ratios, 1948–1980

Years	Total	Youth Under 15	Age 60 and Over
1948	96	86	10
1960	100	91	9
1970	101	92	9
1975	95	86	9
1980	90	80	10

Source: Census, various years.

Mindanao has a lighter load with about 6 elderly for every 100 of working ages. There is a wide variability, therefore, of the dependency burden across regions. As emphasized, these macro indicators presented are age-based and do not reflect the actual state of dependency of the elderly nor the capability of those in working ages to support the "dependents". To have a better idea of the economic status of the elderly, we examine various work indicators next.

TABLE 38

Dependency Ratio by Regions: 1980

Regions	Dependency Ratio
Philippines	**10.0**
I. Ilocos	15.4
II. Cagayan Valley	10.3
III. Central Luzon	10.3
IV. Southern Tagalog	10.5
V. Bicol	11.5
VI. Western Visayas	12.2
VII. Central Visayas	13.9
VIII. Eastern Visayas	12.6
IX. Western Mindanao	6.7
X. Northern Mindanao	8.2
XI. Southern Mindanao	7.0
XII. Central Mindanao	5.8
National Capital Region	6.2

Source: Census 1980.

2.2 Labor Force Participation

Changing our perspective, the Filipino elderly does not conjure the image of an incapacitated invididual who is content to stay at home and who is thoroughly dependent. The average labor force participation rate (LFPR) of the elderly remain significant – about 42 per cent based on the one per cent sample (and 39 per cent, with the 20 per cent sample). Apparently, the high LFPR for most of the regions are due to a significant number of the elderly engaged in agricultural activities (Table 39). Based on the one per cent sample, Metro Manila posted the lowest LFPR in 1980. The relationship between level of participation and urbanization is suggested since aside from the NCR, Regions III and IV which are fairly urbanized regions and have higher share of their labor force in non-primary industries have participation rates which are way below the national average (Table 40). Indeed, as of 1978, the share of employment in non-primary industries of Regions III, IV and the NCR exceed the national average of 50 per cent (Raymundo, 1983).

Involvement of the elderly in the labor force is clearly associated with age. Table 41 distinctly manifests the declining LFPRs with increasing age. This pattern is consistently observed for all regions. Table 42 and the more detailed occupational distribution in Table 43, indicate the general withdrawal of the elderly from economic activity and the concomitant increase among retirees and other non-labor force participants as age increases.

As in most labor force studies, the participation rate of the males is usually higher than that of the females. The finding is also true for the elderly (Table 44) where the LFPR of the males is 73 per cent and the females, 14 per cent. The discrepancy in male/female LFPR is especially pronounced in the Central Visayas and in the Mindanao Regions. It is interesting to point out that the difference between the sexes in the National Capital Region is not as large as the differentials estimated for the other regions. It should not, however, be forgotten that both male and female elderly participation rates for the NCR are deemed to be the lowest in the country.

This dissimilarity between the sexes is further observed when the elderly is classified by industry. Table 45 shows the predominance of males in agriculture. Their dominance over the females with regard to working in the non-agricultural division, though not as obvious as in the agricultural industry, is also indicated.

A more detailed classification done by occupational categories is given in Table 46. As a whole, a majority of the elderly (48%) are found in the agricultural sector. A minimal percentage of the elderly are engaged in white-collar, sales, service-oriented, production-related and other occupations. Except for the NCR, the dominance of the elderly women over the opposite sex in sales and service-related occupations is seen for the other regions. This involvement may consist mainly of odd jobs like small retail business and selling farm products, to help augment the family income.

TABLE 39

Elderly in Agricultural and Non-Agricultural Industry Classified by Region, Urban and Rural, 1980

Region/ Locale	Agriculture	Non–Agriculture	None	Total
Total				
Urban	12.8	19.4	67.8	100.0
Rural	41.7	5.8	52.5	100.0
Total	31.2	10.8	58.0	100.0
Region I				
Urban	11.3	16.3	72.4	100.0
Rural	36.8	5.1	58.1	100.0
Total	30.7	7.8	61.5	100.0
Region II				
Urban	18.7	13.3	68.0	100.0
Rural	43.9	4.9	51.2	100.0
Total	39.1	6.5	54.4	100.0
Region III				
Urban	12.0	18.3	69.7	100.0
Rural	28.3	7.0	64.7	100.0
Total	21.3	11.9	66.8	100.0
Region IV				
Urban	14.0	20.7	65.3	100.0
Rural	37.9	8.0	54.1	100.0
Total	28.7	12.8	58.5	100.0
Region V				
Urban	18.1	17.9	64.0	100.0
Rural	43.8	5.7	50.5	100.0
Total	37.3	8.7	54.0	100.0
Region VI				
Urban	13.1	19.7	67.2	100.0
Rural	39.0	7.1	53.9	100.0
Total	31.7	10.7	57.6	100.0

TABLE 39 (Continuation)

Elderly in Agricultural and Non-Agricultural Industry Classified by Region, Urban and Rural, 1980

Region/ Locale	Agriculture	Non-Agriculture	None	Total
Region VII				
Urban	15.8	20.9	63.3	100.0
Rural	46.6	7.0	46.4	100.0
Total	37.7	11.0	51.3	100.0
Region VIII				
Urban	24.8	13.5	61.7	100.0
Rural	46.4	4.9	48.7	100.0
Total	40.8	7.1	52.1	100.0
Region IX				
Urban	20.4	25.7	53.9	100.0
Rural	50.1	4.3	45.6	100.0
Total	44.6	8.2	47.2	100.0
Region X				
Urban	25.7	17.9	56.4	100.0
Rural	46.8	3.7	49.5	100.0
Total	40.1	8.2	51.7	100.0
Region XI				
Urban	23.6	16.5	59.9	100.0
Rural	51.0	2.1	46.9	100.0
Total	41.4	7.2	51.4	100.0
Region XII				
Urban	27.1	15.8	57.1	100.0
Rural	49.4	5.5	45.1	100.0
Total	45.0	7.5	47.5	100.0
NCR				
Urban	2.3	21.8	75.9	100.0
Rural	-	-	-	-
Total	2.3	21.8	75.9	100.0

Source : One per cent sample of 1980 Census.

TABLE 40

Labor Force Participation Rate (LFPR), Urban and Rural, 1980

Regions	Urban	Rural	Total
Philippines	**32.4**	**47.7**	**42.2**
I. Ilocos	27.7	42.1	38.6
II. Cagayan Valley	32.7	48.8	45.8
III. Central Luzon	30.6	35.4	33.3
IV. Southern Tagalog	34.9	46.1	41.8
V. Bicol	36.5	49.9	46.5
VI. Western Visayas	38.7	46.3	42.5
VII. Central Visayas	36.8	53.6	48.7
VIII. Eastern Visayas	38.5	51.3	48.0
IX. Western Mindanao	45.8	54.6	52.9
X. Northern Mindanao	43.7	50.5	48.3
XI. Southern Mindanao	40.2	53.3	48.7
XII. Central Mindanao	42.9	55.0	52.3
National Capital Region	24.2	–	24.2

Source: One per cent sample of 1980 Census.

TABLE 41

Labor Force Participation Rate (LFPR)
Classified by Age, 1980

Regions	Age				
	60–64	65–69	70–74	75+	Total
Philippines	**49.4**	**45.3**	**37.9**	**27.7**	**42.2**
I. Ilocos	48.6	43.1	33.5	24.7	38.6
II. Cagayan Valley	53.9	46.2	44.4	29.4	29.4
III. Central Luzon	40.8	36.2	31.1	20.2	33.3
IV. Southern Tagalog	48.4	46.1	36.4	26.0	41.8
V. Bicol	50.3	52.1	41.7	34.4	46.5
VI. Western Visayas	49.7	45.4	38.3	27.8	42.5
VII. Central Visayas	54.3	53.1	47.5	33.5	48.7
VIII. Eastern Visayas	51.8	51.1	44.8	38.5	48.0
IX. Western Mindanao	59.0	57.5	42.7	39.7	52.9
X. Northern Mindanao	54.9	50.8	35.9	40.2	48.3
XI. Southern Mindanao	55.8	48.6	44.2	34.7	48.7
XII. Central Mindanao	57.2	56.1	48.5	40.5	52.3
National Capital Region	35.4	24.3	18.2	7.6	24.2

Source: One per cent sample of 1980 Census.

Table 42

Elderly in Agricultural and Non-Agricultural Industry Classified by Region and Age, 1980

Region/ Age	Agriculture	Non-Agriculture	None	Total
Total				
60–64	34.7	14.6	50.7	100.0
65–69	33.9	11.3	54.8	100.0
70–74	29.5	8.2	62.3	100.0
75+	22.4	5.0	72.6	100.0
60+	31.2	10.8	58.0	100.0
Region I				
60–64	36.3	12.3	51.4	100.0
65–69	33.6	9.2	57.2	100.0
70–74	29.3	4.2	66.5	100.0
75+	21.0	3.2	75.8	100.0
60+	30.7	7.8	61.5	100.0
Region II				
60–64	44.9	8.9	46.2	100.0
65–69	40.0	6.2	53.8	100.0
70–74	38.7	5.4	55.9	100.0
75+	25.8	3.2	71.0	100.0
60+	39.1	6.5	54.4	100.0
Region III				
60–64	24.7	16.0	59.3	100.0
65–69	22.1	13.9	64.0	100.0
70–74	21.5	9.3	69.2	100.0
75+	14.9	5.2	79.9	100.0
60+	21.3	11.9	66.8	100.0
Region IV				
60–64	30.8	17.4	51.8	100.0
65–69	32.2	13.6	54.2	100.0
70–74	27.1	9.0	63.9	100.0
75+	19.8	5.9	74.3	100.0
60+	28.7	12.8	58.5	100.0

TABLE 42 (Continuation)

Elderly in Agricultural and Non-Agricultural Industry Classified by Region and Age, 1980

Region/ Age	Agriculture	Non–Agriculture	None	Total
Region V				
60–64	39.3	10.4	50.3	100.0
65–69	41.8	10.1	48.1	100.0
70–74	33.8	8.0	58.2	100.0
75 +	29.6	4.0	66.4	100.0
60 +	37.3	8.7	54.0	100.0
Region VI				
60–64	37.5	12.1	50.4	100.0
65–69	34.0	11.4	54.6	100.0
70–74	29.2	9.2	61.6	100.0
75 +	19.1	8.1	72.8	100.0
60 +	31.7	10.7	57.6	100.0
Region VII				
60–64	39.0	15.3	45.7	100.0
65–69	42.0	11.1	46.9	100.0
70–74	37.8	9.5	52.7	100.0
75 +	29.1	4.2	66.7	100.0
60 +	37.7	11.0	51.3	100.0
Region VIII				
60–64	42.3	9.4	48.3	100.0
65–69	43.9	7.2	48.9	100.0
70–74	38.2	6.2	55.6	100.0
75 +	35.3	3.2	61.5	100.0
60 +	40.8	7.1	52.1	100.0
Region IX				
60–64	49.1	10.2	40.7	100.0
65–69	49.6	7.5	42.9	100.0
70–74	35.2	7.1	57.7	100.0
75 +	33.9	5.8	60.3	100.0
60 +	44.6	8.2	47.2	100.0

TABLE 42 (Continuation)

Elderly in Agricultural and Non-Agricultural Industry Classified by Region and Age, 1980

Region/ Age	Agriculture	Non– Agriculture	None	Total
Region X				
60–64	42.6	12.3	45.1	100.0
65–69	44.3	6.5	49.2	100.0
70–74	30.7	4.8	64.5	100.0
75 +	35.2	5.1	59.7	100.0
60 +	40.1	8.2	51.7	100.0
Region XI				
60–64	46.9	8.7	44.4	100.0
65–69	40.8	7.8	51.4	100.0
70–74	37.0	6.9	56.1	100.0
75 +	32.9	1.8	65.3	100.0
60 +	41.4	7.2	51.4	100.0
Region XII				
60–64	49.3	7.9	42.8	100.0
65–69	50.0	5.8	44.2	100.0
70–74	38.8	9.7	51.5	100.0
75 +	33.1	7.4	59.5	100.0
60 +	45.0	7.5	47.5	100.0
NCR				
60–64	1.5	34.1	64.4	100.0
65–69	1.3	22.5	75.1	100.0
70–74	2.5	15.5	82.0	100.0
75 +	0.0	6.9	93.1	100.0
60 +	1.3	22.8	75.9	100.0

Source: One per cent sample of 1980 Census.

TABLE 43

Elderly Classified by Occupation, Region and Age, 1980

Region/Age	White Collar	Sales	Service	Production	Agriculture	Retirees	Others	Total
Total								
60–64	4.7	6.8	3.1	10.5	57.5	11.4	6.1	100.0
65–69	2.4	5.7	2.4	8.1	53.8	20.0	7.6	100.0
70–74	1.6	4.6	1.7	5.0	44.4	30.9	11.8	100.0
75 +	1.0	2.1	1.1	3.2	29.4	41.8	21.4	100.0
60 +	2.7	5.1	2.2	7.3	47.9	23.9	10.9	100.0
Region I								
60–64	4.3	5.0	2.5	10.0	63.5	9.1	5.6	100.0
65–69	1.2	6.1	1.2	7.5	56.8	18.7	8.5	100.0
70–74	0.6	2.2	1.6	1.9	47.5	33.7	12.5	100.0
75 +	0.2	0.9	1.3	2.8	29.0	43.9	21.9	100.0
60 +	1.7	3.6	1.7	5.9	49.3	25.8	12.0	100.0
Region II								
60–64	2.5	5.0	1.7	6.6	72.6	5.0	6.6	100.0
65–69	0.0	5.8	2.3	2.3	67.0	16.8	5.8	100.0
70–74	1.6	1.5	1.5	4.6	60.2	19.1	11.5	100.0
75 +	2.8	0.7	0.7	1.4	33.3	42.0	9.1	100.0
60 +	1.7	3.6	1.6	4.1	60.9	18.2	9.9	100.0
Region III								
60–64	4.9	9.4	3.7	12.0	44.2	18.0	7.8	100.0
65–69	2.1	8.0	3.3	11.1	38.5	24.7	12.3	100.0
70–74	2.1	3.6	2.9	6.5	33.3	35.8	15.8	100.0
75 +	0.0	2.0	1.5	3.8	19.5	47.3	25.9	100.0
60 +	2.4	6.0	2.9	8.6	34.2	30.7	15.2	100.0
Region IV								
60–64	4.2	9.8	3.3	13.4	50.8	10.0	8.5	100.0
65–69	2.1	7.1	1.8	10.8	49.1	18.2	10.9	100.0
70–74	2.1	4.8	1.5	6.1	42.2	29.7	13.6	100.0
75 +	1.0	2.6	0.5	4.9	26.5	39.8	24.7	100.0
60 +	2.6	6.7	2.0	9.7	44.1	21.6	13.3	100.0

TABLE 43 (Continuation)

Elderly Classified by Occupation, Region and Age, 1980

Region/Age	White Collar	Sales	Service	Production	Agriculture	Retirees	Others	Total
Region V								
60–64	4.3	3.7	3.7	8.3	67.4	7.0	5.6	100.0
65–69	3.1	5.4	1.3	6.6	64.8	12.9	5.9	100.0
70–74	0.0	4.7	2.3	6.6	51.2	20.7	14.5	100.0
75+	0.4	2.4	0.8	3.2	35.7	30.8	26.7	100.0
60+	2.4	4.1	2.2	6.4	56.8	16.2	11.9	100.0
Region VI								
60–64	3.9	6.6	2.0	8.0	62.4	12.6	4.5	100.0
65–69	0.4	5.0	3.1	10.4	53.9	20.8	6.4	100.0
70–74	1.5	4.9	2.1	4.6	43.1	30.7	13.1	100.0
75+	1.4	5.0	1.4	4.4	5.2	36.0	26.6	100.0
60+	1.9	5.5	2.2	7.4	48.6	23.1	11.3	100.0
Region VII								
60–64	3.9	6.4	2.9	11.9	61.3	9.7	3.9	100.0
65–69	2.9	4.0	1.5	8.6	63.6	13.7	5.7	100.0
70–74	1.2	5.0	0.9	6.8	54.8	21.4	9.9	100.0
75+	0.6	1.7	1.4	2.5	37.9	36.8	19.1	100.0
60+	2.4	4.5	1.8	8.0	55.6	18.9	8.8	100.0
Region VIII								
60–64	3.2	3.5	2.0	7.5	73.0	5.8	5.0	100.0
65–69	0.0	3.6	1.8	6.8	74.3	7.1	6.4	100.0
70–74	0.9	3.3	0.9	5.2	57.8	23.0	8.9	100.0
75+	0.4	0.9	0.4	2.2	45.0	28.9	22.2	100.0
60+	1.3	2.9	1.4	5.7	64.4	14.5	9.8	100.0
Region IX								
60–64	2.8	3.2	0.9	8.7	73.9	6.4	5.0	100.0
65–69	0.0	4.9	1.2	5.6	73.5	9.3	5.5	100.0
70–74	2.0	6.1	0.0	3.1	51.0	24.5	13.3	100.0
75+	2.5	1.2	1.2	3.7	50.7	28.4	12.3	100.0
60+	1.8	3.9	0.9	6.1	66.0	13.6	7.7	100.0

TABLE 43 (Continuation)

Elderly Classified by Occupation, Region and Age, 1980

Region/Age	White Collar	Sales	Service	Production	Agriculture	Retirees	Others	Total
Region X								
60–64	2.0	5.1	3.9	9.4	67.7	6.7	5.2	100.0
65–69	0.5	3.8	2.9	3.3	69.0	13.8	6.7	100.0
70–74	1.0	4.1	2.1	3.1	51.6	27.8	10.3	100.0
75+	0.0	3.8	0.8	2.3	46.5	27.8	18.8	100.0
60+	1.0	4.3	2.7	5.3	61.9	15.9	8.9	100.0
Region XI								
60–64	2.4	4.5	2.1	5.2	73.3	9.1	3.4	100.0
65–69	2.6	3.6	1.3	5.4	64.8	15.2	7.1	100.0
70–74	0.0	4.7	0.8	3.9	50.7	26.6	13.3	100.0
75+	0.0	1.6	0.8	0.0	43.6	39.7	14.3	100.0
60+	1.7	3.8	1.4	4.2	62.2	18.8	7.9	100.0
Region XII								
60–64	0.6	5.9	0.6	5.9	80.5	1.2	5.3	100.0
65–69	1.8	4.5	0.0	3.6	77.5	9.0	3.6	100.0
70–74	2.8	5.7	1.4	2.9	58.6	18.6	10.0	100.0
75+	2.2	1.1	1.1	5.4	42.9	24.7	22.6	100.0
60+	1.6	4.5	0.7	4.7	68.5	10.8	9.2	100.0
NCR								
60–64	9.8	7.8	4.4	11.9	1.5	19.5	5.6	100.0
65–69	6.9	5.7	4.0	6.2	1.4	36.5	4.3	100.0
70–74	3.1	7.2	1.6	3.8	2.5	50.9	3.2	100.0
75+	2.8	1.8	0.8	2.3	0.0	62.7	7.9	100.0
60+	6.6	6.0	3.2	7.2	1.3	37.5	5.3	100.0

Source: One per cent sample of 1980 Census

TABLE 44

Labor Force Participation Rate (LFPR)
Classified by Sex, 1980

Regions	Sex		
	Male	Female	Total
Philippines	**72.8**	**13.9**	**42.2**
I. Ilocos	72.0	11.8	38.6
II. Cagayan Valley	80.4	13.6	45.8
III. Central Luzon	61.5	10.5	33.3
IV. Southern Tagalog	71.7	14.2	41.8
V. Bicol	79.6	12.6	46.5
VI. Western Visayas	73.2	14.4	42.5
VII. Central Visayas	77.2	22.6	48.7
VIII. Eastern Visayas	83.6	14.1	48.0
IX. Western Mindanao	85.7	14.8	52.9
X. Northern Mindanao	81.4	10.9	48.3
XI. Southern Mindanao	80.0	11.3	48.7
XII. Central Mindanao	86.3	13.2	52.3
National Capital Region	38.9	12.8	24.2

Source: One per cent sample of 1980 Census.

TABLE 45

Elderly in Agricultural and Non-Agricultural Industry
Classifed by Region and Sex

Region/ Sex	Agriculture	Non-Agriculture	None	Total
Total				
Male	58.7	14.1	27.2	100.0
Female	6.0	7.7	86.3	100.0
Total	31.2	10.8	58.0	100.0
Region I				
Male	62.1	9.8	28.1	100.0
Female	5.5	6.2	88.3	100.0
Total	30.7	7.8	61.5	100.0
Region II				
Male	72.0	8.3	19.7	100.0
Female	8.8	4.8	86.4	100.0
Total	39.1	6.5	54.4	100.0
Region III				
Male	45.1	16.4	38.5	100.0
Female	2.2	8.2	89.6	100.0
Total	21.3	11.9	66.8	100.0
Region IV				
Male	55.3	16.3	28.4	100.0
Female	4.1	9.8	86.1	100.0
Total	28.7	12.8	58.5	100.0

Table 45 (continuation)

Elderly in Agricultural and Non-Agricultural Industry Classifed by Region and Sex, 1980

Region/ Sex	Agriculture	Non– Agriculture	None	Total
Region V				
Male	68.0	11.6	20.4	100.0
Female	6.2	5.8	88.0	100.0
Total	37.3	8.7	54.0	100.0
Region VI				
Male	59.6	13.6	26.8	100.0
Female	6.2	8.1	85.7	100.0
Total	31.7	10.7	57.6	100.0
Region VII				
Male	64.8	12.5	22.7	100.0
Female	12.9	9.6	77.5	100.0
Total	37.7	11.0	51.3	100.0
Region VIII				
Male	75.2	8.4	16.4	100.0
Female	8.3	5.8	85.9	100.0
Total	40.8	7.1	52.1	100.0
Region IX				
Male	75.5	10.4	14.1	100.0
Female	9.1	5.7	85.2	100.0
Total	44.6	8.2	47.2	100.0
Region X				
Male	70.3	11.2	18.5	100.0
Female	6.1	4.8	89.1	100.0
Total	40.1	8.2	51.7	100.0
Region XI				
Male	70.7	9.3	20.0	100.0
Female	6.3	4.6	89.1	100.0
Total	41.4	8.2	51.4	100.0
Region XII				
Male	76.0	10.2	13.8	100.0
Female	8.7	4.5	86.8	100.0
Total	45.0	7.5	47.5	100.0
NCR				
Male	3.3	35.4	61.3	100.0
Female	0.1	12.6	87.3	100.0
Total	1.3	22.8	75.9	100.0

Source : One per cent sample of 1980 Census.

TABLE 46

Elderly Classified by Occupation, Region and Sex, 1980

Region/Sex	White Collar	Sales	Service	Production	Agriculture	Retirees	Others	Total
Total								
Male	2.5	3.4	1.3	7.6	58.8	19.1	7.3	100.0
Female	3.1	9.9	4.5	6.4	18.2	37.2	20.7	100.0
Total	2.7	5.1	2.2	7.3	47.9	23.9	10.9	100.0
Region I								
Male	1.6	2.1	1.2	5.4	62.5	20.2	7.0	100.0
Female	2.0	7.2	2.9	7.0	16.9	39.4	24.6	100.0
Total	1.7	3.6	1.7	5.9	49.3	25.8	12.0	100.0
Region II								
Male	2.2	2.5	0.8	4.1	71.2	13.0	6.2	100.0
Female	0.6	7.1	4.1	4.1	28.8	34.1	21.2	100.0
Total	1.7	3.6	1.6	4.1	60.9	18.2	9.9	100.0
Region III								
Male	2.2	2.8	1.6	10.8	45.2	25.9	11.5	100.0
Female	2.8	14.0	6.1	3.0	6.8	42.7	24.6	100.0
Total	2.4	6.0	2.9	8.6	34.1	30.7	15.2	100.0
Region IV								
Male	2.3	3.7	1.4	9.9	55.3	18.4	9.0	100.0
Female	3.6	15.4	3.8	9.3	12.3	30.5	25.1	100.0
Total	2.6	6.7	2.0	9.7	44.1	21.6	13.3	100.0
Region V								
Male	2.2	3.1	1.3	6.3	67.4	11.7	8.0	100.0
Female	2.7	7.3	5.0	6.9	20.8	31.9	25.4	100.0
Total	2.4	4.1	2.2	6.4	56.8	16.2	11.9	100.0
Region VI								
Male	1.6	3.8	1.6	7.2	59.6	19.1	7.1	100.0
Female	2.7	10.3	4.0	7.8	18.5	33.9	22.8	100.0
Total	1.9	5.5	2.2	7.4	48.6	23.1	11.3	100.0

The major contribution of the elderly in the process of development in the country is in their sustained participation in agriculture. Aside from its predominance in the country, the fact that in this sector, the pace of work can readily be adapted to the capabilities of the elderly have greatly facilitated their involvement. Trends in the share in employment in agriculture, however, has been noted to be in the decline. In 1986 for example, 49.3 per cent of the employed was recorded in agricultural sector which is lower than the 1980 estimate of 52.5 per cent. Given the importance of agriculture to the economic participation and consequently, the well-being of the elderly, this pattern may prove to be detrimental to the economic status of the elderly. The level of their economic involvement is being threatened by the growing importance of non-agricultural production which, generally, require more specialized skills and training. The trend may mean a reduction in the opportunities for older persons to remain economically active and may lead to increasing dependency on their families and, eventually, to increasing pressure on the government to provide for their economic needs.

2.3 Sources of Income

As shown above, the majority of the elderly are not gainfully employed. When inquired on their sources of income in the ASEAN survey, those who were not working reported earnings from spouse's current job, savings and pensions. In addition, a significant category that surfaced especially for the urban dwellers is "money from children". About 65 per cent of the females and 53 per cent of the male urban respondents said that they receive financial support from their children. The difference in the level of financial support from children between the urban and rural areas could be indicative of the greater capacity of the former to provide support to their parents or, possibly, of higher dependence among the urban aged (Tables 47 and 48).

For some special subgroups among the elderly, this system of support could be quite crucial for their survival, for example, the "old-old" whose individual capacity for work is greatly hampered by poor health, and, the widows. It will be recalled that the widows comprise a signficant proportion of the female elderly. Unlike some of the married women who can also count on their spouses for their living, the ASEAN survey shows that the majority of the widows (62%) mainly rely on their children's support for their subsistence. This pattern tends to affirm the Filipino children's adherence to norms of filial obligation of providing support to their parents in their old age. Further examination of their status reveals that only 14 per cent have independent means of support either from their earnings (12%) or pensions (2%).

Basically the same pattern is derived by the UPLB and WHO surveys. From the latter, it is reported that paid employment was the main source of income for 32 per cent of the males and 14 per cent of the females. This however decreased with age and replaced with increasing dependence on the family. The family was the main source of income for three fourths of all women over 75 (Andrews, et al., 1985).

TABLE 47

Percentage of Respondents Aged 60+ By Source of Income, by Age and Sex

Sources of Income	URBAN		
	Males	Females	Total
None	0.0	0.0	0.0
Earnings from current job	34.8	16.3	24.1
Earnings from spouse's current job	7.5	9.4	8.6
Savings	0.0	2.6	1.5
Earnings from farm/other agri–cultural production	5.4	2.6	3.8
Money from children	53.0	64.6	59.7
Government pension	21.9	8.7	14.2
Spouse's pension	0.4	3.4	2.1

Source: Domingo, 1988.

TABLE 48

Percentage of Respondents Aged 60+ By Source of Income, by Age and Sex

Sources of Income	RURAL		
	Males	Females	Total
None	0.3	1.4	0.9
Earnings from current job	41.8	17.8	29.2
Earnings from spouse's current job	4.2	8.3	6.4
Savings	0.0	1.4	0.8
Earnings from farm/other agricultural production	71.2	59.5	65.0
Money from children	24.6	38.8	32.1
Government pension	6.7	4.9	5.7
Spouse's pension	0.0	0.3	0.2

Source: Domingo, 1988.

The UST survey shows that 64 per cent of the rural respondents derive their incomes from farmland. For the urban sample, as was shown in the ASEAN data, a significant proportion (64%) derived support from their children and relatives (compared with 31% for the rural). A fairly high proportion of this Metro Manila sample (23%) derive regular pensions. There was an attempt to compute the average wage earnings or earnings from self-employment, however, given the irregularity of these activities, they could be biased (Pedro, 1988).

To expand further on the economic picture, we cite data on skills of the elderly from which they could derive some income. From the ASEAN survey, we learn that about 50 per cent of the sample reported having some skills from which they could derive some income (Table 49). These include dressmaking, carpentry and various forms of handicraft making. However, less than half of these skilled elderly actually put their skills to use to generate income.

An additional footnote is that among the 10 per cent of the sample who have retired, 52 per cent said they would like to work again. Further analysis of the ASEAN data reveals that participation is largely dependent on economic need.

TABLE 49

Proportion of the Elderly with Skills From Which They Can Derive Income, by Sex: Urban-Rural

Sex	Urban	Rural
Male	47.7	56.9
Female	35.2	56.3
N	(660)	(661)

Source: Domingo, 1988.

2.4 Exchange of Support

Upon closer examination of the data from the ASEAN and UPLB surveys, we learn that the flow of support within Filipino house holds is not uni-directional. The situation wherein the parents are both recipients of support as well as providers of support seems to be common. From the ASEAN data, there is a considerable proportion of the elderly who are still supporting their children. Among the urban dwellers, for example 38 per cent of the males said they received support from their children, 20 per cent are giving support to their children. On the other hand, a system of exchange of support (where the parents both give and received support) is reported by a bigger group (37%). For the rural dwellers, a larger proportion (43%) enjoy this exchange of support.

These data provide a mixed picture of the economic status of the elderly. While some tend to project self-sufficiency and continued capacity for gainful work, others are in great need of economic assistance which has mainly been provided for by their families. Agricultural work has been a main source of livelihood for a significant proportion of the male elderly but with changing technology and growing importance of non-agricultural production, their economic participation and sense of sufficiency are threatened. When planning for the economic well-being of the elderly, therefore, this diversity in capacity, attitude and need should be considered.

3. HEALTH STATUS

It has been said that the proportion of population enjoying good health gradually declines from age 40, and the decline accelerates from about age 60 onwards. Similarly, the proportion who are neither sick nor disabled declines steadily. As the aged grow in numbers, strategies to help postpone infirmities would be essential to increase the longevity and improve the quality of life of the population.

3.1 Morbidity and Mortality

The National Health Survey conducted by the Ministry of Health in 1978 provides morbidity data for various ages. The data on morbidity for the elderly are summarized in Table 50. Rheumatism or arthritis affects a sizeable number of elderly. The prevalence rate suggests that this disease affects nearly one out of every five senior citizens. High blood pressure, peptic ulcer and heart trouble are among the leading degenerative diseases. Of the various chronic communicable diseases, tuberculosis was most prevalent with rates of 5850 per 100,000 population. RElatively high prevalence can also be noted for asthma, skin diseases and deafness.

TABLE 50

Number and Prevalence Rate of Chronic Diseases and Physical Handicaps by Sex for the Elderly Population of the Philippines, 1978

Types of diseases	Number Afflicted			
	Both Sexes	Males	Females	Prevalence Rate*
Pulmonary Tuberculosis	149,026	65.385	83,641	5850.4
Asthma	96,188	57,446	38,742	2991.0
Diabetes	18,278	8,338	9,940	717.5
Epilepsy	1,057	832	225	41.5
High Blood Pressure	192,894	79,829	113,065	7572.5
Heart Trouble	59,188	27,291	31,897	2323.6
Mental Illness	7,681	3,996	3,685	301.5
Mental Retardation	1,191	–	1,191	46.8
Peptic Ulcer	99,363	54,374	44,989	3900.7
Rheumatism/Arthritis	529,355	266,289	263,066	20781.2
Skin Diseases	71,973	38,301	33,672	2825.5
Blindness	32,094	12,341	19,753	259.9
Cripple	10,452	3,979	6,473	410.3
Deafness	69,615	39,485	30,130	2732.9
Mute	1,180	1,180	–	46.3

**per 100,000 population*

Source: National Heatlh Survey, October 1978.

Some sex differentials are notable from the morbidity data. Incidence of high blood pressure and pulmonary tuberculosis is higher for the elderly women, while peptic ulcer and deafness were more common among men (Domingo and Feranil, 1987).

Data on mortality rates by leading causes of death are derived from the Philippine Vital Statistics Report of 1979. Table 51 shows that communicable diseases are highly prevalent for both the males and females at the "younger" old ages of 60- 64. The slightly lower albeit notable prevalence of cardiovascular diseases among the elderly of the same age group can also be noted. At the succeeding ages, however, deaths due to cardiovascular diseases lead. Despite this reversal in leading causes of deaths for the elderly, communicable diseases still account for a large segment of the deaths occuring to the elderly population. This pattern actually reflects the national pattern where infections and respiratory problems are reported as the major health concern.

Comparing the sexes, the data show that males register higher mortality rates by major cause of death for all elderly age groups up to the age 80-84. It is only in the oldest age group that mortality risks for certain causes (e.g. cardiovascular diseases) are higher among women than men. (Domingo and Feranil, 1987).

The observed patterns on morbidity based on national statistics are generally borne out by the special studies. When asked whether they had accidents, injuries or chronic illness which affected their daily activities, the WHO respondents reported diseases such as hypertension, pulmonary tuberculosis, peptic ulcers, heart diseases, asthma and abdominal pain of unspecified origin. The same diseases, except asthma, affects the ASEAN respondents. Surprisingly, arthritis was not included among the diseases reported by the WHO subjects, while for the ASEAN study, this disease was reported by the largest proportion of the aged. The UST study relates the high incidence of pulmonary tuberculosis and weak lungs, anemia and rheumatism with poverty.

The accuracy of the data reported could vary. For the ASEAN study, for example, some respondents used terminologies to describe their ailment like "sakit sa bato" in reference to kidney trouble. Among the various studies under review, the WHO has the most extensive coverage on the issue of health. One of the areas examined in this survey is the capacity of the respondents to perform acitivities for daily living (ADL). The questions cover two main categories. The first category included questions relating to basic bodily functions (physical ADL) – eating, dressing and undressing, caring for one's appearance, waking, getting in and out of bed, taking a bath or shower and getting to the toilet on time. The second group pertained to activities related to independent community residence (instrumental ADL) – travelling beyond walking distance, shopping and handling one's own money. The WHO study reported that a large majority of the sample could perform all the functions except the very old (80 years and over) whose ability to perform these functions decreased considerably.

TABLE 51

Mortality Rates by Age, Sex and Major Cause, Philippines, 1979 (per 100,000 population)

Age Group	Sex	Communicable diseases	Malignant Neoplasm	Cardio–vascular diseases	Accidents	Others	Total All Causes
60–64	M	605.6	201.1	566.4	30.0	426.3	1,829.6
	F	440.7	176.2	381.6	13.7	280.2	1,292.3
65–69	M	1,064.2	338.8	1,170.5	59.0	775.8	3,408.3
	F	812.1	288.5	840.4	23.5	531.0	2,495.5
70–74	M	1,116.4	329.8	1,440.6	37.6	1,034.8	3,959.2
	F	935.6	285.9	1,233.0	23.4	883.3	3,360.2
75–79	M	2,924.4	716.1	4,160.8	94.8	3,411.1	11,307.4
	F	2,416.7	552.9	3,620.1	52.5	2,919.6	9,561.8
80–84	M	2,315.2	459.8	3,715.4	67.0	3,581.4	10,138.9
	F	2,008.4	333.2	3.417.8	39.3	3,537.6	9,336.3
85 +	M	3,252.9	332.6	5,265.4	108.9	6,673.9	15,633.7
	F	2,901.2	274.0	5,588.5	57.0	7,430.8	16,251.4

Source: Philippine Vital Statistics Report, 1979.

An interesting aspect of the way of life of the elderly which has some bearing on their health was also examined in the WHO study and that is, their smoking and drinking habits. It is reported that almost half of the subjects had smoked at some time during their lives. At the time of the interview, 34 per cent of subjects were regular smokers. About a third smoked less than five cigarettes per day, another third smoked between five and 14 cigarettes per day, and the final third smoked 15 or more. Age did not seem to be associated with smoking among women but the data show that more younger men smoked than older men. The study likewise reveals that 17 per cent drank alcohol and men were twice as likely to report this as women. Given the controversy regarding the relationship between smoking, drinking and health, it would be interesting to explore this, given this elderly sample.

The WHO study also inquired into the mental health status of the aged and it is reported that most of the respondents demonstrated very high scores on 14 items used to measure cognitive functions. In a scale from 0 to 14, where 14 is the normal cognitive function, around 90 per cent scored 11-14. The most frequently cited symptoms are forgetfulness (41%), sleep problems (34%), fatigue (22%), worry and anxiety (20%) and loss of inter est (19%). It is important to note though, that a strong relationshp was found between age, socio-economic position and physical health and functioning and the reporting of mental health problems (Andrews, et.al., 1985).

3.2 Self Assessment of Health Status

Aside from these indicators, the studies utilized the self-assessment method where the respondents were asked to rate their own health. Though the various studies phrased their questions differently and used different scales, the patttern of responses derived is consistent. Results show that most elderlies perceive themselves as generally of good health. In the ASEAN survey, only 11 per cent gave themselves a "bad" rating while the rest said their health was either "good" or "fair." This finding is consistent with the WHO study where 84 per cent regarded themselves as quite healthy. The same is true for the aged respondents in the UST study, although majority of them admitted being weak and inactive. Contrary to these findings, the UPLB survey show that 90 per cent and 97 per cent of urban and rural elderlies, respectively, are of poor health or are not physically fit. This contradicting result may perhaps be due to some methodological differences or in the phrasing of the question.

Knowing the limitations of this approach, the ASEAN and WHO studies validated the respondent's answers through follow-up questions regarding other aspects of their health. A cross-checking using the ASEAN data reveals that majority of those who reported that they either had accidents, injuries or suffered from chronic diseases or some form of disability had actually rated themselves as having good or fair health. This suggests another area for research, and that is, to examine the concept of health and what constitutes good health among the elderly. Given this limitation, perhaps it is sufficient at this point to take this indicator as

reflecting a general feeling of well-being among the elderly which is an important indicator of their assessment of their status.

Males are more optimistic about their health status than females. Though the levels are different across surveys, this finding does not seem to be consistent with the observation that women generally outlive men, which implies that women have better health status than men. To what extent this response reflects the true condition or whether this is partly a way to project the image of being strong among the menfolk, may be an interesting area to explore in future studies.

The ASEAN and WHO studies are one in saying that majority of the Philippine aged are disturbed by their failing eyesight. In addition, the aged are also found to have difficulty in hearing, chewing (dental problems), and walking 300 meters. But according to Pedro (1988), the elderly has accepted that these poor conditions are part of growing old.

3.3 Utilization of Health Services

With the health problems that affect the elderly, the need for medical services is expected to be high. The actual level of utilization of medical services is, however, a function of the availability of services. All the studies show that doctors and other health professionals are most commonly consulted by the elderly for various health problems. It is interesting to note, however, that a significant proportion of the rural sample of the UST study (45%) reported that they seek the help of traditional or herbal doctors for their health needs. The proportion are much lower for the ASEAN sample (9%) but like the UST sample, they are mostly the rural residents.

Indicator of unmet medical needs was also derived by the ASEAN survey. More than 16 per cent of the sample said that they needed to consult a doctor but failed to do so. When probed on the reasons for non-consultation, 54 per cent said it was too expensive, while about 29 per cent believed that they were not sick enough to consult one. Expectedly, more rural elderly expressed these unmet medical needs than the urban elderly. The WHO study validates this result citing inadequate finances and transportation as main reasons for not availing of the services of medical doctors.

Another aspect of health needs examined by the WHO and ASEAN studies was the use and availability of health aids. The most commonly used aids in the Philippines are glasses and dentures. The WHO reports that about two-thirds wore glasses (the ASEAN reports about a third). Dentures are worn by about 53 per cent of the urban and 28 per cent of the rural WHO sample (about 20 % for the total ASEAN sample). Very few people use wheelchairs, leg braces, pacemakers, artificial limbs, colostomy equipment or catheters which is not surprising considering the cost of these aids.

Most of the respondents in both surveys said that they did not need extra health aids but the WHO report claims that perhaps many subjects are not aware that they need aids. For example, one quarter of the respondents who said they did not need hearing aids suffered from poor hearing in one or both ears. Among the ASEAN respondents who said they needed aids, about 80 per cent said they needed eye glasses. More women than men expressed such need. To have some insight on the issue of cost of health services the UPLB study asked if their subjects have any kind of health insurance. Unfortunately, a majority do not have any. For this majority, more than half said it is their children who shoulder their medical expenses, although around a third said they take care of their own medical expenses.

Given the eventuality of more and more elderly seeking special medical attention, the issue of availability of health services and access for the elderly will increasingly be serious. The quality of health care for the elderly will be of greater importance that the state and level of skills in geriatric health and service to older people in the Philippines should be examined. In a survey of 11 medical schools, it was found that majority of the deans had the opinion that while there is need for inclusion of gerontology and geriatrics in the curriculum, there are too many other priority areas that need attention. The country's geriatric problems are considered not as important in volume as other problems (SRC, 1986).

Such commentary would probably be echoed by planners in most developing societies who have to deal with competing demands given limited resources and budgetary constraints. Reinforcing this attitude may be the stereotypical view that family loyalties and respect for the aged in these societies are such that the aged do not constitute a significant social or economic problem to the state (Hugo, 1983).

4. ROLE OF THE ELDERLY IN THE FAMILY

In this section, we shall try to integrate what had been reported about the roles that the elderly play in the selected settings. We shall begin by examining the elderly within the context of the family and home. This will be followed by various observations on the elderly as members of the community.

Earlier discussions have shown that almost all of the Filipino elderly belong to a household unit, partly because there are few institutionalized dwellings for the aged but mostly because of tradition. The cultural tradition of families caring for their own elderly determine to a large extent, the living arrangements for the elderly. In the event that these elderly are living with their families or even relatives, they are more often than not, accorded significant role such as those described below.

4.1 As Head of Household

The relatively high status accorded to the Filipino elderly in the family is implied by data on headship status shown in Table 52. About 56 per cent of the elderly are considered household heads. The highest proportion of heads are found in the regions of Central and Eastern Visayas while the lowest proportion (51%) of household heads is found in the NCR. Headship is more pronounced in the rural rather than the urban sector and is predominantly a male phenomenon, such finding is an evidence of the traditional honor accorded to old men. The obvious discrepancy between the proportions of male and female heads is shown on Table 53 with 87 percent of males considered as heads as opposed to only about 26 per cent for their counterparts. Such finding further points to the male dominance that still characterize many aspects of life in the Philippine setting. Nevertheless, except for Regions IX and X, the data show that headship declines with age (Table 54).

The high headship rate among the elderly in households with elderly members is generally validated by the four surveys conducted. Since the concept, "household head", could take on various meanings, the ASEAN study sought to ascertain the respondents' frame of reference (for this question and the rest in the Household Block, the respondents are not the elderly themselves). While the survey strongly suggests that the status is given to the elderly in deference to his or her seniority, evidence seems to show that for a large number of cases, headship appears power-based with the elderly actively involved in the provision of financial resources for the households. More than a third of the male heads were cited as the main breadwinner of the household. This is consistent with the discussion on the economic status of the elderly where their role as economic providers was highlighted. In addition, the elderly members are likewise reported as actively involved in decision-making in the ASEAN survey.

This study further emphasized the higher participation of the rural elderly when compared with the urban elderly in decision making in the family (80% versus 52% active). There is some difference also in the areas where they participate in – while the urban respondents were more participatory in matters pertaining to their children, the rural were involved in such matters as the family budget and employment of family members.

One possible source of authority among the elderly is their ownership of their dwelling units. While the estimates from the various surveys vary, they are consistently high. From the UPLB study the estimate is 82 per cent. From the WHO, two-thirds are reported as owning their homes or lived in houses owned by their spouses. The ASEAN gives an estimate of 71 per cent owning the dwelling unit they lived in while about 11 per cent lived in houses owned by another household members.

TABLE 52

Proportion of Elderly Who Are Household Heads Classified by Region, Urban and Rural, 1980

Region	Urban	Rural	Total
Total	**53.0**	**57.0**	**55.6**
I. Ilocos	54.5	54.5	54.5
II. Cagayan Valley	51.2	55.7	54.9
III. Central Luzon	53.3	53.1	53.2
IV. Southern Tagalog	52.8	58.5	56.3
V. Bicol	53.4	56.8	55.9
VI. Western Visayas	53.2	57.1	56.0
VII. Central Visayas	57.9	59.1	58.8
VIII. Eastern Visayas	52.4	61.2	58.9
IX. Western Mindanao	55.6	57.5	57.2
X. Northern Mindanao	54.2	57.4	56.4
XI. Southern Mindanao	52.3	57.9	56.0
XII. Central Mindanao	51.1	55.2	54.4
National Capital Region	50.9	–	50.9

Source: One per cent sample of 1980 Census.

TABLE 53

Proportion of Elderly Who Are Household Heads Classified by Region and Sex, 1980

Region	Sex		
	Male	Female	Total
Total	**87.0**	**26.5**	**55.6**
I. Ilocos	87.8	27.7	54.5
II. Cagayan Valley	90.0	22.2	54.9
III. Central Luzon	85.7	26.8	53.2
IV. Southern Tagalog	86.8	28.2	56.3
V. Bicol	87.8	23.3	55.9
VI. Western Visayas	86.9	27.7	56.0
VII. Central Visayas	89.9	30.2	58.8
VIII. Eastern Visayas	89.3	30.1	58.9
IX. Western Mindanao	85.5	24.2	57.2
X. Northern Mindanao	83.8	25.3	56.4
XI. Southern Mindanao	87.1	18.7	56.0
XII. Central Mindanao	84.1	19.6	54.4
National Capital Region	83.6	25.3	50.9

Source: GSIS Actuarial Department.

TABLE 54

Proportion of Elderly Who Are Household Heads Classified by Region and Age

Region	Age				
	60–64	65–69	70–74	75+	Total
Total	**57.4**	**57.4**	**55.6**	**49.4**	**55.6**
I. Ilocos	57.2	55.9	54.5	49.4	54.5
II. Cagayan Valley	56.7	56.6	57.6	45.4	54.9
III. Central Luzon	55.8	54.1	55.9	45.8	53.2
IV. Southern Tagalog	57.3	57.8	55.8	52.0	56.3
V. Bicol	55.8	61.7	55.6	47.2	55.9
VI. Western Visayas	58.2	58.5	54.9	48.9	56.0
VII. Central Visayas	58.9	59.4	61.2	55.2	58.8
VIII. Eastern Visayas	59.4	59.5	60.8	54.9	58.9
IX. Western Mindanao	59.6	58.3	50.3	56.2	57.2
X. Northern Mindanao	59.6	58.1	49.7	52.3	56.4
XI. Southern Mindanao	59.3	56.7	55.7	45.5	56.0
XII. Central Mindanao	57.9	57.8	52.4	43.0	54.4
National Capital Region	53.4	53.5	48.7	43.6	50.9

Source: One per cent sample of 1980 Census.

There are some clear differentials on ownership. From the ASEAN survey males are noted to be more likely to be owners than females (77% vs. 66%) and ownership is higher for the rural elderly (88 % vs. 53%). Nearly one-third of the urban residents were renting their dwelllings. These findings are validated in the WHO survey.

The country's headship data as analyzed by Cabigon in 1975 showed that in 1968, the highest headship rates emerged among the males notably for those aged 60-64. Half a decade later, the peak headship rate was found among males of ages 50-54. Similar patterns were observed for urban and rural areas. The only difference is that in 1968, the highest headship rates were younger for urban males (55-59) than for rural males (64-69).

These patterns indicate to a certain extent, the changing position of the elderly in Filipino households. While peak headship rates in the late sixties were noted among elderly males particularly the rural residents, information for the seventies indicate generally declining proportions of household heads among the elderly in the entire country and even for urban areas.

4.2 As Decision Maker

The surveys likewise inquired into the some aspects of the dynamics of a family living, specifically on decision-making. The general impression was that most of the elderly actively participated in this process. The WHO report notes that 80 per cent of the respondents participated in family decision-making. At all ages, men were more likely to report involvement in this activity than women, although the differences in the level of participation were not large. Among women there was a steady decrease with age, from 80 per cent for those 60-64 to 58 per cent for women over 80. Involvement for the men was about 86 per cent for subjects less than 75 years old and about 69 per cent for those 75 and over.

An important differential surfaced in all of the analysis and, that is, the rural elderly tend to project more participation in decision-making than their urban counterpart. The WHO study notes that the rural residents reported participation in family decisions 13 per cent more often than urban residents. From the ASEAN survey, it was also found that the rural elderly seem to have an edge over their urban counterparts with regard to decision-making on various items involving family members, household management, purchases of household items and even on community issues such as making political choices (Sarmiento, 1988). Rural elderly among the UPLB sample also appear to have more active participation in decision making than urban, including economic matters.

This aspect of the urban and rural life should perhaps be examined more closely as we try to understand the status enjoyed and roles played by the elderly. As observed by Pedro (1988),

the status of aged in the family and community is very much related to his economic resources. Ownership and access to land and property and a stable income provide him greater authority over the children as well as economic independence. This is more significant in the rural areas where land is the major source of income.

4.3 As Providers of Household Assistance

When the elderly were asked to account for the use of their time during the ASEAN survey, 30 per cent reported that they spend most of their time caring for other members of the family. Considering that about a third of the elderly live in households with very young children, the response tends to suggest that while the elderly are generally viewed as the ones requiring care, they themselves provide care to the younger members of the family. The WHO study confirms this with the report that half of the Filipino couples assisted in the care of grandchildren. Given the increasingly significant pattern of women working outside of the home, this arrangement mutually benefits the old as well as the young members of the household. Related to this function of baby-sitting is their role as "taong-bahay", or the person who is in charge of watching the house while the other family members are away.

While associations are often postulated between financial dependence on the family and provision of childcare, the WHO report states that no such association was observed. While aged people who were still employed were less available to help with the care of children, those who were financially dependent on their families did not help with the care of grandchildren any more than those who were independent.

The nature of household chores and activities done by the elderly in the household is quite varied. The UPLB study notes their high participation in such activities as gardening, raising a few fowls or engaging in petty trading to augment their income. From the ASEAN, about a third are recorded as having said that they often spend time doing some handicraft work. These activities are economically beneficial to the whole household.

4.4 As Adviser

Another important role that the elderly play documented in these various surveys is as adviser on various matters. Given their long experience and exposure to various situations in life, their opinion is valuable to the young. The UPLB respondents said that they are consulted on various matters like farming techniques and even on political choices. The ASEAN report, on the other hand, recorded more than half of the respondents as having been consulted by married women on various issues ranging from their relationship with their husbands to disciplining children, and various ways to augment income.

When respondents of the UST survey were asked if their children consult or ask them for advise, 79 per cent of the rural elderly and a lower 55 per cent of the urban elderly said yes. For the ASEAN survey, about 47 per cent and 56 per cent of the elderly were consulted by adolescents and married women of ages 15-49, respectively.

These indicators generally support the common belief that the elderly enjoys a high status within their families and household. The flow of benefit within the predominant system of cohabitation with children appears to be two-way, thus, making the arrangements mutually beneficial.

5. ROLE OF THE ELDERLY IN THE COMMUNITY

All the studies conducted covered urban and rural communities, thus, making it possible to examine the elderly in these two settings. In addition to the household survey, the ASEAN study also interviewed key informants from each community. These included leaders or influentials of the barangay, particularly the barangay captain, councilmen, educators, religious leaders and other community workers. Furthermore, the field supervisors were asked to write up their impressions about the communities they were assigned to, focusing on their perceptions of the elderly's role and influence in the community. These additional data provide additional insight into the role of the elderly in their communities (Domingo and Feranil, 1985).

It was consistently found that the elderly in the rural areas are more involved in social, religious and civic activities than their urban counterparts. More often than not, the elderly in the city attend meetings and participate in discussions but are not involved in actual implementation of activities and projects. On the other hand, the rural aged are perceived to be active in community projects like health campaigns, political meetings, assemblies, social and religious functions and other civic projects (Domingo and Feranil, 1985). It was even noted in one community that projects turn out to be more successful when the elderly are involved in the implementation. Pedro (1988) reports that in the areas covered by the UST survey, the government officials actually believe that the elderly members of the community are the ones responsible for solving community problems.

Like the ASEAN and UST studies, the UPLB survey also registered a proportionately higher participation rate in community affairs among rural respondents than the urban aged. Aside from just voting during elections and attending religious services regularly, the rural elderly are also involved in campaigning, attending meetings and implementation of government, civic or community projects. Their role as community elders is further more underscored when their advice is sought especially on matters concerning the community.

In the ASEAN sites in Batangas, it was reported that community activities tend to be more successful if the barangay captain, the elderly and other influentials in the community were first approached since they are believed that they are genuinely concerned for the community. Furthermore, from field observation in Sarrat, Ilocos Norte, the "Panlakayen" system is said to prevail wherein opinions, ideas and advice from the elderly are still highly regarded and respected, reflective of the close family ties among the Ilocanos. Anything that affects a given family is first brought to the elderly of the family for proper guidance and advice (Domingo & Feranil, 1985).

The extent of participation in clubs and community organization is relatively low. The WHO reports that only a small percentage of people professed any involvement in clubs, societies, regular meetings or organizations. Only 3 per cent of the study population acknowledged any association with social organizations. Another 2 per cent reported that they belonged to a society for the elderly.

Participation in clubs was recorded at 27 per cent in the ASEAN survey. About half of these activites are connected with the barangay government, 25 per cent are religious organizations while about 7 per cent are retirees or elderly associations. The other types of organizations are social, sports and government line agency extension.

Some of the elderly were also observed to be involved in volunteer work. Again in Batangas, it was observed that the elderly were tapped in immunization, primary health care program mainly to help encourage families to avail of the services.

In Corella, Bohol, the elderly are involved in economic programs such as the KKK and other cottage income-generating projects of the community, as volunteer cooks in the Nutrition Kitchen Program of the Rural Improvement Club, in PTA meetings, as heads of some of the committees in-charged with fiesta preparation and celebration, and in social-civic organizations. The elderly women make up most of the members in the CWL (Domingo & Feranil, 1985).

All these indicate their desire and hint at their ability to participate effectively in community activities involving social interaction and organizing. While the level of involvement is still low, their full potential for involvement in activities or projects can be better realized if more projects and activities can be designed in consultation with the elderly. Therefore, rather than stress the burden imposed by the growing number of the aged in the population, the identification of ways by which these potentials could be harnessed for development and community welfare should be encouraged.

IV. PROGRAMS AND POLICIES AFFECTING THE ELDERLY

1. Existing Policies and Programs

The newly ratified 1986 Constitution of the Republic of the Philippines emphasizes that the "State shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all" (Article II, Section 9). The same document also places priority on providing for the health "...needs of the under privileged sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers" (Article XIII, Section 11). However, it further declares that "the family has the duty to care for its elderly members although the State may also do so through just programs of social security" (Article XV, Section 4).

The growing recognition among planners of the significance of this sector is articulated in the Medium Term Development Plan, 1987-1992 (NEDA, 1986). The Plan specifies the need to provide appropriate privileges and benefits for the elderly to cushion the problems brought about by the aging process and to sustain the value of self-reliance and productivity even among the country's senior citizens. Moreover, the elderly are to be encouraged to participate in development and community activities. Provisions of health and other services to disabled elderly persons will be promoted. It is also envisioned that social security benefits for old people will be expanded. Moreover, alternative community arrangements for their care will be explored in addition to support for institutions for the elderly.

2. Programs for the Elderly of the Department of Social Welfare and Development (DSWD)

Public delivery of services to the disadvantaged populace in the country is being undertaken primarily through what is now the Department of Social Welfare and Development (DSWD), the government's social welfare arm. Other government agencies particularly the Department of Health (DOH) are also involved, in addition to private welfare organizations.

The DSWD has five major programs addressing the needs of following sectors:

1) Children and Youth

2) Disabled Persons

3) Family and Community Welfare

4) those requiring Emergency Assistance, and

5) Women's Welfare

The elderly comprises one of the 13 categories under the "Disabled Persons" and are grouped together with released prisoners, negative Hansenites, mendicants, drug/alcoholic users and former political detainees under the sub-heading, "Socially Disabled" (the other disabled persons fall under either the "Physically Disabled" or the "Mentally Handicapped").

Being the agency that is responsible for developing and implementing programs for the disadvantaged sector of the society, which includes the elderly population, the DSWD observes the following guiding principles:

a. the individual elderly's right to have access to service and opportunities that will help him achieve a productive, wholesome and satisfying life;

b. family and community responsibility in recognizing the potentials of elderly persons and the need to provide opportunities to make minimum use of such potentials;

c. the government's responsibility to provide basic and essential services for the elderly's well-being through the provision of adequate care and relief from stress.

The agency's activities regarding the elderly include program development, setting standards, technical assistance, training and orientation of personnel, licensing and accrediting welfare agencies including public or private Homes for the Aged. The Bureau of Disabled Persons Welfare (formerly Bureau of Rehabilitation) is the one that specifically monitors the program.

In line with the promotion of disability prevention and rehabilitation of the physically, mentally and socially disabled persons, the following types of services are provided to the elderly by the social workers based in various unit offices all over the country:

1. Assistance for Physical Restoration

This is the provision of financial assistance or devices for the physical restoration of the elderly person whose residual capacities can be improved through surgery, medical treatment or technical devices (e.g. wheelchairs, crutches, etc.) but lacks financial resources.

2. Self - Enhancement Services

This provides the elderly person opportunities for socializing, creative expression, and improvement of self to enable him to fully participate and be fully absorbed in the mainstream of society. These include personality development through sports, music and arts, weaving, etc.; organization of elderly persons, association and self-help groups to provide them the opportunity for participation in planning and decision-making specially in matters related to

their welfare; and counselling sessions which provide the means through which the elderly person can cope with problems associated with aging.

3. Livelihood Development Service

This aims to develop economic self-reliance and social responsibility among disabled adults, youth and elderly persons and ultimately contribute to the improvement of their social and economic well-being. This service is being implemented through practical skills development and employment opportunities which include sheltered employment or community production center, supervised production group, self- employment assistance, basic management skills development, job counselling and referral for open employment.

4. Substitute Family Care

This is done through residential care/group homes for the abandoned, neglected, unattached or homeless and incapable of self-care. Since caring for elderly members is a Filipino custom, custodial and residential care is considered a last recourse.

5. After Care and Follow-up Service

This provides elderly persons who are discharged from the Homes for the Aged/institutions especially those who are faced with problems of reintegration with family and community. The elderly themselves and their families are provided counselling for them to cope with negative thoughts and feelings of anxiety and for the family and community to have acceptance and positive attitudes toward their older members.

6. Elderly Volunteer Programs

This is aimed at tapping the elderlies as resources in various socio-economic undertakings. Specifically, these are:

a. Resource Volunteer Service – where the elderly can be utilized as resource persons in conferences, seminars, forums and community assemblies (e.g. health campaigns)

b. Foster Grandparent Service – where the elderly are given the chance to give care and attention to institutionalized and handicapped children. This service taps the elderly to provide "foster grandparent" care to abandoned, destitute or disabled children and, in turn, provides social rehabilitation opportunities for both the elderly and the children. Neighborhood foster services can also be made available by elderly groups when parents are temporarily out of the home. Such a service can be used by community-level organizations.

c. Peer Outreach Service – includes organized activities where the elderly volunteers make friendly visits especially to lonely and bedridden aged persons.

d. Senior Aides Services – given by elderly volunteers who spend an hour or two in community beautification projects, community fund-raising programs, schools, libraries, parks, drop-in homes for babies, and day care centers. Programs for children are particularly stressed since the elderly's seniority and credibility can be used effectively to teach social and spiritual values, customs and practices necessary for the children's development.

e. Sponsorship Services – where the well-off elderly provide financial support to needy children and youths in their studies, sponsor projects such as sheltered workshops and day-care centers for both the elderly and pre-schoolers.

f. Home Management Development and Home Aides Service –- where elderly volunteers take over in supervising the household chores for a few days while the mother or the regular childcare provider is sick or unable to perform household chores.

g. Family Life Enrichment Services – include the provision of guidance, value discussion and counselling regarding parenthood and marriage, where the main resource persons are the elderly.

h. Neighborhood Child Protection Services – where the elderly acts as council leader to remind or admonish neglectful or abusive parents.

i. Special Social Services – where the aged persons provide support to friends or neighbors who are in deep emotional distress due to death, separation or abandonment in the family.

To assess the status of these programs and projects for the elderly, we interviewed the DSWD Assistant Regional Director for the NCR who was formerly the Social Welfare Project Supervisor in charge of developing programs for the elderly, Mrs. Catalina Fermin, and Mrs. Veneranda Carado, the Social Welfare Specialist on Prevention and Rehabilitation of Disabled Persons for the region. These resource persons claimed that relative to the other clientele of the Department, the elderly are easier to reach mainly because they have become quite organized through the establishment of various senior citizens' associations all over the country. From the report of the President of the Federation of Senior Citizens Associations of the Philippines, Dr. Felix Gabriel, we learn that the total number of senior citizens, associations throughout the country has increased from 1,780 in 1987 to 2,011 in 1988. The membership has likewise increased from 76,863 to close to 120,000 during the period (Gabriel, 1989).

Aside from the growth in numbers, Fermin comments that one of the main features of these organizations is that they are found not only in the urban areas but in rural barangays as well. If this pattern persists, it can be expected that the elderly will continue to grow as a significant and potent group that can work for their welfare and interests. The continued support of the DSWD seems to guarantee this development. Fermin reports, for example, that every year, regional and cluster conventions are held sponsored by the DSWD where the elderly discuss issues and problems of the sector and come up with recommendations. During the last national convention held in Cebu City last 17-18 October 1988, the following resolutions were recommended by the national federation:

1) that a bonafide member of a certified Senior Citizens Association be included as a sectoral representative in same benefits and privileges as other members;

2) that the age of the beneficiaries of the various bills filed in Congress be lowered from 65 to 60 and that priority be placed on health services and discounts on transportation fares considering the present economic situation;

3) that a Bureau of Senior Citizens Welfare be created under the DSWD and the necessary funds be appropriated;

4) that the subject on aging be included in the school curriculum;

5) that pension benefits of retirees be upgraded and adjusted to the current salary rates of the same positions once held by any retiree.

Among the various activities of the elderly, livelihood projects have been reported as getting continued support from the DSWD. Projects such as poultry raising, hog raising, handicrafts, food preservation, buy and sell, even casket-making, have been funded through the DSWD's Self-Employment Assistance Program as well as Grants-in-aids extended to both government organizations and non-government organizations and funds from the MIFF (Manila International Film Festival) managing boards.

In Metro Manila, Carado reports that in the past year 493 individuals were given no-interest loans ranging from 500 to three thousand pesos for various livelihood activities. Basing on reports, the resource persons said that 90 per cent of the beneficiaries of livelihood projects are the senior citizens who are members of the Federation. A positive note to this program is that according to both Fermin and Carado, the senior citizens are generally good borrowers as they make regular payments on their loans.

In order to generate more capital for livelihood/income-generating projects at the regional level, the DSWD provided an initial grants-in-aid fund of P20,000 per region. To this has been added P40,000 per regional federation and P50,000 for the national federation.

There have been plans to establish day centers for the elderly in every region by the Federation in coordination with the DSWD. However, due to lack of funds, only five of the 14 regions have put up Day Centers for the elderly. However, the various Senior Citizens Federations in the regions are now trying to generate funds for this project. To minimize costs, the DSWD has suggested that the federation should consider using existing structures like barangay halls, community centers, residential facilities or even hospitals.

In terms of volunteer services and community services provided by the elderly, Carado observes that the elderly in NCR are quite active, especially the retired teachers. They assist in various activities like disaster operations, nutrition campaign, and in conducting surveys in the barangay.

While these indicate some of the accomplishments of the DSWD in their service to the elderly, the resource persons believe that a lot more could be done if the Department could increase their manpower especially at the point of delivery of service. Since the elderly also comprise a small proportion of the population, the resources and budget allocated for the group are necessarily small, thus affecting the coverage and nature of services that can be provided to them.

3. Homes for the Aged

As discussed earlier, the majority of the elderly live with their families, thus, if one were to base an assessment on the need for residential institutions for the elderly on this observation, the conclusion will be that there is a very low level of need for such service.

Currently, there are 21 Homes for the Aged operated by both the government and religious or charitable institutions in the Philippines and they mainly cater to those at least 60 years of age, needy, dependent, neglected, unattached, with no relatives and free from communicable diseases. Though some provide permanent residential and custodial care, others are only rehabilitative in nature

These institutions are generally small and are found to be always filled to capacity. Often times, the number of residents exceed their normal maximum limit. It is estimated that around 900 to 1,000 elderly are housed in such Homes. Considering that there are close to three million elderly in the country, this estimate is indeed very minimal.

The DSWD manages the Golden Acres ("Ginintuang Paligid") Home for the Aged which was established in 1969 under the Integrated Social Welfare Programme of then First Lady, Imelda Marcos. Though this facility has a maximum capacity of only 180, the actual number of residents exceed this limit.

It may be said that the available services and resources fall short of the requirements as evidenced by the overcrowding in these facilities. While it is true that the number of un-housed destitutes and those with no families would constitute the group that would be most in need of shelter in these homes, it has been observed both by the Head Social Worker of the Golden Acres, Sister Melchora Ignacio and Mrs. Fermin of the DSWD that there seems to be an increasing demand for facilities such as those offered by the Golden Acres from the well-to-do sector of the society. Requests for accommodation for potential paying clientele have been received but had to be turned down not only because of lack of facilities but also because of the existing policies regarding qualifications. Fermin comments that while it is true that culturally, the institutionalization of the elderly does not seem to be acceptable, the growing pressures of living especially in highly urban areas greatly affect the capacity of the families to care for their elderly. Some of these carers of the elderly are beginning to consider the option of institutionalization, perhaps, to help ensure the provision of better care for their elderly.

Fermin believes that setting up Homes for the Aged for paying clientele will not be considered of high priority by the government although the private sector can be encouraged to get into this type of service. Models from various countries can be studied and adapted to suit the cultural and social setting of this country.

4. Pension System

Another type of service rendered for the elderly is the provision of social security benefits for the retired workers of government and private agencies, the veterans and self-employed who practiced their professions. Various benefits are provided through the Government Service Insurance System (GSIS) for the government retirees, the Social Security System (SSS) for private agency retirees including the self-employed who have made voluntarily contributions, the Philippine Veterans Affairs Office for veterans and the United States Veterans Administration for Filipino Veterans of the United States.

These pension schemes have been in place for quite some time now (the GSIS started in 1937 and the SSS in 1957), however, due to the requirements of these schemes and the structure of employment, the beneficiaries compose only a very small segment of the elderly population. Abaya (1981) estimates that in the early 80's, they comprise only about eight per cent of the total aged. The majority (especially the farmers) do not qualify for such benefits.

Abaya further believes that some may have lost their privileges due to non-payment of contributions or dues, while others are simply not aware of these benefits or are constrained by distance or perceived difficulties regarding procedures for membership.

As of the end of 1988, there were a total of 68,740 regular GSIS pensioners receiving an average monthly pension of ₱568.23. The SSS, on the other hand, provided an average monthly pension of ₱665 to 133,372 retirees from the private sector in 1987. Roughly, therefore, through these two systems, social security is provided to about 200,000 of the total elderly population.

The ultimate goal of these pension systems is universal coverage of their target beneficiaries. In 1988, there were a total of 927,147 GSIS members. Considering that there are an estimated 1.7 million government employees in 1986, not all of whom are permanent employees (therefore are not subject to mandatory enrollment in the GSIS), then, it may be stated that in terms of coverage, the GSIS has been fairly successful.

With the compulsory coverage of certain groups of self-employed persons under Presidential Decree No. 1636 which took effect last January, 1980, the SSS moved closer to its ultimate goal. Mr. Horacio Templo, Assistant Administrator in charge of corporate planning, actuary and budget reports that while currently, the SSS is concentrated on the urban employed sector, there are now efforts directed at studying the feasibility of including employed farmers in its coverage. Preliminary talks with various farmer organizations have revealed several problems that may crop up in the operationalization of this plan. Though this plan can clearly be beneficial to the large majority of Filipino workers including the eldery, it is not clear when or if this expansion will ever be implemented.

To address the problem of lack of information and understanding on the social security scheme, the SSS has launched a vigorous information campaign through mass media and have also packaged materials for the legislators. Templo reports that the response to these efforts has been encouraging especially with regard to availment of benefits. He is hoping that there will likewise be an increase in voluntary compliance among employers. A notable pattern in the recent increases in voluntary contributions for the self-employed is that this has been highly selective of those in the 45-55 age bracket. Templo speculates that while this can simply be because they compose a large proportion of the self-employed, it is possible that this could be reflective of their sudden realization of an impending need.

A common complaint among the pensioners is the amount of pension received given the rising cost of living and inflation (as evidenced, for example, by the letters to the editors published in various newspapers). As will be discussed below, this issue is now being looked into by the legislators. Mrs. Felicidad Villaruz, Vice President and Actuary of the GSIS stated

that Presidential Decree 712 provides for the indexing of pensions in order for the beneficiaries to catch up with the rising cost of living. The minimum pension has been constantly adjusted that at the beginning of this year, the amount was pegged at ₱400, an increase of ₱100 from the minimum a year ago. In 1988, 37 per cent of the pensioners were receiving less than ₱400 a month. Raising the minimum, therefore, affects a signficant proportion of the pensioners. Pensions have likewise been increased by 10 per cent across the board but not in excess of ₱100. These adjustments are meant to benefit those in the lower end of the pension distribution and to close the gap between them and those receiving relatively high pensions. While Villaruz admits that these amounts remain small considering the constantly rising cost of living, the GSIS can not afford bigger adjustments without breaking the system since the social security program is based on salary contributions. Villaruz suggests that to help the pensioners, other programs should be supported or designed like providing free medical care to retirees.

On the part of the SSS, several adjustments in the retirement benefits to their members have also been made and during its last increase in 1987, the minimum monthly pension was also set at ₱400. As shown in Table 55, close to a third of the total 133,372 pensioners fall in this bracket. At the other extreme are those who are receiving ₱1,000 or more every month comprising about 16 per cent of the total. Templo comments that if the current move to increase the minimun to ₱500 be implemented, the distribution of pension would seem to suggest that a "flat rate" pension scheme is in operation. He is of the opinion that an increase of say, ₱100 across the board will result in a pension distribution which would be more reflective of the differences in the levels of contribution of the members. On the issue of feasibility of the adjustment, Templo writes in his position paper of 14 July 1987, that the salary requirement for a pension of ₱500 can easily be met if the employer would regularly and properly remit contributions to the SSS and if these contributions are correctly reflected in the members records.

Maintaining a high minimum pension has some negative effects. Templo (1987) writes that it could have "a disincentive effect on those in the lower income group to contribute based on higher salary credits if this will result in the same minimum pension that they are already happy with. Members may attempt to stop contributing after meeting the requirements for entitlement to the minimum pension. More effort will thus be required in the collection activities of the SSS and it may become necessary to examine every claim which will fall below the minimum pension.

Examining Table 56 based on the GSIS pensioners reveals essentially the same pattern and the range of amounts received by the different groups of pensioners appears even more compressed. The generally lower rates received by the government workers relative to the workers from the private sector is likewise revealed (in 1988, only 5 per cent were receiving pensions of ₱1000 or more).

TABLE 55

Percentage Distribution of DDR Pensioners
As of March, 1989

RANGE OF PENSION	RETIREMENT		DISABILITY		DEATH		COMBINED	
	%	CUM %	%	CUM %	%	CUM %	%	CUM %
P 400	28.8	28.8	40.0	40.0	20.1	20.1	26.5	26.5
400– 500	14.9	43.7	14.5	54.5	22.5	42.7	18.0	44.6
501– 600	10.6	54.3	13.9	68.5	21.5	64.2	15.5	60.1
601– 700	9.0	63.4	6.8	75.4	11.9	76.2	10.0	70.2
701– 800	8.4	71.8	5.4	80.8	5.9	82.2	7.0	77.2
801– 900	7.0	78.8	4.5	85.4	4.6	86.8	5.7	82.9
901–1000	5.2	84.1	3.4	88.9	3.6	90.4	4.3	87.3
1001–Above	15.8	100.0	11.1	100.0	100.0	9.5	12.6	100.0
Number of Pensioners		133,372		33,768		120,368		287,508
Average Monthly Pension		665.22		514.70		605.03		622.34

Source: SSS Actuarial Department

TABLE 56

Distribution of Regular Pensioners by Monthly Pension
As of December 31, 1988

Monthly Pension (In Pesos)	Number			Per Cent	Cumulative %
	Male	Female	Total		
0 – 199	–	–	–	–	–
200 – 399	17,382	8,215	25,597	37.24	37.24
400 – 499	7,530	4,588	12,118	17.63	54.87
500 – 599	4,793	3,349	8,142	11.84	66.71
600 – 699	3,726	4,122	7,848	11.42	78.13
700 – 799	2,450	2,250	4,700	6.84	84.97
800 – 899	1,734	1,631	3,365	4.90	89.86
900 – 999	1,197	654	1,851	2.69	92.55
1,000 – 1,099	1,005	510	1,515	2.20	94.76
1,100 and over	2,839	764	3,603	5.24	100.00
Total	42,656	26,083	68,739	100.00	

Average monthly pension = P568.23

Source: GSIS ...

One dissimilarity between the GSIS and the SSS is the payment of advanced lump sum pension instead of 60 regular monthly payments. While the GSIS provides this benefit, the SSS does not. Requests from SSS pensioners usually cite as justification their need for a starting capital to finance small livelihood projects or businesses. The SSS, however, believes that while a few might succeed in such enterprises, actual experience has shown that the majority fail. Furthermore, the administrators believe that this type of need could be better met by an employee-employer retirement plan sponsored by the company rather than by a social security scheme. While the GSIS has been implementing this mode of payment, Villaruz states that the strategic plan is toward the discontinuance of this practice.

A study on a sample of retirees from the GSIS office documents these observations. Kuan (1985) reports that while a few of the retirees had some knowledge on accounting and business investment, the majority did not know how to make the money earn. Some reported hearing about the money market business but they did not know how to go about it. Then when relatives heard of their having received the retirement pay, they started borrowing money from them. Furthermore, having lent money to one, it was hard to refuse other family members. Soon, they found themselves without any reserve for any business venture. Part of the recommendation given by the study is that pre-retirement preparation should include techniques on accounting and on how to invest in business enterprises.

An issue which has likewise surfaced is the lowering of the age of compulsory and optional retirement. At present they are 65 and 60 years old, respectively. Three House Bills (HB) have been filed with the same intention but are varying in terms of the ages proposed. HB 2065 proposes the amendment of the Revised Government Insurance Act of 1977 by setting compulsory retirement age at 55. HB 14638, on the other hand, proposes that retirement be compulsory at age 60 and optional at age 55. Optional retirement is proposed for those age 58 in HB 3329 while compulsory retirement is set at 60. These bills are said to be conceptualized to benefit the government workers by allowing them more time to "enjoy their retirement benefit" (HB 2065) and "to invest their talents, abilities, and monetary benefits for private pursuits that will sustain him and his family for the rest of his remaining years" (HB 14638) and "to spend the remaining years of their lives in the best way they see fit" (HB 3329). In addition, the approval of the HB 2065 is said to "enable the government to employ new and younger workers in public service while the proponents of HB 3329 state that its approval will "enable the government to save a lot in retirement benefits, while enabling it to hire young and energetic personnel."

When asked to comment on this proposal, Villaruz said that there could be costs as well as benefits of such a move. The employment opportunities that will be freed up and made

available to the younger cohorts may be a good justification, however, Villaruz comments that government employment is relatively small (8 per cent of the total employed in 1986) and, therefore, this benefit will not be substantial. Futhermore, many of the pensioners are still heads of households and have dependents (as also shown by the various data sets analyzed in this report) and an early retirement will greatly affect their capability to perform their role. She adds that the fact that the average age of retirement is about 62 attests to the desire of the workers to stay employed longer rather than opt for an early retirement (the ASEAN data show that 53 per cent of those who were forced to retire still want to work). Actuarially, Villaruz adds that this will mean shortening of the contribution period and lengthening of the payment period. The financial requirements will therefore be enormous and the system is not ready for this. The points raised from both sides of the issue suggest the need for further study.

5. Other programs for the elderly

From the reports of the key informants of the ASEAN survey, we learn of special programs for the elderly in some communities implemented through the effort of the community residents themselves or sometimes with help of some agencies.

In Tondo, for example, the barangay council in collaboration with the Social Welfare Division of the MSSD (now DSWD) sponsors fieldtrips and programs for the elderly. The Catholic Church is also selling rice and other prime commodities at much lower prices to poor residents which includes the elderly.

A key informant in the same area also cited a special social project for the elderly. This involves members of the Ladies Brigade taking elderly residents out during holidays or Sundays. Each group is composed of 8 members. Selection of the elderly and the member of the Ladies Brigade to be in charge of the "pasyal" is by raffle. The elderly person who gets selected will be fully attended to during the day, which may include buying him/her new clothes, shoes and presents.

The Tondo key informants also cited how the community helps some of the poor residents solve some of their financial prob lems. Those who cannot purchase medicine or bury their dead relatives, for example, are helped through collection of about P1.00 from each member of the community initiated by the barangay brigade.

6. Awareness of programs

There seems to be a low level of awareness of programs for the elderly among the elderly themselves (Table 57). Only 13 per cent of the ASEAN sample, most of whom are from Metro Manila, reported knowing some programs for the elderly. The most popular among the

programs are the retirement/pension programs and Homes for the Aged. As mentioned earlier, there seems to be acceptance of the concept of institutionalization, especially, since they are perceived to be helpful for the families who, otherwise, would be burdened by caring for the elderly. The respondents also said that they expect that the elderly will have better care in Homes. Such strong approval (77%), however, turns suspect since only about a third indicated they would want to actually live in Homes for the Aged.

TABLE 57

Programs For The Elderly

Programs	Manila	Ilocos	Batangas	Bohol	Total
Know Any Program					
Yes	18.2	2.7	100.0	12.2	13.2
No	81.8	97.3	90.0	87.8	86.8
(N)	(660)	(220)	(220)	(221)	(1321)
Programs Known					
Transport Discount	4.2	–	–	3.7	3.4
Free Medical/ Dental Service	6.7	16.7	4.5	14.8	8.0
Income Generating	6.7	–	–	11.1	6.3
Retirement Pension	14.2	50.0	50.0	7.4	18.9
Home for the Aged	23.3	33.3	4.5	3.7	18.3
Sariling Sikap	5.8	–	–	7.4	5.1
Veterans Center/ Others	6.7	–	–	33.3	9.7
More than one	16.7	–	27.3	3.7	15.4
Not specified	15.8	–	13.6	14.8	14.9
(N)	(120)	(6)	(22)	(27)	(175)
Home for the Aged, A Good Idea					
Yes	88.5	62.7	73.2	59.3	76.8
No	11.4	36.4	23.6	39.8	22.3
It Depends	0.2	0.9	3.2	0.9	0.9
(N)	(660)	(220)	(220)	(221)	(1321)

TABLE 57 (Continuation)

Programs For The Elderly

Programs	Manila	Ilocos	Batangas	Bohol	Total
Reasons Why "Homes" Good					
Spare Family from Burden of Caring for Elderly	11.8	21.7	9.9	9.2	12.5
Health will be better taken cared of	8.7	16.7	11.8	28.2	17.1
Better chance to socialize with people of same age	0.7	1.4	2.5	3.1	1.4
Beneficial for those who have no one to care for them	83.0	66.7	74.5	42.7	74.3
For those with no homes to stay	0.3	1.4	1.2	–	0.4
Free Food; to help poor; Less beggars	0.5	0.7	0.6	–	0.5
Reason not specified	–	–	1.9	–	0.3
No Information	0.2	0.7	0.6	0.8	0.4
(N)	(584)	(138)	(161)	(131)	(1041)
Reasons Why "Homes" Not Good					
Family should take care of elderly	50.7	77.5	55.8	38.6	55.3
Elderly will miss Family/not want to leave family	25.3	16.2	7.7	39.8	24.1
Elderly not want to live with strangers	17.3	5.0	30.8	19.3	16.9
Expensive	1.3	1.2	-	-	0.7
Will make children neglectful of duties	1.3	-	-	-	0.3
Will make elderly lazy/lose initiative	2.6	-	-	1.1	1.0
Others	2.6	-	5.8	3.4	2.7
(N)	(75)	(80)	(52)	(88)	(295)

TABLE 57 (Continuation)

Programs For The Elderly

Programs	Manila	Ilocos	Batangas	Bohol	Total
Desire To Live in a "Home" if in the Province					
Yes	28.9	48.6	28.6	39.7	32.9
No	70.7	51.4	68.3	58.8	66.2
No Information	0.3	-	3.1	1.5	0.9
(N)	(584)	(138)	(161)	(131)	(1041)
Ever-Heard of Elderly Volunteer Service					
Yes	2.0	0.9	0.9	4.5	2.0
No	96.2	99.1	98.6	95.0	96.9
No Information	1.8	–	0.5	0.5	1.1
(N)					
Heard of Outreach services					
Yes	16.8	8.2	3.6	40.3	17.1
No	83.0	91.8	96.4	59.7	82.8
No Information	0.2	–	–	–	0.1
(N)	(660)	(220)	(220)	(221)	(1321)
Ever-Served by Outreach services					
Yes	16.1	44.4	37.5	51.7	33.0
No	83.0	55.6	62.5	48.3	66.5
No Information	0.9	–	–	–	0.4
(N)	(112)	(18)	(8)	(89)	(227)
Would Participate in Outreach services					
Yes	34.5	71.4	52.3	58.4	47.6
No	64.7	27.7	47.3	29.4	49.7
No Information	0.8	0.9	0.4	12.2	2.6
(N)	(660)	(220)	(220)	(221)	(1321)

Source: Domingo and Feranil, 1985.

While the policy statements provide guidelines for government action, it is recognized that present efforts remain inadequate to meet the need for service and assistance of the elderly.

7. Senate and House Bills That Affect the Elderly

To help correct this situation, several bills specifically designed to benefit the aged members of the society have been filed both in the Senate and House of Representatives.

At least seven (7) Senate bills and sixty-one (61) House bills were already filed in the Congress. These are summarized in Table 58. Examining these bills, we note several similarities in their content and intent. For our purposes, we grouped them into two and are presented in the next two tables. Table 59 contains proposals to grant discounts for various services. Twelve of the bills include discounts on various forms of public transport utilities (air, sea, land) anywhere within the country. This is viewed as a way to encourage the elderly to "go out and share their talents with the concerted efforts towards nation building" (Martinez, HB 2384).

Other forms of discounts proposed are for health care, both medical and dental. This may include both professional fees and hospital charges (including medicine). Professional fees are also included in two bills. Congressman Dans (HB 3911) made some qualifications regarding the provision of medical assistance and that is, it refers only to "free medical assistance in all government hospitals."

While requirements for food and shelter are more basic than leisure or recreation, it is notable that more legislators (9 mentioned this item on their bills) proposed giving discounts on recreational facilities than on hotels, restaurants and the like (6). Discounts on electric and water bills are likewise sought by 3 of the legislators but the Department of Social Welfare and Development (DSWD) is of the opinion that this "is not needed since they usually live with families". Note that discounts from the aforementioned items range from 25 per cent to 100 per cent (free).

For the efficient development and delivery of basic social services, HB 6688 proposes the establishment of a veterans, and elders, socio-economic center in every municipality of the country.

Another bill filed in the House is to increase the National Budgetary Aid to the Homes of Assistance to the elderly and other related programs by 50 per cent from the current budget. This bill hopes to benefit the elderly who are seen "wandering around" and who have "become prisoners of their own physical weaknesses, without food if they are hungry and without medicines if they become sick" (Adaza, HB 1694).

TABLE 58

Summary of Senate and House Bills for the Elderly

Senate/House Bills		Author(s)	Elements	Beneficiaries
SB	193	Lina	Tax exemptions	Retired
SB	558	Mercado	Discount privileges	Elderly
SB	642	Mercado	Discounts on health services	Elderly
SB	204	Pimentel, Jr.	Upgrade pension	Government retirees
SB	190	Tamano	Tax exemptions	Retired
SB	203	Tamano	Discount privileges	Elderly
SB	07	Ziga	Discount privileges	Senior citizens
HB	17361	Abaya	Require all gov't hospitals to reserve beds	Government retirees
HB	1694	Adasa et al.	Increase Nat. Budgetary Aid	Elderly
HB	16305	Almario et al.	Pension benefits correspondingly inc. w/ salary inc. granted	Optional gov't retiree
HB	1505	Aquino (F.) et al.	Promote to one rank/grade higher upon retirement	Officers and enlisted men of INP
HB	1640	Aquino (H.V.) et al.	Promote to one rank/grade higher upon retirement	Police/Fire service personnel
HB	2277	Aquino (H.Y.) et al.	Discounts on transport fares and entertainment establishments	Senior citizens
HB	16519	Bakunawa	Pension benefits correspondingly inc. w/ salary inc. granted	Optional government retiree
HB	8499	Bautista	Upgrade retirement benefits	Private sector
HB	3959	Bautista, Sr. & Andolana	Reduce retirement age	Officers and men of NAFP
HB	2320	Bautista et al.	Regional processing of GSTS & SSS ret. benefits	Government and private retirees
HB	4739	Bautista et al.	Promote of one rank higher upon retirement	Compulsory retirees
HB	14638	Beltran, Jr.	Reduce compulsory & optional retirement age	Government employees
HB	16297	Cainglet et al.	Reenact provision on certain retirement laws	Justices and members of ConCom
HB	2613	Camasura, Jr. et al.	Increase monthly pension	Government retirees
HB	2808	Camasura, Jr. et al.	Increase monthly pension	Government retirees
HB	2809	Camasura, Jr. and Monfort	Discounts on various services and facilities	Senior citizens
HB	17038	Chaves et al.	Adjust retirement benefits	Civil service officers and employee
HB	3911	Dans et al.	Discount on transportation and free medical asst.	Members of Senior Citizens
HB	16243	De la Serna	Upgrade monthly pension	Government retirees
HB	7002	Del Mar et al.	Tax exemption on retirement benefits	Private firms
HB	4942	Dragon, Adasa, Jr. & Roa	Provide incentives for early retirement	Government & civilian personnel
HB	21953	Dragon et al.	Ensuring payment of ret. benefits upon date of retirement	Government employees
HB	3515	Fua, Del Mar & Bandon	Increase monthly pension	Government retirees
HB	10166	Gillego et al.	Prohibits appointment to civilian positions in government	Retired military officers
HB	2204	Guanzon et al.	Increase monthly pension	Government retirees
HB	12375	Gutang and Bagatsing, Jr.	Pension benefits	Veterans of WWII and their survivors
HB	17834	Isidro, Aniag Jr. & Bagatsing Jr.	Increase monthly pension	Government retirees

TABLE 58 (Continuation)

Summary of Senate and House Bills for the Elderly

Senate/House Bills	Author(s)	Elements	Beneficiaries
HB 17743	Laurel-Trinidad et al.	Increase retirement benefits	Government retirees
HB 8908	Lazatin, Acosta & Bacaltos	Increase monthly pension	Retirees under SSS
HB 5694	Legaspi et al..	Upgrade monthly pension	Government retirees
HB 5346	Locsin et al.	Increase monthly pension	Retired public school teachers
HB 5347	Locsin et al.	Granting retirement benefits to brgy. officials	Barangay officials
HB 2384	Martinez, Jr. et al.	Discount on public utility transport	Disabled and elderly citizens
HB 16708	Martinez, Jr. et al.	Pension benefits correspondingly inc. w/ salary inc. granted	Optional gov't retiree
HB 3372	Maskarino et al.	Increase monthly pension	Government retirees
HB 4549	Monfort	Discounts on various services and facilities	Senior citizens
HB 16355	Monfort and Dragon	Prohibits reemployment	Retired gov't workers
HB 16245	Monfort and Estrella (E)	One-grade salary increase 1 yr. before compulsary retirement	Gov't officials and employees
HB 15454	Monfort et al.	Pension benefits correspondingly inc. w/ salary inc. granted	Optional gov't retiree
HB 21541	Ojeda	Establish elderly org. in every brgy., mun., city, prov.	Elderly
HB 16448	Ojeda and Bagatsing, Jr.	Adjust pension rates	AFP
HB 2296	Ojeda et al.	Discount privileges (including tax exemptions)	Filipino elders
HB 6688	Ojeda et al.	Establish socio-economic center in every mun.	Veterans and elderly
HB 3481	Pilapil et al.	Prohibit extension of service	Retirable officials & employees
HB 6763	Plaza, Del Mar & Reyes	Increase monthly pension	Government retirees
HB 3329	Ponce de Leon, Mitra & Monfort	Reduce retirement age	Government employees
HB 11014	Puyat-Reyes et al.	Grant 13th month pension	Retired GSIS, SSS & veterans
HB 11826	Puyat-Reyes et al.	Free hospitalization and medical treatment	Senior citizens
HB 13057	Puyat-Reyes et al.	Discounts on health services, transpo, recreation	Senior citizens
HB 12418	Ramirez, Monfort & Dayanghirang	Grant life pension	Filipino Olympic gold medalist upon ret.
HB 16588	Ramirez, Monfort & Labaria	Pension benefits correspondingly inc. w/ salary inc. granted	Optional gov't retiree
HB 11779	Ramiro, Jr.	Additional retirement benefit aside from lump sum	GSIS retirees
HB 2065	Roco et al.	Reduce compulsary retirement age	Government retirees
HB 13636	Romero et al.	Increase monthly pension	SSS retirees
HB 13637	Romero et al.	Increase monthly pension	Government retirees
HB 11701	Santos & Monfort	Upgrade & rationalize retirement system	Police personnel
HB 2818	Sison et al.	Upgrade retirement benefits	Government retirees
HB 3556	Sison et al	Increase monthly pension	Optional government retirees
HB 15939	Tirol, Monfort & Cabochan J.	Pension benefits correspondingly inc. w/ salary inc. granted	Barangay officials
HB 11182	Valdez, Bagatsing & Dragon	Provide retirement gratuity	Government retirees
HB 14585	Webb et al.	Upgrade pension e.g. current salary of same position occupied	

TABLE 59

Senate and House Bills on Discount and Other Benefits for the Elderly

Senate/House Bills; Sponsors	Discounts*							Other Benefits			
	Public transport fare[a]	Professional fees[b]	Hospital charges, drugstores[c]	Health services (medical & dental)	Hotels, restaurants & similar establishments	Recreation[d] & Sports	Electric & water bills[e]	Establish socio-economic center	Establish Elderly organization	Increase NBA by 50%[f]	Free parking
Senate Bills No.											
558; Mercado	x	x		x		x					
642; Mercado				x							
204; Pimentel											
203; Tamano	x		x		x	x					
7; Ziga	x				x	x					
House Bills No.											
17361; Abaya				x[g]							
1694; Adasa et al.										x	
2277; Aquino H. et al.	x					x					
4859; Bautista	x		x		x	x	x				
2809; Camasura, Jr.	x	x	x		x	x					
3911; Dans, et al.	x			x							
2384; Martinez et al.	x										
4549; Monfort	x			x	x						
5689 Monfort				x							
2296; Ojeda et al.	x		x		x	x	x				
6688; Ojeda et al.								x			
21541; Ojeda									x		
5128; Ponce de Leon	x			x		x					
13057; Puyat-Reyes et al.	x			x		x					

*Discounts ranges from 25% to 100% (free)

[a]Includes air, land and sea transport utilities

[b]Includes medical, dental and legal fees

[c]Hospital charges include laboratory, X-ray, room, etc.

[d]Includes moviehouses, theaters, circuses, stadiums, auditoriums, museums, and sports facilities

[e]According to DSWD this is not needed since they usually live with their families

[f]NBA - National Budgetary Aid

Table 60, on the other hand, summarizes 56 bills on retirement and pension benefits. Most of these bills propose increases or adjustments on pensions. Apparently, the legislators have heard the loud clamor for increases among the retirees. The pensioners can stand to benefit from the approval of separate proposals of Senators Tamano and Pimentel. The former aims to give lifetime monthly pensions to veterans while the Pimentel bill seeks to upgrade pension gradually over a three-year period so that the pension rate received by older retirees of government will reach the same amount received by more recent retirees of the same rank, office or position. It is hoped that this will enable the retirees to "cope with the demands of decent living." The feasibility of some of the proposals is remains at issue, given the limited resources of the GSIS.

Other proposals include upgrading the pension of new retirees with promotion in rank at the time of retirement or salary increases before retirement. Discussed earlier are the proposals to lower the compulsory and optional retirement ages.

To further alleviate the plight of the aged, four legislators filed bills which seek to grant tax exemptions including exemptions from withholding tax or annual individual income tax or taxes from interest and retirement benefits for retirees.

Provision of retirement benefits for barangay officials was also proposed by two legislators. To facilitate processing of applications for retirement benefits, a bill was also filed proposing regional processing for GSIS and SSS benefits. Prompt payment of benefits is meant to be assured by the passage of HB 21953.

It is noted that some bills that specify eligibility requirements such as bona-fide membership of the Senior Citizens Organization and that their income should not exceed a certain amount (eg. less than ₱12,000 or ₱24,000 annually or should be below the poverty line). Some are applicable only to the personal bill of the elderly.

The age qualification in these bills are also not standardized. A number of bills still specified 65 years as the "cut-off" age while DSWD uses age 60. To standardize the provision of services and to increase its coverage, the Federation of Senior Citizens Association has recommended that 60 be adopted as the minimum age required to avail of these proposed benefits.

Although the bills under consideration in the House of Senate and in Congress have shown generous provision in providing benefits and privileges to Senior Citizens, the DSWD thinks that a modified bill embodying only two or three priorities would certainly boost the morale of all beneficiaries. These priorities should include: medical/surgical services and discounts in government hospitals; discount in travel fares for land, water and air by public utility conveyances and increase in the pension benefits of retirees both in government and private services.

TABLE 60

Senate and House Bills on Retirement and Pension Benefits

Senate/ House Bills	Author(s)	Increase/ Adjust/ mo nthly pension/ retirement benefit	Adjust optional retirement benefit corres–ponding salary increase	Lower compulsory &/or optional retirement age	Promote one rank higher upon retirement	Prohibit extension of service/re–employment/ appointment to civilian position	Provide incentives for early retirement	Tax exemption	Regional process GSIS & SSS ret ire-ment benefit	Reenact provisions on certain retirement laws	Give retirement benefits to barangay officials	Prompt pay of retirement benefits upon retirement
SB 192	Lina							x				
SB 642	Mercado							x				
SB 204	Pimentel	x										
SB 190	Tamano	x										
HB 16305	Almario et al.		x									
HB 1505	Aquino (F.) et al.				x							
HB 1640	Aquino (H.Y.) et al.				x							
HB 16519	Bakunawa		x									
HB 8499	Bautista	x										
HB 3959	Bautista, Sr. & Andolana			x								
HB 2320	Bautista et al.								x			
HB 4739	Bautista et al.				x							
HB 14638	Beltran, Jr.			x								
HB 16297	Cainglet et al.									x		
HB 2613	Camasura, Jr. et al.	x										
HB 2808	Camasura, Jr. et al.	x										
HB 17038	Chaves et al.						x					
HB 16243	De la Serna	x										
HB 7002	Del Mar et al.							x				
HB 4942	Dragon, Adasa, Jr. & Roa						x					
HB 21953	Dragon et al.											x
HB 3515	Fua, Del Mar & Bandon	x										
HB 10166	Gillego et al.				x							
HB 2204	Guanzon et al.	x										
HB 12375	Gutang and Bagatsing, Jr.	x										
HB 17834	Isidro, Aniag Jr. & Bagatsing Jr.	x										
HB 17743	Laurel-Trinidad et al.	x										
HB 8908	Lazatin, Acosta & Bacaltos	x										

TABLE 60 (Continuation)

Senate and House Bills on Retirement and Pension Benefits

Senate/ House Bills	Author(s)	Increase/ Adjust/ monthly pension/ retirement benefit	Adjust optional retirement benefit corres-ponding salary increase	Lower compulsory &/or optional retirement age	Promote one rank higher upon retirement	Prohibit extension of service/re-employment/ appointment to civilian position	Provide incentives for early retirement	Tax exemption	Regional process GSIS & SSS retirement benefits	Reenact provisions on certain retirement laws	Give retirement benefits to barangay officials	Prompt pay of retirement benefits upon retirement
HB 5694	Legaspi et al.	x										
HB 5346	Locsin et al.	x										
HB 5347	Locsin et al.										x	
HB 16708	Martinez, Jr. et al.		x									
HB 3372	Maskarino et al.	x										
HB 5689	Monfort							x				
HB 16355	Monfort and Dragon					x						
HB 16245	Monfort and Estrella (E)				x							
HB 16448	Ojeda and Bagatsing, Jr.		x									
HB 2296	Ojeda et al.	x										
HB 3481	Pilapil et al.					x						
HB 6763	Plaza, Del Mar & Reyes	x										
HB 3329	Ponce de Leon, Mitra & Monfort			x								
HB 11014	Puyat-Reyes et al.	x										
HB 11826	Puyat-Reyes et al.			x								
HB 12418	Ramirez Monfort & Dayanghirang										x	
HB 16588	Ramirez, Monfort & Labaria		x									
HB 11779	Ramiro, Jr.	x										
HB 2065	Roco et al.			x								
HB 13636	Romero et al.	x										
HB 13637	Romero et al.	x										
HB 11701	Santos and Monfort	x										
HB 2818	Sison et al.	x										
HB 3556	Sison et al.	x										
HB 15939	Tirol, Monfort & Cabochan J.		x									
HB 11182	Valdez, Bagatsing & Dragon	x										
HB 14585	Webb et al.	x										

We may add to this comment that while the intention of the bills is to benefit the elderly as a whole, the nature of these benefits is such that they could be highly selective of the urban elderly. Transport discounts would be greatly beneficial to those with access to various forms of transportation, which in general, are concentrated in the urban areas. The same may be said of recreational and even health establishments which are specified in these bills.

The tentativeness of government support for the elderly as depicted by these bills is evident in the fact that, aside from those pertaining to upgrading of pensions some aid to the Homes of Assistance and establishing centers for the elderly, these bills do not require budgetary outlays on the part of the government. On this issue, the DSWD comments that "difficulties that may be encountered in securing approval of these bills due to the absence of funding provisions and possible opposition by private enterprises to be affected by such generous provisions" (DSWD, 1988).

Given the deteriorating health of most of the elderly, any medical benefits would be of great help. But perhaps, rather than just focus on discounts for medical care and professional fees, attention might be directed to improving preventive care for the elderly. Some assistance to the present primary health care system to expand services to cover the elderly in the community might be considered.

The upgrading of the pension of retirees is certainly laudable and from the point of view of most prospective beneficiaries, long overdue. As discussed earlier, both the GSIS and the SSS have been adjusting the amount of pension given through the increases in the minimum amount as well as percentage increases across the board. Since the system is mainly built on the contributions of the members, it is not clear how the current status of the GSIS would be able to absorb the requirement for the proposed bill.

The nature and scope of benefits that are encompassed by this set of bills is quite limited when viewed in relation to the range of problems and needs of the elderly, part of which was discussed in this report. It will be recalled, for example, that a large majority of the elderly population rely on their families for their care and needs. An important area for legislation might therefore be that which can provide benefits that can help ease the burden of the families who care for their elderly. The experiences of other countries can be studied to see if there are approaches that can be adopted given the resources that are available. The present tax deductions allowed for having a dependent parent in the household may be reevaluated with the aim in view of achieving some form of assistance to families.

The relatively high labor force participation rate of this sector coupled with the desire to be economically active among those who have retired, emphasize the need to address the issue

of economic self-sufficiency of the elderly. Given the labor force problems of unemployment and underemployment, it may not be feasible nor advisable to encourage the elderly to compete against the younger cohorts for scarse job opportunities. As some writers have observed, this will cause intergenerational conflicts. Alternative approaches will have to be formulated. At the same time, proposals such as those which will lower the age at retirement with the end in view of providing more employment opportunities for the younger cohorts need to be studied very carefully because of their economic, social and psychological implications for the elderly.

Support for community-based projects very much like what have been partly implemented by the DSWD could be encouraged and funded to draw out these elderly who are still willing and able to put in their share to development. Economic self-sufficiency can be achieved at the same time. Some of the ASEAN key informants, for example, stated that in the light of the economic problems of the elderly and their families, support can be given for income-generating projects like basket-weaving, flower- making, sewing and selling *'maruya'*, barbecue or other finished products – things that can be done *"kahit nakaupo lang sila"* and at the same time, help augment their family's income (Domingo & Feranil, 1987).

In the Philippines, therefore, the elderly sector is still of low priority in the government. This may partly be because we are just beginning to recognize their demographic significance. A more important reason may be the faith that given the traditions and values of the Filipinos, the family is expected to take care of their elderly. Abaya (1982) writes, for example, that "social services for the aging population are not organized more extensively because families have provided for their needs if they are unproductive. It is also worth repeating that in this country, there are more pressing social issues unrelated to old age problems which demand priority from the government."

Recognizing the existence of competing demands and the limited resources available for the government, it would be advisable to consider directing resources not to all elderly, but rather, those with special needs. It is hoped that this report helps provide some clues as to which groups should be considered as high priority.

V. SUMMARY AND CONCLUSION

The Philippines has been undergoing gradual shifts in its age structure due to fertility reductions and improvement in mortality. With the projected moderation of population growth through further declines in fertility (say, as depicted in the medium series projection), the 1980 figure of 2.5 million population 60 years old and over will double by the year 20000. This sector would have grown at a rate faster than the general population. The increase in the

number of the elderly and its potential for high growth dictate that they be addressed as a distinct sector in the economy. There is need to plan for their inclusion in the various socio-economic development activities that are taking place in the country as well as to ensure that they are provided with basic human needs.

For a more informed response to the requirements of this emerging demographic concern, basic information on the current status and condition of the elderly are required. With this report, we hope to be able to provide some direction in policy and program design. We tried to pull together what have been written about the Filipino elderly and highlighted some findings that could be significant for policy. We likewise utilized the 1980 Census to provide basic regional socio-ecomomic and demographic profile of the elderly.

The regional data brought out the variability in the age structure of the areas. The highest concentrations of elderly are found to be in the Ilocos regions followed by the Visayas. They are mostly in rural areas although it is noted that the proportion living in urban areas has been increasing through the years. The analysis likewise showed gender and urban-rural differences.

Examining the characteristics of the elderly, some potentially problematic groups were identified. One such group is composed of widows which is numerically significant. While the census data could not offer direct information on their living conditions, survey data show that only a small segment of this group have their own means of livelihood thus suggesting a high dependency status. Another subgroup that would be of need for some assistance are those with no children. Given the high fertility rate of this cohort, this is a relatively small group but nevertheless worthy of attention. The high illiteracy rates among the elderly suggest another area for concern. Since those who can not read nor write comprise about half of this population, it is important that this characteristic be taken into consideration in the design of programs and services for the elderly. It should likewise be noted that this problem is more prevalent in the rural areas.

To gain some insights into the status and roles played by the elderly, past studies on the Filipino elderly were used to supplement the analysis. From these sources, indications of the relatively high status enjoyed by the elderly within their families are derived. It has been noted, however, that some changes brought about by continued social change and development can negatively affect their status.

Their living arrangements generally sugggest that most of the elderly are well-situated with their families. Only about three per cent are living alone. Their relatively high fertility seems to have increased the probability that they would be sharing residence with their children. With sustained high fertility even with the succeeding cohorts and with the continued

practice of traditional family norms of caring for the elderly, institutionalization will perhaps remain to be required only by the destitute and those without families. (However, there are some reports from key informants indicating an increase in interest among the well-to-do families for services such as those offered by the Golden Acres). With co-residence, the elderly therefore also share in the difficulties and inconvience of poor housing. Though there is mixed report on how the elderly assess their living condition, the low socio-economic status which characterizes most of the Filipino households would necessarily apply to the elderly themselves. Caretakers seem to be widely available as indexed by the presence of adolescent and adult women in most households. There are current trends, however, that may affect this arrangement. One such pattern is the increasing participation of women in economic activities that bring them out of the household and the other, migration of the young to the urban centers.

The examination of the economic status of the elderly revealed a variable picture of activity and inactivity, of dependence and self-sufficiency. The national figures suggest that the participation of the elderly in the work force is still significant (42%) especially in the agricultural sector, among the males and the young-old groups. Given the importance of agricultural work for the elderly, the growing importance of non-agricultural production and modern technology can pose as a possible threat to their economic well-being that could lead to increasing dependence among the future elderly. It may be argued, however, that the change in the industrial structure has been very gradual. Unless drastic changes in economic policies and programs are implemented, it may be expected that agriculture will continue to play an important role in the economy. In this sense, therefore, the displacement of the elderly may not come within the short term.

The majority who do not have their own earnings are found to be relying on their children for their financial requirements. Reliance on money from children is observed to be more prevalent among the urban dwellers (60 % versus 32% among the rural). While this directly measures the dependence of some elderly, the surveys likewise show situations wherein the elderly are the providers of support for their children. For some cases too, there is an exchange of support between the parents and their children.

One of the major determinants of economic activity among the elderly is health. The relatively high participation rate observed can partly be attributed to the generally positive assessment of health among this group. A closer examination of health indicators, however, reveals what is expected, and that is, health has become a major problem affecting the lives of many. Compounding the deterioration of their health status is the fact that health services are found to be either lacking or costly. Cases of the old folks needing the assistance of doctors

but who could not avail of their services were recorded in the surveys. Medical aids are likewise lacking. The unavailability of medical services can partly account for the reported enduring popularity of traditional or herbal doctors in the rural areas. It could be important to look into them as possible vehicles for service delivery (say, train herbal doctors for certain basic skills in handling common illness of the old).

Shifting the analysis to the roles the elderly play in the family and community, the surveys reveal a generally positive picture. The high household headship rate among the elderly (56%) attests, to the high status and important role that the elderly play in the household. This has been linked not only to traditional family norm of according respect to the elderly but also to the economic role they play in the household. Ownership of the house is fairly high among this group and the earning capacity of many could have been the source of their having been accorded such title and role in the family.

The elderly are likewise found to play supporting roles in the household. One significant role they play is that of caring for the younger members of the family, in most cases, their grandchildren. Their presence in the household greatly facilitates economic activity or involvement in the community of the other members of the household. Their role as caretakers of the house is also reflected in the surveys.

The studies analyzed offer very limited insight into the nature and quality of the relationship of the older with the younger generations (although, clearly the data sets can further be examined to produce more detailed information). From the information generated, some of the elderly play the adviser role suggesting that communication seems to be open between the generations, however, perhaps due to divergence of interests, the areas for discussions are limited.

Participation in decision-making is likewise high, although, the studies are unanimous in observing that the rural elderly tend to have an edge over their urban counterparts on this aspect. Moreover, the level of participation and nature of decisions made by the rural elderly tend to be higher and more substantive.

It may be claimed that this indicates that traditional norms are more in practice in the rural areas. It may likewise be possible that this pattern suggests a confirmation of a hypothesis that modernization leads to status decline among the elderly. Cowgill (1974) advances the theory that four integrated aspects of modernization undermine the social standing of older persons. First, modern health technology leads to an aging of the population, giving rise to greater intergenerational competition for jobs. Second, new economic technologies make the jobs of the aged obsolete. Coupled with the keener competition fostered by demographic shifts

in the age structure, this obsolescence leads to the institutionalization of retirement practices and ultimately to economic dependence of the old. Third, urbanization promotes both social and geographic mobility, resulting in the social segregation of the aged from the younger generations. Finally, the rise of mass education for children leaves the elderly intellectually segregated from the mainstream. Modern values – the work ethic and the glorification of youth – reinforce processes that strip the old of claims to respect, power and independence.

From the data and reports that we examined, we learn of the movement of the younger members of the family away from their families of origin to seek greener pasture in the urban centers. This phenomenon coupled with the increasing participation of women, even those who are married in the workforce, imply not only the depletion of available caretakers for the aged in the homes, but also, of the segregation of generations as observed by Cowgill.

The sustained work participation of the elderly in agriculture is notable. The importance of agricultural work in maintaining status of the elderly may partly be the reason for the observation that the rural elderly tend to be more active in decision-making within the family compared with their urban counterparts. However, if this source of economic sufficiency and of status for the elderly is threatened with the introduction of new technology and increasing importance of non-agricultural production, the scenario suggested by the above theory may be realized. With low educational and formal preparation, the present cohort do not present themselves as competition to the young in the non-agricultural job market. However, with the entry of individuals from the younger and more educated cohorts, there could occur a potential conflict.

What we have seen so far are some signs which may lead to the erosion of the position of the elderly in society. The implications of changes brought about by modernization on this sector should form part of the factors considered in the planning process.

Their role in the community is less explored but from key informants, we learn that there seems to be some recognition of the value of their participation in various community activities. There are still limited number of associations and organizations where the elderly could affiliate themselves, however, a subgroup of the elderly who have taken to participating in such organizations are active in community affairs, and therefore, have not let old age hamper their involvement. The survey data can be used for further analysis to determine what type of elderly is more likely to get involved in community affairs. Perhaps if their participation is understood better, the elderly can be tapped to form a dynamic pool of community workers. The nature of their participation can likewise be more substantive and could entail more responsibility. With the wisdom derived with age, it may be expected that they could handle work with more ability

and confidence. As the elderly derive an increased sense of fulfillment from their involvement, the community benefits from their experience and expertise as well.

Given this preliminary knowledge, current plans and programs of the government as well as proposed bills designed to benefit the elderly were examined and some gaps were identified. The 1986 Constitution declares the State's concern for the elderly among the population and provides the guiding principles by which policies and programs are to be designed and implemented. The document, however, also emphasizes that "the family has the duty to care for its elderly members, although, the state may also do so through just programs of social security".

The Department of Social Welfare and Development which has been tasked to handle public delivery of services to the elderly has designed various programs that can help address their health, social and economic needs. However, their full implementation has been hampered by lack of adequate resources.

The pension systems which have been in operation for several decades now benefit only a small segment of the population (estimated to be about 8 per cent of the elderly). While the coverage of government employees seems to be fairly high, its implementation in the private sector is more problematic given non-compliance of some employers and difficulty in tracking down the self-employed. One other problem that the social security schemes face is the constant clamor for an upgrading of the benefits in order for the pensioners to cope with rising costs of living and inflation. Both the GSIS and the SSS have been responding to this need with adjustments in the minimum benefits of beneficiaries as well as across the board increases. Since the schemes are mainly relying on the contributions of members, the adjustments that could be made are limited.

Legislation offers the most potent tool for the realization of the mandate for the State as to address the needs of the elderly sector as specified by the Constitution. It is therefore, noteworthy that the legislative body has now begun to look into the plight of the elderly. Several bills (about seven Senate and 61 House bills) are now pending in both the Senate and the House of Representatives aimed at improving the welfare of the elderly. A quick review of the nature and contents of the bills, however, reveals that the scope of concern covered by the proposals is quite limited and the target beneficiaries tend to be highly selective. The most popular areas for legislation are the provision of discounts for specific services and adjustments of the retirement benefits. Lacking in these bills, among other things, are proposals that might help ease the burden of the families who are taking care of the elderly, stronger support for the provision of health service and those that can help encourage the increased participation of the elderly in community affairs. This, therefore, calls for a

reexamination of the types of bills that would be most beneficial and the identification of the approach that would be most efficient especially in light of the limited resources of the government. Our analysis has shown, for example, that there are subgroups among the elderly that seem to be most in need. If they can be identified as priority groups and targetted for services, then, there could be more efficient utilization of the limited resources available for this sector.

It is important to emphasize that this sector should not simply be viewed as that which requires assistance but that it also has potentials for productive endeavor and community participation which are important factors for development.

It is clear that legislators and some of the program implementors need to be apprised on the current status and needs of the elderly as well as given indication of future requirements. Though clearly preliminary in nature, we offer in this report some facts which can be useful in designing truly responsive programs and policies for the elderly.

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THE FILIPINO ADOLESCENTS: THEIR IMPLICATIONS FOR PHILIPPINE DEVELOPMENT

Corazon M. Raymundo

I. INTRODUCTION

The level of development and indications of the capacity to perform adult functions of present–day adolescents can serve as a mirror to the future of a country. This group of individuals who are going through a most difficult stage of the human life cycle is a useful yardstick of the quality of manpower that will manage the economy in the future. They provide a glimpse into the intensity and quality of activities of the near future as indicated by the level of their skills and physical and social preparations.

In the Philippines, recent evidences seem to suggest that some difficulties are forthcoming to the adolescents and to the economy as the present crop of near–adults assume their adult roles. They are reported to have come in droves as demographic realities of the past continue to manifest in an ever–increasing number of new entrants to the labor force each year. The labor market problems experienced even by the industrialized countries due to the large size of the cohort brought about by the baby boom are both age–related and generational (Bloom and Freeman, 1986). The first means that the low relative earnings and high unemployment rates experienced by the young workers are largely due to age. This will disappear as the cohort grows older. It implies, however, that this will be passed on to the younger cohort as they enter the labor market. On the other hand, the generational effect states that the difficulties are mainly brought about by their large size. This generational overcrowding can permanently or temporarily depress the position of large cohorts, but need not have an adverse effect on later waves of smaller youth cohorts. Bloom and Freeman (1986) add that the generational labor problem of large cohorts had been compounded by the weak market into which the baby boom generation entered, and the combination has produced exceedingly slow progress even in stronger economies like the United States, Canada and Australia. Unlike the Philippines, however, these countries were able to reverse their baby boom phenomena in very short periods of time and consequently has its effects on their economies.

The numbers appear to have taken their toll as the quality of this future labor force shows signs of strain, as evidenced by lower performance in school (Cortes and Lara, this volume), declining school cohort survival rates, widespread malnutrition (FNRI, 1987), etc.

From a social viewpoint, the youth are looked upon for historical continuity and social stability, which by tradition are seen to rest on the moral conventionality of the majority of adult men and women in society. The youth serves as the connecting link to transmit these conventional views to the next generation. Observers of the youth, however, seem to agree that there are many societal stresses that are traceable to or are aggravated by the youth usually due to their defiance of the established social order. There are also those who claim that the youth are victims of new circumstances in their environment which the adults have created in performing their adult functions. Indeed a number of youth specific social concerns have either recently emerged or are now more visible in the country in the form of child prostitution, drug addiction, the phenomenon of street children (a form of child exploitation in the work market), early premarital pregnancies, and abortion.

There is now a clamor for more effective public action to address these youth problems. Regrettably, the level of much present thinking with respect to social problems of the youth pinpoints the influence of new factors in their environment like smut magazines, rock music, etc. The nature of the problems begs for a more comprehensive intervention, and demands a more complex conception of the problem, one that understands and addresses the underlying causes and knows where the sources are. These types of problems have complicated causes and existing solutions to them are imperfect. It is not surprising, therefore, to find palliative interventions being adopted by governments. This is not, however, an excuse for not trying to do better. Serious inquiries will have to be made where the significance of the environment and the changes therein become a natural focus. The loss of control by the youth can probably find roots in the family setting, peer interaction, and the macro-structural economic environment that shapes the influences around them. There are various indicators of these institutions that are more relevant to the youth. And depending on how they perceive the future and their potential role in it, the youth act accordingly.

This paper is a recognition of the important role of the youth in the Philippine future. It intends to provide a broad sketch of the various dimensions of youth experiences as a way of showing the path of their development or preparation for the future. This profile will touch on educational, economic, demographic and family–related characteristics. Attempts will also be made to trace secular trends in these characteristics and to provide a critical analysis of the probable implications of these trends for social and economic development. In other words, the youth's performance and the implications of various dimensions of their behavior will be explored.

1. A Framework of Influences and Responses

The level and nature of an individual's contribution to development are shaped, to a large extent, by the structural and specific influences around him and the type of intermediate responses he makes to these influences (See Figure 1). While these are cumulative from the

FIGURE 1
FRAMEWORK OF INFLUENCES AND RESPONSES OF ADOLESCENTS RE: DEVELOPMENT

first years of the life cycle, the intensity and manifestations of these influences are not uniform throughout one's life. Rather, it is argued that a critical stage in the life cycle is adolescence when major decisions regarding career and roles in life are made and preparatory activities undertaken. The path taken by an adolescent in preparation for adult roles is subject to two levels of influences. The first level is the macro–structural environment as conditioned by the socioeconomic and demographic policy and program environment, which, in turn, is a manifestation of major decisions in the local political economy. The second level of influences is not independent of the first, but are not exclusively their manifestations either. This consists of the home and the school, two institutions providing the adolescent almost the whole range of micro or interpersonal interactions. In the home, parents are mostly responsible for the social upbringing of the youth, whose most basic values and attitudes are formed under their direction. Siblings and other family members either reinforce these values and attitudes or provide a balancing influence. At the school, value formation in many aspects of life and social interaction are being honed. The role, therefore, of teachers and schoolmates is crucial. Outside of these two institutions are other peers operating as informal extensions of the home and school themselves.

The media and the presence of adolescent–specific activities like going to discos and other forms of entertainment provide venues for indulging in activities that broaden the extent and level of interaction. These venues are part of the macro structural environment brought about by policies and the working out of these policies into concrete programs.

In the face of all these influences, which may be reinforcing in some aspects and conflicting in others, the adolescent makes his/her responses, of which there are also two levels. Based on his/her processing and reaction to the inputs from home, school and peers, an adolescent's values, attitudes and beliefs about himself/herself vis–a–vis the role in society and development, are formed. These can be gleaned from their behavioral manifestations in more adult roles and functions like performance in school, participation in the work market and the blending of sexual and childbearing actions.

Depending on how the mix of these adolescent–specific activities are engaged in, the collective impact on development can be surmised.

2. Methodology

Definition of Adolescents. Adolescents are treated here in terms of their chronological age (15–24), employing the United Nations definition. For the other purposes of this paper, however, they are expanded downwards to include the 10–14 year olds. Adolescents and youth are used interchangeably.

Scope of the Study. The study will be national in scope and will make no attempt at a lower level geographic analysis. It will make use of available data, particularly the censuses, national surveys and other published data.

II. YOUTH PROFILE

1. Demographic Characteristics

Size and Growth. Prior to a discussion of the various aspects of youth skills and preparation, their numbers must be known especially in relation to the rest of the population and the trend of these numbers and proportion. This type of discussion will hopefully lead us to issues of required public financing and the capacity of the economy to generate the resources for public services to nurture and prepare them for the life ahead. This cannot be ignored especially in a developing country like the Philippines where issues of inadequate coverage of public programs still loom large. These issues will have to be addressed before any serious consideration of upgrading quality can be made.

Table 1 suggests a sizeable proportion of the 10–24 age group in the country (approximately one–third of the total population). The trend in their growth over the last three decades portends an imminent continuing fast rise in their numbers in spite of the moderate decline in fertility in the 70s. The high fertility of the sixties is manifested in the increasing proportion of the youth in the following decade while the lower fertility of the first half of the seventies is very apparent in the declining proportion of the youth. This, however, did not persist as the fertility decline suffered a setback in the later half of the decade. Meanwhile, their numbers continued to swell in the face of the swings in fertility due to the persistently high birth rate, resulting in an expanded base population. In a matter of 20 years (1960–1980), the youth increased from 8.7 million to 15.9 million or an 80 per cent rise in numbers, a bit faster than the increase of the total population (78 per cent). The numbers alone, therefore, require considerable resources to maintain the past level of services.

2. Socioeconomic Aspects

Educational Preparation. In spite of the increases in the school-aged population, the Philippines has been able to improve on educational coverage for the youth. There was a 50 per cent increase in the proportion of youth who were enrolled between 1960 and 1980 (37 per cent vs. 55.6 per cent). This means that there was more than a two-fold rise in the absorption capacity of the school system in order to have taken care of the two types of increments, i.e., the population increasing by almost 100 per cent (8.7 million in 1960 to 15.9 million in 1980) and the proportion enrolled increasing by 50 per cent. At an average investment of P2,285.50 per student per year, increments in the budget due to these two types of addition would have been 12.8 billion pesos. The increase in education investments was able to absorb the increment in population of school age, as evidenced by an almost parallel rise in growth of enrolment and in growth of the school–age population.

TABLE 1

Filipino Youth: Size, Rate of Growth and Proportion to Total Population, Philippines, 1960–2000

Year	Population		Rate of Growth		10–24 Years as of Per Cent of Total
	10-24 Years	Total	10-24 Years	Total	
1960	8,708,356	27,087,685			32.1
1970	12,256,241	36,684,486	3.5	3.1	33.4
1975	14,470,120	42,070,660	3.4	2.8	34.4
1980	15,865,426	48,316,503	2.8	2.8	32.8
1985	17,733,052	54,668,332	2.3	2.5	32.4
1990	19,895,744	61,480,180	2.3	2.4	32.4
1995	21,671,230	68,424,077	1.7	2.2	31.7
2000	23,411,120	75,223,853	1.6	1.9	31.1

Sources: NSO, Census of Population and Housing (various years) NEDA, Philippine Population Projections 1980–2030

RATES OF GROWTH (%)

	Population 10–24 Year	Enrolment
1970–1975	3.4	1.3
1975–1980	2.9	3.8
1980–1985	2.3	2.3

As per stock of educated youth, the trend is in line with the enrolment figures. More people are staying longer in school as evidenced by the rise in college– and high school–educated and a corresponding decline in those ending their school careers while in the grade school over the 1970 to 1980 period (Table 2).

The country seemed to have reached its minimum level of unschooled as they remained constant at a low four per cent level over the last intercensal period, after a decline in the previous 1970–1975 period. This progress in education indicators should manifest in a youth better prepared for the complexities of the life ahead of them and their potential roles as parents, manpower, etc..

In spite of the ability of the educational system to accommodate the expansion of the population, the cohort survival rates leave much to be desired. For instance, of the previous entrants in elementary education in 1986, only 66 per cent survived to grade 6. Of these, 95 per cent graduated, and of the graduates, 90 per cent entered secondary education. About 75 per cent of those entering secondary education reached the end of the four–year high school program. About half of high school graduates passed the NCEE, qualifying them to enter college or higher education. These series of transition rates imply that out of the initial cohort, only 42 per cent graduated from high school and only 16.7 per cent finally graduated from college (World Bank, 1988).

Another measure of quality is the level of achievement in mastery tests. Between 1976 and 1987, mastery levels of subject matter by grade in all curricular areas did not change and had remained low at 50 per cent or lower. (DECS–EDPITAF, 1976; DECS-BEE, 1988). In both years, the achievement scores were below the DECS target of 75 per cent. Difficulties were particularly experienced by the students in mathematics and science.

Participation in the Work Market. As an economy progresses and labor becomes more specialized, the youth's expected response is to stay longer in school, as higher level of skills are required of those entering the work force. This is confirmed by the statistics on education.

TABLE 2

Percentage Distribution of Population 10–24 by Age Group and Highest Grade Completed, 1970–1980

	1970				1975				1980			
	No School	Elementary	High School	College	No School	Elementary	High School	College	No School	Elementary	High School	College
Both Sexes												
10–14	5.2	85.2	9.6	–	4.4	82.8	12.8	0.0	4.3	77.8	17.8	0.1
15–19	4.9	52.6	36.4	6.1	3.5	48.2	39.6	8.7	3.5	37.1	46.6	12.8
20–24	6.1	56.4	22.3	15.2	4.1	47.3	29.0	19.6	3.9	42.4	29.7	24.0
10–24	5.4	66.3	21.9	6.5	4.0	61.6	26.2	8.2	3.9	54.1	30.8	1.2
Male												
10–14	5.6	85.5	8.9	–	4.8	83.3	11.9	0.0	4.6	79.1	16.3	0.0
15–19	4.9	52.3	37.9	4.9	3.6	49.5	39.7	7.3	3.3	38.1	47.1	11.5
20–24	5.4	55.5	25.5	13.6	3.7	47.2	31.6	17.5	3.8	42.3	31.5	22.4
10–24	5.3	66.6	22.6	5.4	4.1	62.5	26.4	7.0	3.9	55.4	30.6	10.0
Female												
10–14	4.8	84.9	10.3	–	4.0	82.2	13.8	0.0	4.1	76.5	19.4	0.1
15–19	5.0	52.9	35.0	7.1	3.5	46.9	39.4	10.2	3.6	36.1	46.1	14.2
20–24	6.7	57.1	19.6	16.6	4.4	47.4	26.6	21.7	4.1	42.5	27.9	25.5
10–24	5.4	66.0	21.1	7.4	4.0	60.7	26.1	9.3	3.9	52.8	31.0	12.3

Source: Census 1970, 1975 and 1980 (1% samples).

This longer stay in school among the youth should manifest in a lower labor force participation and, subsequently, of the proportion employed. In spite of the expected upward bias of work participation rates for 1980 and 1985 due to a change in reference period of the Labor Force Quarterly Survey from past week to past quarter, the participation rates declined specifically among the 15–19 year–olds. A complementary manifestation of this behavior is an increase in school attendance (Table 3). This shift in activity is more apparent among the males who displayed the same trend, even among the older adolescents (20–24 year olds). Male work participation dropped significantly between the '70s and the '80s (Table 4).

Among the females, the same response to the job market was manifested by the 15–19 age group but not by the 20–24 age group. The latter group had increased in both school attendance and labor force participation rate. This response differential according to age and sex brings us to the proportion of idle youth who are not captured by either work or school. For this particular discussion, we shall shift to the concept of proportion employed (Table 5). Figure 2 shows the degree of youth involvement in school and work over the last two and half decades. The illustration is very instructive in trying to understand what our adolescents are doing. At ages 15–19, the school system lays claim on a larger proportion of the adolescents, although the work market is already a competing activity at those ages. Through the years, school is claiming more of our youth at a much faster rate than the decline in work participation. The positive note here is the overall decline in the level of the idle youth.

Work takes over as the modal preoccupation at ages 20–24, especially among the males, but with school not to be totally outdone, as evidenced by rising proportions attending school over time. The decline in male labor force participation has a corresponding decrement in the proportion employed; thus, there is a slightly rising trend in idle males. The female experience is quite different from the males in terms of composition. The proportion idle is much higher, although it is declining with increasing work participation and school attendance.

Marriage. The increase in work and school–related activities among the youth is expected to result in longer years in the unmarried state as the former have proven to be effective alter natives to early marriage. This was precisely the response between 1970 and 1975, when proportions married among the 15–24 age group dropped considerably from 30 per cent to 22 per cent, with the most of the change traceable to the behavior of the older group, 20–24 (Table 7).

This was not sustained through the latter part of the decade when overall singulate mean age at marriage dropped from 24.4 years to 23.6. Again, this fluctuation is contributed by the 20–24 age group.

FIGURE 2
TRENDS IN SCHOOL ATTENDANCE, LABOR FORCE PARTICIPATION RATE, % EMPLOYED AND % IDLE AMONG YOUTH, AGED 10-24 1960-1985

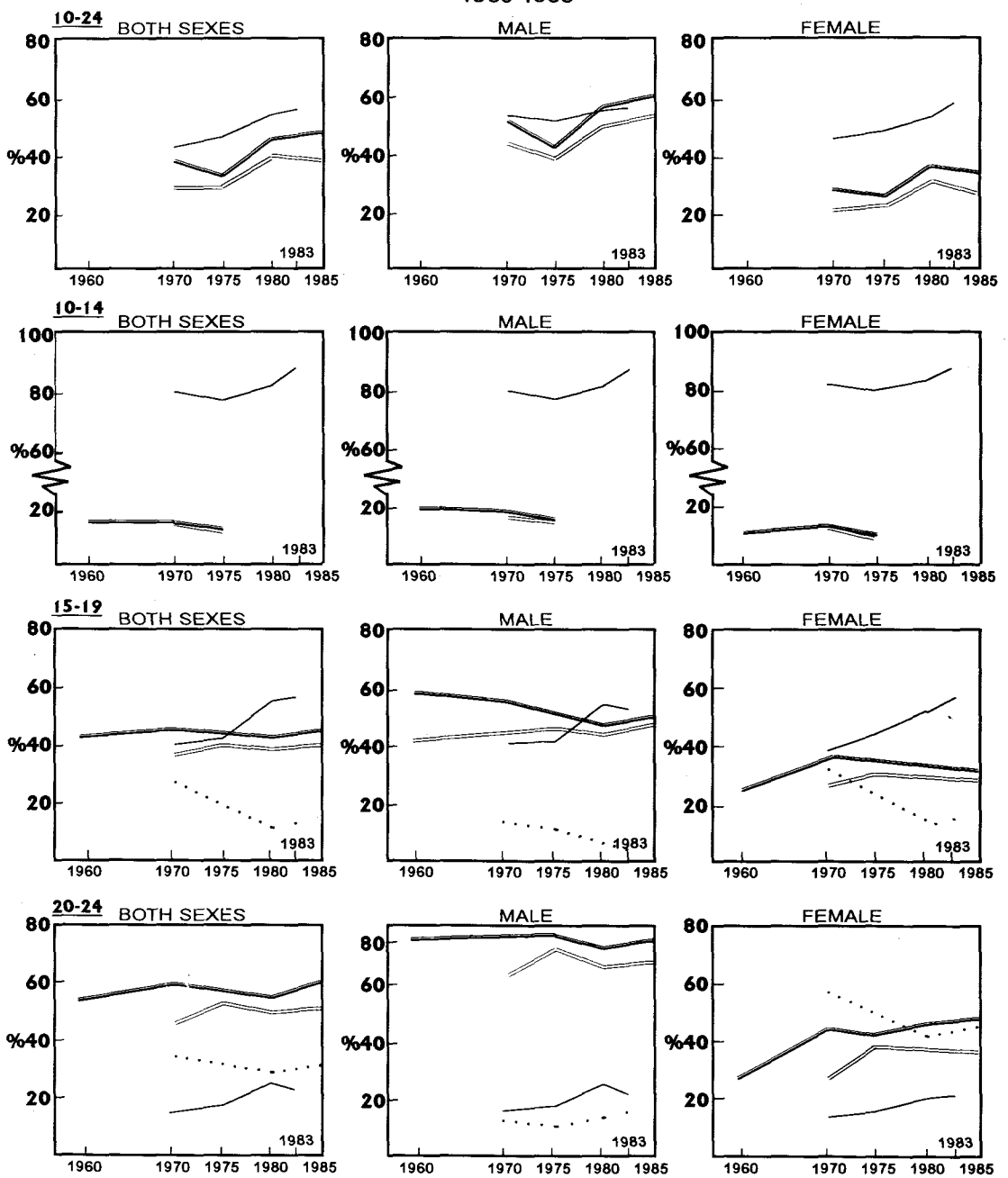


TABLE 3

Percent Attending School Among the 10–24 Population by Age Group and Sex 1970–1983

BOTH SEXES	1970	1975	1980	1983
10–14	81.1	79.8	83.1	87.9
15–19	40.9	42.9	54.4	54.8
20–24	13.7	15.2	20.6	19.0
10–24	48.3	50.1	55.6	57.9
MALE				
10–14	80.9	79.4	82.3	86.8
15–19	42.8	43.0	55.5	53.2
20–24	15.2	15.8	22.3	19.2
10–24	50.3	50.5	56.8	57.6
FEMALE				
10–14	81.2	80.3	84.0	89.0
15–19	39.1	45.4	53.2	56.3
20–24	12.5	14.5	19.1	18.7
10–24	46.5	49.6	54.5	58.1

Source: Censuses 1970, 1975, 1980 (1 % sample);
1983 National Demographic Survey

TABLE 4

Labor Force Participation of Population 15–24 by Age Group and Sex, 1960–1985

	1960	1970[a]	1975[b]	1980[c]	1985
Both Sexes					
15–19	44.4	46.5	44.1	40.4	40.7
20–24	54.3	61.9	61.6	59.7	62.3
15–24	–	53.9	51.3	47.8	49.5
Male					
15–19	59.3	57.2	53.5	47.4	49.6
20–24	80.3	81.4	81.1	72.9	76.3
15–24	–	68.7	64.7	57.0	60.5
Female					
15–19	29.6	36.4	34.7	32.7	31.4
20–24	28.9	43.6	43.5	46.3	47.6
15–24	–	39.9	38.4	38.1	37.9

a = adjusted b = August, 1975 c = Fourth Quarter

Sources: *Population of the Philippines*, Country Monograph Series #5
Integrated Survey of Household Bulletin
1960 and 1970 figures are from the census; 1975–85 figures are from the Quarterly Labor Force Surveys.

TABLE 5

Proportion of Youth Who are Employed by Sex and Age, 1970-1985

	1970	1975	1980	1985
Both Sexes				
15-19	36.1	40.5	37.2	36.8
20-24	48.7	56.5	53.1	53.3
15-24	42.1	47.1	43.3	43.5
Male				
15-19	46.5	49.1	44.5	45.6
20-24	70.4	75.2	66.6	67.6
15-24	57.8	59.7	52.9	54.6
Female				
15-19	26.9	31.0	27.2	27.6
20-24	29.6	39.4	39.3	38.1
15-24	28.2	35.0	33.2	31.8

Sources: 1970 Census of Population and Housing Integrated Survey of of Household Bulletin. *Population of the Philippines.* Country Monograph Series No. 5

TABLE 6
Empoyment Rates by Sex and Age, 1970–1985

	1970	1975	1980	1985
Both Sexes				
15–19	87.3	91.0	92.1	90.3
20–24	90.4	89.9	89.0	85.6
15–24	88.8	90.4	90.6	87.9
Male				
15–19	88.6	91.0	93.8	91.9
20–24	92.6	90.2	91.5	88.8
15–24	90.9	90.6	92.7	90.3
Female				
15–19	85.4	91.0	89.4	87.8
20–24	86.1	89.4	85.0	80.1
15–24	85.8	90.2	87.3	83.9

Source: 1970 Census of Population and Housing Integrated Survey of Household Bulletin. *Population of the Philippines.* Country Monograph Series No. 5.

TABLE 7
Percent of Married Population 15–24 by Sex and Age Group, 1970–1980

	1970	1975	1980
Both			
15–19	10.2	7.8	8.7
20–24	51.7	39.8	44.9
15–24	30.3	21.8	25.4
Male			
15–19	3.5	3.1	3.7
20–24	41.9	31.1	36.0
15–24	21.9	15.3	18.5
Female			
15–19	16.1	12.3	13.4
20–24	60.2	48.2	53.1
15–24	37.7	28.1	31.8
SMAM (years)		24.4	23.6

Source: Census 1970, 1975 and 1980 (1% sample)

While males and females experienced the same fluctuation in marital status, the wide variation in their overall marriage experience is clear. Women marry much younger than males and are therefore marrying older cohorts of men. A 1982 survey revealed that the average age gap at first marriage between bride and groom is 4 years.

3. Demographic Response

Migration. Migration behavior has been shifting both in direction and in character as dictated by the structural changes occurring in the country. The bias of policies favoring industrial over agricultural areas in the country after World War II had led to a reduction of migrant waves from frontier in favor of industrialized areas. As the process matured over time, the composition of migrants has changed. They have been increasingly dominated by the young, single females. Tables 8–11 tell so much about the character of internal migration in the country. At the national level, the 15–24 year olds are one–and–a–half times more mobile than the general population during the period 1975–1980. The overall level of movement among the young is 43 per 1000, compared to 28/1000 of the total population. This means that about 374,000 young people (or 34 per cent of total migrants) traversed regional boundaries in search of new residential locations and, most often, of jobs and other economic opportunities.

In general, they flock to the same regions as their older counterparts but at much higher levels. They were moving out of Regions VIII, VII, NCR, I and V during the 1965–1970 quinquennium and out of Regions VIII, V and I in the later period, 1975–1980. On the other hand, the regions attracting them between the two periods were: NCR, XI, X and III then NCR, XI, IV and X. What is noteworthy is the decline in the rate of migration among the young people during the twenty years covered by the period. This, however, does not necessarily mean a decline in volume due to the increasing population base.

The 1982 nationwide survey of female adolescents gives us more insights into the migration of the young within the country. The bias of movements in favor of the young females can be gleaned also by migrant stock statistics. While the country is about 36 per cent urban, 50 per cent of our young single women have lived in an urban area for three months or more and reported their average age at first move as 14 years old. Complementarily, fully 32 per cent of those currently residing in urban areas reported a rural area as their place of birth. There is, therefore, a concentration of young single women in the modern areas of the country resulting in a low sex ratio and low dependency burden. The higher percentage of urban married women who reported rural birthplaces can be indicative of marriages among the young migrant women occurring in the urban areas, i.e., they were single at the time of migration and married eventually at the place of destination. While there is an exchange of migrant streams between urban and rural areas of the country, urban to rural migration is definitely of a lesser magnitude than rural to urban.

TABLE 8

Comparative Interregional Net Migration Rates
a) 1965–1970 vs. 1975–1980
b) Aged 15–24 vs. All Ages

Region	1965–1970		1975–1980	
	15–24	All Ages	15–24	All Ages
I. Ilocos	–5.5		–3.8	–1.5
II. Cagayan	–0.5		–2.1	–0.2
III. Central Luzon	1.4		–0.4	0.2
IV. Southern Tagalog	0.8		0.7	1.2
V. Bicol	–5.6		–5.4	–1.9
VI. Western Visayas	–5.4		–3.4	–1.7
VII. Central Visayas	–6.7		–3.2	–1.8
VIII. Eastern Visayas	–11.5		–7.2	–2.6
IX. Western Mindanao	–0.3		–1.7	–0.4
X Northern Mindanao	4.9		0.7	1.4
XI. Southern Mindanao	8.4		2.4	0.9
XII. Central Mindanao	–1.1		1.2	0.8
NCR	13.4		9.9	3.2
Population	8.7M	32.M	15.8M	48.1M

TABLE 9
Interregional Migration Rates Among The 15–24 Years Old, 1965–1970
(Per Hundred Population)

REGION	OUT-MIGRATION			IN-MIGRATION			NET MIGRATION		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
I. Ilocos	8.2	6.3	9.8	2.7	1.8	3.5	-5.5	-4.5	-6.4
II. Cagayan	3.9	2.3	5.5	3.4	3.2	3.6	-.5	-.9	-1.8
III. Central Luzon	5.7	4.7	6.5	7.1	5.6	8.5	1.4	.8	2.0
IV. Southern Tagalog	4.6	3.9	5.3	5.4	4.3	6.3	.8	.4	1.1
V. Bicol	8.0	5.4	10.4	2.3	2.2	2.5	-5.6	-3.2	-7.9
VI. Western Visayas	7.5	6.8	8.1	2.1	1.6	2.6	-5.4	-5.2	-5.5
VII. Central Visayas	10.8	9.7	11.7	4.0	3.5	4.6	-6.7	-6.3	-7.2
VIII. Eastern Visayas	14.3	8.2	20.3	2.7	2.1	3.3	-11.5	-6.0	-17.0
IX. Western Mindanao	4.2	3.5	4.8	3.9	4.2	3.6	-.3	.7	-1.3
X. Northern Mindanao	4.4	3.7	5.1	9.3	9.8	8.8	4.9	6.1	3.7
XI. Southern Mindanao	3.3	2.7	3.8	11.7	11.3	12.0	8.4	8.5	8.2
XII. Central Mindanao	6.3	6.4	6.1	5.1	5.1	5.2	-1.1	-1.3	1.0
NCR	8.4	7.6	9.0	21.8	16.3	25.7	13.4	8.7	16.3

Source: Census 1970 (1% sample)

TABLE 10
Inter–Regional Migration Rates Among the 15–24 Years Old, 1975–1980
(per Hundred Population)

REGION	OUT–MIGRATION			IN–MIGRATION			NET MIGRATION		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
I. Ilocos	5.5	4.2	6.9	1.8	1.3	2.3	–3.8	–3.0	–4.6
II. Cagayan	3.9	3.3	4.5	1.8	1.6	1.0	–2.1	–1.7	–2.5
III. Central Luzon	3.7	3.1	4.3	3.3	2.9	3.8	–0.4	–0.2	–0.5
IV. Southern Tagalog	3.7	2.8	4.6	4.4	3.8	5.1	0.7	1.0	0.4
V. Bicol	6.6	4.7	8.6	1.2	1.1	1.4	–5.4	–3.6	–7.2
VI. Western Visayas	4.6	3.0	6.1	1.2	1.1	1.3	–3.4	–2.0	–4.8
VII. Central Visayas	5.3	4.1	6.5	2.1	1.6	2.6	–3.2	–2.5	–3.9
VIII. Eastern Visayas	8.2	6.1	10.3	1.0	0.8	1.2	–7.2	-5.3	–9.1
IX. Western Mindanao	2.9	2.1	3.6	1.2	1.0	1.4	–1.7	–1.1	–2.2
X. Northern Mindanao	3.6	2.6	4.5	4.3	3.7	4.8	0.7	1.2	0.3
XI. Southern Mindanao	2.2	1.7	2.6	4.5	4.2	4.8	2.4	2.5	2.2
XII. Central Mindanao	2.2	2.1	2.4	3.5	3.0	3.9	1.2	1.0	1.5
NCR	3.7	3.8	3.7	13.7	10.7	16.0	9.9	6.9	12.3
Philippines	4.3	3.4	5.1	4.3	3.4	5.1			

Source: Census 1975 and 1980 (1% sample)

TABLE 11
Inter-Regional Migration Rates, 1975–1980 (All Ages)
(per Hundred Population)

REGION	Out Migration Rate	In-Migration Rate	Net-Migration Rate
I. Ilocos	2.9	1.1	–1.5
II. Cagayan	1.8	1.6	–0.2
III. Central Luzon	2.1	2.3	0.2
IV. Southern Tagalog	2.0	3.2	1.2
V. Bicol	3.0	1.1	–1.9
VI. Western Visayas	2.4	0.7	–1.7
VII. Central Visayas	3.2	1.4	–1.8
VIII. Eastern Visayas	3.6	1.0	–2.6
IX. Western Mindanao	1.6	1.2	–0.4
X. Northern Mindanao	2.2	3.6	1.4
XI. Southern Mindanao	2.0	2.9	0.9
XII. Central Mindanao	1.8	2.6	0.8
NCR	2.5	7.0	3.2
Philippines	2.8	2.8	

Source: National Statistics Office.

III. THE INFLUENCES AROUND THE FEMALE ADOLESCENT

The previous section detailed the trend in the behavior of our adolescents in several socio–economic and demographic aspects. Repeatedly, reference was made to the surrounding influences that shape the values, attitudes and behavior of the adolescents, so that it can be said that all of the previous characteristics are essentially their collective response to their changing environment.

While macro and structural factors have usually been traced for their significance in bringing about new patterns in population behavior, the micro–level or interpersonal influences are less written about, mainly because of the paucity of this kind of data.

In this section, we will attempt to get a glimpse of these familial and extra–familial factors in the lives of the adolescents in order to pinpoint possible handles for modifying and enhancing adolescent contribution to development. We are using mostly the 1982 Young Adult Fertility Survey, a nationwide survey of 5,204 women aged 15–24, both single and married, for the purpose (See Tables 12, 13 and 14).

1. Family Characteristics

The family of socialization is a commonly useful source of explanations for an adolescent's behavior. The role of the family insofar as its impact on adolescents' behavior is concerned can be characterized as the following: (1) family systems of relating with one another set the background for line and extent of authority, power and discipline in that family and (2) equality and type of affective relationship among members of the family (Fox, 1981). The first can be captured by variables to represent parental control and locus of economic power and decision–making in the household.

The absence of one or both natural parents during the growing up years of the teenage girl has an immediate implication on the type and quality of affective relationship between parent and child. Between a single–parent family and one where both parents are present, the former is initially short–handed compared to the latter in the amount of time that can be devoted to child care. This is heightened in societies where large–sized families are the norm.

Sixty one per cent of our young women were raised in a nuclear household and a sizeable proportion (38 per cent) in a variant of extended households. If this speaks in a way of cohesiveness and quality of affect in a household, a more critical measure of family cohesiveness is the presence or absence of the natural parents during one's growing–up years. Almost all of our adolescents (95 per cent) grew up under the supervision of either one or both of their natural parents (Table 12). Much has been said about guidance of both natural parents vis–a–vis a broken partnership in parenting. Eighty–eight per cent of our adolescents grew up with both their fathers and mothers while 7 per cent were raised by either the mother or the father alone or while the parent is living with someone else. This is an indication of an emerging family arrangement in the country in about 12 per cent of our children characterized by parental death or disability (75 per cent), separation (23 per cent) or being an out–of–wedlock child (2 per cent).

TABLE 12
Per Cent Distribution of Women 15–24
on Selected Family Variables, YAFS, 1982

I. Family Characteristics

A. Household Structure (n = 5204)

61.0	per cent	nuclear family
21.9	per cent	extended
16.4	per cent	multi–nuclear
1.0	per cent	one–person or unrelated persons

B. Family Cohesiveness (n = 5204)

Person who mostly raised female adolescent

88.3	per cent	both parents
1.6	per cent	father only
3.8	per cent	mother only
.6	per cent	father with somebody else
.7	per cent	mother with somebody else
5.0	per cent	other people

C. Reason for absence of a parent (n = 281)

75	per cent	death/disability
23	per cent	separation
3	per cent	out of wedlock child

D. Breadwinner at adolescent years (n = 5204)

86.4	per cent	Father
7.0	per cent	Mother
2.5	per cent	Grandparents
0.4	per cent	Step/adoptive
3.7	per cent	Others

E. Locus of decision in the family (n = 5204)

2.9	per cent	Father
17.0	per cent	Mother
80.1	per cent	Joint

F. Degree of father's control (n = 5204)

30.4	per cent	Permissive
49.7	per cent	Moderate
19.9	per cent	Restrictive

Source: 1982 Young Adult Fertility Survey

TABLE 13
Per Cent Distribution of Women 15–24
In Selected Residential Arrangements, YAFS, 1982

A. Dormitory

1. Ever lived in dorm (n = 5204)
   24.4 per cent
2. Activity
   65.8 per cent study
   35.5 per cent working
   1.7 per cent others
3. Location of dorm (n = 1271)
   23.3 per cent Metro Manila
   59.9 per cent Within province of residence
   16.8 per cent Elsewhere
4. Type of dorm (n = 1271)
   63.3 per cent private house
   36.7 per cent dorm/boarding house
5. Dorm had rules for visits and curfews (n = 1271)
   67.8 per cent

B. Of the rural born, exposure to a city of poblacion

1. 49.6 per cent has ever lived for 3 months or more
2. 14.2 years average age at first move
3. 82.9 per cent single at first move (only those found in urban)
4. Reason for first move to urban
   56.3 per cent job
   19.2 per cent study
   12.2 per cent marry/join husband
   9.8 per cent kin

Source: 1982 Youth and Adolescent Fertility.

TABLE 14
Per Cent Distribution of Women 15–24
In Selected Reference Group Roles, YAFS, 1982

A. Acceptance of unwed mothers by reference groups (n = 5204)

69	per cent	Society
61	per cent	Neighbors
77	per cent	Girlfriends
69	per cent	Own family

B. Confidante in Selected Problems

Confidante	Pregnant	Pressured to Marry	School Problem
Parents	68.5	75.0	54.7
Other relatives	3.5	5.0	4.2
Teacher/school counsellor	0.4	0.4	22.6
Friends	24.5	17.7	17.0
No one	0.5	1.4	1.2
Others	2.6	0.5	0.3
N	3914	3917	3918

C. Living arrangement right after marriage (n = 1285)

31.4	per cent	with bride's family
38.8	per cent	with husband's family
26.0	per cent	on their own
3.7	per cent	with others

D. Level of social activity (n = 5204)

9.3	per cent	High.
18.3	per cent	Moderate
72.4	per cent	Low

E. Media Exposure (n = 5204)

33.3	per cent	Regular
33.3	per cent	Occasional
33.3	per cent	Almost unexposed

Source: 1982 Youth and Adolescent Fertility

The father, whenever present, is usually given the breadwinner status (86 per cent), with the mother serving as such for 7 per cent of the adolescent population. On the level of control, thirty per cent of the adolescents characterize their fathers as liberal minded or permissive since they do not prevent their adolescent daughters from going out on dates unchaperoned, from staying with friends on weekends, or from going to parties. But 20 per cent reported their fathers to be restrictive on these.

Daughters view their families as egalitarian insofar as decision–making is concerned. Deciding matters like where to send the kids to school and making major household purchases are seen by the adolescent as joint undertakings by their fathers and mothers. A significant proportion (17 per cent) also see their mothers making decisions for the family more than their fathers. The fathers, in the eyes of the adolescent daughters are seen less (3 per cent) as a dominant figure in decision–making within the household. This corroborates with other findings on the household or family affairs as the realm of women rather than men.

2. Support System Outside the Home

The relevant social environment of an individual is composed of her family, friends, school, and work. While parents perform an extremely important role in the development of an individual as the primary reference source for a youngster's attitudes, values and beliefs about life in general and about her own sense of self and personal worth in more specific terms, it has been suggested that family control over the children has weakened, giving the latter a wider latitude for independent decision- making. Particularly at adolescence when a shift in reference group orientations from parents to increasingly more of peer groups and outside influences is stronger, the molding of values and attitudes has a greater probability of deviating from the familial model. In fact, the rapid changes in the present day environment have created a new social order and new social phenomena unheard of in the past.

The role of peers is heightened during adolescent years as they serve in various capacities that are critical to the adolescent's development of self–esteem and self–worth. Peers become the adolescents' source of behavioral standards, thus affirming their own right to self-determination. The peer group basically represents what they value in the first place. Thus, if their peer group engages in an activity, their probability of conforming is heightened.

The search for roles outside the home and the corresponding structural development in her environment has widened the sphere of choices for a woman, and has increasingly moved her away from non–traditional roles such as early motherhood. In turn, reward systems associated with non–familial roles develop in the young woman a taste for school or work, which creates new associations and opens new social contacts.

Earlier, we pointed to the increasing work participation and school attendance by our young women. They are also more mobile and their mobility is strongly associated with affinity for the more modern areas of the country for work or study purposes. There are more possibilities therefore of new living arrangements for our young women which can affect their more adult roles in the future. We earlier cited figures of half of the rural–born young women having lived in an urban area. These moves usually occur at the early adolescent period, at an average age of 14 and mostly among the single (Table 13).

Inasmuch as the moves are school– or work–related and the places of work and school are highly concentrated in urban areas, living away from home becomes a necessity and a real possibility. One–fourth of our young women have lived or are living in either a private house which accepts boarders or in a dormitory establishment. Two–thirds of the time, the first dorm experience is school–related. While Metro Manila gets its disproportionately large share, the provincial capitals cannot be discounted as socialization areas for other adolescents who seek education in intermediate cities closer to their homes.

This invariably increases the social contacts of our adolescents and widens their reference circles, particularly as support groups in times of need. Examining the perception of the reception of various groups in their social sphere, the adolescents tend to seek solace in the thought that society, in general, will tolerate and accept errors committed by their peer groups. For instance, in Table 14, we detail the perception of our women regarding the acceptance of an unwed young mother by various groups in her environment. Her girlfriends are seen as most sympathetic to the not–so–pleasant consequences of adolescent behavior like premarital pregnancy and neighbors as the least sympathetic but still accepting, to a large extent. Relatedly, preferred confidants in specific problematic situations are parents, to a large extent, and friends. Our teen–agers still go back to their families as their most stable and available source of support and guidance in spite of the various contacts and experiences that they have. While redress for problems seem to be somewhat location–specific, as teachers are significant figures in school–related issues, parents and friends are still dominant figures as preferred confidants.

IV. SEX, PREGNANCY AND MARRIAGE

We shall devote this section on our young women's experiences to the interrelated issues of sex, pregnancy and marriage due to the profound implications of these issues on the further development of adolescents as human beings and as a resource to national development. The curtailment of educational and, therefore, of better work opportunities for a young mother has been a common theme in adolescent literature. More recently, the health hazards of early pregnancy and the social ramifications of pre marital sex and premarital pregnancy are being explored. In addition, the three phenomena – sex, pregnancy and marriage – are highly interrelated in many societal contexts and are believed to be occurring more often in both modern and traditional societies. Their implications on national development, particularly as they relate to the likely effect on the potential contribution of women and men alike, are significant.

Earlier we have said that age at marriage in the Philippines is high, but the latest census gave an indication of an onset of decline, traceable mainly to more marriages occurring among the 20–24 age group. It is not difficult to believe that some of these marriages were triggered by premarital experience and/or premarital pregnancy. As a matter of fact, 8 per cent of young marriages were traceable to unpleasant experiences (Table 15). Young marriages happen, in general, due to "youth outbursts." As Table 16 shows, fully 64 per cent of our married young women believed that they married at a very young age and, as expected, the proportion is highest among those who married during their teen years. Thinking back, they traced their actions to having believed then that they were ready for marriage (32 per cent) while others were so much in love that marriage seemed to be the next step to take (22 per cent); still others were pushed by unpleasant circumstances in their families (22 per cent).

This behavior of our adolescents is very much a characteristic of their life stage as they seek their niche in the adult world. A single pervading thought at a moment can write the rest of their life script. In those instances where marriage was believed to be the next logical action to take or an escape from or an alternative to difficult situations, the issue of a more objective measure of preparedness becomes relevant. Table 15 shows that most young marriages occurred among women who are idle and have had some elementary or high school education. Less than a third came from the working group, but due to their age and school preparation level, it is expected that they would come from the low occupational groups, i.e. service, labor and sales. If this is the picture of the bride–to–be, could the groom be the basis of the perception of being prepared for marriage? The male component of young marriages were mostly working prior to the marriage (82 per cent) with the following occupational distribution: 42 per cent in agriculture; 22 per cent as laborers; 13 per cent in the transportation industry and 10 per cent in the service sector. In spite of their four–year average age difference from their wives, they did not manifest much higher educational attainment.

Inasmuch as love is another triggering factor in young marriages, sexual preparedness is an issue that can be raised. Less than a third among those who married before they were 25 were confident that they were sexually prepared for marriage at the time that they married. They reported several sources of what they knew about sex prior to marriage and Table 15 shows that this is mostly between school and home. Girlfriends were the most common source of sex information of young girls but not necessarily the most effective. Teachers, on the other hand, while not very popular as a source is most effective. The role of parents in this case is not impressive both in reach and effectiveness.

TABLE 15

Per Cent Distribution of Married Women Aged 15-24 on Selected Marriage Variables, YAFS, 1982

A.. Mean Age at Marriage (n = 1285)

18.1 years	Women
22.2 years	Husband
4.1 years	Age gap

B. Distribution of Age at Marriage (AGEM)

Age	Frequency	Per Cent
< 15	33	3.0
15-17	407	36.7
18-20	518	46.7
-24	151	13.6

C.1 Live-in Before Marriage = 31.4 per cent

C.2 Length of Live-in Arrangement Before Marriage

72.7 per cent	3 months
12.4 per cent	3-6 months
6.9 per cent	7-12 months
8.0 per cent	more than 1 year

D. Economic Preparedness for Marriage

1. Husband

a. Activity before marriage (n = 1285)

82.2 per cent	Working
4.1 per cent	Unemployed
6.4 per cent	Student
7.2 per cent	None

b. Occupation before marriage (n = 1056)

1.9 per cent	Agricultural
1.4 per cent	Transport
2.5 per cent	Laborers
5.1 per cent	Sales
42.1 per cent	Agriculture
0.5 per cent	Mining
13.2 per cent	Transport
22.4 per cent	Laborers
10.5 per cent	Service

Cont'n (Table 15)

c. Educational attainment prior to marriage (n = 1285)

2.6 per cent	None
48.4 per cent	Elementary
38.8 per cent	High school
7.5 per cent	Some college
2.6 per cent	College graduate

2. Wife

a. Activity before marriage (n = 1285)

30.7 per cent	Working
1.6 per cent	Unemployed
13.0 per cent	Student
54.8 per cent	None

b. Occupation before marriage (n = 394)

3.0 per cent	Professional
0.3 per cent	Administrative
5.3 per cent	Clerical
20.3 per cent	Sales
13.5 per cent	Agricultural
0.5 per cent	Transport
21.8 per cent	Laborers
35.3 per cent	Service

c. Educational attainment prior to marriage(n = 1285)

1.8 per cent	None
50.8 per cent	Elementary
37.8 per cent	High school
7.8 per cent	Some college
1.9 per cent	College graduate

E. Knowledge and source of knowledge on sex

1. Percent knowing enough about sex before marriage - 30.6

2. Per cent distribution on primary source of knowledge on sex and per cent knowing enough according to source (n = 1285)

Source	Percent	Percent Knowing Enough by Source
Parents	23.0	24.0
Other relatives	11.2	28.1
Teacher	16.6	56.3
Friend, same sex	36.0	28.6
Friend, opposite sex	4.4	40.6
Medical personnel	4.8	37.5
Others	1.9	32.0
None	2.1	9.9

Source: 1982 Youth and Adolescent Fertility Survey.

TABLE 16

Selected Variables On Young Marriages Among Women Aged 15–24, YAFS, 1982

A. Assessment of one's own age at marriage (n = 1285)
Per cent who felt age at marriage is:

Too young	64.4 per cent
Just right age	35.1 per cent
Too old	0.5 per cent

B. Per cent of those who said they married at a young age by age at marriage (n = 828)

Age at Marriage	Per cent thought too young
< 15	85.0
15–17	80.6
18–20	53.4
21–24	28.5

C. Reason for marrying young (n = 828)

Reason	Per cent
Thought ready for marriage at that time	31.9
Love, eloped	21.9
Family problems	22.5
Premarital sex/pregnancy	8.2
Financial	2.3
Others	13.2

Source: Youth and Adolescent Fertility Survey

It is therefore not surprising that premarital sex and early pregnancy trigger early marriages and high subsequent fertility. Earlier, we pointed out that 8 per cent of young marriages were directly due to premarital sex. In addition, our vital registration classified 10 per cent of births occurring in the country as out–of–wedlock, with a large proportion contributed by the young cohort of women. This is consistent with the 12 per cent incidence of premarital sex among our young women aged 15–24. As far as fertility behavior is concerned, our young women contribute about 28 per cent of total births, with the 15–19 year olds responsible for 6 per cent and 22 per cent due to the 20–24 age group. It is therefore a potent group in future development whose outlook in various aspects of life will invariably have an effect in development activities.

V. IMPLICATIONS FOR FUTURE DEVELOPMENT

The implications of young people's behavior for Philippine development illustrate the close linkage between population and development factors.

Their role in population trends spans at least two generations. One is their own contribution as the estimated/desired rate of population growth in the country may not be attained in view of recent indications that the fertility decline of the early seventies has not been sustained. This will invariably mean more adolescents than expected in the future.

The decline in age at marriage, the low level of sex awareness among the young and the occurrence of young marriages traceable to general irresponsibility among the young people are factors that can effectively conspire to increase the contribution of our adolescents to the rate of growth of the Philippine population. In addition to starting childbearing experience at an early age, their consequent longer exposure to regular sex and pregnancy augur their significant quantitative contribution without an assurance of safeguarding the quality of the resulting births and human resource. Our knowledge of fertility differentials in the country tells us that we can expect more children from young marriages and unskilled, low educated husbands and wives. This illustrates their potential second generational impact on the Philippine population.

Their implications for socioeconomic development spring from their direct participation in development activities in the near future, their skill-building ability to prepare themselves adequately for these roles and their contribution to the future stock of human resource to implement development schemes.

On the skill–building capability, it is heartwarming to note the positive response of our youth to more opportunities in education. Their sheer numbers, and the demand for future directions in development, however, pose difficult questions to our economic managers. In order to assure an increasing school coverage for our youth, the education budget had

increased 22–fold between 1970 and 1980, and had reached the maximum proportion of national budget allocation provided for by other countries in the world. Two specific questions are relevant. First, how long can the economy absorb the increasing number to keep a decent coverage level? The education sector needs a breathing space to attend to quality issues, but coverage is more visible in short run. Second, when can we attend to quality–building? Our hope for a skillful labor force to run our industries is threatened by low and declining achievements in the mastery of science and mathematics among our youth in school. Needless to say, the demand for higher technology to increase the productivity of our natural resource bases and industries need our training and skills in science and technology.

The upturn in school participation of the youth can be both a cause and a consequence of the capability of the economy to absorb them. It is highly possible that difficulties in new job generation have made schooling an attractive alternative to those who cannot find jobs as it is also possible that the decision to prolong schooling has affected the labor force participation rate. The relative importance of these two, however, is not known. Worth noting is the absence of a critical balance between education and employment generation in the context of providing sufficient and meaningful employment for adequately prepared and educated manpower.

The search for higher education and jobs has led to the swelling of the young and unskilled to the urban areas exacerbating the high unemployment rate in the cities. Their presence without the corresponding activities to keep them busy and generate for them decent means to defray school expenses and daily subsistence have led to a new breed of problems in the urban areas associated with the youth.

We have seen that the reference of our adolescents is still highly familial in nature, but their search for their "place in the sun" has forced many of them to seek new environments without adequate psychological and skills preparation.

To put things in their proper perspective, in the face of much uninformed criticism of today's youth, it is important to point out that not all adolescents get into trouble and that there are no signs of moral collapse. In spite of their being right in the middle of the most tumultuous period in anyone's life course, many adolescents' attitudes are refreshing and stimulating and many young people are involved with high aspirations. Nonetheless, future developments need the corresponding human resource complement, and the analysis of adolescent behavior and their influences suggests the need for long term measures to enhance their effectiveness in contributing to development goals and in reducing the harmful effects brought about by certain features in their changing environment.

PART VI

POPULATION POLICY AND COVERAGE OF POPULATION, HEALTH AND NUTRITION PROGRAMS

POPULATION, HEALTH AND NUTRITION POLICIES: EVOLUTION AND IMPLEMENTATION

Olivia C. Caoili

I. INTRODUCTION

The necessity of adopting policies to alter or modify national population trends is widely supported by economic planners and policy makers, specially in Third World countries. The size and rate of growth of a country's population *vis-a-vis* its available natural resources and productive capacity is considered an important factor in planning the basic public services that must be provided by governments. This is to ensure a politically stable, economically self-sufficient, just and equitable society.

In addition to policies influencing the size and rate of growth of a country's population, it is now generally acknowledged that there must be complementary policies to develop its human resources. The quality of a country's population has implications for investment, innovation, and economic productivity; for consumption and expenditures; and for the attainment of public welfare. Thus a meaningful examination or review of population policies must inevitably be related with health and nutrition policies. Population policy also invariably touches on other policies such as those bearing on agriculture and food, education, labor and employment, migration, and housing.

Given these general considerations, and the imperatives of planning for the Philippines' future, there is a need to review and analyze public policies concerning population, human resources and development. This would include examining their origins, analyzing their objectives, and assessing their consequences or impacts, whether intended or unintended.

In this paper, public policy refers to "whatever governments choose to do or not to do" and policy analysis is finding out "what governments do, why they do it and what difference it makes."[1] What governments do or choose not to do is influenced by many interacting factors

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[1]Thomas R. Dye, **Understanding Public Policy**, 2nd ed. (Englewood Cliffs, N.J.: Prentice Hall, Inc., 1978); and **Policy Policy Analysis** (University, Alabama: The University of Alabama Press, 1976).

– the physical and social environment in which government operates; existing political institutions; available resources and popular support; relations with other governments and global conditions. These give rise to problems that need to be resolved; shape demands from the population for government decisions; as well as affect the flow of resources and level of support for government action.

Public policy is not just what government plans to do as embodied in its economic development plans, policy statements or even legislation but what it has done and is actually doing to implement this. Thus, it is essential to look at past and present government programs and activities: to relate these to the stated plans, goals and objectives; and to examine the consequences or impacts of government action (or inaction) on the participants in the policy making process, the intended or unintended sectoral beneficiaries of public policy, and the society as a whole.

It is in this context that this paper will now review the evolution of government policy making on population, health, and nutrition. It will examine how these policies have been translated into programs and activities. Finally, this paper will look into the implications which can be derived from the findings of this policy review and analysis for present and future policy making.

II. BACKGROUND AND EVOLUTION

Population policy in the Philippines, particularly government programs designed to alter demographic trends, gained prominence only in the late 1960s. To a large extent, such policy was adopted as a reaction to the rapidly growing population of the country, with an average annual growth rate of 3.0 percent during the 1950s and 1960s, one of the highest in the world at that time. This high rate of increase was traceable to considerable improvements in the nation's health, sanitation and nutrition largely brought about by prevailing health and nutrition policies.

In a sense, one can look at the rapid population growth problem as the unintended consequence of these past policies. Whether population policy is considered as a "set of government objectives relative to population magnitude and/or composition along with the instruments by which it may be possible to achieve those objectives,"[2] or is collectively defined as all

[2]Joseph J. Spengler and Otis Dudley Duncan, eds., **Population Theory and Policy** (Gelncoe, Ill.: Free Press, 1956), p. 441, quoted in Vicente D. Mariano, "The Philippine Population Policy and the Catholic Church," **Philippine Journal of Public Administration** Vol. XXIV, No. 3 (July 1980), p. 284.

those "legislative measures, administrative programmes and other governmental action intended to alter or modify existing population trends in the interest of national survival and welfare,"[3] a brief historical survey will show that health and nutrition policies have long antedated population policy.

1. Evolution of Public Health Policy

The beginnings of public health policy in the Philippines can be traced to the Spanish colonial period. It was closely linked with the development of the medical and pharmaceutical sciences, *i.e.,* with the search for causes of and remedies against diseases such as smallpox, cholera, dysentery, bubonic plague, leprosy, *etc.* that often ravaged the population. Much of the activities in this field were initially undertaken privately by the religious orders which also established hospitals in the islands. However, by the nineteenth century, these gained increasing government support.

In 1803, a Royal Decree was issued to introduce smallpox vaccination in the Philippines. Another Decree, in 1806, erected a Central Board (later Institute) of Vaccination. The Institute was responsible for preserving, manufacturing, and propagating the vaccine virus and performing prophylactic inoculations through a corps of vaccinators. It was under the control and supervision of the *Inspeccion General de Beneficencia y Sanidad*, the equivalent of today's Departments of Health and Social Welfare and Development combined. The *Inspeccion General* had also under its supervision the *Cuerpo de Medicos Titulares* (District Health Officers); *Cuerpo de Vacunadores* (vaccinators); *Cuerpo de Matronas Titulares* (midwives); *Lazarettos* (institutions for maritime quarantine); and. the like.[4] Regulations on maritime quarantine were also adopted and enforced by the colonial government in the port cities. Limited research on communicable diseases was done in the government-supported *Laboratorio Municipal de Manila.*

The American colonial authorities adopted a more comprehensive public health policy in the country.[5] This included the establishment of the Bureau of Health, the forerunner of the

[3]Hope T. Eldridge, "Population Policy" in David D. Sills, ed., **International Encyclopedia of the Social Sciences,** Vol. XII (New York: Crowell, Collier and MacMillan, Inc., 1968), p. 381.

[4]See Eulogio B. Rodriguez, "Brief Observations on Science in the Philippines in the Pre-American Era" and Leoncio Lopez Rizal, "Scientific and Technical Organizations in the Philippine Islands," in the National Research Council of the Philippine Islands, **Annual Report, 1934-35,** Bulletin No. 3, pp. 105-112; 150-156.

[5]The following summary is based on W. Cameron Forbes, **The Philippine Islands,** rev. ed. (Cambridge, Mass.: Harvard University Press, 1945); reprinted as Book 12, Filipiniana Reprint Series. (Mandaluyong: Cacho Hermanos, Inc., 1985), Chapter VII; Joseph Ralston Hayden, **The Philippines: A Study in National Development** (New York: The MacMillan Co., 1950), Chapters XXVI and XXVII.

present Department of Health (DOH); the Philippine General Hospital (PGH); the Philippine Medical College which later became the University of the Philippines-College of Medicine (UPCM), and the Bureau of Government Laboratories which became the Bureau of Science. The Bureau of Health undertook mass immunization programs against smallpox, cholera and dysentery; trained and fielded sanitary inspectors and dispensary attendants in the provinces and municipalities; and conducted mass information campaign on health, sanitation and nutrition.

To ensure adequate medical manpower for the needs of the public health program, the American colonial government provided scholarships in the UPCM for deserving students chosen by competitive examinations from each province. Recipients of these scholarships were required to return to their respective provinces to practice their profession for, at least, the equivalent number of years that they enjoyed government scholarship[6].

The Philippine General Hospital (PGH) became the training ground for the nursing and medical professions and provided data for the research undertaken at the Bureau of Science. Staff members of the Bureau of Science enjoyed joint appointments to work in the Bureau of Health, the PGH, or to teach in the UPCM. The system of joint appointment was similarly enjoyed by the staff members of the UPCM, Bureau of Health and PGH.

There was a close coordination between teaching, clinical practice, applied and basic research functions among these government institutions. The Bureau of Science researched on and developed the vaccines that were mass produced by the Bureau of Health Laboratories and used for the immunization programs. Quarantine service and prenatal care were also vigorously promoted. It is, therefore, not surprising that mortality rates declined significantly during the early decades of American rule and this contributed to rapid population growth. The death rate from all causes declined from 27.46 per thousand population in 1905 to 18.82 per thousand in 1913[7].

The effectiveness of public health policy during the American regime was greatly aided by the public education system which disseminated information on health, hygiene, sanitation, and food and nutrition. Similarly, increased public works projects such as the construction of artesian wells in the rural areas and improvements in the waterworks, drainage and sewerage system in Manila and other cities contributed to the prevention and control of epidemics and the

[6]Forbes, **op. cit.**, pp. 164-165.

[7]Ibid, p. 155.

promotion of health and sanitation. Side by side with these developments was the general improvement in the peace and order situation in the country from about 1901. The net effect of these government policies help explain the rapid increase of the Philippines' population from 7.6 million in 1903 to 10.3 million in 1918 and 16 million in 1939.

2. Evolution of Nutrition Policy

Public policy on nutrition evolved as an integral part of public health policy. American colonial authorities recognized that the problem of illness was related to malnutrition of the population. The latter was in turn traced to the insufficiency of vegetables in the customary diet of the Filipinos. Hence, the colonial authorities provided for the public school curriculum to include gardening and instruction regarding the health giving value of vegetables. Home economics courses similarly included lessons on the proper way of cooking vegetables and other foods to preserve their nutrients.

In addition, scientists in the Bureau of Science undertook research on the nutritive values of Philippine fruits and vegetables, food processing and preservation. Scientific research on ways of reducing infant mortality during that time also invariably touched on problems of nutrition. For example, studies on the high incidence of beri-beri showed that this was closely associated with the prevalent Filipino diet of polished rice. Hence, a nationwide information/education campaign on the merits of eating unpolished rice was undertaken.[8] The systematic campaign against infant mortality as well as the promotion of nutrition undoubtedly contributed a lot to the reduction of infant mortality. The infant mortality rate was reduced from 224.40 per thousand population in 1904 to 152.91 per thousand in 1913 for the whole country. This health index was pushed down from 811.35 per thousand in 1904 to 334.45 per thousand in 1913 for the City of Manila.[9]

Activities to promote nutrition continued to enjoy government support throughout the American regime. In 1933, Governor General Frank Murphy appointed a Committee on Nutrition and a Rural Improvement Committee. The Committee on Nutrition was charged with coordinating all the work on nutrition being performed by agencies of the government while the Rural Improvement Committee was to promote barrio gardening.[10] Even with these

[8]**Ibid.**, pp. 161-163.

[9]**Ibid.**, pp. 166-167.

[10]Hayden, **op. cit.**, p. 660.

government activities, Filipino scientists campaigned for increased support for nutrition research. In 1923, there was a proposal for the establishment of a goverment-funded Institute for Nutrition.[11] It was not until 1947, however, when an Institute of Nutrition was created by an Executive Order. It was initially made an integral part of the Department of Health. Much later, the Institute of Nutrition was transferred to the National Science Research Institute (formerly Bureau of Science) and eventually made a separate research agency (as Food and Nutrition Research Institute) of the National Science and Technology Authority (formerly the National Science and Development Board).[12]

It is apparent from this brief account of the evolution of public health and nutrition policies that the overall goal of past governments, particularly during the American regime, was to improve the health of the general population through the prevention of diseases and epidemics, the reduction of mortality, specially infant mortality and the promotion of nutrition research and education. Taken together, these government activities inevitably contributed to rapid population growth. The following quotation from a former American Vice-Governor in the Philippines tends to show that the promotion of population growth and its equitable geographical distribution was indeed an important goal of American colonial policy to ensure political stability and as a deterrent against the territorial ambitions of neighboring countries.[13]

> A healthy, vigorous people is prerequisite to the establishment of a stable, progressive Philippine state. In contrast with neighboring countries, the Philippines is under-populated. It must settle its vacant lands and develop its natural resources if it is to retain them in the face of population pressure from the Chinese and the Japanese...

3. Evolution of Population Policy

Planned demographic change evolved as a deliberate government policy only during the 1960s. This was partly because population growth was not considered a problem until that time. However, there had been private initiatives in family planning, with the Protestant missionaries pioneering in the movement as early as in 1927. In 1957, the Family Relations Center (FRC) was established by the National Council of Churches in the Philippines (NCCP) to disseminate information on birth control and in 1967, another Protestant group, the Responsible Parent-

[11]Isabelo Concepcion, "A Plea for the Establishment of a Government Institute for the Study of Nutrition in the Philippines," editorial, Journal of the Philippine Island's Medical Association, Vol. VI, No. 10 (October 1928), pp. 339-341.

[12]See Executive Order No. 94, 4 October 1947; Republic Act No. 2067, 13 June 1958; Presidential Decree No. 233, 1 July 1973; Executive Order No. 784, 17 March 1982.

[13]Hayden, **op. cit.**, p. 685.

hood Association, was established. Another private group, the Philippine Rural Reconstruction Movement (PRRM), had also incorporated a family planning program in its activities.

In March 1965, the Family Planning Association of the Philippines (FPAP) was founded and in September of that same year, it was accepted as the 42nd member of the International Planned Parenthood Federation (IPPF). The FPAP thus became the country's representative to international conferences and the distributing agency of the IPPF's funding and scholarship awards to other family planning organizations. Other external agencies which funded the FPAP's programs were the United States Agency for International Development (USAID), Pathfinder Fund, Ford Foundation, Rockefeller Foundation, and the Population Council of New York.[14]

Direct government involvement in family planning and the population problem initially started with the establishment in 1964 of the Population Institute in the University of the Philippines. The Institute was to train demographers and conduct researches and analysis of the country's population trends. By 1966, the Manila City Health Department was providing family planning services throughout all of its 40 health centers. At that time, there were about 100 family planning clinics operating in the country, mostly in the large urban areas.

In 1967, President Ferdinand E. Marcos joined 29 other heads of state in signing a United Nations (UN) Declaration on Population. However, it was not until 1969 when the President took the initial step to implement the principles of the UN Declaration on Population by creating the Commission on Population.[15] The Commission was given the principal function of making continuing studies on the Philippine population and to provide policy and program recommendations on population as it affects economic and social development.

As organized in 1969, the Commission on Population had 22 members – four cabinet members (the Secretaries of Education, Health, and Social Welfare; and the Chairman of the National Economic Council); the President of the University of the Philippines (UP) and five UP Deans/Directors (College of Medicine; Institutes of Hygiene, Mass Communication, and Population; and School of Economics); the Directors of the Bureau of Census and

[14]Gregorio G. Lim, "History of Family Planning in the Philippines" in Vitaliano Gorospe, ed., **Freedom and Philippine Population Control** (Quezon City: New Day Publishers, 1976), pp. 359-369.

[15] Executive Order No. 171, 19 February 1969.

Statistics and of the Disease Intelligence Center; and 10 others representing religious, health, educational, and other sectors, including those which had piloted family planning programs.[16] The four Cabinet members and the UP President comprised the Executive Board of the Commission while the UP Population Institute served as its Secretariat.

The initial composition of the Commission on Population indicated the care with which President Marcos tackled the issue of fertility control and his approach to secure the broadest possible support for the population program. As shown by a study made on the formulation of the Philippine population policy, the initiatives for the adoption of such a national policy had come mainly from the Office of the Executive Secretary which at that time was occupied by Rafael Salas.[17] This was because the Chairman of the National Economic Council (NEC) had openly opposed population control programs despite NEC studies that showed the high costs of population growth. The NEC Chairman believed that the solution to the population problem lay in the promotion of economic growth and industrialization.

In May 1970, President Marcos issued another Executive Order reorganizing the Commission on Population.[18] Basically, the UP President and the UP Deans (except that of the Institute of Population) were replaced in the Commission by the Presidential Assistant on Community Development (PACD), and representatives of other professional or sectoral organizations. The President had announced in his State of the Nation Address in January 1970, his decision to propose legislation making family planning programs part of the official policy of his administration. But it was not until August 1971 that Congress finally enacted a law spelling out a national policy on population and converted the Commission on Population into a statutory agency.[19]

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[16]**Ibid.** The 10 other members of the Commission on Population were: the President of the Catholic Bishops' Conference of the Philippines; President of the National Council of Churches; President of the Muslim Association of the Philippines; Director of the Institute of Social Order; Director of the Asian Social Institute; Director of the Institute for the Study of Human Reproduction; President of the Philippine Medical Association; President of the Family Planning Association of the Philipppines; the President of the Planned Parenthood Movement of the Philippines; and the Executive Director of the Association of Philippine Medical Colleges.

[17]Maria Elena Lopez and Ana Maria R. Nemenzo, "The Formulation of Philippine Population Policy," **Philippine Studies**, Vol. 24 (1976), pp. 417-438.

[18]Executive Order No. 233, 15 May 1970. As reconstituted, the Commission on Population had the following new members: Presidential Assistant on Community Development; Chairman of the National Manpower and Youth Council; Commissioner on National Integration; Director of the Philippine Press Institute; President of the Philippine Rural Reconstruction Movement; President of the Philippine Nurses Association; President of the National League of Puericulture Centers; President of the National Union of Students of the Philippines; and the Executive Director of the Institute of Maternal and Child Health.

[19]Republic Act No. 6365, 16 August 1971.

The Population Act of 1971 adopted basically the "Statement on Population Policy and Program" which the Population Commission recommended to the President in 1969. This can be seen in Section 2 of the Act:[20]

> Sec. 2 **Declaration of policy**. The Congress of the Philippines hereby declares that for the purpose of furthering the 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 individual involved shall be undertaken. The Congress of the Philippines further declares that the national population policy and program will include the following elements: quantitative goals will be established and adopted; a broad understanding of the effects of alternative rates of population growth on family and national welfare be promoted; family planning will be made part of a broad educational program; safe and effective means will be provided to couples desiring to space or limit family size; mortality and morbidity rates will be further reduced; policies and programs guiding and regulating labor force participation, internal migration, and spatial distribution of population will be adopted; and contact with international agencies and private organizations concerned with population problems will be established and maintained on a regular basis.

The Population Act placed the Commission on Population under the Office of the President. Its members were reduced from 22 to 12: the Secretary of Education, Secretary of Health, Secretary of Social Welfare, Commissioner of National Integration, Presidential Assistant on Community Development, Director of the UP Population Institute, and representatives of six private organizations appointed by the President, with the consent of the Commission on Appointments, to serve for a term of five years.[21]

The functions and duties of the Commission on Population were spelled out in Section 4 of the Population Act, with the following having a direct bearing on the implementation of the national population policy.

> a. To formulate and adopt coherent, integrated and comprehensive long-term plans and programs and recommendations on population as it relates to economic and social development consistent with and implementing the population policy, which shall be submitted to and approved by the President, upon recommendation of the National Economic Council: Provided, that the National Economic Council shall act on such plans, programs and recommendations not later than sixty days from receipt thereof;

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[20]Ibid. Section 2. See also Commission on Population, "Statement on Population and Policy Program," in **Responsible Parenthood** in the Philippines (Manila: Ateneo Publications Office, 1970), pp. 253-257.

[21]Republic Act No. 6365, Section 3. The organizations represented in the new Commission on Population were the Philippine Press Institute, the National League of Puericulture Centers, the Philippine Medical Association, Family Planning Organization of the Philippines, the Responsible Parenthood Council and the Institute of Maternal and Child Health.

b. To receive and approve project proposals and to coordinate and evaluate their implementation in accordance with approved plans and programs;

c. To put up family planning clinics in cooperation with the Department of Health;

d. To undertake such action projects as are necessary;

e. To undertake, promote and publish studies and investigations on Philippine population in all its aspects;

f. To assemble and disseminate technical and scientific information relating to medical, social, economic and cultural phenomena as these affect or are affected by the population;

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i. To receive and accept from sources within and without the Philippines for its own use and not for sale, grants, or donations of equipment, materials or services.

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Congress initially appropriated 4.5 million pesos as operating funds for the Commission for fiscal year 1972. Out of this amount, 350,000 US dollars were to be disbursed as the Philippine contribution to the United Nations Fund for Population Activities (UNFPA) for 1972. Seventy-five percent of this 350,000 US dollars were to be used to finance population projects in the Philippines which are approved by the UNFPA.

During the deliberations in Congress on the proposed Population Act, several issues were raised by those opposed to the policy. These were related to the differing perceptions about the population problem and its appropriate solutions. Some pointed out that there was no need for population control because of the brain drain or emigration of talented Filipinos to other countries.[22] Others dwelt on the issue of population and resources, *i.e.*, there is no population problem since the Philippines had sufficient resources to maintain its population. Moreover, the country was actually underpopulated and population growth should become a concern only when the country's natural resources could no longer support its population. A large population was considered important for defense, and that the wealth of a country is its people.

The population problem was also linked by those opposed to the Population Bill with the issue of imperialism, *i.e.*, the economic problems of the country was not due to overpopulation because the best economic opportunities had been given "to heartless foreigners who strangle the poor."[23] Some suspected that the promulgation of a population policy was a condition to

[22]Lopez and Nemenzo, **op. cit.**, p. 425.

[23]Quoted in **ibid.**

receiving World Bank funding. Others pointed out the pitfall of USAID assistance to population planning because Filipinos would, in the long run, be shouldering what was considered an unnecessary expense. The issue of administrative overload was similarly raised. There was no need for a Commission on Population since the Department of Health could absorb the functions of the Commission. The creation of a new agency would run counter to the goal of government reorganization which sought to rationalize its structure and bring about economy in government operations.

It can be seen from the debates that the main issue raised against the population measure was on the creation and financing of the Commission. In a sense, the arguments about this and the role of the USAID in population planning were valid. The USAID had provided the major impetus for pushing the population and family planning program in the Philippines[24]. It provided much of the funding for and technical advice to government agencies and private organizations involved in the program.

Since the NEC Chairman was opposed to family planning, the USAID had devised another way to push for family planning. In 1968, it signed a contract with the Department of Health (DOH) to create a Project on Maternal and Child Health (POMCH). Through this means, the USAID was able to camouflage its support for family planning programs. The POMCH coordinated USAID-assisted health projects that included family planning, and thus, the USAID was able to work with and influence several Filipino private organizations.

The strategy employed by the USAID in family planning was known to have violated some of its own principles. Normally, it should have worked for institution-building in carrying out programs but the family planning program was launched among several private organizations which competed with one another for donor agency funding. In risking heavy monetary support and its leadership, the USAID assumed that the program's initial success would eventually arouse the interest of the Philippine government and convince it to finance the program.

These assumptions proved to be correct. Much of the USAID's success lay in the presence of the American administrators in Manila who planned the projects and the strategy for dealing with government officials and the Catholic hierarchy. As one observer of the role of the USAID in developing the country's population policy wrote:[25]

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[24]See Brent Ashabranner, "Philippine Population Program and Policy Development. A Review," in Readings on Population Information Education (New York: Ford Foundation, 1973), pp. 29-41.

[25]**Ibid.**, p. 40.

> Contrary to traditional concepts of aid, the Mission...put the cart before the horse. The normal S.O.P. calls for the building of an institution to carry on an effective program. Instead, a program was launched which has been so effective on an **ad hoc** basis that the Philippine government's initial reluctance has been overcome.

With the approval of the Population Act and the institutionalization of the Population Commission, the USAID gradually reduced its role in decision making on and implementation of the family planning program. The Philippine government also began to assume more of the peso costs of both the government (DOH, Bureau of Hospitals, *etc.*) and nongovernment (FPOP, Institute of Maternal and Child Health, *etc.*) family planning programs. In FY 1973, the Philippine government assumed 25 percent of the costs of both government and nongovernment programs. In FY 1974, it assumed 50 percent of the nongovernment program costs and 100 percent of the government peso costs.[26]

Understandably, during the deliberations in Congress on the Population Bill, there was a campaign to integrate family planning with the Department of Health (DOH). This was apparently the Department's lobby to regain the functions of the POMCH which had been transferred to the Population Commission in 1970 by Executive Order No. 233. Certain groups also lobbied for membership in the Population Commission since this would give them access to funds for family planning programs that they had already set up or were planning to establish. It was observed that interest in the Population Bill was motivated more by "the fashionability of the population issue, rather than concern for instituting viable action programs."[27]

The Population Bill was opposed by some Filipino student organizations as a fascistic and imperialist move to repress the downtrodden, and a racist scheme to prevent the Eastern hemisphere from overwhelming the west.[28] The Catholic Church also raised some objections to the proposed national family planning program. [29] It favored the use of the rhythm method and endorsed the program of the Responsible Parenthood Council (RPC). The RPC was managed by young technocrats originally associated with the President's Executive Secretary and by noted Filipino businessmen. It relied on volunteer citizens rather than on government employees as motivators and its program was education-oriented rather than contraceptive-oriented.

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[26]Ashabranner, **op. cit.**, p. 40.

[27]Lopez and Nemenzo, **op. cit.**, p. 426.

[28]**Ibid.**

[29]On the position of the Church, see Lopez and Nemenzo, **op. cit.**, pp. 427-432; and Mariano (1980).

Despite the objections to the Population Bill, it was enacted without much difficulty. When Martial Law was proclaimed in the country in September 1972, the implementation of the Population Act was enhanced. The Act was also revised in December 1972 by Presidential Decree No. 79. The Decree broadened and clarified the purposes and objectives of the Population Commission (which was also given the acronym, POPCOM). The new, more specific objectives were:[30]

> b. To make comprehensive studies of demographic data and expected demographic trends and propose policies that affect specific and quantitative population goals;
>
> c. To organize and implement programs that will promote a broad understanding of the adverse effects on family life and national welfare of unlimited population growth;
>
> d. To propose policies and programs that will guide and regulate labor force participation, internal migration and spatial distribution of population consistent with national development;
>
> e. To make family planning a part of a broad educational program;
>
> f. To encourage all persons to adopt safe and effective means of planning and realizing desired family size so as to discourage and prevent resort to unacceptable practice of birth control such as abortion by making available all acceptable methods of contraception to all persons desirous of spacing, limiting or preventing pregnancies;
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> xxx
>
> h. To provide family planning services as a part of overall health care;
>
> i. To make available all acceptable methods of contraception, except abortion, to all Filipino citizens desirous of spacing, limiting or preventing pregnancies;

All functions and powers of the POPCOM were vested in a Board of Commissioners with a much smaller membership compared with that under the Population Act of 1971. The members of the Board were the Secretary of Education and Culture, Secretary of Health, Secretary of Social Welfare, Dean of the University of the Philippines Population Institute and the Director General of the National Economic and Development Authority (NEDA).[31] As can be seen, the representatives from the private sector were removed from the reorganized policy-making body of the POPCOM. The Board was also required to meet more often than under the Population Act of 1971, *i.e.* at least, once every four months or oftener, at the call of the Chairman.[32]

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[30] Presidential Decree No. 79, 8 December 1972.

[31] **Ibid.** Section 6. The NEDA was formerly the National Economic Council.

[32] **Ibid.**, Section 6.

On the same day that Presidential Decree No. 79 was signed, the President also issued two Letters of Instruction to facilitate the implementation of the national population policy, particularly the mandate of the POPCOM "to make family planning a part of a broad educational program." Letter of Instruction (LOI) No. 47 directed the Department of Education and Culture "... to inform all schools of medicine, nursing, midwifery, allied medical professions and social work to prepare, plan and implement the integration of family planning in their curricula and to require from their graduates sufficient instruction in family planning as a prerequisite to qualify for the appropriate licensing examination."[33] LOI No. 47-A directed the Secretary of the Department of Public Information and the Postmaster General to help implement the programs of the POPCOM by disseminating information on family planning.[34]

Even before the Population Decree (PD 79) was issued, the President signed a Decree revising certain sections of the National Internal Revenue Code of the Philippines. One of its provisions indirectly encourages family planning by limiting (not more than four) the number of children or dependents for which the head of a family may claim additional tax exemptions.[35] Perhaps the most significant support for the national population policy was the 1973 Constitution which provided (Article XV, Section 10) that: "It shall be the responsibility of the State to achieve and maintain population levels most conducive to the national welfare."

There were other laws indirectly supportive of the national population policy which were enacted during the Martial Law government. One of these was the New Labor Code[36] which incorporated laws on the conditions of employment, particularly, on the employment of women and their maternity leave benefits. It limits paid maternity leaves to only four deliveries, hence, it is expected to discourage large families. However, it has been pointed out by the Department of Justice that this provision has application only to women in private employment and not to those in government service. Moreover, it has been understood to apply prospectively, i.e., four deliveries are to be counted after the approval of Presidential Decree No. 148, amending the Woman and Child Labor Law.[37]

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[33]Letter of Instruction No. 47, 8 December 1972, Official Gazette (O.G.), Vol. 68, No. 51 (18 December 1972), p. 9885.

[34]Letter of Instruction No. 47-A, 8 December 1972 in ibid.

[35]Presidential Decree No. 69, 24 November 1972, Sec. 23 (c), O.G., Vol. 79, No. 18 (2 May 1983), pp. 2449-2450.

[36]Presidential Decree No. 442, 1 November 1974.

[37]Presidential Decree No. 148, 13 March 1973. For an analysis of these laws, see Irene R. Cortes, "Population Legislation in the Philippines," in Vitalino R. Gorospe, ed., **Freedom and Philippine Population Control**, (Quezon City: New Day Publishers, 1976), pp. 122-123. Married women employed in government enjoy maternity leave benefits if they are permanent and regular employees who have served continuously for at least two years. See Commonwealth Act No. 647 (1941) as amended.

Despite the above apparent shortcomings in the New Labor Code, it does provide among workers in the private sector, incentives for limiting or planning family size. It also provides incentives for employers to promote family planning, as can be seen from the following:[38]

> Establishments which are required by law to maintain a clinic or infirmary shall provide the family planning services to employees which shall include, but not be limited to, the application or use of contraceptive and or intrauterine devices.
>
> In cooperation with the other agencies of government engaged in the promotion of family planning, the Department of Labor shall develop and prescribe **incentive bonus** schemes to encourage family planning among female workers in any establishment or enterprise.

III. LEGISLATION RELEVANT TO POPULATION POLICY

There are other laws which directly affect the national population policy and, therefore, the work of the Population Commission. Some of these directly support the national population policy with particular reference to family planning while some may contradict the policy and need to be repealed by legislation or by interpretation of the courts. For example, the Tariff and Customs Code previously prohibited the importation of "articles, instruments, drugs and substances designed, intended or adopted for preventing human conception... or any printed matter which advertises or prescribes or gives directly or indirectly information, where, how and by whom human conception is prevented."[39]

According to the Secretary of Justice, the enactment of Republic Act No. 4729 in 1966 impliedly repealed these provisions of the Tariff and Customs Code, since it had the effect of making contraceptives legitimate articles of commerce and their use or distribution no longer deemed detrimental *per se* to public health and morals.[40] After the proclamation of Martial Law, the Tariff and Customs Code was revised by Presidential Decree and the prohibition against the importation of contraceptives was deleted. Nevertheless, the Code still makes this importation subject to customs duties and taxes under the classification of hormones, whether natural or synthetic, and their derivatives.[41]

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[38]New Labor Code, Art. 132, quoted in Cortes (1976).

[39]Republic Act No. 2644 (1960), quoted in Law and Population Project of the U.P. Law Center,"The Philippines; A Country Report," Paper presented at the Southeast Asia Regional Seminar on Law and Population, Jakarta, July 21-24, 1975, (Mimeo.), p. 5.

[40]**Ibid.**

[41]**Ibid.**

Republic Act No. 4729 makes it unlawful for any person, partnership or corporation to sell, dispense or otherwise distribute, whether for or without consideration, any contraceptive drug or device, unless such sale, dispensation or distribution is by a duly licensed store or pharmaceutical company and with the prescription of a qualified medical practitioner. The Pharmacy Law (Republic Act No. 5921, 1969) similarly contains such prohibition and requires a pharmacist in charge of a drug store or a pharmacy, after filling up a prescription containing anti-conceptional substances, to record in a separate book the name and date of the prescription, the name and address of the prescribing physician and details about the prescription sold.[42] Both these laws punish violators with a fine or imprisonment.

These laws obviously have a bearing on the objectives of the national population policy and the functions of the POPCOM which is to "encourage all persons to adopt safe and effective means of planning and realizing desired family size..." and "to make available all acceptable methods of contraception, except abortion, to all Filipino citizens desirous of spacing, limiting or preventing pregnancies." In the opinion of the Secretary of Justice, these laws have been impliedly repealed by the revised Population Act.[43]

In line with this, the Secretary of Justice rendered several opinions which has greatly facilitated the implementation of the national population policy and the work of the POPCOM. For example, voluntary sterilization has become available as a family planning method through his interpretation that the Revised Penal Code which penalizes "any person who shall intentionally, mutilate another by depriving him, either totally or partially, of some essential organ of reproduction,"[44] has no application to surgical sterilization voluntarily procured. In the Secretary's view, the national program of family planning would be thwarted if the widely practiced methods of tubal ligation and vasectomy were declared illegal. As he put it:[45]

> In resume, I am of the opinion that sterilization for both sexes by tubal ligation and vasectomy are not mutilations within the contemplation of Articles 262 of the Revised Penal Code and are acceptable methods of contraception **as long as the subject's consent thereto is given intelligently with full knowledge that they are irreversible.**

The above method of expanding the scope of the national population policy is, nevertheless, far from ideal. As Dr. Irene R. Cortes, former UP Law Dean, pointed out: "It is true that a subsequent enactment may impliedly repeal an earlier one, but implied repeal is not favored

[42]**Ibid.** p. 5-6.

[43]**Ibid.** p. 6.

[44]Revised Penal Code, Art. 262.

[45]Opinion of the Secretary of Justice, 28 April 1969, quoted in Cortes (1976).

in law and can only take place if the earlier and subsequent measures can not be reconciled."[46] Policy makers must, therefore, be made aware of these various laws that had been enacted in the past for various other purposes, such as the protection of public health against the indiscriminate use and distribution of contraceptive drugs or devices, the protection of family, marriage and family relations,[47] and others, which may limit the effectiveness of the national population policy or even run counter to it because of their unintended pro-natalist effects. This review should pave the way for more comprehensive legislation to integrate existing laws, reconcile any contradictory or conflicting provisions among these and remedy gaps in existing population and related policies in order to ensure their smooth and effective implementation.

IV. PROBLEMS OF INTEGRATION, PLANNING AND IMPLEMENTATION

As has been shown above, the country's population, health and nutrition policies evolved separately in response to emerging social and economic needs. Since 1970, the government has recognized the need to integrate these policies in the national development plans. The *Four-Year Development Plan FY 1971-1974* was the first national development plan which included a chapter on population.[48] The plan aimed at a reduction in the population growth rate from the estimated 3.5 percent in FY 1970 to 3.2 percent in FY 1974. This was expected to be achieved mainly through the Family Planning Program. The Program involved 225 family planning clinics throughout the country which were run by private organizations and government. There were 41 family planning centers run by the Manila City Health Department; five clinics by the Davao City Health Department; three clinics by the Angeles City Health Department; 13 clinics by the Province of Laguna; and some other clinics run by the Department of Health. The 1971-1974 Development Plan expected to cover 780,646 contraceptive users at the end of 1974 of which 468,388 were expected to be continuing contraceptive users.

The *Four-Year Development Plan for FY 1972-1975,* which was a roll-over of the previous Plan for FY 1971-1974, similarly incorporated a chapter on the Family Planning Program. The program includes: service delivery/training, information and education/communication (IEC), and research and evaluation. The population growth rate was projected to drop from the

[46] Cortes (1976).

[47] See **ibid.** and Law and Population Project of the UP Law Center, **op. cit.**, for a summary of other laws.

[48] National Economic Council, Four-Year Development Plan FY 1971-1974 (Manila: June 1970), Chapter 5, pp. 66-68.

initially estimated actual growth rate of 3.1 percent in FY 1970 to 2.7 percent at the end of FY 1975. The Plan, nevertheless, recognized the uncertainty of the exact impact of the family planning program on the population growth rate.[49]

The *Four-Year Development Plan, FY 1974-1977* similarly included a separate chapter on Population which included the Family Planning Program.[50] Unlike the previous plans, however, the 1974-1977 Plan directly linked the targets of the Family Planning Program to population growth rate.

At the time the 1974-1977 Plan was formulated, certain changes in the country's tax and labor laws had already been enacted to support the family planning program. As mentioned earlier in this paper these were Presidential Decree No. 69, which limited personal tax exemptions to four dependents and lowered the dependency age from 23 to 21 years, and Presidential Decree No. 148 which amended the Woman and Child Labor Law. PD 148 limited maternity leave benefits to the first four deliveries and urged private establishments employing 200 or more personnel to provide free family planning services for their employees and to develop incentive schemes to encourage family planning among their married workers.[51] Toward the latter part of the Plan period, another law was enacted to further strenghten the implementation of the Family Planning Program. Presidential Decree No. 965 required couples applying for marriage license to receive instruction on family planning before the issuance of the license.[52]

In the *Five-Year Philippine Development Plan, 1978-1982,* the Family Planning Program was included in the Health, Nutrition and Population sector. The immediate objectives of this sector were to increase service/population groups and community participation and reliance on local resources and to promote a more effective utilization of services and resources coming from international and foreign assisting agencies. There were seven programs enumerated under the sector. These included the Nutrition Program coordinated by the National Nutrition Council, and the National Population Program coordinated by the Population Commission. The sectoral indicators, aspirations, approaches, strategies for action and implementing schemes were spelled out in Chapter 9 of the Development Plan.[53]

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[49] National Economic Council, **Four-Year Development Plan, FY 1972-1975** (Manila: July 1971), pp. 212-218.

[50] National Economic and Development Authority, **Four-Year Development Plan, FY 1974-1977** (Manila: 1973), Chapter 23, pp. 340-356.

[51] These provisions of PD 148 were implemented through the Department of Labor which issued Department Order No. 7, (23 September 1973).

[52] Presidential Decree 965, 20 July 1976.

[53] National Economic and Development Authority, **Five -Year Philippine Development Plan, 1978-1982 (Including the Ten-Year Development Plan, 1978-1987)** (Manila: September 1977), Chapter 9, pp. 82-83,

The national government had actually prepared three sets of related plans in 1977. These were the Five-Year Philippine Development Plan, 1978-1982; a Ten-Year Plan, 1978-1987; and the Long-Term Plan for the year 2000. The aim of the Family Planning Program was to reduce the population growth rate from an estimated 2.5 percent in 1978 to 2.3 percent in 1982 and further downward to 2.1 percent by 1987. The long-term goal was to reach a net reproduction rate of one by the year 2000 so that population at that time would be 70 million and will be growing at an annual growth rate of 1.6 percent between 1995 and 2000.

What is more significant in the Development Plan for 1978-1982, was the fact that the government ackowledged the complexity of the population problem and the need to integrate family planning with other economic and social development programs. This can be seen from the following excerpt:[54]

> Maintaining the desired health, nutritional and population levels depend, to a large extent, on the maintenance of a desirable balance of improvements in the various socioeconomic programs. Oftentimes, the most effective tools to control population and to improve health and nutritional welfare are beyond the sector's ordinary range of activities. Among these are income generation and distribution, food production and prices, and the attitudes and habits of population which are influenced by economic, agricultural, religious and educational activities. Thus cross-sectoral linkages are encouraged in plan formulation and implementation. Specifically, close linkages are recognized and encouraged among the health, nutrition and family planning subsectors. An improvement in the level of one subsector reinforces the other subsectors. A smaller family size leads to greater health/medical allocations for all members. On the other hand, there is direct mutual interaction between health and nutrition, and improvements in these areas apparently promote the practice of family planning in the long run.

Government recognition of the close interrelations between the population problem and other aspects of economic and social development led to efforts to integrate population and development targets in the formulation of the Development Plans. This has been done through interagency planning committees with the National Economic and Development Authority (NEDA) and the National Census and Statistics Office (NCSO) working closely with other agencies to bring about an effective utilization of population data in national, regional and local plans. This arrangement was further reinforced by seminars and workshops such as, for example, the Conference on the Population Dimension of Planning (24-25 April 1974); Seminar on the Utilization of Population Projections for Planning (December 1976); and the Seminar Workshop on Population, Regional Planning and Budgeting (1977).[55]

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[54]**Ibid.**, p. 189.

[55]Armand Fabella (Chairman), **Final Report of the Special Committee to Review The Philippine Population Program** (Manila: Commission on Population, 1978), p. 11.

Despite the above attempts at integrating the population and development targets in the process of plan formulation, it was noted that there were still divergences in the population figures used in the macroeconomic as well as sectoral components of the development Plans.[56] Thus, since 1981, there has been a move to integrate population concerns into the development planning process on a more organized and systematic basis. This was done through the implementation of the Population and Development Planning and Research (PDPR) Project by the NEDA. Some of the salient achievements of the PDPR Project are: the establishment and strengthening of national and regional institutions which can promote and facilitate population-development planning integration; raising the awareness of national and regional planners about the importance of more fully integrating population concerns in the planning and decision making process; the development of a core group of national and regional trainors for population-development planning integration and the incorporation of population development topics into the curricula of existing training programs for government executives and technical personnel.[57]

The use of interagency committees remains as an additional means for integrating population, health and nutrition concerns in the national development plans. This can be seen, for example, in the Subcommittee on Health, Nutrition and Family Planning which contributed to the formulation of the Medium-Term Philippine Development Plan 1987-1992. Members of the Subcommittee included representatives from the NEDA, POPCOM, the National Nutrition Council, Food and Nutrition Research Institute, Department of Health, Family Planning Organization of the Philippines, UP Population Institute, UP Institute of Public Health, Philippine Council for Health Research and Development, the Department of Education, Culture and Sports, and the Bureau of Agricultural Extension. As in the previous Development Plans, health, nutrition and family planning were integrated in one chapter of the Medium-Term Development Plan.[58]

There remains a lot of gaps and issues in integrating population and development planning but there are continuing efforts to reduce and resolve these. There is also a recognition

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[56] Ibid., pp. 11-14.

[57] Filologo Pante, Jr., "Population and Development Planning Integration: The Case of the Philippines," **Philippine Population Journal**, Vol. 1, No. 2 (June 1985), pp. 94-105. See also "Population and Development Research in the Regions," in **Philippine Population Journal**, ibid., pp. 106-109.

[58] National Economic and Development Authority, **Medium-Term Development Plan 1987-1992** (Manila: 1986), pp. 221-239.

that "the real test of integration is . . . the set of development strategies, policies, programs and projects that actually get adopted and implemented."[59]

In terms of actual policy-making and implementation, integration of the population, health and nutrition programs remain problematic. The POPCOM is supposed to be the central planning, policy-making and coordinating as well as the implementing agency on the population program. Coordination and integration for policy-making and implementation is supposed to be achieved through the multiagency representation at the top of the POPCOM organization, *i.e.*, the Board of Commissioners.[60] This was presumably provided for in the composition of the Board of Commissioners which included the Secretaries of six Executive Departments which have something to do with the formulation and implementation of population and related policies and programs (*i.e.* the Secretary of Economic Planning or Director-General of NEDA; the Secretary of Social Services and Development [reorganized into Social Welfare and Development]; Secretary of Health; Secretary of Education Culture and Sports; Secretary of Labor; and Secretary of Local Government and Community Development); the Dean of the Population Institute of the University of the Philippines; the Executive Director of the Population Center Foundation and two representatives from the Private Sector (one each from the Family Planning Organization of the Philippines and the National Commission on the Role of Filipino Women.)

President Corazon C. Aquino increased government representation in the POPCOM Board by including the Secretaries of Agriculture, Agrarian Reform, Trade and Industry, and Public Works and Highways, as members. The Secretary of Social Welfare and Development was designated as Chairman of the POPCOM Board.[61] This may be interpreted as indicating a further shift from simply looking at the population problem from a largely family planning perspective to considering population policy in relation to family welfare in general – i.e., including health, nutrition, employment, etc.

In actual practice, there had been no effective integration of policy-making and implementation through the POPCOM Board. This is because, oftentimes, not all the cabinet members in the POPCOM Board were able to attend meetings. The Cabinet Secretaries were usually busy with other matters and they often send their representatives to the POPCOM

[59] Pante, op. cit., p. 104.

[60] Presidential Decree No. 79, Sections 4 and 5.

[61] Executive Order No. 160, 13 April 1987, Section 1.

Board meetings. The latter were not usually regular alternates but were changed from time to time. Thus, they were not in a position to decide for their agencies or to commit their agencies to any POPCOM Board decision.[62] Policy-making for the population program had, therefore, been adversely affected by this discontinuity of representation. As a result, the management of POPCOM had often been the policy-makers by default.

The actual integration of population policy with nutrition policy is similarly weak. The formulation of the country's nutrition policy is vested in the National Nutrition Council (NNC).[63] The Population Commission is not represented in the NNC. However, there are Executive Departments which are represented in both the POPCOM and the NNC, notably the Departments of Health; Social Welfare and Development; Education, Culture and Sports; and Local Government and Community Development.

In 1980, the Ministry of Agriculture and the NNC formulated the First Integrated Food and Nutrition Strategy which was intended to further improve the nutritional status of a growing population.[64] However, the Strategy tended to focus more on the economics of food production, distribution and prices than on how to ensure that food consumption is linked to adequate nutritional intake. This bias may be explained by the fact that the Chairman-Coordinator of the National Food and Agricultural Council (NFAC) of the Ministry (now Department) of Agriculture was also designated by PD 491 as the Chairman of the NNC.

It would seem that the reorganization of the NNC recognized the inadequacies felt in the coordination of nutrition plans and programs during the past decade. The NNC's Governing Board is now chaired by the representative of the Department of Social Welfare and Development (DSWD). The NNC has also been transferred from the Department of Agriculture and attached to the DSWD.[65] Moreover, the number of executive department/agencies represented in the NNC has been increased from six to ten. The added departments are the

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[62] Fabella, A., **Final Report of the Special Committee to Review the Population Program,** pp. 70-72; Amelia P. Varela, "The Philippine Family Planning Program: Organizational Correlates of Performance," **Philippine Journal of Public Administration**, Vol. XXVI, No. 1 (January 1982), pp. 40-42.

[63] Presidential Decree No. 491, 25 June 1974; Letter of Instructions No. 441, 30 July 1976.

[64] Arturo R. Tangco, Jr. "A Nutritional Perspective in Agricultural Production," **Fookien Times Philippine Yearbook, 1980,** pp. 246-249 & 255.

[65] Executive Order No. 234, "Reorganizing the National Nutrition Council," 22 July 1987, Sections 2-3.

NEDA, the Departments of Budget and Management, Labor and Employment, and Trade and Industry.[66]

At the level of policy implementation, there remains the problem of coordinating the activities of various Departments involved in the population, health and nutrition programs of the country. The POPCOM's power and ability to influence Departmental activities involving population and family planning is limited. Population and family planning and nutrition are only part of the multifarious concerns, for example, of the Departments of Health; Social Welfare and Development; and Education, Culture and Sports. This has implications for the allocation of departmental resources, involving both funds and manpower.

Ideally, local governments should be actively involved in the integration of decision making and implementation of population, health and nutrition policies. This has actually been the intention of the POPCOM's and the Bureau of Agricultural Extension's Outreach Programs. But there are certain existing national policies toward local governments which tend to contradict the national population policy and weaken its implementation.

For example, the national government distributes internal revenue allotments to local governments according to area and population size.[67] Local units with bigger populations get more share in the internal revenue allotments. Moreover, local governments are entitled to have bigger membership in their *Sangguniang Bayan/Panglungsod* or *Panlalawigan* (local legislative bodies) and more administrative officials in proportion to their population.

The grant of more autonomous status to local units such as, for example, the conversion of municipalities into component cities or even highly urbanized cities, is similarly based on a certain population size and a local unit's annual income for the past three years.[68] Given these national policies toward local governments, local officials cannot be expected to be enthusiastic in promoting at their level the implementation of the national policy which seeks to

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[66] The NNC previously included only the following Departments: Education, Culture and Sports, Agriculture (NFAC), Health, Social Services and Development, Local Government, and the National Science and Technology Authority. For an evaluation of the first decade of the Philippine Food and Nutrition Program, see Cecilia A. Florencio, **Nutrition as a Focus of Development Policies and Programs in the Philippines** (2nd ed., Quezon City, 1987) pp. 81-118.

[67] Presidential Decree Nos. 144, 3 March 1973 and 436, 13 April 1974.

[68] See **Batas Pambansa Blg.** 337, "The Local Government Code," 10 February 1983, Sections 164-167; 169; 173 and 197. A highly urbanized city is independent of the province of which it is geographically a part and is also entitled to direct representation in the House of Representatives.

reduce population growth. To boost local policy making and implementation in support of the national population policy, there is a need to review the basis for granting national financial assistance to local units. Perhaps local units which are able to hold down their population growth rates should be given bonus grants or some other incentives.

On the whole, local governments are greatly hampered from actively participating in decision making and implementation of population, health and nutrition policies because of: (1) their limited powers *vis-a-vis* the national government and its agencies; (2) their lack of financial resources; and (3) the dearth of qualified, full-time, local personnel who can understand and adapt national policies to local needs and conditions and ensure their effective implementation. What is really needed to effectively involve local governments in these policy areas, is to give local officials enough incentives and initiative to recognize and fully understand these problems which have so far been identified for them by the national government or even by external funding agencies or groups. Otherwise, local governments will just consider these policies and programs as additional burdens imposed on them by the national government and even as peripheral concerns.

V. SUMMARY AND CONCLUSIONS

This paper set out to review the origins, objectives and consequences of public policies concerning population, human resources and development, particularly the evolution of policy making on population, health and nutrition. The paper showed that public health and nutrition policies, *i.e.,* government programs and activities in these sectors, preceded the adoption of any population policy.

The brief historical account on the evolution of public health and nutrition policies showed that these had the intended (as well as the unintended) effects of contributing to population increase through the reduction of adult and infant deaths resulting from epidemics, illness, malnutrition and poor sanitation. This was particularly true during the American regime when the implementation of public health and nutrition programs was undertaken through a multipronged approach involving the provision of adequate medical and health personnel throughout the islands; increased government support for medical, pharmaceutical and nutrition research; a nationwide public education/information system; and an accelerated infrastructure program designed to provide water systems in urban and rural areas and improve the general sanitation. American colonial policy tended to encourage population increase and even the redistribution or resettlement of population in order to meet what was then perceived to be the threat of territorial aggrandizement from the neighboring superpowers. This pro-population mentality among policy makers appears to have been carried over to the post-World War II era.

National legislation to solve the country's population problem was enacted only in 1969. But even before that time, there were already family planning programs and activities undertaken by numerous nongovernmental groups, a number of local governments (such as Manila), and the Department of Health under its Maternal and Child Care Program. The impetus for the adoption of a national population policy was provided largely by foreign organizations, the most influential of which were the USAID and the UNFPA.

National decision-makers were divided on the need to enact legislation on population control and family planning. The Office of the Executive Secretary and the President, who had signed the UN Declaration on Population, pushed for the formulation of a national population policy. The NEC Director, some members of Congress, and the Catholic hierarchy were opposed to such a policy and emphasized instead the need for accelerated industrialization and national economic development to support the growing population.

In the end, the proponents of a national population policy won and the Population Act of 1971 was enacted. The declaration of Martial Law paved the way for accelerated implementation of the Population Act as the President issued Presidential Decrees and Letters of Instruction fleshing out the programs and activities to support the work of the Population Commission. The government's commitment to the national population policy became enshrined in the 1973 Constitution.

Several laws were enacted during the Martial Law administration to reinforce the Population Act. Among these were the decrees limiting (not more than four) the number of children or dependents for which the head of the family may claim additional tax exemptions; limiting the number of paid maternity leaves for women to not more than four deliveries; requiring large establishments which maintain clinics to provide family planning services to employees, *etc.* Letters of Instruction were also issued directing the Postmaster General and the Department of Public Information to help implement the programs of the Population Commission by disseminating information on family planning and for the Department of Education to include family planning in the curricula of schools of medicine, nursing, allied medical professions and social work.

This paper also examined laws which were enacted in the past for various purposes, such as the protection of public health against the indiscriminate use and distribution of contraceptive drugs and devices, the protection of family, marriage and family relations, certain provisions of the Revised Penal Code, the Customs and Tariff Code, the Woman and Child Labor Law, and others, and their implications for the family planning program of the government. It was pointed out that some of these laws tend to limit the effectiveness of the national population policy or even run counter to it because of their unintended pro-natalist effects.

Although some of the earlier pro-natalist laws have been broadly interpreted and sometimes impliedly repealed by the periodic opinions rendered by the Secretary of Justice, they remain in the statute books and can be used by opponents of the national population policy, to obstruct its implementation. There is, therefore, a need to study these laws more systematically, to codify those which were enacted in support of the national population policy and to see to it that any conflicting provisions are resolved by new legislation. Such an exercise would also reveal gaps in our legal system which must be remedied by our legislators to ensure easier compliance with the laws and more effective policy implementation.

Studies have pointed to the need for legislation, for example, to amend existing laws penalizing abortion to clarify the elements of the offense; to regulate sterilization as a means of family planning to ensure that persons obtaining it do so freely, intelligently and with adequate effective safeguards; to amend the Medicare Law to include family planning services; to raise the minimum marriage age to 18 or even higher for both males and females, *etc.*[69]

The present population policy is based on the concept of religious freedom and voluntary compliance. Government intervention to solve the population problem remains limited to providing contraceptive devices, operating family planning clinics, and providing for a population education program and a national population outreach program. The present population policy is closely linked with the national health policy which has over the years shifted away from being merely concerned with the provision of curative services to giving more attention to primary health care, including family planning. Population and health policies are similarly closely interlinked with the nutrition policy which has also recently tried to integrate food production and nutrition programs.

The national government's recognition of the close interrelation between population, health and nutrition policies is apparent in the overlapping memberships of the present governing boards of the Population Commission and the National Nutrition Council. The reorganization of the executive departments attempted to provide for greater integration of policy making and more effective coordination of program implementation in these sectors. Both the POPCOM and the NNC are now attached to the DSWD and the chairman of both bodies is the Secretary of the DSWD or his representative. Within the reorganized Department of Health, the Family Planning Service, Nutrition Service and Maternal and Child Health Service

[69]Cortes, **op. cit.**, pp. 127-128.

have been placed directly under the Office for Public Health Services, along with seven other staff services involved in policy formulation, standards development, program development, and program monitoring of disease control and service delivery programs implemented by the field offices.[70]

Given the above developments in population, health and nutrition policies, we may now examine briefly their consequences or impacts.

Studies of fertility, nuptiality and contraceptive practice in the Philippines show that there have been some decline in the fertility rate.

The fertility rate is lower in urban areas and in more developed regions. There has also been a decline in the contraceptive prevalence rate (*i.e.* the proportion of married women using a family planning method). In 1968, contraceptive prevalence rate was 16 percent rising to 37 percent in 1978 and declining to 33 percent in 1983. However, contraceptive effectiveness, i.e. the amount of protection obtained by using contraception, increased from 77 percent in 1978 to 83 percent in 1983.[71]

One can infer from data on expenditures for the family planning program that the decline in contraceptive prevalence rate may have been affected by decreasing financial support for the program. In 1972, some "54.4 million (at current prices) from local and foreign soruces, were spent for the program. This peaked to P196.2 million in 1982 and decreased to P176.2 million in 1983.[72] The Philippine Government's contribution to the funding of the program rose from P8.2 million in 1972 to P138.2 million in 1981. This decreased to P132.2 million in 1982 and P85.1 million in 1983.

The lower fertility rate in urban areas compared with the rural areas may be traced to the initial emphasis by the POPCOM on clinic-based family planning programs. Family planning clinics tend to be concentrated in urban areas and inaccessible to any rural areas. Similarly, information on family planning and population education programs are more accessible to urban dwellers than to the rural folk.

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[70] See Executive Order No. 119, "Reorganizing the Ministry of Health, and its Attached Agencies and For Other Purposes," 30 January 1987, Section 11; Executive Order No. 123, "Reorganizing the Ministry of Social Services and Development, Now Referred to as Ministry of Social Welfare and Development," 30 January 1987, Section 21; Executive Order No. 234, "Reorganizing the National Nutrition Council," 22 July 1987.

[71] Eliseo A. de Guzman, "Fertility, Nuptiality and Contraceptive Practice in the Philippines," (UP-CIDS, August 1987), pp. 43; 48.

[72] POPCOM, "Family Planning Program Expenditures by Source, by Year," Briefing Materials on the Philippine Population Program, 31 May 1984.

With respect to health indicators, there has been a general decline in mortality rates since World War II but the pace of decline has slackened since 1970. There is still a prevalence of infants and children among those who die, mainly from communicable diseases. The decline in mortality has been uneven among population groups, with the rural and uneducated population showing higher mortality rates. The nutrient intake of the Philippine population remains inadequate. Nutrient intake is more adequate in urban areas than in rural areas where food is produced. Nutrient intake in Metro Manila is worse than in other urban and rural areas. Nutrient intake is also related to income and educational levels.[73]

The above health and nutrition indicators may be related with macroeconomic indicators, particularly those on income distribution and living standards. Studies have shown that the proportion of families living below the poverty level has increased from 49.9 percent in 1970 to 59.3 percent in 1985. The proportion of low-income families is higher in the rural than urban areas, 63.7 percent and 56.1 percent, respectively, in 1985. This situation has been traced to past policies for industrialization which have resulted in reducing prices for agricultural products but at the same time increasing prices for agricultural inputs. Past economic policies have thus unintended adverse effects on the rural areas and the urban poor.

Logically, the negative impact of economic policies should be compensated by increase public welfare expenditures. However, the pattern of past public expenditures has also been biased in favor of large-scale economic projects of doubtful value such as the Bataan Nuclear Power Plant. These expenditures were made at the expense of basic social services. Moreover, there has been an increasing outlay for debt service, 42 percent of total appropriations in 1984.[74]

The above indicators on population, health and nutrition tend to show that the effectiveness of public policies in these sectors are interrelated and greatly affected by income distribution, poverty levels and rural-urban residence. Legislation which have been enacted to encourage voluntary family planning (such as those limiting to four the number of children or dependents allowed for income tax exemption or limiting to only four deliveries those entitled to

[73]See Zelda Zablan, Maternal and Infant/Child Health and Nutrition and Mortality Levels: Trends and Determinants, UP-CIDS, August 1987, pp. 4-10; 22; 33; 66-67.

[74]See Alejandro N. Herrin, Philippine Demographic Development and Public Policies: 1972-1985, UP-CIDS, July 1987, pp. 10-14; 16-17; 35-37.

paid maternity leaves, *etc.*) are likely to affect only a small segment of the target clientele, *i.e.* the employed, middle and upper income classes, and the urban more than the rural population. But it is the rural and the urban poor which constitute the majority of the country's population and which tend to have bigger families. Hence, these are the groups that should be reached by policies aimed at reducing population growth and improving nutrition and health of the population. Since literacy levels are also higher in urban than in rural areas, the information/ education component of the population, health and nutrition programs are more likely to have greater impact on urban than rural areas. There is thus a need to design policies, programs, activities and services that are geared to the needs of the majority of the population - the rural dwellers and the urban poor.

The findings of this review of population, health and nutrition policies bring to mind the observation made by the economist Ragnar Nurkse on the relationship between the problem of economic development and the "vicious circle of poverty." The latter concept[75]

> implies a circular constellation of forces tending to act and react upon one another in such a way as to keep a poor country in a state of poverty... For example, a poor man may not have enough to eat; being underfed, his health may be weak; being physically weak, his working capacity is low, which means that he is poor, which in turn means that he will not have enough to eat; and so on. A situation of this sort, relating to a country as a whole, can be summed up in the trite position: "a country is poor because it is poor."

The problem of high population growth is going to confront developing countries for sometime, even after birth rates have declined substantially. As Michael P. Todaro has pointed out: "Population growth has a built-in tendency to continue, a powerful momentum which like a speeding automobile when the brakes are applied tends to keep going for some time before coming to a stop. In the case of population growth, this momentum can persist for decades after birth rates drop."[76] For this reason, policy makers and program implementors should double their efforts in monitoring the impact of existing population, health and nutrition policies and programs with a view to ensuring their effectiveness.

But more than just monitoring and reviewing these policies and programs, it must be borne in mind that population "is not the primary cause of low levels of living , gross inequities

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[75]Ragnar Nurkse, **Problems of Capital Formation in Underdeveloped Countries** (New York: Oxford University Press, 1953), p. 4.

[76]Michael P. Todaro, **Economic Development in the Third World** (London and New York: Longman, 1977), p. 136, underscoring by Todaro.

or the limited freedom of choices which characterize much of the Third World," although, "rapid population growth does serve to intensify problems of 'underdevelopment' and make prospects for development that much more remote.."[77] The underlying causes of these problems can be traced to the "dualistic" nature of domestic and international economic and social order. Thus the "primary objective of any strategy to limit further growth must deal not only with population variable *per se* but also with the underlying social and economic conditions of underdevelopment..."[78] Such a strategy must include such basic goals as the elimination of absolute poverty, gross inequality, and widespread unemployment specially among females. Policies designed to improve female access to education, as well as to cope with malnutrition and remedy poor health facilities, should be given higher priority as these are necessary for development in general, and to serve as "the fundamental motivational basis for the expanded freedom of the individual to choose an optional and, in many cases, smaller than the present family size."[79]

In the final analysis, developed countries which have been actively concerned and involved with helping Third World countries to achieve reduced population growth must recognize that " 'development' is the real issue, not simply population control."[80] It is thus not enough for these developed countries to provide contraceptives and fund family planning clinics in Third World countries. Rather the former must sincerely work for the **eradication** of the basic causes of underdevelopment - *e.g.* poverty, illiteracy, disease, malnutrition - in the Third World countries as well as their own territories, and in the restructuring of the domestic and international economic order to minimize their dualistic character. It is only by this means that population, nutrition and health policies in Third World countries like the Philippines can become truly effective.

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[77] **Ibid.** p. 143.

[78] **Ibid.**

[79] **Ibid.**

[80] **Ibid**, underscoring by Todaro.

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POPULATION AND DEVELOPMENT: PERCEPTIONS AND PROSPECTS FOR CONSENSUS ON POPULATION POLICY

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I. INTRODUCTION

The problem of human survival has become a pressing concern of the Philippine government. President Corazon C. Aquino issued Proclamation No. 291 on 20 July 1988 declaring the period from 29 August to 4 September of every year as "Human Survival: Population and Development Week." The Proclamation acknowledged the increasing problems of human survival faced by Filipinos and stated that "underscoring these problems is the pace of our population growth and that of our capability to provide for our women and children, which depends to a large measure on how we meet our population challenge." It reaffirmed the duty of the state (as mandated by the Philippine Constitution) to "promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living and an improved quality of life for all."[2]

Similarly, Philippine legislators have taken cognizance of the urgency of the problem and the need for legislative measures designed to raise the quality of life of the people. On 2 September 1988, the legislators, in cooperation with the Global Parliamentarians Committee on Population and Development, convened the First Parliamentarians' Conference on Human Survival: Population and Development (PARLCON '88) at the Philippine International Convention Center in Manila. The theme of the Conference was "toward a human approach to meaningful and sustainable development." It focused on the so-called "silent emergency" stalking the country – the growing number of mothers who die in pregnancy and childbirth, high infant mortality and the growing number of children suffering from malnutrition and ill health. It recognized that all of these problems are rooted in the country's present socioeconomic conditions – a fast growing population amidst poverty, inequality, and an underdeveloped economy. The PARLCON thus aimed:

1. To generate national awareness of and consensus on critical population and development issues related to the economic and social recovery program of the country.

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[1]The authors wish to acknowledge the valuable assistance of Mr. John V. Avila in tracking down materials for this paper, preparing the questionnaire survey and arranging the interviews conducted for this project.

[2]The Constitution of the Republic of the Philippines (1987), Article II, Section 9.

2. To identify a common legislative agenda for action geared towards promoting appropriate policies and measures on human survival, particularly in response to the "silent emergency."

3. To establish a continuing collaborative mechanism among the concerned legislative committees and appropriate government instrumentalities aimed at adopting a human approach to development.[3]

The urgency of linking population policy with national development is also evident in the privilege speeches on the subject which were delivered by Senators Leticia R. Shahani and Jose D. Lina, Jr. in the Senate and Congressman Antonio L. Aquino in the House of Representatives.[4] A number of Resolutions on the same subject were, likewise, submitted for consideration in the Senate.[5]

These events have been widely publicized in the mass media and have raised a number of questions such as: What is the present government's population policy? What should be the thrust of a national population policy? How should such policy be formulated in order to ensure its effective implementation?

What programs should be included in a national population policy? What role should nongovernment organizations (NGOs) have in the formulation and implementation of such policy? To what extent should government set guidelines for their activities? Should government provide financial support for the activities of NGOs involved in the implementation of population policy?

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[3]**PARLCON '83 BULLETIN**, September 1988, p. 8.

[4]Leticia Ramos Shahani, "Needed: Urgent Implementation of a Population Policy," Privilege Speech delivered before the Senate, 5 October 1988; Jose D. Lina, Jr., "Heeding the Mandate for Life," Privilege Speech delivered before the Senate, 4 December 1988; Antonio L. Aquino, "The Question of Population and Development," Privilege Speech delivered before the House of Representatives, 20 September 1988.

[5]P.S. Resolution No. 39 urging the strengthening of the "National Population Program of the Government," introduced by Senators Leticia Shahani, Wigberto Tañada, Alberto Romulo and Orlando Mercado on 5 October 1987 (revised on 28 March 1988 and on 9 June 1988 when it became P.S. Resolution No. 199); P.S. Resolution No. 286, "Directing the Appropriate Committee to Evolve a National Policy and Program on Responsible Parenthood Pursuant to the Provision of the Constitution and Towards This End Inquire Into the Billings Ovulation Method as a Universally Applicable and Acceptable Means of Achieving or Avoiding Pregnancy and Raising a Family in Accordance with the Religious Convictions of Spouses and the Demands of Responsible Parenthood," introduced by Senator Jose D. Lina, Jr., 4 October 1988; and P.S. Resolution No. 326, "Directing the Appropriate Senate Committees to Inquire Into the Social Costs of the Artificial Contraceptive Program and to make the Appropriate Recommendations Thereof Immediately in Order to Save the Lives of Filipino Women and to Stop the Funding of Such Programs," introduced by Senators Jose D. Lina and Ernesto M. Maceda on 5 December 1988.

This paper seeks to explore the possibility of a consensus on the above questions. It focuses especially on the views/perceptions and involvement of cause-oriented groups and nongovernment organizations (NGOs) on issues of population and development. The underlying assumption in this research is that the long-term effectiveness of any public policy will be greatly influenced by the awareness/knowledge/views and involvement of those who would be most affected by such policy. Moreover, the 1987 Philippine Constitution, which has been hailed as being pro-people, has a number of provisions which guarantee popular empowerment and participation in governmental affairs. Article II, Section 23, provides that: "The state shall encourage nongovernmental, community-based, or sectoral organizations that promote the welfare of the nation." Article XIII further spells out the role and rights of people's organizations, thus:

> Sec. 15. The State shall respect the role of independent people's organizations to enable the people to pursue and protect, within the democratic framework, their legitimate and collective interests and aspirations through peaceful and lawful means.
>
> People's organizations are *bona fide* associations of citizens with demonstrated capacity to promote the public interest and with identifiable leadership, membership, and structure.
>
> Sec. 16. The right of the people and their organizations to effective and reasonable participation at all levels of social, political, and economic decision-making shall not be abridged. The State shall, by law, facilitate the establishment of adequate consultation mechanisms.

In light of the above, a survey of cause-oriented groups and nongovernment organizations was made to find out their awareness, perceptions and attitudes on the population, human resources and development situation in the Philippines and what programs and activities these organizations have on this policy area. A number of key legislators were also interviewed on these topics. Information on these would serve as a basis for analyzing the prospects of achieving consensus among policy-makers and different groups on a national population policy for the Philippines. Given the limited time and resources available for this research, it was decided to focus on key informants, *i.e.,* the leaders/officers of cause-oriented groups and nongovernment organizations (NGOs).* These were sent a mailed questionnaire which was

*The research (including literature survey, formulation of research design, preparation of questionnaires and data gathering on respondent groups) took place from 15 August 1988 to 28 February 1989. Tabulation and analysis of data was done from 1 March to May 1989. Writing up of the research report took place from June to July 1989.

designed as a pretest to determine their group's awareness of and involvement in issues concerning population, human resources and development. Based on their responses to the pretest questionnaire, intensive interviews were arranged with those who indicated that their groups were directly involved with population and human resources programs and activities.

The results of this study should provide insights on the problems and prospects for consensus on a national policy on population, human resources and development. In order to put the research results in proper perspective, it is useful to briefly review the changing context of Philippine population policy.[6]

II. THE CHANGING CONTEXT OF PHILIPPINE POPULATION POLICY

There has been an evolving Philippine population policy since 1964, when the Population Institute of the University of the Philippines was created by law. In 1969, a Commission on Population was created by Executive Order to conduct continuing studies on Philippine population and to provide policy and program recommendations on population as it affects economic and social development. In August 1971, Congress finally enacted a law spelling out a national policy on population and converted the Commission on Population into a statutory agency.[7]

The Population Act of 1971 adopted a national program of family planning which respects the religious beliefs of the individuals involved. The Act stipulated that the national population policy and the program would include, among others, the establishment of quantitative goals, family planning as part of a broad educational program and the provision of safe and effective means to couples desiring to space or limit family size. The other provisions of the Population Act clearly indicated that the national population policy was an integral part of the overall national development policies and programs and was designed to complement other sectoral plans and programs, particularly those on health and nutrition.

The declaration of Martial Law in September 1972 provided greater impetus for the implementation of a population policy in national development efforts. Moreover, Article XV, Section 10 of the Philippine Constitution of 1973 provided: "It should be the responsibility of the State to achieve and maintain population levels most conducive to the national welfare." Thus more government resources were allocated to support the plans, programs and activities of the Population Commission and those of other departments (such as the Department of

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[6]Public policy as used in this paper includes "whatever governments choose to do or not to do." See Thomas R. Dye, **Policy Analysis: What Governments Do, Why They Do It and What Difference It Makes** (University, Alabama: The University of Alabama Press, 1976), p. 1.

[7]Republic Act No. 6365, 16 August 1971.

Health) which had a bearing on population policy and family planning. Population policy became closely integrated with health and nutrition policies.

Whatever headway was made in the area of population policy and national development planning from 1969 to 1988 was largely due to the initiative of the Government and financial support from foreign funding agencies. This was especially evident during the Martial Law administration (1972-1986) when implementation of the policy was facilitated by the issuance of presidential decrees and letters of instructions.

With the advent of the Aquino administration in 1986, as a result of the EDSA "Revolution" and the subsequent ratification of the new Philippine Constitution in 1987, the context of the national population policy has somewhat changed. The new Constitution no longer mandates the State "to achieve and maintain population levels most conducive to the national welfare," which the 1973 Constitution did. Instead, the 1987 Constitution contains a number of provisions which gives the responsibility for population concerns to the family and to individuals and emphasizes the right to life. The State is mandated to "protect and strengthen the family as a basic autonomous social institution" and to "equally protect the life of the mother and the life of the unborn from conception."[8] The pro-family and pro-life provisions of the new Constitution are further evident in the following provisions in Article XV:

> Sec. 1. The State recognizes the Filipino family as the foundation of the nation. Accordingly, it shall strengthen its solidarity and actively promote its total development.
>
> Sec. 3. The State shall defend:
>
> (1) The right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood;
>
> (4) The right of families or family associations to participate in the planning and implementation of policies and programs that affect them.

The above constitutional provisions have obviously shifted the thrust of population policy. Where before it was directly concerned with the achievement of established quantitative targets to reduce fertility levels through government support for family planning and "provision of safe and effective means to couples desiring to space and limit family size," it now focuses on the achievement of more general goals, *i.e.,* the improvement of the quality of life in a just and humane society. This change in policy perspective can be seen further in the Constitution's Declaration of State Policies (particularly Article II, Sections 10 to 18).

[8]The Constitution of the Republic of the Philippines, 1987, Article II, Section 12.

Population policy has now become closely interrelated with family formation, the status of women, maternal and child health, child survival, morbidity and mortality, workers' rights and welfare, a balanced and healthful ecology, and other goals. Many of these concerns were included in the Constitution only after much spirited debate among the sectoral representatives and the members of the 1986 Constitutional Commission.[9]

In terms of the structures and processes of policy-making, there have also been a number of changes since the start of 1986. From February 1986, immediately after the EDSA events, until the legislature was organized in July 1987, President Corazon C. Aquino operated under the Freedom Constitution and issued Executive Orders which had the force of law. During that period, the President was the sole policy-making authority in the country. Thus, policy-making was quite expeditious and policy implementation was immediate. The convening of the new Congress in July 1987 restored the bicameral legislative system in the country with the Senate as the upper chamber and the House of Representatives as the lower chamber. The members of the Senate are elected on a national basis whereas members of the House of Representatives are elected from districts apportioned among the provinces and cities on the basis of a uniform and progressive ratio of population. The 1987 Constitution (Article II, Section 5) also provided for the selection or election of party-list representatives and representatives from the labor, peasant, urban poor, indigenous cultural communities, women, youth, and "such other sectors as may be provided by law, except the religious sector." However, owing to the failure of Congress to legislate on this matter (up to the time of writing this paper) and to disputes regarding the extent of the President's power of appointment, there have been only four sectoral representatives in the House of Representatives.[10]

Given the present structure of policy-making in the country, it is quite evident that the formulation of public policy has become a time-consuming process. Proposed bills originating from one legislative chamber have to be approved by the other chamber, and subsequently by the President of the Philippines. Partisan political rivalries between the two chambers and between Congress and the President often slow down the legislative process. Added to these are the numerous and competing demands that organized groups and the general public present before the Congress and the President for authoritative policies. Thus, during the past two years, the public has witnessed both chambers of Congress trying to perform their legislative function alongside numerous committee investigations to examine pressing problems

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[9] See **Journal of Proceedings of the Constitutional Commission** (September 17, 1986 and onwards), pp. 1308-1327; 1432-1433; 1448-1451; 1453-1467; 1482-1485; 1530-1533; 1809-1811.

[10] See "Editorial: Undermining the People's Choices," **Manila Chronicle**, 29 April 1988, p. 4; Institute on Church and Social Issues, "House is Discriminatory," **Manila Chronicle**, 30 April 1988, p. 4.

issues in aid of legislation, amidst the penchant of legislators to deliver privilege speeches on various subjects, and the need for legislators to attend to individual constituents who flock to their offices daily to seek favors, jobs or a solution to personal problems.

Administrators are similarly under constant public scrutiny concerning the performance of their duties and subject to pressure from various groups seeking favorable treatment, complaining about existing government services or demanding new services. Moreover, administrators have to respond to inquiries from legislators regarding the performance of their functions and to compete with other agencies for the Annual Appropriations Act enacted by Congress. It is within the foregoing political and environmental context that we must now examine the empirical findings of this study and their policy implications.

III. FINDINGS OF THE STUDY

A total of 106 cause-oriented groups and nongovernment organizations (NGOs) were sent pretest questionnaires. This was based on a list which was compiled from a number of directories of cause-oriented groups and NGOs. Forty-two respondents (officers of NGOs and groups) accomplished and returned the pretest questionnaires. Based on these returns, intensive interviews were arranged. Altogether a total of 28 officers/leaders of groups and NGOs were interviewed. The researchers were also able to interview two officials of government agencies, as well as three Senators and one Representative who were members of Senate or House Committees concerned with population, human resources and development issues. (Appendix A lists the interviewees for the study.)

The respondents to the pretest questionnaire (see Appendix B) represented different types of groups. This can be seen in Table 1.

1. Perspectives and Involvement on Population and Development Issues

The questionnaire listed eleven issues which the respondents were asked to rate in terms of importance to their group/organization. This was intended to determine their level of interest and involvement on the population, human resources and development issues. The returns showed that less than half of the respondents considered "population control" as very important to their organization. Three respondents objected to the use of the term "population management." Compared with the other issues presented, "population control" only ranked eighth among those considered to be very important by respondents. This can be seen in Table 2.

TABLE 1

Groups Responding To Pre-test Questionnaire

Respondent Group	Nnumber of Respondents
Women	9
Family planning	6
Church-based	6
Medical and health	5
Labor/peasant	4
Human rights	3
Foundations	4
Development-oriented	3
Political party	1
Research	1
Total	42

TABLE 2

Issues Considered Important to Respondent Group/Organization

Issues*	Number of Respondents			No Answer	Overall Rank of Issue in Importance to Orgnanization
	Very Important	Important	Not Important		
Women	23	14	--	4	5
Unemployment	21	11	3	6	6
Marriage/Family	16	12	4	9	9
Morals/Values	20	8	5	9	7
Population Control	19	6	9	7	8
Education	31	3	1	6	1
Health/Nutrition	29	9	--	3	2
Religion	11	8	9	13	11
Human Rights	25	8		7	3
Children	24	12	1	4	4
Abortion	15	2	11	13	10

No. of respondents -- 42

*The issues are listed here in sequence as these were presented in the questionnaire.

The respondents were also asked whether their organizations had activities that were directly or indirectly related to the above issues. Thirty-six of the respondents said their organizations had activities related to issues on women, education, health and nutrition; 34 had activities related to children; 29 had activities on human rights; 28 had activities on marriage and the family; and 25 had activities on population, unemployment and morals and values. Less than half of the organizations had activities related to abortion, 17 and religion, 16. This can be seen in Table 3.

TABLE 3

Groups/Organizations with Activities on Issues

Issues	Number of Responding Group		
	With Activities	No Activities	Don't Know/ No Answer
Women	36	3	3
Unemployment	25	9	1
Marriage/Family	28	11	3
Morals/Values	25	8	7
Population Control	25	11	6
Education	36	1	4
Health and Nutrition	36	1	4
Religion	16	19	7
Human Rights	29	6	7
Children	34	5	3
Abortion	17	17	8

No. of respondents = 42; multiple answers

The respondents were also asked whether they thought that the Philippines had a problem of overpopulation. More than half, 25, answered "Yes"; 15 said "No" and two respondents answered "Don't know" or did not respond to the question. A few respondents reacted against the term "overpopulation" and pointed out that while we may have "population problems," these should not be defined as "overpopulation."

Asked whether they thought the problem of overpopulation was related to or connected with six other identified problems, 81 percent of the respondents answered that population was related to/connected with education, health and sanitation problems. Other respondents believed it was connected with unemployment (79%), with nutrition 76%, with women's rights (76%), and with peace and order problems (62%).

2. Perceptions on the Role of Government on the Population Problem

Asked whether they thought that government should be concerned with population problems, 39 out of 42 respondents said the government should be concerned as against two who thought that the government should not be concerned. One respondent had no answer to the question. The respondents were also asked whether the government should have a national population program. Thirty-eight answered "Yes" while four had no answer.

The respondents were asked to elaborate on what they thought should be included in a national population probram. Ten of the respondents stated that the population problem was closely interrelated with problems of development and that the solution to both would require drastic socioeconomic reforms that would alter the existing structures of distribution.

Nearly half of the respondents (20) thought that education was a key component of any population program. Nine of these specified the need for family planning or responsible parenthood education; eight indicated the need for more and better education on value formation and the family; and three mentioned comprehensive health and nutrition education.

Three respondents said a rural development program would help improve the population situation; three called for better employment, housing, health and other services at the community level; and another three respondents called for better family planning and contraceptive services.

Five respondents suggested campaigns in favor of natural family planning methods while three indicated free choice by concerned individuals and couples.

Other suggestions on what a national population program should include were: research into the development of indigenous contraceptives (mentioned by three respondents); a ban on unsafe contraceptives (one respondent) and more innovative approaches to appeal to the grassroots (one respondent). Three respondents suggested that a system of "incentives and disincentives" be established to support the program. What these incentives or disincentives should be was not explained by the respondents.

The more general comments on a national population program were on the need for clear-cut government policies (three respondents); a stronger funding commitment for the program (two respondents); "stronger legislation" and "stronger implementation measures" (three respondents). Three respondents also stated that any government policy on family planning should respect women's reproductive rights and human rights in general.

The respondents also gave suggestions concerning the policy-making process. Several respondents called for greater consultation with "the people," with "nongovernment

organizations (NGOs) or "private organizations," and with "women's groups." One respondent suggested "greater dialogue with the Church," while two respondents said that "any policy should take into consideration the needs of the majority and not only the preferences of the church."

3. Perceptions on Population Policy

In order to get more perceptions on the population issues raised in the pretest questionnaire, the researchers conducted interviews with 28 representatives of cause-oriented groups and nongovernment organizations (NGOs). The NGOs were involved with various issues and areas of concern: health and family planning (8 groups); women (6 groups); sectoral interests, *i.e.*, farmers, workers, teachers, *etc.* (4 groups); church-based concerns (5 groups); human rights (2 groups); development-oriented (2 groups) and research organizations (one group).

Majority of those interviewed (20) indicated that their organizations had actively discussed population issues. Most of them (17) indicated that their organizations had been directly involved in population-related activities. A few (5) had been indirectly involved in population-related activities.

Of those involved in population-related activities, half (14) were engaged in education/ training in family planning or responsible parenthood; 12 were active in advocacy; six were engaged in information/education/communication (IEC); four were in service delivery; and three were engaged in research.

According to type of group/NGO, the family-planning, church-based and women's organizations seemed to be the most interested in the population issue. The human rights, development-oriented, and sectoral organizations seemed less involved and less interested.

Asked whether the Philippines has a problem of overpopulation, majority of the interviewees (16) answered "No" and 12 answered "Yes." Two of the family-planning organizations, *i.e.*, the Population Center Foundation (PCF) and the Philippine Federation for Natural Family Planning (PFNFP) answered "No" and explained that while we do have population problems, it is not a question of overpopulation but of economic management and distribution of resources. Among the five church-based organizations, two believed that the Philippines is overpopulated while three tended to agree with the PCF and the PFNFP position.

The interviewees tended to agree that the Philippines had a high population growth. Asked what they thought were the reasons for this high population growth, the interviewees gave varying answers which can be seen in Table 4. It will be noted that only three respondents

cited "government's lack of program, will and inability to implement a population program" as reason for the Philippines' high population growth. If we add to this number those who mentioned "poor delivery of basic health services and family planning services" (of which there were five, then over one-fourth of the respondents would tend to give the government some responsibility for the high population growth rate or for failing to stem the high population growth rate.

TABLE 4

Perceptions on Reasons for High Population Growth in the Philippines

Reasons Given	Number of Interviewees
Lack of education on population, family planning and family life	14
Economic reasons; children as economic assets or hope of a better future	13
Religion, church influence or a poor understanding of church position on family planning services	7
Poor delivery of basic health and family planning services	5
Unemployment, lack of recreation	5
Close family ties and love of children	4
Government's lack of program, will and inability to implement population program	3
Don't know	1

Total number of interviewees = 28; multiple answers.

Asked about the implications of this high population growth, the interviewees tended to have a consensus that the high population growth would have mainly negative implications for the country – *i.e.*, poor economic growth, unemployment, low income, inadequate education,

health and other services, ecological problems, migration, political conflict and a general decline in the quality of life. Only one respondent believed that a high population growth rate is essentially positive, *i.e.*, a push factor for production.

The interviewees were asked about their concept of development and how they think population is related to development. A content analysis of their responses showed the following perceptions of development (Table 5).

TABLE 5

Perceptions on the Concept of Development

Concept of Development	No. of Respondents
Development starts at the community; should be rural-based or territorial based; entails provision of basic services to communities and making opportunities available to everyone	10
Macroeconomic development based on land reform, national industrialization, having more domestic economic activity with priority to Filipino businessmen, better income distribution and resource allocation	12
Development means realization of full human potentials, centered on the person/individual and his family	5
Total development (economic, social, spiritual or moral, political, intellectual)	5
Equality of rights and opportunities	2
Sovereignty in decision-making, freedom from foreign/ International Monetary Fund/World Bank control	2
Moral and spiritual development	1

No. of respondents = 28; multiple responses.

Only two respondents, representing the Alliance of Concerned Transport Organizations (ACTO) and the Catholic Family Movement of the Philippines (CFMP) specifically cited big population size as one cause of underdevelopment. The other respondents tended to view underdevelopment more as a result of poor resource and wealth distribution. The respondents believed that solving the problems of development will solve the problems of population rather than the other way around.

The interviewees were asked whether they thought that the past population program (under the Marcos Administration) was effective in bringing down population growth. Majority of the respondents (17) answered "No" while seven said that there were "great social and moral costs" involved in ensuring an effective population program in the past. Two respondents gave "Don't know" answers to the questions and another two had no answer.

The interviewees were then asked to give specific comments on the past population program. Most of the criticisms centered on the strategy or approach used and inadequacies of program implementation. This can be seen from Table 6.

TABLE 6

Criticisms of Past Population Program

Nature of Comment	No. of Respondents		%
1. Faulty Program Strategy or Approach		14	50.0
Biased towards artificial or clinical methods; little attention to Natural Family Planning	5		
Stress on fertility reduction as against comprehensive population development approach (POPDEV)	3		
Quota-oriented	3		
Coercive	3		
2. Inadequacies of Program Implementation		13	46.4
Inadequacy of education	5		
No values education	1		
Inadequate service delivery	2		
No follow-up (post-implementation) studies	2		
Too much politics and red tape	3		
3. No Clear Program/Policy		2	7.1
4. Dependent on Foreign Aid and Technology		4	14.3
5. Stress on Population Covers Up Real Problem of Distribution		1	3.8

No. of respondents = 28; multiple responses

The respondents were asked to identify who in government makes the decisions regarding a national population policy. The most frequently mentioned policy-making body was the

Commission on Population (POPCOM) and the Department of Health (DOH). Only one respondent answered "Don't know." The responses can be seen from Table 7

TABLE 7

Perceptions on Who In Government Makes Decisions Regarding A National Population Policy

Agency/Office	No. of Respondents Identifying Agency	%
Commission on Population (POPCOM)	11	39.3
Department of Health (DOH)	2	7.1
POPCOM and DOH together	6	21.4
Congress/Legislature	4	14.3
Dept. of Social Welfare and Development	2	7.1
Dictated by West/IMF-WB	2	7.1
Cabinet, Executive	1	3.8
Population Center Foundation (PCF)	1	3.8
Population Institute	1	3.8
Don't know	1	3.8

No. of Respondents = 28; multiple responses.

In addition to the above, two respondents mentioned that NGOs are consulted in making decisions on population policy. Two other respondents emphasized that Congress should make policy, and one respondent said it should be an inter-agency effort.

The respondents were then asked their perceptions on what is the current national policy/program on population. Nineteen respondents were aware of the national population policy. Eight respondents representing family planning organizations cited the Medium-Term Population Program prepared by POPCOM as current policy. They mentioned as positive development the new focus on population development and the emphasis on the role of the family rather than the state in making decisions regarding family size.

Five respondents from church-based organizations felt that the program still focuses on fertility reduction, has an artificial and contraceptive bias and does not give equal attention to natural family planning methods. They were pleased, however, that then Department of Social

Welfare and Development Secretary Mamita "Mita" Pardo de Tavera, POPCOM Chairperson, is "for responsible parenthood" and favors natural family planning (NFP). On the other hand, three respondents (two from women's groups) felt that the present policy was too limited in favor of NFP; two felt it was biased in favor of artificial methods, and one said that it was slower than the past program because of religious influence.

The interviews revealed that only the church-based and family planning organizations had access to primary documents on population policy, including the Church's position. Other respondents based their perceptions on general sources, primarily television and radio.

The interviewees were asked whether the existing population policy/program is what we need. Eleven respondents said "No;" eight said "Yes;" two answered "Don't know;" and seven did not answer the question. Among those who said that the current population policy is not what we need, six felt that the policy should be more "pro-choice" and two said that the natural family planning (NFP) campaign should be improved. Three respondents stressed that the population problem should be properly situated in relation to other problems. One interviewee thought that the population problem should not be a priority of government at all because of the more pressing concerns of poverty, unemployment and human rights. One respondent representing the Philippine Partnership for the Development of Human Resources in Rural Areas (PhilDHRRA) remarked that there should be greater coordination with the Catholic Church in the population policy while four other respondents favored less Church interference.

As a follow-up to the above, the interviewees were asked what government should include in the present national population policy. The respondents gave specific suggestions. These were: more education and information on family planning methods, value formation and women's rights; less foreign control and dependence; increase in discussion/consultation on population issues among Filipinos; more research into contraceptive potentials of local medicinal herbs; more innovative approaches (in the population program) which could appeal to the masses; more comprehensive government programs including better services in housing, education, electrification, child care centers and family support systems; and better defined government and NGO roles and responsibilities.

Those who perceived that the present population policy is what we need also gave specific suggestions for government action to improve the policy. These were: promotion of the new focus on population development *(i.e.*, considering not simply numbers in population but also population distribution and structure); more focus on maternal and child health, and more consultative processes in the formulation of the population program. Moreover, the government should strengthen the responsible parenthood program and family planning service delivery, increase funding for rural health units, strengthen values education and

support manpower development. Other suggestions included an integrated rural-urban development approach, and clearer targets and support for family development. One respondent commented that political representation should not be proportionate to population because this reduces support for the program by political leaders.

The interviewees were asked what methods of family planning they considered acceptable to Filipino families and what methods were personally acceptable to them. As can be seen from Table 8, few respondents perceived abortion to be acceptable among Filipino families. A number of respondents favored the legalization of abortion with certain conditions.

TABLE 8

Perceptions of Acceptable Methods of Family Planning

Perceived Acceptable Methods of Family Planning	Number of Respondents
Methods Acceptable to Filipino Families	
Natural family planning (NFP) only	9
Clinical methods	6
Both NFP and clinical methods	9
Both NFP, clinical methods and abortion	2
Methods Personally Acceptable to Respondents	
NFP only	9
Clinical methods	6
Both NFP and clinical methods	11
None	2
Respondents' Position on Legalization of Abortion	
Against abortion	18
In favor, with conditions	8

No. of respondents = 28; multiple answers.

4. Perceptions of Role of NGOs in Population Policy-Making and Implementation

Asked whether NGOs should have a role in population policy-making and implementation, all the interviewees answered "Yes." Two of them, however, qualified their answers saying "only if the NGO is grassroots-based" and "the NGOs should play a role only in exposing the 'false agenda' of the government's population program and in enlightening the government."

In terms of nature of NGO participation, majority of the respondents (18) believed they should be consulted in policy-making, and a few 3 felt there should be direct participation by NGOs in policy-making. Two respondents believed that NGOs should actively lobby to influence population policy. Majority of the respondents (21) also believed that NGOs should help in program implementation. Seven of these specified education, training and information as the area where NGOs should help; five indicated NGOs should participate in service delivery at the grassroots; and one stressed that NGOs should monitor policies and implementation. Some respondents (4) expressed concern that government seems to mistrust the NGOs and that the state of relations between NGOs and government remains poor.

The respondents were asked whether they (or their organizations) had ever tried to influence or would try to influence government decisions on population. Majority of the respondents (18) indicated they had tried to influence government decisions; nine had not. Majority (16) also said they would try to influence policy in the future; two said they would do so only indirectly and three were not sure. Five respondents said they would not influence government as the population issue was outside of their main concerns. The interviewees were also asked how they would influence government decisions. Table 9 shows their responses.

TABLE 9

Preferred Methods of Influencing Government Decisions on Population

Preferred Methods of Influencing Government	Number of Respondents	Percent
Petitions/position papers	9	32.1
Lobbying/congressional action	8	28.6
Pickets/rallies	7	25.0
TV/radio/newspapers	7	25.0
Dialogues	6	21.4
Personal approach/contacts	5	17.6
Attend government conferences	2	7.1
Through POPCOM	2	7.1
Through DOH	2	7.1
Through alliances with other groups	2	7.1
Education campaign	1	3.8

No. of respondents = 28; multiple answers.

Asked towards what objectives they would try to influence population policy, the respondents gave varying answers. Thirteen respondents indicated they would try to influence the orientation of population policy, *i.e.*, towards free choice by individuals, more NFP-oriented programs, and a pro-people, grassroots approach. Twelve respondents indicated they would try to influence policy implementation, *i.e.*, for a better system of funding and resource allocation, more NGO participation and better education on methods and their effects. Other respondents gave very general answers such as more effective participation, clearer government policy, stronger political will, and others. This can be seen from Table 10.

TABLE 10

Objectives of Cause-oriented Groups in Influencing Government Decisions on Population

Declared Objectives	Number of Respondents	Percent
Free choice by individuals	6	21.4
More NFP-oriented program	4	14.3
Pro-people, grassroots approach	3	10.7
Better system of funding and resource allocation	4	14.3
More NGO participation	4	14.3
Better education on methods, effects	4	14.3
More effective implementation	3	10.7
Clearer government policy and stronger political will	3	10.7
More holistic, integrated policy	2	7.1
Study implications on all concerned	1	3.6
Define the real problems, not use population as a cover-up	1	3.6

No. of respondents = 28; multiple answers.

A question posed in the interviews was whether government should finance activities of NGOs related to the population program. Majority of the interviewees (17) believed that the qualified answers such as "if the government has the resources," "if the program will not depend too much on foreign loans," and "if government and NGO objectives coincide." Three

respondents did not answer the question and one gave "Don't know" response. There were a number of interviewees (5) who expressed some reservation about government funding, *i.e.*, "government funding might lead to control and encroach upon the NGO's independence." Two others thought that government should support NGOs' population activities but doubted very much whether such support is forthcoming, based on their experiences.

Regarding the type of NGO activities which government should support, 15 respondents indicated information and education campaign; nine indicated service delivery; two indicated training; another two research; and still another two indicated "supply of contraceptives." One respondent said government should not limit its support to financing but should also include technical assistance and exchange of information.

5. Perceptions of Family Planning NGOs on Population Policy

Several family planning organizations were covered by the questionnaire survey and interviews. These were the Family Planning Organization of the Philippines (FPOP); Institute for Maternal and Child Care (IMCH); Population Center Foundation (PCF); Philippine Federation for Natural Family Planning (PFNFP); Development Concepts Inc. (DEVCON); Philippine NGO Council for Population, Health and Welfare (PNGOC); and the Kabalikat ng *Pamilyang Pilipino* (*Kabalikat*). The PNGOC is itself an organization of different NGOs, most of which are concerned with population and family planning issues. All the six other family planning NGOs mentioned above are members of the newly-formed PNGOC.

The family planning NGOs generally agreed that one of the main problems regarding population was the lack of "political will" on the part of the government to address the issue resulting in the absence of a clear policy and program. Four of the NGOs (PFNFP, PCF, IMCH and *Kabalikat*) perceived an absence of consensus in government, and even among the members of the Board of the Population Commission. The POPCOM was criticized by six family planning NGOs for being "slow" in the release of program funds to them. Only the *Kabalikat* did not have to go through the POPCOM for funding support.

Three of the NGOs (PNGOC, PFNFP and IMCH) felt that the POPCOM should limit its role in population policy to formulating guidelines for implementation, providing information/education/ communication (IEC) and monitoring/evaluating the program. Policy implementation and exploring/providing sources of funding should be done independently by nongovernmental organizations.

The NGOs were generally supportive of the pro-POPDEV (*i.e.*, integrated population and development) approach under the Aquino administration as contrasted with the fertility-reduction, contraceptive bias of the earlier phase of the program. However, *Kabalikat*,

IMCH, PFNFP and PNGOC expressed a desire for greater independence to operate as NGOs. They felt that there should be more consultative process to ensure NGO participation in the program. The PNGOC and the FPOP signified support for a greater role by the Senate and House of Representatives in decision-making on population policy.

Except for the PFNFP and the PCF, the family planning NGOs perceived that the Roman Catholic Church's influence in high government circles was a major obstacle to implementation of the population program. The PFNFP promotes natural family planning which is in agreement with church policy. The PCF, according to its Executive Director, has learned to keep quiet against such a formidable opponent because of its past experiences *vis-a-vis* key church organizations in its participation in the implementation of the population policy.

6. The Catholic Church's Position on Population Policy

Any discussion of prospects for consensus on population policy must take account of the Catholic Church's official position on the matter. This is because about 85 percent of Filipinos are Catholics. As mentioned earlier, officials of the family planning NGOs who were interviewed cited the Church's influence in high government circles as a major obstacle to the implementation of the population program. The Encyclical "*Humanae Vitae*" issued by Pope Paul VI on 28 July 1968 reaffirmed the Church's position against artificial contraception. The Encyclical itself went against the conclusions of a papal commission and against an emerging consensus of theologians and bishops who asked the Pope not to issue the Encyclical at that time.[11] The Philippine Catholic hierarchy issued a pastoral letter to the Encyclical letter.

In 1969, the Commission on Population (POPCOM) was created by Executive Order and the Catholic Bishops' Conference of the Philippines (CBCP) was initially represented in the POPCOM. The Church thus supported the government's population policy at that time. However, when the POPCOM declared the National Population Program in 1971, emphasizing artificial methods in family planning, the CBCP withdrew its membership from POPCOM. In July 1975, the Episcopal Commission on Family Life (ECFL) of the CBCP issued a clarification of the official Church stand on population policy. It pointed out that the Church agreed with the government on the need for family planning. The CBCP reaffirmed that the Church has always advocated responsible parenthood and that it respected Government's responsibility in making available to the citizens family planning methods that would not violate their conscience or the conscience of those employed by the government in its program.[12] This has remained the basic stand of the Church.

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[11]Vicente Mariano, "Philippine Population Policy and the Catholic Church," (University of the Philippines College of Public Administration, Publications Office, 1987), mimeo., pp. 6-7.

[12]**Ibid.**, pp. 7-8.

In 1986 the CBCP successfully opposed the inclusion of any provision in the New Constitution that would allow population control by the State. Such a provision had been included in Article XV, Section 10 of the 1973 Constitution. The CBCP issued a position paper supporting their stand. The paper considered the past state policy on population as unjust:

1) because of the wastage of funds running into the millions for programs that overall ended in failure...;

2) because it is based on an economic outlook that is being rejected by economists: that population hinders economic growth;

3) because it is supportive of a worldwide drive to reduce the fertility level, particularly of developing peoples to zero, and that at a time when global fertility is declining; and

4) because it diverts from the true culprit in the destitution of masses of people: poverty due to unjust economic structures.[13]

In the same paper, the ECFL also criticized the past Philippine population program as being:

1) *authoritarian*, bypassing all consultation and participation of the popular will in its design and decision to implement. No accountability to the people is required;

2) *colonialist,* following an outside plan with objectives and strategies designed for all developing countries, uniformly. No opportunity for native creativity;

3) *manipulative,* influencing behavior with material incentives or social sanctions; secretive about its intents and operations;

4) *unethical*, dispensing orals without medical supervision and control, influencing physicians to mutilate healthy organs (sterilization); and

5) *depersonalizing*, applying pressure on the consciences of government workers.[14]

The ECFL leadership would like to see the Population Commission focus more on promoting family welfare rather than simply population reduction or control. They believe that the family should be left free to decide the number of children. The thrust of government policy should be on population welfare, for example, how to decongest Manila and move

[13]Episcopal Commission on Family Life (ECFL) of the Catholic Bishops' Conference of the Philippines, "Population Control by the State," mimeo., pp. 1-2. In an interview on 20 January 1989, Bishop Jesus Varela and Father Vicente San Juan, S.J. of ECFL cited Julian L. Simon, who wrote **The Ultimate Resource** (Princeton University Press, 1981), as one economist who rejects the view that a large population hinders economic growth. Simon argues in his book that additional persons do in fact produce more than they consume, and natural resources are not an exception.

[14]**Ibid.**

people to less congested areas.[15] The interviewees felt that most of our population tend to concentrate in areas where people believe they can find work.

The ECFL sees the POPCOM's role as "providing all concerned agencies with a unifying vision of the development of people and thereby leading to a harmonious and meaningful ordering of the efforts of all towards the authentic welfare of our people."[16] Concerned Church groups favor the attachment of the Commission on Population (POPCOM) to the Department of Social Welfare and Development (DSWD), to be chaired by the Secretary of Social Welfare. This was considered as a significant achievement by the Church groups since then Secretary Mita Pardo de Tavera is perceived as sharing "the orientation that the population problem is not a problem of numbers but of people." The CBCP leadership has acknowledged that the Philippine Medium-Term Development Plan and the National Population Policy were developed taking Church views into consideration as a result of their participation in consultative dialogues. They recognize that the policy departs from the past purely demographic stance and is moving into possibilities for family welfare approaches.[17]

The ECFL has identified points of agreement which the Church and Government have on the population issue. These are:[18]

1) Population programs address the problems of poverty; both Church and Government are striving to provide the means to a life of dignity – adequate food, housing, livelihood, education and health services.

2) Both Church and Government believe in marriage and the family and are against abortion and coercive programs of family planning.

3) Both would like to educate people with regard to the human reproductive processes and responsible sexual behavior, with couples making the ultimate decision on the number of children and choice of methods to use.

4) Both would like to make people more productive, to cultivate a healthy attitude towards work.

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[15]Interviews with Bishop Jesus Varela, Chairman of the Episcopal Commission on Family Life of CBCP; Father Vicente San Juan, S.J. and Sister Blesila Fabricantes, held at the ECFL Office, Manila on 20 January 1989.

[16]ECFL, CBCP, "Comments on the Population Policy Statement of the Commission on Population," 27 April 1987, mimeo.

[17]ECFL, CBCP, "Update on Population Negotiations," July 1987.

[18]CBCP, "Towards an Interim Position on the Population Issue," July 1987.

The ECFL has also enumerated points of disagreement between the Church and Government. These are:[19]

1) In analyzing the causes of the problem, the Church disagrees that one of the main reasons for poverty is that there are too many people as against a scarcity of resources. The church believes that the problem of poverty is rooted in the values of persons and families, and in structures that promote inequitable distribution of goods and opportunities.

2) Government believes in promoting the value of small family size; the Church believes in promoting the value of large families wherever possible, unless, there is serious reason for spacing childbirths.

3) The Church believes that population programs should not be a national priority, nor do these reflect Filipino values, nor are these under our control, but rather is the making of an international network working against marriage, family, and the Christian values of life and responsible sexuality.

4) Government believes in setting population targets to guide the socioeconomic development programs for monitoring and evaluation. The Church objects to the manipulative tendency and patently coercive character of population programs anchored on quantified targets or population levels. The Church proposes as a solution to the problem of poverty, a massive national program of values education towards family life development coupled with an intensive social welfare program on the family and community level; also the organization of family associations.

Despite these areas of disagreement, the ECFL believes there are areas where they can have critical collaboration with Government. These are on the following: continuing dialogue on policy formulation and program review at top level Church and Government; family life education program funding; value-based natural family planning programs and social welfare concerns. They point out that there can be no collaboration on contraceptive programs and on population reduction efforts. The ECFL is committed to intensifying the Pro-Life campaign "against population limitation on the national level, exposing the international scheme, particularly the link between contraception and abortive mentality, and such diversionary tactics as Maternal and Child Health Family Planning Integration, and women's fight for their 'reproductive rights.'"[20] This official Church position was further disseminated by a pastoral letter on *Humanae Vitae* issued by Cardinal Sin on 28 August 1989 which was read before parish churches in September 1989. The pastoral letter underscored the Church's promotion of

[19]**Ibid.**

[20]**Ibid.**

responsible parenthood and the natural methods of family planning, *i.e.*, the Ovulation Method (or Billings Method), the Symptothermal Method (or Temperature Method) and the Breastfeeding Method.[21]

The Church position on Population Policy is being actively promoted by Pro-Life Philippines through its regular newsletter and information brochures on, for example, *Contraception, Embodied Love, etc.* Similarly the ECFL has published its *Handbook on the Family Life Apostolate*, and has been conducting Seminars-Workshops on Family Life/Value Orientation on Affectivity, Sexuality and Celibacy; Teacher Training on Christian Sex Education; and promoting the natural family planning (NFP) method.

7. Perceptions of Selected Legislators on Population Policy

In order to find out the perceptions of legislators on population policy, the researchers interviewed three senators and one member of the House of Representatives who appeared most interested in said policy based on newspaper reports. These were Senator Leticia Shahani (Chairperson of the Subcommittee on Population, Committee on Social Justice, Welfare and Development), Senator Jose Lina, Senator Santanina Rasul and Congresswoman Anna Dominique Coseteng who also represented the women's political party, *Kababaihan para sa Inang Bayan* (KAIBA). The researchers also looked into pending bills and resolutions in both chambers of Congress. Judging from the names of sponsors of these bills and resolutions filed in both chambers of Congress, there are six Senators and 30 representatives who have shown interest in population policy.

Senator Shahani co-sponsored with Senators Alberto Romulo, Wigberto Tañada and Orlando Mercado, P.S. Resolution No. 199 (9 June 1988). This was actually an amended version of P.S. Resolution No. 39 (5 October 1987). The Resolution urges the "strengthening of the national population program of the government." It affirms that a national population policy should go beyond fertility reduction and integrate maternal and child health, child survival, women's health, morbidity, mortality, population distribution, urbanization, internal and international migration, and population structure. The policy should also accord respect for human rights and promote the family as the basic unit of society, towards the ultimate goal of the "improvement of the quality of life in a just and humane society."

[21] Jaime Cardinal Sin, "Pastoral Letter on **Humanae Vitae**," 28 August 1988.

Senator Shahani also delivered a privilege speech before the Senate on 5 October 1987 in which she relayed to the body the resolutions of the 2nd Conference of the Asian Forum of Parliamentarians on Population and Development. The Conference was held in Beijing from 23 to 25 September 1987 and was also attended by Congresswoman Teresa Aquino Oreta. Senator Shahani emphasized the urgent need to implement a national population policy.

Senator Jose Lina co-sponsored P.S. Resolution No. 326 (5 December 1988) with Senator Ernesto Maceda. This was an amended version of the original resolution (P.S. Resolution No. 286) which Senator Lina sponsored (4 October 1988). The original resolution directed Senate to evolve a national policy and program on responsible parenthood pursuant to the Constitution and, to this end, look into the Billings ovulation method as a universally applicable family planning method. The amended resolution made no specific mention of promoting the Billings or any natural family planning method but called attention to the dangers of the artificial contraceptive program, particularly the use of the intrauterine device and the injectible drug Depo-Provera. It also sought to inquire into foreign debts incurred to fund "the failed contraceptive program" of the Marcos government. The resolution was an offshoot of a privilege speech delivered by Senator Lina on 2 December 1988.

At the House of Representatives, Congressman Antonio Aquino delivered a privilege speech on 20 September 1988 which essentially took the same position as Senator Lina. Congressman Aquino attacked the "massive, well-funded and sophisticated campaign being waged by some local and foreign groups and individuals who make our government adopt the strongest measures possible to reduce to the lowest possible level our rate of population increase or, to put it more plainly, the number of Filipino babies being born everyday." He cited as an example the Parliamentarians' Conference on Human Survival, Population and Development which was held at the Philippine International Convention Center on 2 September 1988.

The four interviewees from Congress were asked essentially the same questions that were asked of the leaders/officers of cause-oriented groups and NGOs. On the question of whether the Philippines has a problem of overpopulation, both Senator Shahani and Congresswoman Coseteng answered "Yes" but gave different qualifying statements. Senator Shahani viewed the problem as one of maintaining a balance between population and our natural resources. According to her, overpopulation compounded by poverty, malnutrition and unemployment will lead to "unstable elements" in society, which if not appeased, might cause people to opt for a government that is inimical to democratic forces.

Congresswoman Coseteng thought that while overpopulation aggravates the poverty situation, it is not the problem. It becomes a burden when it does not contribute to productivity.

Senator Lina believed that we do not have a problem of overpopulation. The problem lies in the inability of the people and their leaders to maximize utilization of resources to meet the needs of the population. He thought that the key to solving the population problem is economic planning, formulating the right policies and implementing the right programs. Since the government is imperfect and cannot provide all services, and because the people themselves are to blame, then population becomes a concern and we need to exhort people to space the births of their children.

Senator Rasul believes that poverty and resource management rather than overpopulation are the problems. However, overpopulation has strained the economy and caused unemployment. She did not think that anyone would be averse to family planning.

All four interviewees believed that government should be concerned with formulating a national population policy. For Senator Lina, the issue was what methods of avoiding pregnancy or spacing birth should be promoted. Congresswoman Coseteng observed that people look to the government to solve all their problems, and that curbing the population growth rate should be the first step towards providing basic services to the majority of the people. Senator Shahani stressed the demographic dimension of development planning and the relation of population policy to the government's ability to provide schools, medical care, land, housing, *etc.*

Asked to comment on past population policy and programs and whether these have been effective in controlling or slowing down population growth, Senator Lina considered it a failure. Senator Shahani and Congresswoman Coseteng thought the population program began quite well and helped moderate population growth but was later neglected by the Marcos administration. Coseteng thought that the program was successful for a time largely because of the efforts of FPOP, POPCOM and organized health workers.

Senator Shahani recalled that at the beginning of the program, the Church collaborated and there was much freedom to discuss. There was much information and voluntary practice. However, when Placido Mapa became the head of the National Economic and Development Authority (NEDA), the services stopped. Senator Shahani was concerned that the Aquino administration appears "ambivalent" about population policy because of the Church.

Congresswoman Coseteng perceived that some people were very much against coercive policies and the inadequacy of explanations regarding side effects of family planning methods, including psychological and emotional problems. She was bothered by the apparent lack of straightforward discussion on the issue since President Aquino's assumption to the Presidency. Congresswoman Coseteng was against the "leave it to the individual" attitude of the government, saying that it was government's responsibility to provide education as the basis of informed-choice.

All four interviewees from Congress believed that government should have a national population policy and program. There was a consensus that mass education should be the main component of such policy or program. They differed only on what should be the focus of such education campaign. Senator Lina believes that the government should explain the available methods of family planning or birth control and the implications of their use, and should take a strong position on the kind of contraceptives that are clearly violative of the "Pro-Life" Constitution and harmful to the human body. He believed that natural family planning should be universally promoted by both Government and the Church as this is consistent with the provisions of the Constitution and clearly not inimical to the health of women.

Congresswoman Coseteng believed that education should be the most important component of the program particularly for grassroots women. She considered safety (for mothers) as another consideration of what to include in a population program. She was concerned with the problem of "back-street pregnancy termination systems," and the risk of infection or even death for women; and the policy-makers' avoidance of the issue for fear of adverse Church reactions.

Senator Shahani believes that in addition to mass education, the program should be strictly voluntary and not coercive and should include counselling and other services. The program should be one that the government believes in. She observed that while President Corazon Aquino delivers speeches on the population problem, she is never seen in a family planning clinic.

Senator Rasul felt that a national population program should be very broad, "running across the entire gamut of all our problems." It is basically an "economic and moral recovery program that would attack the program at its very root." She considered program implementation as crucial.

As to whether government should finance population programs and projects, Senator Shahani, Senator Rasul and Congresswoman Coseteng answered "Yes." According to Senator Shahani, government should finance education, maternal and child health care and quality services. She believes that POPCOM should be the coordinating agency, with roles for the Departments of Health, Social Welfare and Development (DSWD), Natural Resources and Environment, *etc.* POPCOM should also be under NEDA as population is a development issue and should not be under the DSWD.

Congresswoman Coseteng believes that family planning services should be subsidized so that these do not become a burden to the consumer. Government should fund an effective distribution system and education on safety. The Departments of Health and Social Welfare and Development and nongovernment organizations, in other words, agencies with grassroots networks should be given financial support.

Senator Lina sees nothing wrong with a government role in educating people on responsible parenthood, but not in service delivery. He feels that funds should be rechanneled and redirected to other worthwhile programs. He noted corruption and padding of statistics (regarding acceptors) in the implementation of the population program.

Asked whether NGOs should play a role in population policy-making and implementation and whether government should finance population activities of NGOs, Senator Shahani, Senator Rasul and Congresswoman Coseteng said "Yes." Senator Shahani observed that NGOs do play a role in population policy-making and implementation but cautions against supporting NGOs who do not really know anything about family planning. She believes that Government should partly finance activities of NGOs where it can afford to, particularly education, health (for women), and responsible parenthood (for men).

Senator Rasul observed that many NGOs are more effective than government and should be consulted in the preparation of bills. Women can be especially effective instruments. Whether government should finance their activities or not depends on what government wants to do. Congresswoman Coseteng recommends NGO participation in education, information distribution and program implementation.

The legislators were asked which sectors they had consulted (or would consult) in the formulation of important legislation concerning population policy or program. Their responses revealed valuable information on the dynamic role of interest groups in policy-making. Undoubtedly, the cause-oriented groups/NGOs consulted by the legislators had significant influence on the latter's views on population policy.

Senator Lina said that he consulted Pro-Life NGOs when he was preparing the Senate Resolution which he sponsored. He said that he met with FPOP and other "active" groups during the PARLCON. He would, in the future, consult academe and women's groups including the Daughters of Mary and the Catholic Women's League of the Philippines.

Senator Shahani said she consulted everyone who knew family planning – Fanny Lim, Gloria Aragon, Corazon "Cory" Raymundo, Father Vicente San Juan for the anti-contraception position, Esperanza Dowling for the pro-NFP groups, POPCOM, Departments of Health, Social Welfare and Development, and Labor, and the poor women who welcome help. She observed that women's groups are for family planning; NGOs that are development-oriented are for family planning; even some church people are for family planning, but "we have a Pope who is very traditional." She said that one should also go to the provinces often and talk to local officials about the population problem.

Senator Rasul said she would probably consult religious groups, professionals, and women through public hearings and by writing letters to them in order to get their sentiments and positions.

Congresswomen Coseteng feels that the NEDA, labor organizations, the urban poor and peasant groups, women's organizations and coalitions should be consulted, along with doctors, public health workers and the media. She also believes in consulting with all sorts of Church people so that we can break the myth of the Church as a monolith. Community leaders can also be informed of the program and asked for feedback from their communities.

The legislators were asked what they foresaw as the major obstacles to the implementation of a national population policy, programs and projects. Both Senators Shahani and Rasul mentioned opposition by the Church as a major obstacle. In addition, Senator Rasul also mentioned the fact that Filipino culture is very much against regimentation.

Senator Shahani mentioned ignorance about family planning – *i.e.*, that it is not abortion nor a violation of human rights, nor is it contraceptive imperialism – as an obstacle to implementing a national population policy. She observes that men seem to think that family planning means losing virility. Moreover, there are not enough family planning facilities and the government cannot pay for services. Senator Shahani said that PARLCON made population a public issue "when none wanted to touch it." She said that the pro-life advocates are on the ascendancy because POPCOM does not even make any appeal to increase its budget, and NEDA did not make a similar request. She observed that Secretary Pardo de Tavera does not seem to believe in the program, while Bernardo "Bernie" Villegas[22] and Senator Lina do not think we have a population problem. She recounted how her Resolution on Population Policy was "killed" in the Senate after staying in the committee for six months. This showed her that her colleagues in the Senate were not ready for a population policy. She also decried the absence of an industrialization policy, a development policy, and an agricultural policy.

Congresswoman Coseteng cited the lack of political will, and failure by the Aquino administration to give all-out support for the program. She believes that the population issue should not be presented as controversial, as it is an immediate and urgent concern. She questioned the position of some Pro-Life groups that seem to be too concerned about life at conception, without the same consideration for life that would later be marked by suffering from malnutrition, unemployment, *etc.*, because there was no option to limit family size in the first place.

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[22]See, for example, Bernardo Villegas, "The State and the Contraceptive Mind," **Manila Chronicle** 9 November 1989, p. 18.

In the case of Senator Lina, he was asked whether he had anticipated opposition to the Senate Resolution which he sponsored and where he expected major support to come from. He felt that there may be some opposition from POPCOM and from some NGOs, but believed that there could be some common ground. He expected that the Church, Church-based organizations and renewed Christians would support him. He added that the "*masa*," rather than the upper classes of society are likely to support him.

The legislators were also asked to comment on the issue raised by some groups that our population policy is dictated from the outside. Senator Shahani believes that this position reflects an "inverted inferiority complex," that Filipinos "are not willing to face reality" and that "in the end, life is what we make it." She deplored the lack of discipline in our society.

In the case of Senator Rasul, her comments on the issue came even before she was asked the question. She wondered why the concept of population policy always comes from the West, and the World Bank. It seemed to her that when the World Bank speaks of poverty, they connect population with it. As she put it, "the World Bank says you are poor because you are overpopulated."

Senator Lina thought that POPCOM was still implementing the old program as mandated by the 1973 Constitution. He explained that this is because we are recipients of grants-in-aid, *i.e.,* foreigners are financing the population program. He observed that in the process of giving aid, "the products of donor countries will be dumped here so that, after a while, even without grants-in-aid and the foreign debt, we will become so dependent on them that we will purchase the products ourselves." If this trend continues, he surmised that "we are actually following the dictates of foreign funding agencies." In line with this, Senator Lina revealed that he would be initiating an investigation of the role played by the United States Agency for International Development (USAID) in the Philippine population program.

The researchers also looked at the bills and resolutions filed in each chamber of Congress to find out the perspectives of legislators on population policy. There were three resolutions filed in the Senate and eight resolutions filed in the House of Representatives that had direct relevance to population policy. There were also six pending Senate bills and eight pending House bills on the subject. The resolutions generally exhorted the Senate or House to evolve a national population policy. Senate Resolution No. 286, sponsored by Senator Lina, urged the Senate to inquire into various aspects of the present population program. Senate Resolution No. 326 sponsored by Senators Lina and Ernesto Maceda would inquire into foreign debts incurred to fund the failed contraceptive program. Two pending bills (Senate Bill No. 930 sponsored by Senators Joseph Estrada, Shahani and others and House Bill No. 15571 sponsored by Representative R.G. Mercado and J. Lopez) would create a Department of Population Control or would reorganize the Population Commission and transfer it to NEDA.

Creating a Department of Population Control would mean that population issue has become top priority in policy-making and implementation, alongside the traditional concerns of government such as agriculture, health, education, *etc.* It also means that approaches to the population problem will become bureaucratized. However, the creation of the Department of Population Control would predictably meet a lot of opposition, judging from its title alone, from conservative legislators, Church groups and other NGOs.

Five pending bills can be classified as anti-abortion bills as these increase penalties for professionals and others who practice abortion. These are Senate Bill Nos. 1109 (sponsored by Senator Ernesto Maceda); 1211 (by Senator Ernesto Herrera); 1153 (by Senator Jose Lina); 450 (also by Senator Lina); and House Bill No. 3907 (by Representative Mario Serra Ty). There are a number of bills that would grant benefits, such as tax discounts, free college education, *etc.*, to families and low-income couples with only two children. These are House Bill (HB) Nos. 5626; 7442; and 14600. HB 14600 (sponsored by E.N. Joson, L.B. Fugoso and Freddie Webb) proposes to create a State Family Planning Incentive Fund that would provide cash incentives for voluntary vasectomy or ligation, and others. These bills would create problems regarding sources of financing from an already cash-strapped government. Moreover, these bills would only affect taxpayers or the middle and upper classes and would thus not influence the majority of the population especially those living below the poverty line. There is also a problem of monitoring the direct impact of such incentives on actual population growth.

There is one pending bill (House Bill No. 7281 sponsored by Representative Narciso Monfort) which provides that government would make available all acceptable methods of contraception, except abortion, to all Filipinos desirous of spacing, limiting or preventing pregnancies. This Bill actually seeks to amend Presidential Decree No. 79, the Population Act of the Philippines.

One proposed bill would require all secondary schools to include the teaching of family planning. This is House Bill No. 15835 authored by Representatives Lorna Verano-Yap, Narciso Monfort, J. Lopez and Lacson.

IV. SUMMARY AND CONCLUSION

As can be seen from this exploratory research, less than half of the responding cause-oriented groups and nongovernment organizations consider "population control" or the population problem as very important to their organization. Nonetheless, over half of these same organizations had activities which were related to the population issue such as on women, education, health and nutrition, children, and others. More than half of the respondents also thought that the Philippines had a problem of overpopulation and that the government should

be concerned with population problems. These views were also shared by the legislators who were interviewed and by those who had sponsored resolutions or bills in each chamber. This fact implies that the government as well as many citizens share a deep concern for the population situation in the Philippines and tend to agree on the need for decisive action by government in this area. Mass education was considered by all respondents as a key component of any population policy.

The findings of this study tend to show that there is much support for an integrated approach to population or population development (POPDEV), *i.e.*, viewing the population problem not merely as one of quantity. Thus, the problem should not be addressed through fertility control mainly, but should be seen as one which calls for upgrading the quality of life. As such, a population program should be coordinated with the delivery of other basic services such as health, education, rural development, *etc.*

The Government's population program was stalled by debates over moral issues such as contraceptives and abortifacients (or clinical methods) being contrary to Church teachings. Now while the Church and other NFP advocates push for at least equal promotion of NFP methods, there appears to be a mellowing of positions of both sides such that NFP proponents no longer directly oppose clinical methods. Thus Government can help considerably to widen the choice of family planning methods through effective information campaigns covering all available methods and service delivery. Responsible parenthood must also be stressed in any information campaign in order to get the broadest possible support for any population program.

There were respondents who thought that the role of government should be mainly to coordinate the population development (POPDEV) program, conduct education or IEC campaigns and facilitate NGO participation and foreign funding if necessary. There are groups that think government should leave service delivery to NGOs.

There is need for better coordination among government agencies involved in population and development, among NGOs, and between NGOs and government. This is needed to maximize the use of resources for the program and also to improve monitoring of its implementation.

Most respondents/interviewees emphasized the need for a clear-cut statement of policy to resolve issues like how to minimize Church opposition. President Corazon C. Aquino's State of the Nation Address in July 1989 is considered a significant development as it finally settled the long-standing question of just where she stood on the controversial family planning program. As she clarified: "While the Department of Health (DOH) is the designated lead agency for

family planning, we should all contribute towards building the family as a purposeful act of confidence in the future."

The decision to make the DOH the lead agency in implementing the population program was made in April 1988 but the actual operationalization has been somewhat delayed. Secretary Alfredo "Alran" Bengzon, Jr. explained that this is because "the crafting of the policy required a lot of discussion."[23] Under the new setup, the Population Commission (POPCOM) then chaired by DSWD Secretary Mita Pardo de Tavera remains the coordinating and monitoring body as mandated by law. The POPCOM will identify agencies which have the expertise, evaluate projects that they intend to undertake, and see to it that other activities of other groups complement the program. POPCOM continues to have an overview of the population program. The Department of Health (DOH) has always been the lead agency for the family planning component of the program. However, the funds that go into this component of the program will no longer pass through POPCOM but will be channeled to the regions and NGOs through the DOH.[24] The DOH has included in its program the promotion of natural family planning methods and is aware of the need to develop expertise on this and to disseminate information on NFP.

Obviously the results of this study cannot be the basis of a population policy because of the limitations stated at the outset. However, it has opened insights into the dynamics of policy-making and implementation. The Government's population policy was formulated in the past through the initiative of external groups and funding agencies such as the USAID and the United Nations Fund for Population Activities (UNFPA). This funding was channeled to several NGOs in the country and the Department of Health. As such, the population problem was defined for the country and the people, rather than the other way around. Hence, the researchers deemed it important to find out the people's perceptions regarding the population problem and government population policy. As the study has shown, perceptions about the seriousness of the problem, and therefore its perceived solutions, tend to vary among groups.

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[23] Alan C. Robles, "The Ball is in Our Court," **Manila Chronicle**, 30 July 1989, p. 16.

[24] Interview with Dr. Carmen Garcia, Executive Director, Commission on Population.

The survey showed that cause-oriented organizations and NGOs are potentially of immense help in the formulation and implementation of policies. If these groups are supportive of government policy, they can help to facilitate policy implementation. They can do this by mobilizing their members to support the policy by including discussions about it in their regular activities. They can also aid in information and education campaigns. In this study, for example, the responding groups claim an estimated four million members. The Trade Union Congress of the Philippines alone claimed a total of 3.97 million members. Other responding groups claimed membership of institutions, and hence, would have a multiplier effect in any attempt to mobilize support for or against any government policy. Such claims must, of course, be verified. Thus, it is essential to include consultations with concerned cause-oriented groups and NGOs in the formulation of policy and to monitor their views to get feedback on the implementation of policy.

This study has also shown that the cause-oriented groups and nongovernment organizations surveyed knew how to influence policy making – *i.e.*, through letters, position papers, talks with legislators, rallies, *etc.* Legislators themselves were aware of what groups to consult regarding population policy. The views of the consulted groups tended to influence or reinforce the legislators' position.

On the whole, there is need for more extensive, as well as more intensive, surveys on the impact of present population policy on cause-oriented groups, NGOs and the general population. It is hoped that this study, with all its limitations, has in some way contributed to the formulation of such policy evaluation studies.

APPENDIX A
LIST OF INTERVIEWEES

Cause-Oriented Groups and Nongovernmental Organizations

A. Medical, Health and Family Planning

1. Family Planning Organization of the Philippines
2. Population Center Foundation
3. Institute of Maternal and Child Health (IMCH)
4. Philippine Federation for Natural Family Planning
5. *Kabalikat ng Pamilyang Pilipino, Inc.* (*KABALIKAT*)
6. Development Concepts, Inc. (DEVCON)
7. Council for Primary Health Care
8. Philippine NGO Council for Population, Health and Welfare

B. Church-Based Groups

1. Catholic Education Association of the Philippines
2. Christian Family Movement of the Philippines
3. Catholic Women's League
4. Pro-Life Philippines
5. Catholic Bishops' Conference of the Philippines (CBCP)

C. Women

1. *Gabay at Kalinga ng mga Ina* (GKI)
2. National Federation of Peasant Women (AMIHAN)
3. Center for Women's Resources
4. Legislative Advocates for Women
5. *Samahan ng Malayang Kababaihang Nagkakaisa* (SAMAKANA)
6. Women Health

List of Interviewees (continued)

D. Sectoral

1. Health Alliance for Democracy (HEAD)
2. Alliance of Concerned Transport Organization (ACTO)
3. Trade Union Congress of the Philippines (TUCP)
4. Alliance of Concerned Teachers (ACT)

E. Human Rights

1. Medical Action Group (MAG)
2. Ecumenical Movement for Justice and Peace (EMJP)

F. Development-Oriented Organizations

1. Philippine Partnership for the Development of Human Resources in Rural Areas (PhilDHRRA)
2. Philippine Assistance for Rural and Urban Development (PARUD)
3. Filipinas Foundation, Inc.

Government Organizations

1. Commission on Population
2. National Commission on the Role of Filipino Women (NCRFW)

Legislators

1. Senator Jose Lina
2. Senator Leticia Ramos-Shahani
3. Senator Santanina Rasul
4. Congresswoman Anna Dominique Coseteng

APPENDIX B

LIST OF PRETEST RESPONDENTS

Cause-Oriented Groups and Nongovernmental Organizations

A. Medical, Health and Family Planning

1. Family Planning Organization of the Philippines
2. Philippine Federation for Natural Family Planning
3. Philippine NGO Council for Population, Health and Welfare
4. Council for Primary Health Care
5. Development Concepts, Inc. (DEVCON)
6. Health Action Information Network (HAIN)
7. Institute of Maternal and Child Health (IMCH)
8. Philippine Nurses Association
9. Integrated Midwives Association of the Philippines
10. Health Alliance for Democracy (HEAD)

B. Church-Based Groups

1. Archdiocesan Youth Council
2. CARITAS, Manila
3. Catholic Educational Association of the Philippines
4. Christian Family Movement
5. Council of the Laity
6. Catholic Women's League
7. Episcopal Commission on Family Life

C. Women

1. National Federation of Peasant Women (AMIHAN)
2. Center for Women's Resources

List of Pretest Respondents (continued)

3. *Gabay at Kalinga ng mga Ina* (GKI)
4. General Assembly Binding Women for Reforms, Integrity, Equality, Leadership and Action (GABRIELA)
5. National Federation of Women's Club
6. *Samahan ng Malayang Kababaihang Nagkakaisa* (SAMAKANA)
7. Women Health

D. Labor/Peasant/Sectoral

1. Alliance of Concerned Teachers
2. Alliance of Concerned Transport Organizations
3. Federation of Free Farmers
4. Trade Union Congress of the Philippines (TUCP)

E. Human Rights

1. Ecumenical Movement for Justice and Peace (EMJP)
2. Medical Action Group (MAG)
3. Task Force Detainees of the Philippines (TFDP)

F. Foundations and Development-Oriented Organizations

1. Center for Research and Communications
2. Council of Welfare Agencies Foundation of the Philippines, Inc. (CWAFPI)
3. Foundation for Educational Evolution and Development (FEED)
4. Filipinas Foundation, Inc.
5. Intercare Foundation
6. Institute for Social Studies Action (ISSA)
7. Philippine Assistance for Rural and Urban Development (PARUD)
8. Philippine Business for Social Progress (PBSP)

List of Pretest Respondents (continued)

9. Philippine Partnership for the Development of Human Resources in Rural Areas (PhilDHRRA)

Government Organizations

National Commission on the Role of Filipino Women (NCRFW)

Political Groups

Kababaihan Para sa Inang Bayan (KAIBA)

POPULATION POLICY FORMULATION AND PROGRAM IMPLEMENTATION: INSTITUTIONAL ASPECTS

Nestor N. Pilar

I. INTRODUCTION

This report is a review of past evaluation or assessment efforts touching on the administration of the Philippine population program. Its stated purpose is to describe the process of policy formulation/program implementation, particularly the institutional framework; identify problems, issues and gaps related to program planning, direction, and coordination among others; assess program accomplishments in light of the institutional framework, problems, issues and gaps; and present the alternative courses of action as culled from the abovementioned assessments. Furthermore, the report is intended to highlight some problems, issues and gaps which remain unanswered as areas for further study.

The review relied principally on existing documents and research data on the population program. The major sources of data came from the assessments made by, among others, the NEDA–PIDS, the USAID/Philippines Office of Population, Health and Nutrition, the UNFPA Second Mission on Needs Assessment, the NEDA Special Committee to Review the Philippine Population Program, and the U.P. College of Public Administration.

II. BRIEF HISTORY OF THE PHILIPPINE POPULATION PROGRAM: ITS SHIFTING THRUSTS, GOALS AND OBJECTIVES

Population was considered essentially a datum, until recently when it was identified as a determinant and consequence of economic and social development. What is now called the "Philippine Population Program" evolved from a growing recognition of the magnitude of problems arising from uncontrolled population growth. In the light of this, many governments including the Philippines, have adopted an official population policy primarily aimed at reducing rapid population growth.

Prior to government participation, the private sector responded to the complexity of the population problem through discreet and restrained service delivery. Hence, family planning services were provided mostly by private family planning organizations, private physicians and clinics, and missionaries. The Family Planning Association of the Philippines (FPAP) and the Planned Parenthood Movement of the Philippines (PPMP) were the more prominent private sector family planning associations in the sixties. These two later merged to become the Family Planning Organization of the Philippines (FPOP). The efforts of the private sector were

supplemented by population research with the establishment of the University of the Philippines Population Institute (UPPI) in 1964.

The beginnings of a population program for the country was enunciated in 1967 when the Philippines, together with 17 other nations, signed the United Nations Declaration of Population which states:

> The Population problem must be recognized as a principal element in long range national planning if governments are to achieve their economic goals and fulfill the aspirations of their people.

Since then, population has been given increasing importance such that it has become an integral component of Philippine development policy, plans and programs.

In 1968, in response to the UN Declaration, the government created a small unit for maternal and child health and family planning in the Department of Health (DOH). In 1969, the Commission on Population (POPCOM) was established as a planning, coordinating and policy–making body. It consisted of 22 members from the public and private sectors, with the UPPI as its secretariat. Executive Order No. 171 (1969) designed POPCOM as a research and recommendatory body. Given POPCOM's huge membership, multi-agency participation was encouraged.

In 1970, acting upon the recommendations of POPCOM, the government launched a National Population Program aimed at reducing the high rate of population growth. Executive Order No. 233 (1970) reorganized POPCOM and assigned it to coordinate and evaluate the National Population Program. It was also given the additional tasks of coordinating and evaluating the implementation of approved program recommendations and projects and to undertake action projects as necessary.

In 1971, Republic Act 6365 established the National Population Policy and redefined the functions of the Commission on Population (POPCOM). It provided that:

> ... for the purpose of furthering national development, increasing the share of each Filipino in the fruits of economic growth, and meeting the grave social and economic challenge of a high rate of population growth, a national family planning program which respects the religious beliefs of the individual shall be undertaken.

R.A 6365 further reduced POPCOM's membership to 12.

In 1972, R.A. 6365 was revised by Presidential Decree No. 79. The decree redefined POPCOM's purposes and objectives and further reduced the membership of its board to five. POPCOM's functions were also extended to include promoting family planning education,

coordinating relations with international organizations concerned with population and ensuring that family planning services were made available to the public. The decree furthermore authorized nurse and midwives (in addition to physicians) to provide, dispense and administer all acceptable methods of contraception as long as these health workers have been trained and properly authorized by POPCOM (Special Committee Report, 1978).

At the same time, the DOH continued to provide family planning services through its health delivery system. The DOH in time became the principal source of family planning services and by 1977 was providing services to 65 percent of all family planning acceptors in the country (WB Staff Appraisal, 1979). Meanwhile the Population Center Foundation (PCF) was also founded in 1972 to forge a stronger partnership between the public and the private sectors.

During the early stages of the Program, it was necessary to integrate the Population Program with health services, specifically with the maternal and child health care delivery system. In the mid–70's, problems with the clinic–based approach to family planning were recognized. To strengthen the Program, it was deemed necessary to make it independent of the health services structure in general. Attempts were made accordingly to make use of multi-purpose (non–health) field workers in the promotion of family planning. The government then organized three projects designed primarily to provide family planning information, education, and services, in rural areas where clinic services were inadequate.

The first of these projects was the Total Integrated Development Approach (TIDA) in 1975 with United States Agency for International Development (USAID) financial assistance. The TIDA approach sought to integrate the Program with the other development activities in the rural areas. The aim was to promote it as a way of life such that when people have conceptually understood and accepted it, they would voluntarily avail of the Program's services. TIDA was implemented on a pilot basis in seven provinces.

The TIDA, however, was soon found to be too broad in its development objectives and generally ineffective in motivating couples to practice family planning. In 1976, using TIDA's organizational structure and manpower, the government initiated the Outreach Project, also with USAID assistance. The primary objective of the Project was to provide family planning education and services to all couples regardless of proximity to stationary clinics. The Project was launched throughout the whole country in 1977 and has since then become the core activity of the Program.

Project Compassion (PROCOM) was the third population project. PROCOM was designed to integrate four social service programs, namely: nutrition, food production, environmental sanitation and family planning. It was pilot–tested in 1976 and later implemented in six provinces, five cities, and four municipalities.

With the Outreach Project pursued nationwide in 1977, problems of overlap in the PROCOM–covered provinces arose. To resolve the problems, PROCOM was designated as the "implementing agency" for the Outreach Project in PROCOM–covered areas and thus allowed to use the Outreach structure in its activities.

At the same time as the Outreach Project was being established, DOH continued the expansion of its basic health services, which included family planning. During this period, the DOH retrained its health personnel in family planning. The DOH also established mobile clinical services for family planning, particularly for sterilization services.

Toward the end of the 1970s, the need to relate population policies and programs with the various components of the country's development strategy was more widely recognized. While there had been efforts to look at the Philippine Population Program with other socio-economic concerns, it took the form of a family planning program with minimal impact on demographic objectives. With family planning acceptance on a downward trend, the Program was also faced with organizational, managerial and technical shortcomings.

In response to these problems, a special committee was commissioned in 1977 to review the Program. (The committee report was also known as the Fabella report.) The committee evaluated the nation's population policies, programs and research activities. Guided by the committee's recommendation, the government adopted a total population policy which put emphasis on the welfare of the individual and his family and the conscious integration of the population dimension in national planning and policy formulation. The existing policy seeks to establish closer linkages operationally between the demographic aspects and the productivity and welfare aspects of development.

In general, the Philippine Population Program seeks to bring down population growth to levels that promote national development and individual well–being. The Program is guided by five basic policies which serve as guidelines in program planning and operations:

1. *Non–coercion.* The Program recognizes and respects the right of every couple to choose the size of their family. The Program makes available a variety of acceptable methods of contraception from which they can voluntarily choose in accordance with their moral convictions and religious beliefs.

2. *Unacceptability of abortion.* Unacceptability of abortion as a contraceptive method is strongly emphasized by the Program.

3. *Self–reliance.* It has been envisioned that the cost of attaining population objectives must be considered as a national responsibility. In view of this, the Program must eventually stand on its own entirely, particularly in the aspect of funding.

4. *Integration, multi–agency participation, and partnership of the public and private sectors.* In view of the importance of linking the population program with other socio–economic concerns, it is integrated into existing programs of other agencies directed toward health, education, social welfare, nutrition, community development and employment. Thus, the Program is implemented through coordinated efforts of many participating agencies, both public and private.

5. *The Philippine population as Program clientele.* Every Filipino is considered a client under the Program. It addresses the population as a continuum composed not only of the married couples of reproductive age but of other groups as well: Pre–schoolers (age 0 to 6 years); youth (7 to 14 years); pre–marriage couples (15 to 24 years); married couples of reproductive age (15 to 49 years); community influentials; and Program professionals.

The Program basically aims to develop among the different population groups appropriate knowledge and values on responsible parenthood, small family size, family relations, human sexuality and reproduction, family planning methods, nutrition, and mother and child care. Likewise, active support of community influentials is gathered through public affairs campaigns. Furthermore, knowledge and skills of Program professionals and workers are enhanced through regular training or retraining and continuing education. The Program also trains population workers of partner and participating agencies (UNFPA, Needs Assessment for Population Assistance, 1987).

IEC (information–education–communication), training, service delivery and research constitute the four major Program activities. These components, needless to say, are interrelated and interdependent. IEC is undertaken through a combination of interpersonal and mass media activities geared toward motivating couples to accept and practice family planning. The training component seeks to equip personnel involved in family planning activities with the knowledge, attitude and skills for effective delivery of family planning services.

With regard to service delivery, a combined clinic and community–based approach is adopted. Likewise, the Program integrates family planning into health programs carried out at the barangay level, thus extending family planning services to married couples of reproductive age in areas where these services are very much needed. Clinic services include medical laboratory support, management of related complications, and contraceptive dispensation. Motivation and follow-up, and supply and resupply of contraceptives, form part of the Program services.

Through sustained research activities, the Program is provided with empirical and theoretical data necessary for decision making or more specifically for policy formulation, program implementation and program administration. Thus, typical and practical problems confronting the Program can be solved through the application of research results and scientific knowledge.

The term "population policy" is generally perceived to be broad in scope and as such, its goals and objectives are expectedly equally broad. PD 79, for instance, provides that POPCOM shall "formulate and adopt coherent, integrated and comprehensive long term plans, programs and recommendations on population as it relates to economic and social development consistent with and implementing the population policy..."

Such declarations are consistent with the concern among international forums in the 1970s to integrate population policies and programs with economic and social development strategy. It has been observed that despite attempts at such integration, the Philippine population program has remained essentially one of family planning. This report is not the proper forum for arguing whether population policy should address family planning or beyond family planning goals. It is important, however, to make a distinction since there are implications for this administrative component. If POPCOM is to orchestrate the formulation and execution of broad population policies, or to limit itself to family planning strategies, what appropriate institutional arrangements can be devised?

Because this report is confined to past and existing documentation, it is bound to take stock of assessments of the "essentially" family planning thrust of population policy. As far as available data would allow, attempts are made to address institutional requirements of "beyond" family planning strategies.

III. THE INSTITUTIONAL FRAMEWORK OF POLICY FORMULATION AND PROGRAM IMPLEMENTATION

Population policies and programs are formulated, implemented and developed through a network of government and private organizations. As such, the institutional framework for the formulation and implementation of the Philippine Population Program is characterized by a complex interrelationship of organizations directly or indirectly concerned with population activities. Given this setup, POPCOM serves as central planning, policy–making, coordinating as well as implementing agency on population activities. It is supposed to orchestrate the efforts of participating organizations, both public and private.

POPCOM is composed of three major organizational components, namely: the POPCOM Board, the Secretariat, and the regional offices. At the apex of the POPCOM organization is the Board which is responsible for the formulation and adoption of population policies and programs. Representing major public and private agencies involved in the population program, the Board is composed of the Secretaries of Health, Local Government, Labor and Employment, Agriculture, Agrarian Reform, Trade and Industry, Public Works and Highways, Education, Culture and Sports, the Director–General of National Economic and Development Authority, the Dean of UPPI, the Executive Director of the PCF, and two members representing the private sector. The Chairman of the Board is the Secretary of Social Welfare and Development. The

composition of the Board is so designed to ensure broad representation of interests in decision-making.

The Board is assisted by standing technical committees divided according to the four distinct areas of the Population Program: IEC, training, service delivery, and research. These committees are created to facilitate the review and approval of project proposals of various participating agencies.

Headed by an executive director, the Secretariat provides the necessary staff and technical support to the Board. Furthermore, the Secretariat serves as the management arm of the Population Program. Based on the National Development Plan, it sets the targets of the Program and formulates the Population Plan as well as its implementation procedures at regional and sub-regional levels. Other population related targets are expressed in development plans prepared by NEDA and in the health plans of the DOH.

The Secretariat is also tasked with the function of allocating available resources and external assistance to the different implementation agencies from the government as well as the private sector. It also monitors project development and performance vis–a–vis population targets and program goals.

The Population Program is essentially implemented by utilizing inter-agency task forces representing various agencies involved in population activities. The members of the task forces are the program managers. Hence, task force meetings provide a good vehicle for interfacing agency activities in relation to the Population Program.

At the regional level, the same systems and linkages have also been established by POPCOM. The creation of Regional Population Committees (RPCs) which are part of the Regional Development Councils provides the needed linkages between regional program managers and regional planners. Interagency task forces are likewise utilized by the RPCs (UNFPA, Needs Assessment for Population Assistance, 1987).

IV. ISSUES, PROBLEMS AND GAPS IN POLICY FORMULATION AND IMPLEMENTATION

Under the 1986 Constitution and recent official pronouncements, the new political dispensation has set new policy directions verging on economic recovery, privatization, regional autonomy, and the like. Perhaps as the new Congress convenes and as the reorganization of the Executive branch is in process, it would be appropriate to review the population program management structure and processes.

1. Structure for policy formulation and implementation

The Special Committee to Review the Philippine Population Program (1978) or the "Fabella Report" distinguished between "broader" and "narrower" population policy. The former refers to population policy in relation to other social policies and programs within a national framework of priorities, while the latter refers to demographic and fertility aspects of population policy. While POPCOM is designed to be the highest population policy–formulating entity, it is given responsibility for the latter. Broader policy is to be the domain of higher levels, e.g., the Social Development Committee (SDA) of NEDA. To ensure the POPCOM voice in the SDC, the POPCOM Board Chairman was recommended to be a member of SDC.

A question of current interest is, given the convening of Congress, and the assurance of democratic space and popular participation, what should be the future role of POPCOM?

The POPCOM Board membership is another issue. Its strength, as the UNFPA Second Mission observes, lies in the interdepartmental nature which includes the Secretaries of Health, Planning, Labor, Local Government, Education and Culture, Social Services and Development, the UP Population Institute Dean, and two private sector representatives, "ensuring a broad representation of interests in decision–making."

This very strength could be the source of weakness. The Fabella Report took note of the difficulty of perfect attendance, i.e., getting the ex officio cabinet members to attend Board meetings. Often, they send varying lower level officials to represent them. As such, there is discontinuity and lack of commitment to Board decisions.

A third issue in program implementation structure is whether POPCOM should be a coordinating or an implementing body. The Fabella report observes that POPCOM performs both functions. The USAID PP III Project Evaluation Report argues that it is important to distinguish these functions, and that POPCOM limit itself to coordination. POPCOM has some regulatory functions (for instance, reviewing research proposals) over participating agencies (PA's) especially non-governmental organizations (NGO's). POPCOM and a coordinating body executes contractual agreements with PA's in such program activities as research, information/education/communication (IEC), training, and service delivery. Clearly though, POPCOM's Outreach Program structure is that of an implementing body, such that as USAID observes, POPCOM may be competing with PA's that it coordinates and regulates.

An even more serious issue is POPCOM's location in the overall hierarchy of the Executive Branch. The USAID assessment has asked questions about to whom POPCOM is or should be responsible or accountable. Should it be "attached" to NEDA or the Department whose Secretary chairs the POPCOM Board? The capability of POPCOM to coordinate program activities in terms of its internal structure and external linkages has been a managerial concern.

The UPCPA Management Study of POPCOM which inquired into the internal linkages between the Board and the Executive Director found a need to delineate the functions between the two. The Board was occupied with administrative details which it could delegate to the ED. If the Executive Director (ED) as chief Action Officer was to effectively coordinate with his counterparts, he needed commensurate authority and status.

There appeared to be no problems in relationships between POPCOM central and regional offices. However, the external linkage with regional offices of the national government presented some irritants. The Fabella report noted the difficulty of POPCOM regional offices in relating with counterparts which were funded, manned, and directed from their respective central offices. The UPCPA Management Study observed the relatively lower status of Non–CESO Regional Officers–in–Charge (later the Population Program Regional Coordinator) *vis–a–vis* their CESO counterparts.

The increasing involvement of local governments is yet another issue. POPCOM's efforts to widely disseminate population consciousness to the rural areas are highlighted in a series of these projects: Total Integrated Development Approach (TIDA) in 1975, the Outreach Project in 1976, and Project Compassion (PROCOM), also pilot–tested in 1976. TIDA created a local government structure by creating Provincial/City Population Officers under the office of the local executive, down to the District (DPO's), Municipal (MPO's) and barangay levels (BSPO's). Outreach used about the same structure as TIDA except that MPO's were transformed into Full–Time Outreach Workers (FTOW's). TIDA was tested in seven provinces while Outreach was implemented nationwide. PROCOM, which integrated family planning with nutrition, food production and environmental sanitation, was tried out in six provinces, five cities and four municipalities. In these areas, PROCOM was later designated as the implementing arm for Outreach. The result was confusion as some local units preferred to follow the TIDA or PROCOM concept.

2. Program Funding

As the cost of funding the population program increases over the years, foreign assistance is on the downtrend while the Government contribution is inversely rising. The Fabella report notes that in the first three years of the program, foreign funding accounted for 60 percent. This was reduced to 50 percent in the next four years (1974–77) and in the next five years (1978–82), foreign funding was expected to decline to 25 percent of total funding requirements.

The growing assumption of the GOP for program funding has led into cost–sharing between the national and local governments. This is a welcome move, since it is consistent with the concern for local autonomy and self–reliance inasmuch as presumably, local governments are the first to benefit from any significant decline in population size. However, there are a few constraints in

encouraging local government participation. One is the system of alloting the local share from revenues which is based on population size; meaning, a decline in population may mean a declline in the local income allotments. A more real concern is the capability of local governments to absorb the cost of the program even on a gradual basis.

Two UPCPA studies attest to this problem. The POPCOM Management Study in 1980 showed that in CY 1979, local government commitment to the Outreach program amounted to ₱2,729,173. By October of the same year, only ₱1,123,931 (41%) was actually released. A glaring example is San Carlos City which, in 1978, could contribute only ₱6,137 (23%) of its contractual obligation of ₱26,173. The evaluation of PP III by UPCPA showed that while the performance of local units in meeting their program obligations increased remarkably, still, only about 80 percent of annual commitments were actually released in 1986. The local units' capability is an important factor in program success since it has a direct impact on service delivery. In 1982, a first class city failed to meet its obligation resulting in the resignation of three outreach personnel. The gap between local units' promise and performance has been attributed to either lack of funding, the competition from more pressing or higher priority activities, or the local executives' lack of appreciation of the program. Meanwhile, the rising cost of the program has led POPCOM to seek other ways of cost-sharing, e.g., passing it on to the clients themselves through the Cost Recovery System (CRS). Under CRS, clients are expected to pay minimal amounts for contraceptive commodities. The USAID PP III evaluation has expressed reservations about CRS as it might further effect the contraceptive prevalence rates.

3. Coordinative Mechanisms for Local Government, NGO and Beneficiaries' Participation

The TIDA and Outreach strategies created a structure extending through the regional and local areas to integrate the activities of various government agencies like DOH and DSWD, NGO's like IMCH, FPOP, and local groups like the provincial development staff and Kabataang Barangay. The main mechanisms have been through "Committees" whether regional (the Regional Development Council Population Committee), provincial, municipal, or barangay levels. It has been observed, however, that in some localities, no such committees exist. If they do, some of them have ceased functioning for lack of funds or conflict in schedule of member/representatives of sectoral organizations.

The USAID PP III Evaluation took note of developments in the community where well-organized and highly funded organizations are opposed to the program. A host of women's groups and cause-oriented organizations have also increasingly become viable and active in community activities. The Catholic Church continues to be highly concerned against artificial contraceptive methods. How may POPCOM generate greater program acceptance and increase the participation of local groups and organizations?

The UPCPA study of religious beliefs, fertility control policies, and family planning behavior suggests that religious groups (Catholic or Muslim) may be involved in population policy formulation "to capture their sensibilities and neutralize the biases of the religious doctrines."

By what means or through which fora or mechanisms may the public at large and target beneficiaries participate in the policy formulation process? How can their support to program implementation be enlisted?

At the very highest levels, social scientists can study the impact of social and economic development policies upon demographic trends. Its results can then be made available to policy–makers. At an even higher level, the UNFPA assessment suggests the institutionalization of social science research, through the formation of a professional association of population researchers/ analysts, as a "neutral forum for the discussion and debate of population issues."

V. PROGRAM ACCOMPLISHMENTS *VIS–A–VIS* ISSUES, PROBLEMS AND GAPS

The fertility–control orientation of the population program seeks to influence the rate of population growth. For instance, the population growth rate was targeted to drop from 3.5 per cent in 1970 to 3.2 per cent in 1974, in the 1971–74 Four Year Development Plan. The 1972–75 Plan targeted a further decrease from 3.1 per cent in 1970 to 2.7 per cent in 1975. Then, the 1978–82 Plan aimed to reduce the population growth rate from 2.5 per cent in 1979 to 2.3 per cent in 1982.

The 1986 USAID PP III Evaluation reported that progress in the population control effort has been slow, that the crude rate of natural increase is 2.8 per cent, that the prevalence of program methods is no higher than 30 per cent of all Married Couples of Reproductive Age (MCRA), and that the mean desired family size is still four. In effect, the program is achieving only about half of its targeted number of new acceptors and its targeted increase in prevalence rate. This is corroborated by the UPCPA study which reported that only a little more than half of the targeted number of 7,028,000 MCRAs has been covered by Outreach workers. The USAID study avers that perhaps this is what it should be, *i.e.*, the targets may have been unrealistic. In any case, current levels of achievement may be adversely affected by vital management issues such as:

a) local government's inability to absorb the full Outreach project cost, resulting in delayed payments of salaries and incentives and project personnel turnover;
b) POPCOM's limited authority to exact project implementation;
c) the lack of training and low incentives for BSPO's, causing low morale among their ranks;
d) the inadequacy of method–specific IEC materials; and
e) delays in sterilization subsidy reimbursements and payment of claims for complications assistance to deserving clients.

VI. RECOMMENDATIONS AND PRESCRIPTIONS OF PAST ASSESSMENTS

Past assessments conducted separately by different institutions and groups remarkably reach consensus in pointing out the issues, problems and gaps in population policy formulation and program implementation. Some of their major findings and corresponding recommendations are summarized below:

Findings	Recommendations
5.1 *Structure/Functions*	
a) POPCOM is unable to influence population policies at "higher" levels	Designate the POPCOM Chairman as member of the NEDA Social Development Committee
b) "Perfect attendance" of cabinet level Board Members is rare and difficult to achieve	Designate permanent alternates, preferablly undersecretaries who can provide continuity and commit their departments to Board decisions
c) There is need to distinguish POPCOM's coordinating and implementing functions	POPCOM should limit itself to coordination to avoid competing with participating agencies
d) POPCOM appears to be "unaccountable" to any higher authority	POPCOM should report to NEDA or some other appropriate authority
e) There is need to delineate POPCOM Board–Executive Director functions to facilitate decisions and actions.	Delineate their respective functions and identify which can be delegated to the Executive Director
f) Regional officers find difficulty in coordinating with counterparts partly due to lower status and pay	Elevate POPCOM regional officers to CESO rank and commensurate pay
g) There is confusion among TIDA, PROCOM and Outreach structures	POPCOM should firmly communicate that the Outreach structure should prevail
5.2 *Program Funding*	
a) As GOP assumes program cost increasingly, cost–sharing with local governments is below expected levels; local executives do not appreciate the program	Intensify campaign to orient/train local executives

b) POPCOM passes on part of the cost to clients through its Cost Recovery Systems (CRS)	CRS deserves another hard look.
5.3 *Coordinative Mechanisms*	
a) Population committees at the local levels are hardly functioning for lack of funds	Allocate funds and activate such committees
b) Highly organized and funded groups are opposing the program	Greater involvement, particularly of religious groups, in policy formulation
	Organize a professional association of population researchers as forum for debate.
5.4 *Program Accomplishments*	
a) The program accomplishes but half its targets; constraints include:	Consider structural/functional changes, or transfer responsibility to another Ministry
– local governments' funding difficulties	
– POPCOM's limited authority to exact compliance	
– Lack of training, low incentives, low morale of BSPO's	Improve training of Outreach workers and increase incentives
– inadequacy of IEC materials	IEC should emphasize method–specific materials
– delays in subsidy reimbursements/payments of claims	Increase support systems for sterilization and tubal ligation, and upgrade support clinics services.

VII. AREAS OF FURTHER STUDY

The aforecited studies and assessments, whether commissioned by or submitted to NEDA–PIDS, UNFPA or USAID, invariably addressed or had implications for policy formulation and program administration. As such, certain relevant portions if not all of the findings, conclusions and recommendations, were intended for policy-makers and administrators, POPCOM in particular.

The extent to which the recommendations were accepted and adopted is one area for further study. The first set of questions then might be stated thus:

(1) Which recommendations were carried out and which were not? If not, what are the reasons? If the recommendations were followed, what are the outcomes? Did they in fact contribute to policy formulation and implementation?

The organizational structure and functions of key institutions in population policy formulation such as POPCOM vis-a-vis the Office of the President, the Legislature, the Cabinet and Local governments is an important area of inquiry:

Complementing the above is an attempt to propose an optional model of policy formulation that facilitates the involvement and participation of concerned groups, particularly the program clients and beneficiaries.

Perhaps a second set of questions should dwell upon alternative administrative measures intended to improve upon population program management.

(2) Which alternative administrative measures would best contribute to program effectiveness in terms of: structural/functional changes; program funding; personnel policies, practices and procedures; and support systems such as logistics, supply management; and incentives to workers and clients?

Assuming that many of the recommendations remain unacted upon, each of these may be subjected to further analysis as to their urgency, feasibility and desirability.

Among new areas of concern not covered above is the lead provided by the USAID PP III Evaluation to redirect POPCOM efforts toward *demand* generation rather than *supply* which appears to be the current thrust of Outreach. One implication might be to increase the economy and efficiency in utilizing money, man and materials:

(3) Can the program maintain or even improve upon the current prevalence rate without increasing the funds, the men, and logistics?

Corollarily, a lead established by an ESCAP–UPCPA study in 1975 points to NGO's like FPOP as performing at significantly higher levels than their government counterparts.

(4) How can NGO's assume a bigger role in the population program?

These questions may be addressed to academic and research institutions for further specification.

MONITORING POPULATION, HEALTH AND NUTRITION ACTIVITIES IN LEYTE[1]

Antonio A. Abilar and Rolando O. Borrinaga

I. INTRODUCTION

The main objective of the study was to monitor population, health and nutrition (PHN) activities in selected communities of the province of Leyte. This study was one of the four field studies undertaken with a similar objective (the other studies were conducted in Iloilo, Cebu, Benguet and La Union). The results of these other studies are reported in this volume.

The study in Leyte was a collaborative effort between the UP College Tacloban (UPCT), the Region VIII unit of the University of the Philippines in the Visayas (UPV), located in the city of Tacloban, and the Institute of Health Sciences (IHS), the remote unit of the University of the Philippines, Manila (UPM), located in Palo, Leyte.

The study design called for a survey of 600 households located in three purposively selected municipalities. Moreover, the sample households from each municipality were to come from one barangay closer to the poblacion and another barangay farther from the poblacion (i.e., at about 100 households per barangay). A minimum of six (6) study barangays were required of each region. In each study barangay, the sample survey household was to be one with a currently married woman of reproductive age with spouse present and with children age 0-6 years. The survey respondent was to be the wife of the household head.

The opinions of key informants on population, health and nutrition (PHN) activities were also required of the study. The key informants included the following: Barangay Captain, Full-Time Outreach Worker (FTOW), Barangay Supply Point Officer (BSPO), Barangay Nutrition Scholar (BNS), Barangay Health Station (BHS) Midwife, and Rural Health Unit (RHU) Nurse. The key informants were inquired about: (1) what they are doing; (2) what problems they face; (3) what needs to be done to support their work; and (4) what training they had undergone during the past two years. About 10 key informants per municipality were planned for inclusion in the study.

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[1]This is an abridged version of the final report submitted to the University of the Philippines-Center for Integrative and Development Studies (UP-CIDS). The full report is available at UP-CIDS upon request. Ed.

II. SAMPLE CHARACTERISTICS

1. Communities

Three municipalities and eight barangays of Leyte were included in the study. The municipalities in the study were Palo, Alang-Alang, and Naval.

Palo. Palo is a suburban town located 11 kilometers south of the city of Tacloban, the capital of Leyte and regional center for Region VIII (Leyte and Samar provinces). Three barangays of Palo were included in the study: Guindapunan, Castilla and Teraza.

Barangay Guindapunan is located along the national highway, one kilometer north of the poblacion (on the way to Tacloban). It is mainly a residential barangay and its income-earners are engaged in diverse economic activities, although the barangay have some rice lands and is planted to coconuts. The barangay is geographically separated from the poblacion by a river, and is connected to the town through a concrete bridge (part of the national highway) that span the river. It is physically accessible to poblacion-based economic and social services. It is under the coverage of the Barangay Health Station (BHS) at Barangay Baras, although it is also accessible to the town-based Main Health Center, the Rural Health Unit (RHU) of the Department of Health (DOH). Both facilities are each a kilometer away from the barangay.

Barangay Castilla is the last barangay of Palo on the boundary with the town of Pastrana. It is located 9 kilometers west of the poblacion. Barangay Teraza is adjacent to Barangay Castilla, one kilometer nearer the poblacion. Both barangays are largely rice-and-coconut farming areas and are accessible through a feeder road and the network of secondary access roads built by the National Irrigation Administration (NIA). The mode of transportation to and from both villages is by single motorcycles, although four-wheeled vehicles can have access to them. The Barangay Health Station (BHS) that covers both barangays is located in Barangay San Isidro, 5 kilometers from the poblacion and 4 kilometers from the two barangays.

Alang-Alang. Alang-alang is an interior town of Leyte, located 30 kilometers via the national highway west of Tacloban. Three barangays of Alang-Alang were included in the study: Binongtuan, Astorga and Cambulao.

Barangay Binongtuan, a rice-and-coconut farming village, is located along the national highway about 2 kilometers northwest of the poblacion. The barangay is bounded by a river, across the bridge over which is located the junction to the provincial highway that leads to two other northern towns. The barangay is the location of a government agro-industrial school (high school and two-year technical courses). It is physically accessible to poblacion-based economic and social services, and is under the coverage of the town-based Main Health Center, the RHU.

Barangay Astorga is located 10 kilometers south of the poblacion and 7 kilometers away from the national highway. It is a rice-and-coconut farming village and is accessible through a feeder road. The mode of transportation from the highway to the village is by single motorcycles, although four-wheeled vehicles can reach the village. The Barangay Health Station (BHS) is located in this barangay.

Barangay Cambulao is very much similar to Barangay Astorga, and is under the coverage of the Astorga BHS. It is adjacent to Barangay Astorga and is located 2 kilometers nearer the national highway.

Naval is the capital town of the Sub-province of Biliran, Leyte, and is located 120 kilometers northwest of Tacloban. Two barangays of Naval were included in the study: Atipolo and Capinahan. Barangay Atipolo is located along the sea coast, about 1 1/2 kilometers north of the poblacion. It is mainly a fishing-and-rice-farming village. It is physically accessible to poblacion-based economic and social services. It is part of the coverage of a Barangay Health Station (BHS) located 1 1/2 kilometers north in another coastal barangay. Motorized and pedal tricycles ply the route between the barangay and the poblacion.

Barangay Capinahan is located 10 kilometers up in the mountain east of Naval. It is mainly a rice-farming village, characterized by its rice terraces, although it is also near the public forest, where some male residents earn their livelihood as lumber-cutters. Several jeepneys ply the route along the provincial road that passes along the edge of Capinahan's barangay proper. The Barangay Health Station (BHS) is located in this barangay.

2. Households

Education of Household Heads and Spouses. The sample data show what 32.9 percent of households heads had some high school education or more compared to 38.7 percent among spouses. Educational attainment is highest on the average in Palo where 40.0 percent of household heads and 52.0 percent of spouses had some high school education or more, and lowest in Naval where only 24.0 percent of household heads and 26.5 percent of spouses had some high school education or more.

Occupation of Household Heads. The sample data show that 61.7 percent of household heads were engaged in farm related occupations: 23.6 percent were tenant-farmers, 22.9 percent were farmer-owners, and 15.2 percent were farm workers. The rest of the household heads were engaged in a diverse set of occupations, which included clerical services, sales and trade, transportation and manual work.

III. HOUSEHOLD SURVEY RESULTS

1. Fertility and Family Planning

The mean number of children ever born (CEB) to all married couples of reproductive ages (MCRAs) was 3.99 children per couple, of which 3.64 children are still surviving (See Table 1). Fertility as measured by CEB is highest in Palo (4.37 children) and lowest in Naval (3.76 children).

TABLE 1

Mean Children Ever Born (CEB) and Children Surviving (CS) by Municipality

Municipality	CEB		CS		CS/CEB
	No.	Mean	No.	Mean	
Palo (N = 200)	874	4.37	795	3.96	0.91
Alang-alang (N = 200)	768	3.84	701	3.5	0.91
Naval (N = 200)	753	3.76	686	3.43	0.91
Total (N = 600)	2395	3.99	2182	3.64	0.91

A large proportion of MCRAs (71.3 percent) said they planned not to have anymore children (Table 2). The proportion is highest in Palo (81.5 percent) and lowest in Naval (63.0 percent). Such fertility preferences, however, do not seem to be matched by contraceptive behavior as only 40.9 percent were actually practicing family planning during the survey (Table 3). Moreover, among contraceptors, the main methods used were the less effective methods such as rhythm and withdrawal. These two methods accounted for 73.4 percent of all methods used.

The main sources of information about family planning methods varied by method. In general, information about modern methods were obtained mainly from the Rural Health Unit, while information about traditional methods were obtained mainly from friends, relatives and others (Table 4). It may be noted that the Barangay Service Point Officer (BSP) was hardly mentioned as a source of information about FP methods.

TABLE 2

Number and Percent of Married Couples of Reproductive Age (MCRA) Planning to Have No More Children by Municipality

Pregnancy Status	Palo n=200	Alang-alang n=200	Naval n=200	Total n=600
Currently Pregnant	30 (15.0)	27 (13.5)	15 (7.5)	72 (12.0)
Not Pregnant	133 (66.5)	112 (56.0)	111 (55.5)	356 (59.3)
Total	163 (81.5)	139 (69.5)	126 (63.0)	428 71.3

Percent in parenthesis

TABLE 3

Number and Percent of MCRA Using Family Planning by Municipality

FP Methods	Palo n=185	Alang-alang n=195	Naval n=200	Total n=580
Pills	8 (4.3)	6 (3.1)	11 (5.5)	25 (4.3)
IUD	1 (0.5)	1 (0.5)	-	2 (0.3)
Ligation	13 (7.0)	11 (5.6)	9 (4.5)	33 (5.7)
Vasectomy	-	-	3 (1.5)	3 (0.5)
Condom	2 (1.1)	-	-	2 (0.3)
Rhythm	37 (20.0)	30 (15.4)	32 (16.0)	99 (17.1)
Abstinence	7 (3.8)	7 (3.6)	1 (0.5)	15 (2.6)
Withdrawal	30 (16.2)	37 (19.0)	8 (4.0)	75 (12.9)
Others	-	-	12 (6.0)	12 (2.1)
Total Users	82 (44.3)	80 (41.0)	75 (37.5)	237 (40.9)

Percent in parenthesis

TABLE 4

Number of Current Users by Where they First Learned of Specific Family Planning Method (n = 237)

FP Methods	BSPO	BHS	RHU	Hospital	Others	Total
Pills	-	7	18	-	-	25
IUD	-	-	1	1	-	2
Ligation	2	3	24	3	1	33
Vasectomy	2	-	1	-	-	3
Condom	-	1	-	-	1	2
Rhythm	9	15	32	3	40	99
Abstinence	-	-	1	-	14	15
Withdrawal	-	6	9	2	58	75
Others	-	-	-	-	12	12

Note: BSPO = Barangay Service Point officer.
BHS = Barangay Health Station.
RHU = Rural Health Unit
Others = friends, relatives, neighbors, school, self, Barangay captain, co-teacher, radio announcer, quack doctor.

TABLE 5

Number of Current Users of Pills, IUD, Ligation, Vasectomy, Condom by Source of Supply or Service

FP Methods	BSPO	BHS	RHU	Hospital	Others	Total
Pills	4	3	16	2	-	25
IUD	-	-	1	1	-	2
Ligation	-	-	7	26	-	33
Vasectomy	-	-	2	1	-	3
Condom	2	-	-	-	-	2

With respect to the source of supply or service among users of modern methods (*i.e.*, pills, IUD, ligation, vasectomy and condom), the major source for pills was the Rural Health Unit, while ligation was commonly performed in hospitals, although both ligation and vasectomy were also performed in Rural Health Units (Table 5). It may be noted that the BSPO's role is limited to the resupply of condoms.

TABLE 6

Number and Percent of Non-Users by Reason for Non-use; by Municipality

Reasons	Palo	Alang-alang	Naval	Total
Want as many children as possible	8	14	3	25
	(7.8)	(12.2)	(2.4)	(7.3)
Religious reasons		2	13	15
	-	(1.7)	(10.4)	(4.4)
Afraid of side effects	28	47	54	129
	(27.2)	(40.9)	(43.2)	(37.6)
FP too difficult to learn	4	2	5	11
	(3.9)	(1.7)	(4.0)	(3.2)
FP too expensive/cannot afford	5	3	-	8
	(4.8)	(2.6)	-	(2.3)
FP supplies/services not available in barangay	11	12	2	25
	(10.7)	(10.4)	(1.6)	(7.3)
Not too well informed about FP methods	22	24	12	58
	(21.4)	(20.9)	(9.6)	(16.9)
Others	25	11	36	72
	(24.3)	(9.6)	(28.8)	(21.0)
Total Non-Users	103	115	125	343

Percent in parenthesis

Among non-users of family planning methods, the single most common reason given for non-user was the fear of side effects. About 38 percent on non-users mentioned this reason for non-use. Another major reason is the lack of information about family planning methods: 17 percent of non-users mentioned this as the reason for non-use (Table 6).

2. Maternal and Child Health Services

Table 7 shows that of the total births during the two years preceding the survey, 87 percent were to mothers who received pre-natal care, and 69 percent were to mothers who received post-natal care. A large proportion of births (82.8 percent) were delivered at home, mainly by *hilots*. About 88 percent of infants were breastfed.

TABLE 7

Pre-Natal and Post-Natal Care, Place of Delivery and Breastfeeding Status of Infants by Municipality (with reference to births during the two years preceding the survey)

	Palo	Alang-alang	Naval	Total
Number of births (past two years)	174	151	159	484
Percent with pre-natal care	94.4	86.1	80.5	87.4
Percent with post-natal care	75.9	68.2	61.6	68.8
Place where child was delivered				
Home	82.2	74.8	91.2	82.8
Private hospital/clinic	5.7	6.0	0.0	3.9
Public hospital/clinic	12.1	16.6	8.8	12.4
Hilot's home	0.0	2.6	0.0	0.8
Percent of infants breastfed	88.5	86.7	89.9	88.4

Immunization against the six major infectious diseases of childhood (diptheria, pertussis, tetanus, measles, poliomyelitis, and tuberculosis) is considered a critical disease prevention measure, and is one of the elements of primary health care (PHC). Table 8a shows that of the 181 children age 15-24 months, only 55 percent had complete immunization, 17 percent had incomplete immunization and 28 percent did not receive any vaccine. By "complete immunization" we mean that the eligible children had been administered the complete doses for BCG, measles, DPT1, DPT2, DPT3, OPV1, OPV2, and OPV3. By "incomplete immunization" we mean that the eligible children had missed one or several, but not all, of the above immunization doses. "None" refers to those eligible children who had not been immunized at all. The percentage of eligible children without any vaccination is highest in Palo (35.7 percent) and lowest in Naval (27.6 percent). Tables 8b-8c show data on the type of vaccines received by eligible children.

TABLE 8a

Complete, Incomplete and No Immunization by Municipality (For Children ages 15-24 months)

Immunization	Palo	Alang-alang	Naval	Total
Complete	34 (48.6)	28 (59.6)	38 (59.4)	100 (55.2)
Incomplete	11 (15.7)	6 (12.8)	14 (21.9)	31 (17.1)
None	25 (35.7)	13 (27.7)	12 (18.7)	50 (27.6)
Total Children	70	47	64	181

Percent in parenthesis

TABLE 8b

Type of Vaccine Received Among Children Who Were Vaccinated by Municipality (For children age 15-24 months)

Vaccine	Palo	Alang-alang	Naval	Total
Measles	35 (77.8)	28 (82.3)	40 (76.9)	103 (78.6)
DPT1	42 (93.3)	34 (100.0)	47 (90.4)	123 (93.9)
DPT2	40 (88.9)	32 (94.1)	47 (90.4)	119 (90.8)
DPT3	38 (84.4)	31 (92.2)	43 (82.7)	112 (85.5)
Polio1	41 (91.1)	33 (97.1)	46 (88.5)	120 (91.6)
Polio2	40 (88.3)	32 (94.1)	46 (88.5)	118 (90.1)
Polio3	38 (84.4)	31 (91.2)	43 (82.7)	112 (85.5)
Total Children Immunized	45	34	52	131

Percent in parenthesis

TABLE 8c

BCG Immunization by Municipality
(For Children age 3-24 months)

Vaccine	Palo	Alang-alang	Naval	Total
BCG	109	94	106	309
	(82.6)	(78.3)	(83.5)	(81.5)
Total Children	132	120	127	379

Percent in parenthesis

TABLE 9

Number and Percent of Mothers Regularly Weighing Children (0-6 years to Determine Growth by Municipality

Municipality	No. (Percent)	Mean Number of Children Age 0-6 Years	Total Number of Mothers
Palo	127 (63.5)	2.26	200
Alang-alang	104 (52.0)	1.96	200
Naval	129 (64.5)	1.94	200
Total	360 (60.0)	2.05	600

Percent in parenthesis

Table 9 presents data on households availing of growth monitoring services (i.e., weighing the children regularly to determine their nutritional status and growth). The data show that of the total 600 households, 60 percent availed of growth monitoring services for their children.

3. Environmental Sanitation

The housing condition in the study areas indicates the economic status of the households and may affect their capacity to lead healthy lives. Table 10 presents data on the housing condition in the study municipalities as indicated by the type of housing materials. The data show that 57.8 percent of households live in houses made of light materials, i.e., thatch roof, bamboo/thatch wall, earth/bamboo floors), 39.0 percent live in houses made of mix materials, and only a few households (5.0 percent) live in houses made of strong materials. Households in Naval appear to have better housing conditions than their counterparts in both Palo and Alang-Alang..

TABLE 10

Number and Percent of Households by Type of Housing Materials, by Municipality

Condition	Palo	Alang-alang	Naval	Total
Light	140 (70.0)	140 (70.0)	67 (33.5)	347 (57.8)
Medium	51 (25.5)	51 (25.5)	120 (60.0)	222 (37.0)
Heavy	9 (4.5)	9 (4.5)	13 (6.5)	31 (5.2)
Total	200	200	200	600

Percent in parenthesis

Light = house made of light materials: thatch roof, bamboo/thatch wall, earth/bamboo floor.
Medium = house made of mixed materials.
Heavy = house made of strong materials, i.e. G.I. roofing, wood or cement walls, wood or cement floor.

TABLE 11

Number and Percent of Households by Main Source of Drinking Water by Municipality

Source	Palo	Alang-alang	Naval	Total
Piped water	148	1	77	226
	(74.0)	(0.5)	(38.5)	(37.7)
Artesian well (deep well)	2	7	11	20
	(1.0)	(3.5)	(5.5)	(3.3)
Pump (shallow well)	11	126	-	137
	(5.5)	(63.0)	-	(22.8)
Open well	39	35	6	80
	(19.5)	(17.5)	(3.0)	(13.3)
River, spring	-	30	93	123
	-	(15.0)	(46.5)	(20.5)
Rainwater	-	-	-	-
Others	-	1	13	14
	-	(0.5)	(6.5)	(2.3)
Total	200	200	200	600

Percent in parenthesis

Table 11 presents data on the main sources of drinking water. The main sources of drinking water vary by municipality. A large proportion of Palo residents (74 percent) obtained their drinking water from piped water. This is mainly due to the fact that the study barangays were along the path of the main distribution line of the public water system. In Alang-Alang, on the other hand, 63 percent of households obtained their drinking water from shallow wells. Practically no one had access to piped water. In Naval 38.5 percent had access to piped water but a larger proportion of households (46.5 percent) obtained their drinking water from rivers and springs.

TABLE 12

Number and Percent of Households by Type of Toilet Being Used by Municipality

Type	Palo	Alang-alang	Naval	Total
Water sealed	139	79	51	269
	(69.5)	(39.5)	(25.5)	(44.8)
Antipolo (closed pit)	5	5	11	21
	(2.5)	(2.5)	(5.5)	(3.5)
Open pit	4	1	1	6
	(2.0)	(0.5)	(0.5)	(1.0)
Others (no toilet)	52	115	137	304
	(26.0)	(57.5)	(68.5)	(50.7)
Total	200	200	200	600

Percent in parenthesis

Table 12 presents data on the type of toilet being used by the sample households. The data show that half of total households reported they have no toilets. These households were mainly from Alang-Alang and Naval. About 45 percent of all households have water sealed toilets. The percentages by municipality are 69.5 for Palo, 39.5 for Alang-Alang and 25.5 for Naval. The relatively high percentages of households with water-sealed toilets in Palo and Alang-Alang can be attributed to the intensive campaigns (through the years) for building this facility by the Schistosomiasis Control and Research Project (SCRP) in Palo, Leyte, which had distributed free toilet bowls and slabs to the households, as part of its effort to control and eradicate schistosomiasis as a disease. Naval is not endemic for schistosomiasis.

4. Coverage of Selected Population, Health and Nutrition (PHN) Activities

Table 13 summarizes the data on the coverage of selected population, health and nutrition (PHN) activities. In estimating coverage rates, we first identified the size of the target or eligible population. From this target population, we determine, on the basis of responses from the household survey, the actual numbers reached by all service providers and PHN program-related persons operating in the study areas. The appropriate percentage coverages were derived by comparing the actual numbers reached with the target population for every outlined PHN activity.

TABLE 13

Coverage of Selected Population, Health and Nutrition (PHN) Activities

Activity	Eligible population	Percent of eligible population visited or provided services by type of personnel							
		VHW/ BHW	FTOW/ BSPO	Traditional midwife	BHS/RHU midwife	Medical doctor	BNS	Others	Total coverage
Talk about family planning	600 households	2.5	6.7	0.0	8.3	0.0	0.0	7.2	24.7
Talk about prenatal care	484 births	34.1	0.0	5.4	7.0	2.3	0.0	5.6	54.3
Prenatal consultation	484 births	0.0	0.0	12.4	59.1	14.9	0.0	1.0	87.4
Delivery attendant	484 births	0.0	0.0	63.4	20.5	13.8	0.0	2.3	100.0
Talk about postnatal care	484 births	0.0	0.0	14.0	20.7	5.4	0.0	1.4	41.5
Postnatal consultation	484 births	0.0	0.0	39.9	17.8	9.9	0.0	1.2	68.8
Talk about breastfeeding	484 births	1.2	0.0	4.1	22.9	3.5	0.0	7.4	39.3
Talk about immunization	484 births	9.3	0.0	0.2	50.6	1.9	0.4	2.7	65.1
Diarrhea consultation	254 children age 0-2 years	1.2	0.0	0.8	15.4	49.6	0.0	5.5	72.4
Diarrhea consultation	298 children age 2-6 years	3.0	0.0	1.7	20.8	51.0	0.0	2.3	78.9
Respiratory illness consultation	324 children age 0-2 years	0.3	0.0	1.2	21.0	51.5	0.0	3.7	77.8
Respiratory illness consultation	336 children age 2-6 years	1.5	0.0	13.4	23.2	0.0	0.0	47.0	85.1
Talk about weighing of preschoolers	600 households	15.0	0.0	0.0	35.8	0.0	15.5	6.0	69.3

VHW = Volunteer Health Worker
BHW = Barangay Health Worker
FTOW= Full Time Outreach Worker
BSPO = Barangay Service Point Officer
BHS = Barangay Health Station
RHU = Rural Health Unit
BNS = Barangay Nutrition Scholar

Family Planning Visits. The data reveals a low coverage (24.7 percent) of motivation visits for family planning during the past year. The midwives of the DOH had coverage of 8.3 percent which is more than the combined coverage of the FTOWs and BSPOs.

Prenatal Care Visits and Consultations. The data show that more than half (54.3 percent) of births during the two years preceding the survey were to mothers who were visited by health personnel and others who talked about the need for prenatal check-up. The volunteer health workers (VHWs) had the best coverage (34.1 percent), followed by the BHS midwives (7.0 percent) and the traditional midwives/*hilots* (5.4 percent).

The data shows that 87.4 percent of all births were to mothers who had prenatal consultations. More than half of all consultations (59.1 percent) were with the Barangay Health Station (BHS) midwives. Another 14.9 percent of consultations were with medical doctors. Consultations with the traditional midwife accounted for 12.4 percent of all consultations.

Birth Delivery and Postnatal Care. The data show that the traditional midwives/*hilots* had attended at most deliveries (63.4 percent). They are followed by the BHS midwives who had handled 20.5 percent of the deliveries, and the medical doctors who had handled 13.8 percent of the deliveries.

Less than half (41.5 percent) of the eligible mothers after birth delivery had been visited by motivators for postnatal check-up. The BHS midwives had reached 20.7 percent of the eligible mothers, followed by the traditional midwives/*hilots* who had reached 14.0 percent of the eligible mothers. These two categories of health workers are most preferred as motivators for postnatal check-up. The medical doctors are also involved in motivation for postnatal check-up.

A great majority (68.8 percent) of births were to mothers who had postnatal consultations. The traditional midwives/hilots have the highest coverage with 39.9 percent, followed by the BHS midwives with 17.7 percent and the medical doctors with 9.9 percent.

Breastfeeding. The data shows that less than half (39.3 percent) of the eligible mothers had been visited by motivators for breastfeeding of infants. The BHS midwives had the best coverage with 22.9percent.

Immunization. The data shows that a majority (65.1 percent) of the eligible mothers had been visited by motivators for the immunization of their children. The BHS midwives were the principal motivators for the immunization of children with a coverage of 50.6 percent. A far second group of motivators for immunization are the volunteer health workers (VHWs) with 9.3 percent coverage.

Consultation about child's (age 0-2 years) diarrhea. The data shows that almost three-fourths (72.4 percent) of all children with diarrhea had the benefit of consultation about the illness. The medical doctors were the overwhelming choice as consultants for the illness with a high coverage of 49.6 percent. The BHS midwives were a far second choice with 15.4 percent coverage.

Consultation about child's (age 0-2 years) respiratory illness. The data shows that most (77.8 percent) of children with respiratory illness had the benefit of consultation regarding the illness. The medical doctors were the overwhelming choice as consultants for the children's illness with a high coverage of 51.0 percent. The BHS midwives were a far second choice with 20.8 percent coverage.

Growth monitoring of children (age 0-6 years). At majority (69.3 percent) of the survey households had been visited by motivators for growth monitoring of children age 0-6 years. The BHS midwives had the most coverage with 35.8 percent, followed by the volunteer health workers (VHWs) with 15.0 percent coverage. The Barangay Nutrition Scholars (BNSs), the community-recruited worker singularly tasked to perform the above function, had a coverage of 15.5 percent.

Summary. On the whole, it appears that the BHS midwives are the most ubiquitous workers as far as population, health and nutrition (PHN) activities are concerned. They are in the forefront in terms of conducting prenatal check-ups, and in motivating mothers to adopt family planning methods and practices, to submit for postnatal check-ups, to breastfeed their babies, to submit their children for immunizations, and to submit their children for growth monitoring purposes. These are mainly health promotion and protection activities.

The BHS midwives also serve as immediate buffer workers between the mothers' conflicting loyalties to other categories of health workers who have different priorities. They are the second group of health workers to undertake motivation visits for prenatal check-ups (after the VHWs); to attend at deliveries and to conduct postnatal check-ups (after the traditional midwives/*hilots*); to be consulted about child diarrheas, for both 0-2 and 2-6 age groups, and about children's respiratory illness, for both 0-2 and 2-6 age groups (after the medical doctors).

The traditional midwives/*hilots* are more keen and attuned to cultural realities, outperform the other categories of health workers in terms of delivery attendance and conducting postnatal consultations. These two activities are their traditional and principal functions as "health workers" in the rural areas.

The traditional midwives/*hilots* ranked second to the BHS midwives as far as motivation for postnatal check-ups is concerned. Together with the mothers of the delivering women, they ranked second to the BHS midwives in motivation work for breastfeeding. They ranked third in motivation work for prenatal check-ups (after the VHWs and the BHS midwives) and in conducting prenatal consultations (after the BHS midwives and the medical doctors), which facts should be alarming, considering that the traditional midwives/*hilots* are called to attend at most of the deliveries. The traditional midwives/*hilots* are also sought for (ranked third) in the case of respiratory illnesses of children age 2-6 years.

The medical doctors are principally sought for to attend to children with diarrheas and respiratory illnesses (both the 0-2 and 2-6 age groups), which rural people perceive to be serious illnesses. However, the doctors ranked only second to the BHS midwives as prenatal consultants; and ranked third as delivery attendants, as motivators for postnatal check-ups, and as postnatal consultants.

The volunteer health workers (VHWs) are the principal motivators for prenatal check-ups. They ranked second to the BHS midwives in motivation work for both immunizations and growth monitoring of children (age 0-6 years).

The program-specific health workers performed poorly in their assigned tasks during the period covered by the survey. The Barangay Nutrition Scholars (BNSs), with a low coverage of 15.5 percent in motivation work for growth monitoring purposes, did better than the FTOWs and BSPOs, who ought to perform motivation work for family planning, with a combined coverage of less than 10 percent.

5. PHN Activities in the Community and the Participation of Respondents

Family Planning Activities. Table 14 presents data on family planning activities, the participation of the respondents, and the sponsoring agencies of selected activitites. Palo registered the highest participation rate in the family planning activities with 16.5% (33 out of 200) followed by Alang-alang with 15% (30 out of 200) and by Naval with 13.5% (27 out of 200).

TABLE 14

Participation in Family Planning Activities by Municipality

Activity	Palo (n=33)		Alang-alang (n=30)		Naval (n=27)	
	Agency identified	Number Participating	Agency identified	Participation	Agency identified	Participation
1. Motivation	DOH (27) Popcom (11)	26	DOH (26) Popcom (4) DSWD (2) RCC (1)	16	DOH (4) DSWD (1)	4
2. Distribution of FP Supplies	DOH (11) Popcom (9)	2	DOH (12) Popcom (2)	5	DOH (26) Popcom (11)	13
3. Pre-marital Counselling	-	-	DOH (8)	3	-	-
4. Mother's class/ information dissemination	DOH (4) RCC (1)	5	DOH (7) Popcom (1)	6	DOH (6) DSSD (10) Popcom (1)	9
5. Clinical Services for vasectomy and ligation	DOH (1)	-	-	-	DOH (4)	1

Notes: Number in parenthesis are number of respondents identifying the agency as the sponsor of the activity.
RCC = Roman Catholic Church

The specific family planning activities mentioned by respondents in Palo were motivation activities, lectures on family planning methods, distribution of family planning supplies, and clinical services. Out of 33 respondents who participated in family planning activities, 26 participated in motivation activities, 5 in lectures, and 2 in distribution of family planning supplies. None of the respondents was involved in clinical services. In Alang-alang, 16 out of 30 participant-respondents affirmed to have participated in motivation activities, 6 in Mother's classes, 5 in the distribution of family planning supplies, and 3 in Pre-Marital counselling. In Naval, where 27 out of 200 respondents participated in family planning activities, 13 out of 27 respondents participated in the distribution of family planning supplies, 9 in Mother's classes, 4 in motivation activities, and 1 in ligation and vasectomy.

The agencies identified by respondents to be responsible for implementing or sponsoring family planning activities are the Department of Health (DOH), Population Commission (POPCOM), Department of Social Welfare and Development (DSWD), and the Roman Catholic Church. Taking into consideration the total sample population, the Department of Health registered a total of 142 respondents; followed by the Population Commission (POPCOM) with 40 respondents; the Department of Social Welfare and Development (DSWD) with 12 respondents; and the Roman Catholic church with 2 respondents.

Health-Related Activities. Table 15 presents data on health-related activities, the participation of the respondents, and the sponsoring agencies in the study areas of Leyte. Palo registered the highest participation with 57% (115 out of 200 respondents) in health-related activities. Alang-alang followed in the ranking with 52.5% (105 out of 200) and Naval registered last with 25% participation rate (50 out of 200).

The respondents in Palo and Alang-alang have almost the same ranking for the top three activities in terms of participation rate. These activities are immunization, construction of toilets, and consultation and treatment activities. The respondents in Naval, on the other hand participated mainly in immunization, health classes and information activities, and cleanliness.

The agency identified as primarily involved in health-related activities was the Department of Health (DOH). In fact, it is the only agency identified by the respondents in Alang- alang to be involved in health-related activities. In Palo, 4 respondents identified the Philippine Army for its consultation and treatment activities, while the majority of 143 respondents identified the DOH as the agency involved in health-related activities. In Naval, 45 respondents identified the Department of Health (DOH); 10 identified the Department of Social Welfare and Development (DSWD); 11 identified the Barangay Council; 2 identified the Roman Catholic church and 1 identified the Department of Education, Culture and Sports (DECS).

TABLE 15

Participation in Health Activities, by Municipality

Activity	Palo (n = 115)		Alang-alang (n = 105)		Naval (n = 50)	
	Agency identified	Number Participating	Agency identified	Number Participating	Agency identified	Number Participating
1. Immunization	DOH (44)	35	DOH (28)	24	DOH (20)	17
2. Construction of toilets/ Providing bowls	DOH (37)	26	DOH (40)	27	DOH (7)	4
3. Consultation and Treatment	DOH (26)	21	DOH (25)	16	DOH (2)	2
4. Control of stray Animals	DOH (24)	19	DOH (13)	13	-	-
5. Garbage & Sewage Disposal	DOH (4)	4	DOH (2)	2	-	-
6. Distribution of Medicines	DOH (4)	3	DOH (5)	4	DOH (3)	1
7. Stool examination	DOH (4)	1	DOH (8)	6	-	-
8. Mother's class/information dissemination	DOH (1)	1	DOH (6)	3	DSSD (7)	12
9. BHW Training	DOH (3)	3	-	-	-	-
10. Herbal Medicines	DOH (1)	1	-	-	DOH (1)	-
					DSSD (1)	2
					Brgy. Council (2)	
11. Well-Baby Clinic	DOH (2)	1	-	-	-	-
12. Operation Timbang	-	-	DOH (2)	2	-	-
13. Pre-Post Natal Care	-	-	DOH (7)	3	-	-
14. Cleanliness	-	-	-	-	DOH (8)	
					DSSD (2)	9
15. Providing Potable Water	-	-	-	-	DOH (3)	3
16. Give First Aid	-	-	DOH (5)	5	-	-

Notes: Number in parentheses are number of respondents identifying the agency as the sponsor of the activity.
RCC = Roman Catholic church

Nutrition Activities. Table 16 presents data on nutrition activities, the participation of the respondents and the sponsoring agencies only. The participation rate was high in the municipality of Palo with 74% (148 out of 200 respondents participated in nutrition activities). The participation rate in Alang-alang and in Naval was almost the same. Alang-alang had 42% (84 out of 200 respondents) while Naval had 40.5% (81 out of 200 respondents).

TABLE 16

Participation in Nutrition Activities, by Municipality

Activity	Palo (n=148)		Alang-alang (n=84)		Naval (n=81)	
	Agency identified	Number Participating	Agency identified	Number Participating	Agency identified	Number Participating
1. Feeding Assistance	DOH (76) RCC (64) DSWD (8)	109	DOH (45) DSWD (7) RCC (5)	40	DOH (42) RCC (31) DSWD (29)	62
2. Operation Timbang	DOH (33)	35	DOH (36) DSWD (3)	30	DOH (18) DSWD (1) RCC (1)	13
3. Mother's classes/information dissemination	DOH (2)	2	DOH (2) RCC (2) DSWD (1)	5	DSSD (3) RCC (6)	6
4. Immunization	DOH (1)	1	DOH (1)	1	-	-
5. Food Production	DOH (1)	1	DOH (2) DECS (2) DSWD (1)			
6. Herbal Medicines	-	-	DOH (1)	1		
7. Well-Baby Clinic	-	-	DOH (1)	1	-	-
8. Giving Medicines/Vitamins	-	-	DOH (1)	1	-	-

Notes: Number in parentheses are number of respondents identifying the agency as the sponsor of the activity.
RCC = Roman Catholic Church

The ranking in terms of percentages of the top two activities was the same in the three sample municipalities. Feeding assistance was ranked first in Naval with 62 out of 81 participant-respondents, in Palo with 109 out of 148 participant-respondents and in Alang-alang with 40 out of 84 participant-respondents signifying involvement in nutrition-related activities. Operation Timbang also ranked high among the activities participated in by respondents.

The agency implementing or sponsoring nutrition activities as identified by the respondents were the Department of Health (DOH), Department of Social Welfare and Development (DSWD) and the Roman Catholic Church, through the Catholic Relief Services (CRS). The respondents in Alang-alang and Naval perceived a similar ranking of involvement by the three agencies. The Department of Health was highly involved as identified by 90 out of 200 respondents in Alang-alang, and by 60 out of 200 respondents in Naval. The Department of Social Services followed in the degree of involvement as identified by 12 out of 200 respondents in Naval. The Roman Catholic Church, through the Catholic Relief Services (CRS), had the least involvement as identified by 5 out of 200 respondents in Alang-alang and by 32 out of 200 respondents in Naval.

In the municipality of Palo, the Department of Health (DOH) was identified by respondents with a high degree of involvement, followed by the Roman Catholic Church and the Department of Social Welfare and Development (DSWD). There were 114 out of 200 responses for the Department of Health (DOH), 64 out of 200 responses for the Roman Catholic Church, and 8 out of 200 responses for the Department of Social Welfare and Development (DSWD).

6. PHN Activities Desired by Respondents

Table 17 presents data on desired family planning activities, Table 18 on desired health activities, and Table 19 on desired nutrition activities in the study areas of Leyte. The frequency of responses on desired activities in family planning registered the lowest compared to that of the health and nutrition activities. Even if multiple responses were considered, the number of responses for family planning per municipality did not exceed 40% of the total number of respondents, except for Naval, where the number of responses reached 66%. The opinions on desired nutrition activities registered about 75% number of responses over total respondents per municipality. The highest number of responses is noted in activities related to health (and environmental sanitation). Except for the municipality of Palo, which registered only 138 responses from 200 sample respondents, the municipalities of Alang-alang and Naval exceeded 200 responses each. Naval registered 209 responses and Mangalang registered 212 responses. Multiple responses were also considered under health and nutrition activities.

TABLE 17

Number of Respondents Indicating Desired Activities in the Field of Family Planning, by Municipality

Desired Activities	Palo	Alang-alang	Naval
1. FP classes & information dissemination	40	55	106
2. Distribution of FP supplies	6	4	10
3. Construction of health center	4	2	1
4. Motivation activities	1	1	4
5. Permanent BSPO	3	3	1
6. FP office	1	2	-
7. Seminar for new married couple	-	-	4
8. Sports	-	-	2
9. Training of BSPO	-	1	1
10. Pre-natal counselling	-	1	-
11. Center-based doctor	-	-	1
12. Provide employment	-	-	1
13. Government support to FP	-	-	1
Total	55	69	132

TABLE 18

Number of Respondents Indicating Desired Activities in the Field of Health/Environmental Sanitation, by Municipality

Desired Activities	Palo	Alang-alang	Naval
1. Water-sealed toilet	39	82	42
2. Dispensing of medicine (Free)	14	26	72
3. Potable source of water	12	29	12
4. Cleanliness	19	14	28
5. Health personnel at least 1 mo. at clinic	9	19	29
6. Tie astray animals	13	7	-
7. Well-Baby clinic	3	12	-
8. Health education	-	-	12
9. Construct health station	6	3	5
10. Plant herbal medicine	5	3	1
11. Stool collection	3	1	-
12. Immunization	1	6	2
13. Mother's class	2	2	-
14. Campaign for immunization	2	-	-
15. Sewage/garbage disposal	2	-	-
16. Drainage	2	-	-
17. First Aid	-	2	-
18. Gardening	-	-	3
19. Supply of food	-	-	2
20. Fence house	1	1	-
21. Monthly check-up for children	1	-	-
22. Construct street lights	1	-	-
23. Prescription for those who can afford	1	-	-
24. Botica sa baryo	1	1	-
25. Pre-natal	-	1	-
26. Classes on Food Preservation	-	1	-
27. Income generating activities	-	1	-
28. Organize residents	-	1	-
29. Cement road to prevent dust	-	-	1
30. Removal of dirt from irrigation canal	1	-	-
Total	138	212	209

TABLE 19

Number of Respondents Indicating Desired Activities in the Field of Nutrition, by Municipality

Desired Activities	Palo	Alang-alang	Naval
1. Feeding	60	72	125
2. Gardening	27	41	32
3. Operation Timbang	22	25	2
4. Mother's class	20	4	-
5. Nutrition education class	3	10	8
6. Free medicines	5	5	4
7. Vitamins for malnourished	4	-	-
8. Hog/disperal/poultry	3	3	-
9. Loan for small business	-	1	4
10. Cooperation among residents	2	-	-
11. Feeding center (construction)	1	2	-
12. Class on food preparation	-	2	-
13. Non-formal education	1	-	-
14. Information dissemination	1	-	-
15. Regular consultation for malnourished	1	1	-
16. Doctor/health personnel stay in barangay	1	-	1
17. Herbal preparation	1	-	-
18. Resident midwife	1	-	-
19. Complete school	1	-	-
20. Roads	1	-	-
21. Irrigation	1	-	-
22. Cooperation of barangay council members	-	1	-
23. Encourage breastfeeding	-	-	1
24. Keep astray animals	-	-	1
25. Attend activities of health	-	1	-
Total	156	168	178

The low frequency of responses indicate that the respondents have low interest in family planning activities. Using the same criterion of frequency of responses, the interest is higher in nutrition activities, and highest in health and environmental sanitation activities.

Family Planning Activities. The desired activity that rated the highest number of responses is the holding of family planning classes and information dissemination activities. In Naval, 106 out of 132 responses desired the holding of family planning classes and information dissemination activities. 55 out of 69 responses in Alang-alang and 40 out of 55 responses in Palo desired similar activities.

The responses indicate the desire of respondents to know more about population and family planning activities. The lack of knowledge about the family planning program also explains the lack of interest in it. The desired activity that ranked next is the distribution of family planning supplies. Ten out of 132 responses in Naval signified the desirability of the distribution of FP supplies, as compared to 6 out of 55 responses in Palo and 4 out of 69 responses in Alang-alang. The number of responses is not substantial to infer a general observation, except that a few respondents feel that the distribution of supplies is not adequate.

Health and Environmental Sanitation Activities. Distribution of water-sealed toilet bowls is the desired activity that ranked highest in the municipalities of Alang-alang and Palo. In Alang-alang, 82 out of 212 responses showed the desirability of distributing water-sealed toilet bowls, and 39 out of 138 responses registered a similar desire in Palo. The same desired activity ranked second in the municipality of Naval, where the provision of free medicines ranked highest. Only 42 out of 209 responses for Naval desired distribution of water-sealed toilet bowls.

It must be noted that Palo and Alang-alang are schistosomiasis-infested areas, where distribution of water- sealed toilet bowls and slabs is a major health activity of the government, specifically of the Schistosomiasis Control and Research Project in Palo. The activity is intended to prevent the spread of schistosomiasis. This major health activity has influenced the desirability of the activity for those who do not have existing water-sealed toilets. The high desire for the distribution of free medicines in the municipality of Naval indicates that the respondents are health-conscious. This is borne out by the fact that health and environmental sanitation elicited the highest number of responses compared to the other activities. For Naval,

there were 209 responses on health and sanitation, 178 on nutrition and only 132 on family planning.

The need for potable (*i.e.*, piped) sources of water supply is second in rank of desirability in the municipality of Alang- alang. This response is ranked fifth both in Naval and in Palo. The low ranking may be explained by the fact that Naval and Palo have existing potable water systems. Alang-alang does not have a potable (piped) water system.

Nutrition Activities. The provision of free feeding is perceived to be the most desired activity in all the sample municipalities. In Naval, 125 responses out of the 178 total responses opted for the desirability of free feeding. Alang-alang registered 72 out of 168, while Palo registered 60 out of 156 responses.

The second ranking desired activity in all sample municipalities is gardening. There are 32 out of 178 responses in Naval, 41 out of 168 responses in Alang-alang and 60 out of 156 responses in Palo.

The finding indicates the need for food among the respondents. The first priority is "free", depending on external support, but the second priority is actual food production, namely, gardening. The difference in the number of responses, is significant. It reveals the tendency to be dependent on external support rather than the self-reliant schemes to provide the basic necessities.

V. COMMUNITY SURVEY RESULTS

1. Distribution of Respondents

A total of 21 respondents were interviewed as service providers for population, health and nutrition activities. There were seven respondents for each sample municipality. Of the 21 service providers six were DOH midwives, five were barangay captains, five were barangay service point officers (BSPO), three were public health nurses, one was on full-time outreach worker (FTOW) and one was a barangay nutrition scholar (BNS).

The service provider for population activities appears to be inadequate. Of the three study municipalities, only one municipality, namely Palo, had a full-time outreach worker (FTOW). The other municipalities did not have one. This inadequacy is best explained by the

financial difficulty experienced by local governments, which were now held responsible in pursuing family planning activities.

The service provider for health and nutrition can be considered adequate. Each study municipality had two midwives and one public health nurse serving the study households. The health and nutrition activities are still funded by the national government.

2. Service Providers for Population Activities

The population-related activities include motivation of acceptors, referrals, dispensing of pills and condoms. Of 21 respondents, only one service provider, the barangay captain of Atipolo, Naval, Leyte, denied involvement in any population- related activity. The BSPO of the same barangay mentioned preparation of spot map as one of her activities, which was not mentioned by the other service providers. In barangay Capinahan, Naval, Leyte, coordination between the Barangay Service Point Officer (BSPO) and the DOH midwife was indicated. Other service providers in other barangays did not show any form of coordination. The barangay captain of Castilla, Palo, Leyte, was the only one who answered that she conducted Mother's classes on family planning methods as well as made follow-up calls on acceptors who were ligated. The respondents in Alang-alang did not indicate an activity other than those commonly mentioned by the other respondents.

Problems. The common problem mentioned by respondents in all municipalities is resistance by acceptors because of side-effects from the use of family planning methods (i.e., pills). Volunteer workers like the BSPOs decry the fact that there is inadequate logistics support for their activities. Government workers like the DOH midwives and nurses do not perceive logistics as inadequate. In fact, as one nurse in Naval mentioned, transportation and supplies are provided. The adequacy of supplies is attested to by the barangay service point officer BSPO of Capinahan, Naval, who stated that the supply of pills is adequate. The other BSPOs, however, claim that the pills are already expiring or have expired.

Of interest is that practically all respondents in Palo, Leyte, attribute religious belief as a reason for the resistance to family planning use. It may be noted that the municipality is the center of the Roman Catholic hierarchy in the region.

The barangay captain who was not involved in family planning activities answered that he perceived no problems related to family planning. The midwife in Naval who is assigned to four

barangays complained of her difficulty in satisfying the needs of the clientele considering the extent of her coverage. In Alang-alang, the BSPO of Binongtuan signified that her problem is lack of time. In this regard it may be noted that she is also taking up a masteral course in Tacloban City.

Solutions. Of the seven respondents in Naval, one suggested research on a family planning method with the least side-effects. The others suggested training, education and information to overcome misconception about the side-effects of family planning methods.

The general recommendation of the respondents in Palo, Leyte, is also training, education and information. Only the barangay captain of Guindapunan suggested to link family planning with the employment program of the government. He further suggested that more recreation facilities will help the implementation of the population program.

In Alang-Alang, BSPO of Binongtuan suggested that supplies be made available immediately upon request, to avoid embarassment on her part. The barangay captain of Astorga, Alang-alang, did not indicate any solution since he perceived no population-related problems. The other respondents suggested training, education and information activities on family planning.

Training. Of the twenty one respondents, only two signified to have attended a training program on family planning in the past two years. The nurse in Naval indicated her attendance in a basic course on Family Planning last August 1988. The barangay captain of Capinahan, Naval mentioned that she attended a church- sponsored training last July 8, 1988. The training was on the papal encyclical, Humanae Vitae, which encouraged natural family planning methods.

3. Service Providers for Health Related Activities

The BSPO did not indicate involvement in health-related activities. The barangay captain in the two barangays of the municipality of Palo involved themselves in the construction of toilets. The barangay captain in Astorga, Alang-alang was involved in health-related activities. The number of health-related activities is high among nurses and midwives. Their activities include health education, dispensing of medicines, treatment, pre-and post-natal check-up, deworming and immunization.

Peculiar to the activities of nurses and midwives assigned in the municipality of Palo is collection of sputum and stools. The dominance of the latter activity is explained by the fact that the area is schistosomiasis-infested. This phenomenon also explains why the barangay captains in this municipality are involved in the construction of toilets.

Problems. In the municipality of Naval, the respondents were unanimous in saying that social access is the main problem. Medicines for deworming and vaccines for immunization are also not readily available. The public health nurse pointed out the fact that lack of access is explained by cultural barriers. She means that clients go to the health center only when the case is serious, or the clients simply do not avail of the health services because they prefer the traditional healers.

The common problem perceived by the respondents in Palo is resistance to immunization and the collection of stools and sputum. Mothers are against injectable vaccines because of the fever as side-effect. Collection of stools is also resisted because of indifference. People perceive that they have been submitting their stool for examination and no result is perceived to be forthcoming. The collection of sputum is also resisted because of the social stigma connected when one is discovered to have tuberculosis.

The barangay captain of Astorga, Alang-alang, perceived that the problem related to health activities is the non-cooperation of the residents. Distribution of medicines would have been equitable if people did not hoard the medicines. The shortage or the inequitable distribution of medicines to the residents in the barangay was influenced by political consideration, as explained by the barangay service point officer (BSPO) of Binongtuan, Alang-alang, Leyte. The other respondents simply identified the problem of lack of supply without venturing any explanation.

Solutions. The proposed solution by the respondents in Naval, Biliran is to provide the center with regular supply of medicines and vaccines. In Palo, where the perceived problem is mainly resistance to the services, the proposed solution is education, training and information. The public health nurse proposed to provide health workers with transportation facilities so that far-flung barangays may be reached by the service-providers. No solution was proposed regarding the inequitable distribution of medicines due to political influence. Instead, reorientation was proposed by the barangay service point officer (BSPO) of Binongtuan, Alang-alang, Leyte.

Training. Only the midwives and the nurses among the various service- providers underwent trainings in the past two years. The training for the nurses were program-specific like T.B., diarrhea, leprosy and other diseases. The training for midwives were on the Expanded Program on Immunization (EPI).

4. Service Providers for Nutrition Activities

The nurses and the midwives among the service providers were greatly involved in nutrition activities which included Operation Timbang, feeding and nutrition activities. The FTOWs and the BSPOs did not involve themselves except in Barangay Castilla, Palo, Leyte, where the BSPO was also the barangay nutrition scholar (BNS). The barangay captains were mainly involved in campaign for backyard gardening, except the barangay captain of Atipolo, Naval, who did not involve himself in any nutrition activity because he perceived no problems related to nutrition.

Problems. The service providers in Palo and Alang-alang did not seem to find inadequate supply of feeding materials (i.e., skim milk) as a problem. Instead, the complaint is about mothers who want to avail of the supplies for infant feeding, even if their children are not the target clientele. It must be noted that only second and third degree malnutrition are included for urgent feeding. The service providers in Naval indicated that supplies for infant feeding do not arrive regularly. Running out of supplies is a cause of embarassment to the service-providers. The barangay captains who engaged in the campaign for gardening complain that they do not have enough time to motivate other residents in their respective barangays.

Solutions. The service providers in Naval were unanimous in their recommendation to increase the supply for feeding. The barangay captain of Capinahan suggested that the supplies be coursed through the local officials. The responses in Palo and Alang-alang were varied. Five respondents, mostly government health workers, opted for health education and Mother's classes to provide more information to mothers.

A midwife in Palo, Leyte, suggested to stop the feeding assistance system which she felt was "dole-out" pure and simple. She proposes the campaign for food production by the government. The public health nurse of Palo suggested that more weighing scales be provided so that each center will have one.

Training. All the midwives claimed that they have undergone training in nutrition during the past two years. The public health nurse and a barangay nutrition scholar (BNS) in Palo, Leyte, also claimed that they have had training in feeding. The other respondents did not have any related training.

MONITORING POPULATION, HEALTH AND NUTRITION ACTIVITIES IN ILOILO[1]

Venancio B. Ardales

I. INTRODUCTION

The present investigation was conducted with the purpose of determining the current field presence and coverage of population, health and nutrition activities in selected communities in Iloilo province. This is a part of a larger monitoring study conducted in several provinces.

The communities studied included three municipalities in Iloilo province. In each municipality two barangays were purposively drawn as the study sites for the household and key informant survey. The three municipalities are (1) Buenavista, on the island of Guimaras in the southern part of Iloilo, (2) Guimbal, in the southwestern part of the province; and (3) Pototan, in the northeastern part of the province. The sample barangays are Salvacion and Navalas in the municipality of Buenavista; Bongol San Vicente and Camangahan in the municipality of Guimbal; and Igang and San Jose in the municipality of Pototan.

A total of 600 households, equally divided among the three municipalities, were included in the study. The households included in the final sample were those with a married woman of reproductive age, currently living with her husband, and with, at least, a child whose age is from 0 to 6 years.

II. SAMPLE CHARACTERISTICS

1. Communities

The province of Iloilo is one of the five provinces in Western Visayas. Politically, the province is divided into 46 municipalities comprising 1,905 barangays. Iloilo City is seat of the provincial government.

1.1 Buenavista

The municipality of Buenavista is located at the northern tip of Guimaras Island. This municipality, which is of the then subprovince of Guimaras, is politically divided into 41

[1]This is an abridge version of the final report submitted to the University of the Philippines-Center for Integrative and Development Studies (UP-CIDS). The full report is available at the UP-CIDS upon request. (Ed.)

barangays each of which has its own barangay council and with clearly defined boundaries. Buenavista has a terrain ranging from plain to strongly hilly. The central and the northeastern coastal area can be described as level to nearly level while the northwestern part facing the island of Panay, strongly hilly, and the rest, from slightly to strongly hilly.

The economy of Buenavista is largely agricultural in nature and the majority of the population is engaged in farming and related activities. Of the total agricultural lands, 6,482 hectares are being utilized for rice production. The rest of these lands are devoted to corn, coconuts, mangoes and other fruit trees, fishponds, forest and grazing. Since the town is located at the tip of Guimaras with a long stretch of shoreline, it has several fishing grounds. The major fishing areas are Guimaras and Iloilo Straits. Livestock and poultry raising are also becoming good sources of livelihood among the inhabitants of this town.

The municipal facilities include a municipal and a barangay markets, a lime factory, three hollow block factories, one drugstore, one rural bank, four eateries, 15 tailoring and dress shops, 50 rice mills, and 210 *sari-sari* stores. It has a municipal building, a municipal plaza equipped with children's playground, a basketball court and an auditorium. Its medical facilities include a rural health center, a maternity clinic and six barangay health centers. The town has 29 elementary schools, two secondary schools and one public vocational school. Its communication facilities include the telegraph service, two-way radio facilities, television, radios and newspapers. Serving the people are 28 passenger jeepneys, 64 motorcycles, and 35 motorized bancas which ferry the town people from Buenavista to Iloilo and back.

Barangay Salvacion. Barangay Salvacion is located along the road, west of the town and is one kilometer away from the poblacion. It is an inland barangay which is mostly plain. It has a total land area of 580 hectares of which 25 hectares are mountainous. Community data on population indicate that as of 1987 the barangay has a total population of 2,189 individuals and 364 households.

The major industry in the barangay is farming. Lime-making, livestock raising and coconut planting are the other principal sources of income. Some people in this barangay are engaged in small-scale businesses such as variety stores, auto repair shops, and the buy and sell of secondhand clothes.

The public facilities available in this barangay include a barangay hall, a multipurpose building, a health station, an auditorium, a children's playground, a basketball court, *sari-sari* stores, rice mills and Catholic and Protestant chapels. It has also an elementary school and a high school. Electricity is enjoyed by most residents of the village.

Barangay Navalas. Barangay Navalas is located northeast of Buenavista along the seashore, facing the Panay Island on the north and Negros on the southeast. Seven kilometers away from the poblacion, the barangay occupies a total land area of 258 hectares. It has relatively low hills and a large portion of plains. Barangay records show that as of 1987 there were 128 households in the village, with a total population of 716 persons.

The majority of people in this barangay are farmers primarily growing rice, corn and rootcrops. Fishing is their alternative source of income, particularly during off-farming season. Located in the village are a health center, a handful of *sari-sari* stores, a Catholic church and a convent, a complete elementary school, and a clean and beautiful beach resort. Being quite far from the poblacion, this barangay is without electricity. Two jeepneys facilitate the movement of commuters and their goods.

1.2 Guimbal

The municipality of Guimbal at the southern part of Iloilo City has a total land area of 3,928 hectares. Almost 75 percent of this total area is devoted to agriculture. Rice is the leading product of this town. Its other major crops are fruits and coconuts. Most of the people along the coastal barangays are engaged in fishing. A barangay informant revealed that about 160 fishermen are engaged in municipal fishing while only a handful are into deep sea fishing.

Providing additional jobs to some Guimbalanons are three hollow block factories, a cement pipe factory, and a coffin establishment. Three livestock and three poultry farms engaged in commercial production also offer employment opportunities although on casual basis.

Guimbal is only 45-minute ride from Iloilo, making it easy for its people to go downtown to buy their groceries and other needs. Nevertheless, there are 125 small commercial establishments scattered in the poblacion and nearby barangays. Most of these establishments are small variety stores and tailoring shops. During specific fruit seasons, fruit stalls could be found along the road to Igbaras.

The health needs of the people in the municipality are being served by a 50-bed hospital. In addition, the municipality has eight rural health units; one is located in the poblacion and the rest are in the barangays. Jeepneys and provincial buses ply the route to Iloilo City and to other towns of the province.

Bongol San Vicente. One of Guimbal's thickly populated barangays; Bongol San Vicente is located about 1.5 kilometers away from the poblacion. As of 1985, Bongol, as the barangay is popularly called, had 319 households and a total population of 1,850.

Since the barangay is along the coastal part of Guimbal, the main source of livelihood of the people is fishing. Aside from this, some of the villagers are into farming, *tuba* production (coconuts being abundant in the area), livestock raising and bangus fry gathering. Some people are engaged in small-scale buy-and-sell business.

Barangay Bongol has its own barangay hall, a health center, a village drugstore, and a family planning center. Its recreation facilities include a basketball court and a billiard table.

Barangay Camangahan. Camangahan, which is six kilometers away from the town proper, lies north of the poblacion. This inland barangay is partly plain and partly hilly. In 1985, it had a total population of 1,144 individuals and 201 households.

Farming is the primary livelihood of the residents. Livestock production contributes significantly to the people's income. Twenty percent of the village total population are employed and about four percent of the barangay households are into small business enterprises.

Camangahan has nine small variety stores, two rice mills, a blacksmith, a rural health station, and an elementary and a secondary schools. It also has a Catholic chapel. Public transport services include buses, jeepneys and tricycles. About 80 percent of the houses have electrical connections.

1.3 Pototan

The municipality of Pototan lies 34 kilometers north of Iloilo City and is accessible by jeepneys, buses and other modes of motorized land transport in an hour's ride at the most. Farming is the major economic activity of the place with rice as the major crop. The town has earned the distinction of being a top rice producing town of the province and has produced two outstanding rice farmers. Livestock production, particularly carabaos and hogs, as well as poultry raising are the other livelihood activities of the town people.

The town's facilities include a municipal building, a public market, 13 rice mills, three gymnasiums, a movie house, a reading center, and a rural health unit. The town is served by the National Power Corporation based in the municipality of Dingle which is also the source of its water supply. The modes of transportation available to the residents of the town are motorcycles, tricycles, buses and jeepneys. The town also boasts of 123 telephone connections and a telegraph company.

The educational needs of the town are served by 14 complete elementary schools and five secondary schools, two of which, are privately owned. Health needs of the town people are met by the Western Visayas Regional Hospital located in the municipality. This health facility with a 126-bed capacity has a mental unit.

Barangay Igang. Approximately 7.5 kilometers south of the poblacion, is barangay Igang. Its records show that as of 1985, there was a total of 353 households and a total population of 2,364.

Farming is the major activity of the people. Earnings from farming are supplemented by raising chicken, ducks, goats and hogs. Some villagers augment their incomes by engaging in small-scale trading business.

Igang has one public elementary school and a barangay hall which doubles as a health center. The barangay also has a water pump located near the irrigation dam which serves as the only source of drinking water for all the residents. Few houses in the barangay have electrical connections. The only means of transportation in going to and from the barangay are tricycles, which are not available when the weather is bad due to the muddy condition of the road.

Barangay San Jose. San Jose is less than a kilometer away north of the poblacion. Its alluvial plains cause the road to be muddy during the rainy season and dusty during the dry season. Community records show that as of 1985, San Jose had 303 households and a total population of 1,867.

The main economic activities of the people in this barangay are farm-related. Most village folks are into poultry raising and hogs fattening. Others are engaged in slipper-making, production of native delicacies, and vending fruits, vegetables and rootcrops. Some people in the barangay, particularly the women, are employed as teachers, office clerks, salesgirls and household helps.

Unlike many barangays in Pototan, San Jose has few facilities for its residents. What it has is just a basketball court and a small *sari-sari* store. This condition can be attributed to the nearness of the barangay to the poblacion where its residents usually go for their recreation, daily needs, health problems, and where their children go for their elementary and secondary schooling. Almost all houses in the barangay have electrical connections.

2. The Sample Households

Statistics on the educational attainment of the household heads and their spouses are presented in Table 1. As shown in this table, 53 percent of household heads had, at least, some high school education. The percentage for spouses is 54 percent. The pattern is similar across the three sample municipalities.

About 37 percent of household heads are engaged in farming, mainly as farm workers, while another 18 percent are engaged in sales and trade (see Table 2).

TABLE 1

Distribution of Household Heads and Their Spouses According to Highest Educational Attainment, by Municipality

Education	Guimbal		Pototan		Buenavista		Total	
	No.	%	No.	%	No.	%	No.	%
Household Head								
No schooling	2	1.0	4	2.0	3	1.5	9	1.5
Elementary	89	44.5	95	47.5	87	43.5	271	45.2
High school	61	30.5	64	32.0	69	34.5	194	32.3
College	43	21.5	31	15.5	36	18.0	110	18.3
Postgraduate	5	2.5	6	3.0	5	2.5	16	2.7
TOTAL	200	100.0	200	100.0	200	100.0	600	100.0
Spouse								
No schooling	4	2.0	5	2.5	4	2.0	13	2.2
Elementary	92	46.0	88	44.0	82	41.0	262	43.7
High school	57	28.0	61	30.5	72	36.0	190	31.7
College	45	22.5	38	19.0	42	21.0	125	20.8
Postgraduate	2	1.0	8	4.0	0	0.0	10	1.7
TOTAL	200	100.0	200	100.0	200	100.0	600	100.0

TABLE 2

Distribution of Household Heads According to Major Occupation, by Municipality

Occupation	Guimbal		Pototan		Buenavista		Total	
	No.	%	No.	%	No.	%	No.	%
Farmer-owner	15	7.5	12	6.0	8	4.0	35	5.8
Farmer-tenant	28	14.0	24	12.0	10	5.0	62	10.3
Farm-worker	27	13.5	53	26.5	44	22.0	124	20.7
Fisherman	26	13.0	0	0.0	17	8.5	43	7.2
Professional	16	8.0	8	4.0	7	3.5	31	5.2
Sales/trade	31	15.5	38	19.0	36	18.0	105	17.5
Clerical	6	3.0	11	5.5	2	1.0	19	3.2
Transport	7	3.5	17	8.5	34	17.0	58	9.7
Unpaid family labor	24	12.0	27	13.5	25	12.5	76	12.7
Others	20	10.0	10	5.0	17	8.5	47	7.8
TOTAL	200	100.0	200	100.0	200	100.0	600	100.0

III. HOUSEHOLD SURVEY RESULTS

1. Fertility and Family Planning

The fertility of 600 sample couples taken as a whole is relatively low. This is indicated by an average number children ever born (CEB) of 3.99. Among the three municipalities, Guimbal couples had the highest average fertility (4.86), Buenavista couples had the lowest (2.92), and Pototan couples take the middle position (4.19).

Examination of data on contraceptive status summarized in Table 3 reveals that 49 percent of total couples practice some form of family planning. The contraceptive prevalence rate is highest in Guimbal at 56 percent and lowest in Pototan at 40 percent.

Among the family planning methods used, the pill and rhythm are the most popular. Ligation is also popular, which is used by 15 percent of couples. Vasectomy is the most unpopular method in this sample.

Data shown in Table 4 reveal that the major first source of information among users of family planning methods is the midwife based at the Barangay Health Station. The second major initial information source is the medical doctor but this is true only among users of pill, IUD (intrauterine device), ligation, and condom. Relatives are the third major source of initial information particularly among users of rhythm, abstinence, withdrawal, and "other" methods. It is interesting to note that the Barangay Supply Point Officer (BSPO) of the Family Planning Outreach Program of the Commission on Population is the first source of information of only three percent of family planning users.

Users of family planning (FP) methods were also asked about the source of their FP supplies or where the operation for ligation was performed. Their responses are presented in Table 5. The table shows that the Rural Health Center is the major source of pills and IUD supplies. The second major source of pills is the BSPO, followed closely by relatives and friends who are lumped together in the "other" category. In the case of IUD, the medical doctor is the second major source, after the Rural Health Center. As for condom, the major source of this contraceptive are the couples' friends or relatives, with the Rural Health Center coming second. With regard to ligation, the majority (82 percent) of the operations were conducted in hospitals; the rest were performed either in the medical doctor's house or in the Rural Health Center.

TABLE 3

Distribution of MCRAs* by Contraceptive Status and by Municipality

Contraceptive Status	Guimbal		Pototan		Buenavista		Total	
	No.	%	No.	%	No.	%	No.	%
CURRENT USERS BY METHODS:								
Program Methods								
Pill	34	30.4	13	16.5	44	43.1	91	31.1
IUD**	6	5.4	1	1.3	13	12.7	20	6.8
Ligation	25	22.3	12	15.2	8	7.8	45	15.4
Vasectomy	0	0.0	0	0.0	0	0.0	0	0.0
Condom	3	2.7	2	2.5	2	2.0	7	2.4
Rhythm	30	26.8	27	34.2	34	33.3	91	31.1
Subtotal	98	87.5	55	69.6	101	99.0	254	86.7
NonProgram Methods								
Abstinence	6	5.4	12	15.2	0	0.0	18	6.1
Withdrawal	6	5.4	12	15.2	1	1.0	19	6.5
Others	2	1.8	0	0.0	0	0.0	2	0.7
Subtotal	14	12.5	24	30.4	1	1.0	39	13.3
Total Current Users	112	100.0	79	100.0	102	100.0	293	100.0
Total Current Users	112	56.0	79	39.5	102	51.0	293	48.8
Total Nonusers	88	44.0	121	60.5	98	49.0	307	51.2
Total Couples	200	100.0	200	100.0	200	100.0	600	100.0

* married couples of reproductive age

** intrauterine device

TABLE 4

Distribution of Current Users of Family Planning by First Source of Information About the Method

Source of Information	Pills	IUD[a]	Ligation	Condom	Rhythm	Abstinence	With-drawal	Others	TOTAL No.	TOTAL %
Doctor	22	6	11	3	5	1	2	0	50	17.1
Midwife	40	5	19	3	32	7	7	0	113	38.6
PHN[b]	8	2	3	0	7	0	4	0	24	8.2
VHW[c]	6	0	3	0	1	0	0	0	10	3.4
BSPO[d]	3	1	3	1	1	0	0	0	9	3.1
Friend	9	0	0	0	5	0	0	0	14	4.8
Neighbor	0	1	0	0	3	1	0	0	5	1.7
School Teacher	1	0	0	0	15	3	1	0	20	6.8
Relative	2	5	6	0	22	6	5	2	48	16.4
TOTAL	91	20	45	7	91	18	19	2	293	100.0

[a] Intrauterine device

[b] Public Health Nurse

[c] Volunteer Health Work

[d] Barangay Supply Point Officer

TABLE 5

Distribution of Current Family Planning Method Users By Source of Supply/Services

Source of Supply/ Where Performed	Pills	IUD[a]	Ligation	Condom	TOTAL No.	TOTAL %
Doctor	9	7	4	0	20	12.3
Midwife	3	1	0	0	4	2.4
Hospital	2	1	37	0	40	24.5
VHW[b]	9	0	0	0	9	5.5
BSPO[c]	13	0	0	0	13	8.0
Rural Health Center	39	9	4	2	54	33.1
Botica sa Barangay	4	0	0	0	4	2.5
Others	12	2	0	5	19	11.7
TOTAL	91	20	45	7	163	100.0

[a] intrauterine device

[b] Volunteer Health Worker

[c] Barangay Supply Point Officer

Nonusers of FP methods were asked about their reasons for not using any FP method. Each of them can give more than one reason hence, their responses as shown in Table 6 are more than the total number of nonusers. The data reveal that the most common reason for the nonuse of a FP method is the fear of side effects. This is true in all study areas. The second most cited reason in Guimbal is the unavailability of FP supplies or services, followed by the high cost. Among the Pototan couples, the second most cited reason for the nonuse of a FP method is their wish to have many children, followed by their perception that FP is too expensive. In the case of the Buenavista couples, the second most cited reason for not using any FP method is their religious belief, particularly the belief that it is a sin to tamper with the natural process of procreation using unnatural methods. As in Guimbal, the unavailability of FP supplies and services is the third most cited reason among Buenavista nonusers.

TABLE 6

Distribution of Nonusers of Family Planning(FP), Methods by Reasons for Nonuse, by Municipality*

Reasons	Guimbal		Pototan		Buenavista		Total	
	No.	%	No.	%	No.	%	No.	%
Want many children	9	9.0	15	13.0	7	5.5	31	9.0
Religious reasons	6	6.0	8	7.0	12	9.4	26	7.6
Side effects	42	42.0	47	40.9	71	55.5	160	46.6
FP too difficult to learn	6	6.0	5	4.4	4	3.1	15	4.4
FP too expensive	11	11.0	11	9.6	6	4.7	28	8.2
FP supplies/services not available	12	12.0	10	8.7	10	7.8	32	9.3
Not too well-informed about FP methods	8	8.0	8	7.0	9	7.0	25	7.3
Others	6	6.0	11	9.6	9	7.0	26	7.6
TOTAL	100	100.0	115	100.0	128	100.0	343	100.0

*Multiple responses

2. Maternal and Child Health Services

Out of 427 women who had given birth in the past two years, 397 or 93 percent had prenatal consultation. However, only 189 or 44 percent of the same group of women had postnatal consultation (see Table 7). A large majority of women (75 percent) delivered their babies at home (see Table 8), while another 19 percent delivered in public hospitals. About 90 percent of infants born during the past two years preceding the survey were breastfed (see Table 9).

Immunization data in Table 10 shows that out of 234 women with children 15 months and over, 91 percent had submitted their child for immunization. Moreover, 82 percent were reported to have had received complete immunization, that is, they had been immunized with BCG (bacillus calmette-Gueria), measles, three doses of DPT (diphtheria, pertussis, tetanus) and three doses of polio vaccines. The percentage of women with children three months old and above who reported that their children have been vaccinated by type of vaccine are shown in Table 11.

3. Environmental Sanitation

Data on sanitation show that 89 percent of households in the sample have sanitary toilet facilities (water sealed or *antipolo*) as shown in Table 12. The percentage is highest in Guimbal (95 percent) and lowest in Buenavista (58 percent). With respect to the source of drinking water, 78 percent of households have safe water sources (piped-in, artesian or pump). The percentage is again highest in Guimbal (92 percent) and lowest in Buenavista (57 percent).

4. Coverage of Selected Population, Health and Nutrition (PHN) Activities

Family Planning Visits. Statistics on the coverage of selected PHN activities are presented in Table 13. As shown in this table, out of 600 households with married couples of reproductive age included in the study, only 52 percent was covered by visits by different health and family planning personnel to promote the practice of family planning. It should be noted, however, that this coverage rate includes the visits of non-PHN personnel, *e.g.*, relatives, neighbors and friends, who are all grouped under the "others" category (10 percent). Among the PHN personnel, the barangay or voluntary health worker (VHW) had the highest household coverage (21 percent), followed by the full-time outreach worker (FTOW) or the barangay service point officer (BSPO) (16 percent). It should be mentioned here that in certain areas of the study, a PHN worker has two or three roles or designations. The PHN worker may not only be a VHW, but also a BSPO and a Barangay Nutrition Scholar (BNS). It is possible, therefore, that the same person has been reported twice or thrice by a number of respondents.

TABLE 7

Distribution of Women with a Birth in the Past Two Years Who Had Pre- and Postnatal Consultations Associated with Pregnancy and Delivery

Categories	No.	%
With prenatal consultation	397	93.0
Without prenatal consultation	30	7.0
TOTAL	427	100.0
With postnatal consultation	189	44.3
Without postnatal consultation	238	55.7
TOTAL	427	100.0

TABLE 8

Distribution of Women with a Birth in the Past Two Years by Place of Delivery

Place of Delivery	No.	%
At home	319	74.7
Hilot's house	7	1.7
Public health clinic	7	1.7
Private health clinic	4	0.9
Public hospital	80	18.7
Private hospital	10	2.3
TOTAL	427	100.0

TABLE 9

Distribution of Women with a Birth in the Past Two Years by Breastfeeding Status of the Child

Categories	No.	%
Breastfed	384	89.9
Did not breastfeed	43	10.1
TOTAL	427	100.0

TABLE 10

Distribution of Women with Children 15 Months Old and Above According to Immunization Status

Immunization Status	No.	%
With immunization	214	91.4
Without immunization	20	8.6
TOTAL	234	100.0
Complete	175	81.8
Incomplete	39	18.2
TOTAL	214	100.0

TABLE 11

Distribution of Women with a Child Three Months Old and Above by Type of Immunization Given to the Child

Vaccine	No. of Cases	%
BCG	315	86.3
Measles	262	71.8
DPT 1	307	84.1
DPT 2	293	80.3
DPT 3	282	77.3
Polio 1	299	81.9
Polio 2	282	77.3
Polio 3	271	74.3
TOTAL	365	100.0

TABLE 12

Percentage Distribution of Households by Type of Toilet and Drinking Water Facilities, by Municipality

Categories	Guimbal	Pototan	Buenavista	Total
Total number of households	(200)	(200)	(200)	(600)
Toilet:				
Water-sealed	80.5	44.0	34.0	52.8
Antipolo	14.0	39.0	24.0	25.8
Open pit	5.5	15.0	40.5	20.3
Ground	0.0	2.0	1.0	1.0
Total	100.0	100.0	100.0	100.0
Drinking water source:				
Piped-in	6.5	13.0	17.5	12.3
Artesian	30.0	13.5	27.5	23.7
Pump	55.0	60.0	12.0	42.3
Open well	8.0	12.5	40.5	20.3
River, spring	0.5	0.0	1.0	0.5
Rain	0.0	1.0	1.5	0.8
Total	100.0	100.0	100.0	100.0

TABLE 13

Coverage of Selected Population, Health and Nutrition (PHN) Activities

Activity	Eligible Population	VHW[a]/ BHW[b]	FTOW[c]/ BSPO[d]	Traditional Midwife	BHS[e] Midwife	Medical Doctor	BNS[f]	Others[g]	Total
Talk about family planning	600 households	21.0	16.2	0.0	4.2	0.0	0.0	9.8	51.2
Talk about prenatal care	427 births	36.6	0.0	7.3	29.1	0.0	0.0	1.4	44.3
	397 births to mothers with pre-natal care	7.4	0.0	8.2	32.7	0.0	0.0	1.6	49.9
Prenatal consultation	397 birth to mothers with pre-natal consultation	6.3	0.0	5.8	55.7	31.4	0.0	0.8	100.0
Delivery Attendant	427 births	0.0	0.0	26.0	48.7	23.9	0.0	1.4	100.0
Talk about postnatal care	427 births	0.9	0.0	9.6	12.7	0.0	0.0	5.9	29.1
	397 births with post-natal care	1.1	0.0	10.8	14.3	0.0	0.0	6.6	32.7
Postnatal consultation	189 births to mothers with post-natal visit	0.0	0.0	11.6	35.5	33.9	0.0	4.8	82.5
Talk about breastfeeding	427 births	2.8	0.0	6.3	25.3	10.1	0.0	14.5	49.0
Talk about immunization	427 births	9.1	0.0	2.1	55.5	0.0	0.0	5.4	74.0
Diarrhea consultation	169 children (0-2 years)	14.8	0.0	2.4	14.2	23.1	0.0	11.2	65.7
Diarrhea consultation	123 children (2 years +)	2.4	0.0	4.1	35.0	33.3	0.0	17.1	95.9
Respiratory illness consultation	237 children (0-2 years)	13.5	0.0	1.3	25.7	13.1	0.0	18.1	71.7
Respiratory illness consultation	190 children (2 years +)	6.3	0.0	7.9	24.2	29.0	0.0	9.0	76.3
Talk about weighing of preschool children (0-6 years)	600 households	35.0	0.0	0.0	30.2	0.0	12.2	5.2	82.5

[a]Volunteer Health Worker
[b]Barangay Health Worker
[c]Full-Time Outreach Worker
[d]Barangay Service Point Offficer
[e]Barangay Health Station
[f]Barangay Nutrition Scholar
[g]Medical students, relatives, neighbors and friends.

Prenatal Care Visits. With regard to the prenatal care, out of 427 women who had given birth in the past two years, 44 percent had been visited by some who informed them about the importance and advantages of having prenatal check ups. The Barangay Health Station (BHS) midwife had the highest coverage (29 percent), followed by the *hilot* or traditional midwife (7 percent) and the VHW (about 7 percent). If one examines the data on prenatal care, it will be observed that the total proportion of women who had prenatal care (93 percent as shown in Table 7) is double that of those who were covered by prenatal visits. This means that some women who were not covered by the prenatal visits already knew the value of prenatal consultation. The data also revealed that among those who had prenatal care, 56 percent consulted the BHS midwife, and 31 percent consulted a medical doctor. Only six percent consulted a *hilot* or traditional birth attendant.

Birth Delivery and Postnatal Visits. With respect to the birth delivery, 49 percent of deliveries were attended by BHS midwife, 26 percent by the traditional midwife, and 24 percent by medical doctors. The coverage of visits to talk about the need for postnatal care is low: only 29 percent of the total births and about one-third of the births with prenatal care. The visits were done mostly by the BHS midwife and by the *hilot* or traditional midwife. The statistics on postnatal care is encouraging. Out of 189 births which had the benefit of someone visiting the mother to talk about postnatal care, 83 percent actually had postnatal care, which suggests that motivational visits by PHN personnel can be important. Among those who had postnatal care, 36 percent consulted with the BHS midwife, 34 percent consulted with a the medical doctor, and 12 percent went to see a *hilot*.

Child Care. With regard to promoting breastfeeding, the data show that out of 427 women who had births during the past two years preceding the survey, 49 percent had someone talk to them about the importance of breastfeeding. The person who was mainly involved was the BHS midwife, followed by medical doctors and "others".

As to visits to talk about the need for the children to be immunized, the data show that out of the 427 women who gave birth during the two years preceding the survey, 74 percent had been visited. Again the BHS midwife had the highest immunization visit coverage (56 percent), with the VHW and the *hilot* coming a far second and third, respectively.

The coverages of diarrhea consultations for all children, and for those aged two (2) years and above were 66 and 96 percent, respectively. The most popular consultant for all diarrhea cases was the medical doctor (56 percent), with the BHS midwife coming a close second (49 percent). Only 17 percent diarrhea cases among children were brought to the VHW for consultation.

Statistics on respiratory illness consultation reveal that the total coverage for all children, and for those aged two (2) years and above were 72 and 76 percent, respectively. Among the persons consulted, the BHS midwife was most sought after (50 percent of all cases) with the medical doctor coming second (42 percent).

The coverage of visits to talk about the need to weigh children so as to monitor their growth was 83 percent of the 600 households. The VHW posted the highest coverage (35 percent), followed by the BHS midwife (30 percent), and the BNS a far third (12 percent).

Overall, the BHS midwife emerged as the person whose field presence was mostly felt in the community relative to other PHN workers.

5. PHN Activities in the Community and the Participation of Respondents

Inquiries were made about the PHN activities that have been conducted in the study area, their sponsoring agencies, and whether or not the respondent participated in these activities. Table 14 summarizes the data. About 52 percent of women know of some family planning activity in the community, mainly Mother's classes and seminars/lectures on family planing. The major sponsoring agency for these activities is the Department of Health and the Commission on Population. Two-thirds of women who were aware of such activities said they have participated in at least one of these activities.

With respect to health and sanitation activities, only 45 percent were aware of activities going on in the community, mainly seminars/lectures on fundamental health care and sanitation/beautification drives sponsored mainly by the Department of Health or the Department of Social Welfare and Development. A large majority (74 percent) of the women who were aware of such activities reported that they have participated in at least one of such activities.

With regard to nutrition activities, 59 percent of the women respondents said they were aware of such activities being implemented in the community. The most often cited activity is the supplemental feeding program or day care (36 percent). The second most cited is consultation and weighing of preschool children, followed by food production activities, with Mother's class coming fourth. The leading sponsoring agencies are the Department of Health, followed closely by the Department of Social Welfare and Development. About 70 percent of the women who reported these activities claimed to have been involved in at least one activity.

6. PHN Activities Desired by Respondents

The respondents were also asked about PHN activities which they wish will be conducted in their respective communities. Responses to the question are summarized in Table 15. As shown in the table, the most desired activity is holding lectures or seminars on family

TABLE 14

Awareness of PHN Activities by Women Respondents, the Responsible Agencies, and the Participation Rate of Women

Categories	Number	%
Family Planning (FP) Activities	**(n = 600)**	
Total number of women aware of FP activities	309	51.5
Specific activities:		
Mother's class	124	20.6
Seminar/lecture on FP & contraceptives	122	20.3
Giving of free contraceptives	34	5.7
Income-generating activities	4	0.7
Others (survey, FP *komiks*/calendar, FP drama)	25	4.2
Sponsoring agencies:	**(n = 309)**	
Department of Health (DOH)	190	61.5
Population Commission (POPCOM)	56	18.1
Department of Social Welfare and Development (DSWD	22	7.1
Private agencies (local)	25	8.1
Private agencies (international)	2	0.6
Department of Agrarian Reform (DAR)	7	2.3
Others (local club, medical students)	7	2.3
Participation rate (any activity)	207	67.0
Health and Sanitation Activities	**(n = 600)**	
Total number of women aware of health and sanitation activities	271	45.2
Specific activities:		
Mother's class	58	9.7
Seminar/lecture on fundamental health care	73	12.2
Consultation/treatment	29	4.8
Sanitation/beautification drive	61	10.2
Income-generating project	29	4.8
Others (herbal medicine production, survey, backyard gardening, animal raising, distribution of free sample medicine)	21	3.5

TABLE 14 (continuation)

Awareness of PHN Activities by Women Respondents, the Responsible Agencies, and the Participation Rate of Women

Categories	Number	%
Health Sanitation Activities (Continued)		
Sponsoring agencies:	**(n=271)**	
DOH[a]	178	65.7
DSWD[b]	39	14.4
DECS[c]	10	7.4
DAR[d]	14	5.2
Private agencies	10	7.4
Participation rate (any activity)	200	73.8
Nutritional Activities	**(n=600)**	
Total number of women aware of nutrition activities	353	58.8
Specific activities:		
Mother's class	52	14.7
Consultation and weighing	71	20.1
Food production	60	17.0
Supplemental feeding/day care	127	36.0
Film showing	27	7.6
Others (survey, distribution of free vitamins/ medicines, food preservation)	16	4.5
Sponsoring agencies:	**(n=353)**	
DOH	121	34.3
DECS	4	1.1
DSWD	70	19.8
Private organization (internationally funded)	-	-
Private association (local)	21	5.9
Others (medical students, local clubs)	21	5.9
Participation rate (any activity)	246	69.7

[a]Department of Health

[b]Department of Social Work and Development

[c]Department of Education, Culture and Sports

[d]Department of Agrarian Reform

TABLE 15

Distribution by Type of PHN Activities Desired by Women for their Community*

Desired Activity	Number
Family planning (FP)	(n = 530)
Free ligation/vasectomy	80
Intensive lecture/seminar on FP and contraceptives	205
Construction of FP center	52
More income-generating projects	173
Film showing	55
Frequent visit of FP medical personnel	12
Follow-ups by FP personnel	10
Distribution of free FP supplies	1
Health	(n = 532)
Free consultation	72
Free immunization	87
Lecture/seminar on Child Care	135
Lecture/seminar on Food Processing & Preservation	113
Supplemental feeding/day care	127
Construction/staffing of health center	38
Income-generating projects	127
Identification/production of herbal medicines, free/cheap treatment services, maternal car, barangay drugstore	20
Nutrition	(n = 497)
Supplemental feeding/day care	135
Lecture/seminar on Food Processing & Preservation	127
Full-time nutritionist	23
Free supply of vitamins	57
Film showing	36
Income-generating projects	132
Put up artesian wells, free toilet bowls, capital for small business, job openings	15

*Multiple response

planning and contraceptives. The next most desired activity is involving income-generating projects which, as explained by some respondents, have bearing, though indirect, on the family planning goal of controlling or regulating the woman's birth. The other activities desired are as follows: free ligation or vasectomy, film on FP issues, construction of FP centers and "others," in that order.

To improve or maintain good health, the largest number of women wished that lectures and seminars on Child Care will be conducted in their respective barangays now and then. The next largest number of women desired supplemental feeding or day care, and income-generating projects. These are followed by those who wished the conduct of lectures or seminars on how to process and preserve food in their respective barangays. The other wished-for activities include free immunization, free consultation, construction or staffing of health centers, and "others", in that order.

With regard to their nutrition-related wishes, the largest group of women desired supplemental feeding or day care, followed closely by those who wish income-generating projects be implemented in their respective communities. Lecture on food processing and preservation was mentioned by the third largest group. The other concerns of the women include free supply of vitamins, film showing on nutrition-related topics, a full-time nutritionist for their barangays, and other reasons, in that order.

IV. KEY INFORMANT SURVEY RESULTS

1. Objective and Key Informants

In order to provide additional insights about the population, health and nutrition activities in the countryside, in-depth interviews of key informants were conducted. The key informants included the barangay captains of the sample villages, and the agents of PHN activities who covered these areas. These PHN agents consist of the full-time outreach workers (FTOWs), the barangay service point officers (BSPOs), the barangay nutrition scholars (BNSs), the barangay health service midwives (BHSW), and the rural health nurse (RHNs). The interviews were focused on the following key issues: (a) what they do in supporting or promoting PHN activities; (b) the problems they encountered in doing their PHN work; and (c) what needs to be done to support PHN programs.

All the respondents were generally cooperative and helpful. The only problem encountered by the interviewers in the conduct of this community survey was the difficulty of getting in touch with some agents of the PHN programs. This was so because some of the PHN agents live in places other than the study areas, and all of them covered a number of barangays as their areas of responsibility. It was also unfortunate that during the data gathering period,

some of these PHN agents were attending a seminar which caused the further delay in contacting them for an interview.

2. Activities Supporting or Promoting PHN Programs

FP Activities. From the responses of PHN workers to the question on what they are doing in support of or in promoting family planning in the countryside, it was learned that except the barangay captains and the BNSs, the FTOWs, RHNs, BHS midwives, and BSPOs were all engaged in the promotion of family planning program. All these PHN workers disclosed that it is part of their weekly activities to visit a number of homes of their target household to talk with the married couples of reproductive age (MCRA) about family planning. When probed about the specific issues that they talk about with their target population, the PHN workers said that they tell the MCRAs about the advantages of using contraceptives to space births of their children or to control the number of their children. In a Mother's class, PHN workers orient them about the nature and effects, both positive and negative, of various contraceptives. An FTOW and a BSPO revealed that in the course of promoting family planning to their target population they also try to "sell" the two-child family as an ideal family size. An RHN and a BHS midwife claimed that they emphasized to their clients the favorable effects of small family size particularly to the health of all family members, and the effects of birth spacing on the health of the mother and the child.

One strategy used by the PHN workers involved in the promotion of the family planning is the distribution of free contraceptives to those who expressed their desire to be protected from pregnancy. Those who expressed willingness to undergo vasectomy or ligation operation were helped by referring them to family planning clinics or hospitals equipped to conduct such operation. One serious problem mentioned by some respondents with regard to contraceptive supplies is that oftentimes no supplies are available in their municipal or provincial offices. In the case of ligation and vasectomy, some interested clients backed out because they cannot afford the cost of medicine needed, and because of the apprehension that the said operation will make them unable to do heavy jobs.

The FTOWs, BSPOs, PHNs and BHS midwives also reported that they conducted household surveys, the results of which were used as basis for many of their FP promotion activities. For example, demographic data generated by the survey enabled the workers to determine who among their covered population should be targeted for contraceptive use.

While the barangay captains were not directly involved in the promotion of FP program, they, however, gave their full support and assistance to the workers assigned to their respective barangays. As government officials at the barangay level, they endorsed PHN activities implemented in their communities. They also coordinated the gathering of people in the community for lectures or demonstrations, and facilitated the requisition of FP supplies, suplemental feeding rations, and medicines and vitamins from municipal centers. They also

see to it that the workers are accorded due respect by their constituents and are assured of their safety from harassment and harm while in their areas of responsibility.

Comprehensive Child Health care. The RHNs and the BHS midwives claimed that they were responsible for providing the households within their catchment area with comprehensive child care. This is in the form of free immunization of preschool children, medical consultation and sometimes treatment as well as referrals to clinics or hospitals of cases beyond their capabilities. They also conducted nutritional monitoring by weighing the preschool children. They also gave lectures on fundamental health care to a class of mothers. They claimed further that they encouraged or initiated sanitation and beautification drives in their covered communities.

Maternal Health Care. Maternal health care was primarily delivered by the RHNs and the BHS midwives. Pre- and postnatal checkups or care were, however, conducted by only the BHS midwives, so with the distribution of free medicines and attending to birth delivery. But in nutritional monitoring and in convincing mothers about the need for child health care, both the RHNs and the BHS midwives claimed to have been doing these. Lectures in a Mother's class or home visitations were also done primarily by the RHNs and the BHS midwives in order to teach the mothers how to prevent diseases, and to influence them to value cleanliness not only in their homes but in their surroundings as well. The same workers also conducted diseases diagnosis and treatment.

3. Problems Encountered

A number of problems were encountered by the PHN workers in their work in promoting population, health and nutrition programs in the rural areas. The major problem encountered by most workers has to do with people's negative attitudes towards them, they being outsiders intruding into the people's lives. Because of this attitude they had problems getting the cooperation and support of the village folks. But, as told by two respondents, once they were able to convince the people of their noble intention and after they have established rapport with the villagers, their attitudes changed, though slowly. The other causes of the difficulties which the workers encountered in the course of doing their work stemmed from the people's low educational attainment which made them superstitious and suspicious of outsiders, and having low regard of themselves. Another cause worth mentioning is the bad experience of some village people with some government agents who also intruded into their lives with certain programs which did not materialize. Worst, some people were conned; they gave support, material and otherwise, only to be left with no explanation at all making them the object of ire or ridicule of their barrio mates.

From the point of view of the barangay captains and even of some PHN workers, some of the problems have to do with the inefficient PHN staff due to several factors. These factors in-

clude poor or no compensation at all, particularly the so-called volunteer workers (the VHW and BSPOs), limited number of workers who covered several barangays as their areas of responsibility, irregular schedule of visits to the barangays due to wide area coverage, and inadequate knowledge of some of them about what they should promote to the people, like some contraceptives.

The other problems of PHN workers have to do with the inadequacy and irregularity of FP supplies and medicines, insufficient feeding rations, and inadequate office supplies. Compounding these problems is the lack of or inadequacy of transportation allowance. In certain cases, some workers are given transportation allowance which is very meager; others did not receive any.

The workers also complained about their having no control over their functions; many were dictated by those at the top of the program structure. They also pointed out the inadequacy of potable water supplies in the communities making people, especially children, susceptible to waterborne diseases. They also mentioned the lack of or the absence of sanitary waste disposal in many houses, thus, the difficulty of controlling airborne and pestcarried diseases.

4. Improving PHN Activities

The respondents were asked what needs to be done in order to improve the coverage and service delivery of PHN programs. All PHN workers emphasized the need to reeducate the village folks concerning their attitude towards PHN activities and government workers, inculcate in them parental responsibility towards their children, and encourage them to use herbal medicines. Concerning the use of indigenous plants as medicines, the rural health nurses suggested that the villagers should be taught not only to identify medicinal plants and how to extract the substances needed, but also how to determine the right amount or dosage required for certain illnesses. The PHN workers further suggested that in the reeducation of the villagers, they should be taught the value of sanitary practice. Apropos this, villagers should be encouraged to construct closed pit toilets if they cannot afford water-sealed types, and to properly dispose their wastes. The PHN workers also pointed out the need for the people to have a safe source of drinking water supply.

On PHN programs, the PHN workers mentioned the need for adequate supply of contraceptives, medicines and vitamins and feeding rations, and to distribute these on a regular basis. PHN workers recommended further that office facilities and supplies be made adequate. Finally, they suggested that they should be allowed to devise and plan their work strategies and schedules which, they said, would differ from place to place, and for their respective main offices to provide them with adequate travel allowances.

MONITORING POPULATION, HEALTH AND NUTRITION ACTIVITIES IN SELECTED COMMUNITIES IN CEBU PROVINCE*

Felisa U. Etemadi and Rolando C. Navarro

I. INTRODUCTION

This research aims primarily to monitor the delivery of basic social services, specifically population, health and nutrition (PHN) activities at the *barangay* level in selected municipalities in Cebu province. Similar studies were also being conducted in Benguet, La Union, Iloilo, and Leyte. These studies share the common objective of determining the field presence of PHN workers in selected communities and the coverage of services on target beneficiaries.

Three municipalities in Cebu province were purposively chosen for the study on the basis of geographic location. Consolacion is situated north of Cebu, while Talisay and Lapu-Lapu are located in the south and in the east, respectively. The criterion for selecting the sample *barangays,* two in each municipality, is the proximity or distance from the municipal *poblacion*. The location of the *barangay* relative to the poblacion is taken as a rough gauge of the level of urbanization of a community. Six *barangays* were selected for study: Garing and Pulpogan in Consolacion; Kalawisan and Pusok in Lapu-Lapu; and Dumlog and San Roque in Talisay.

The study design called for a total of 600 households, 100 per *barangay* or 200 per municipality, that were surveyed in September 1988. Eligible households were those with currently married women of reproductive age, living with spouse, and has a child aged 0-6 years. Moreover, to obtain a first-hand account of the problems and constraints in the delivery of PHN services in the municipality, key informants in the community were also interviewed. They were categorized into two groups: the program professionals, and the community influentials. The former refers to the Municipal Health Officers (MHOs), City Population Officers (CPOs), *Barangay* Health Station (BHS) midwives, Full-Time Outreach Workers (FTOWs), *Barangay* Supply Point Officers (BSPOs), Volunteer Health Workers (VHWs), and *Barangay* Nutrition Scholars (BNSs). The latter includes the town mayors and *barangay* captains.

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*This is an abridged version of the final report submitted to the University of the Philippines-Center for Integrative and Development Studies (UP-CIDS). The full report is available at UP-CIDS upon request. Ed.

II. SAMPLE CHARACTERISTICS

1. Communities

Consolacion. The municipality of Consolacion, forming part of the Metropolitan Cebu area, is situated at the northeastern midsection of Cebu province. The total land area of approximately 3,900 hectares is politically subdivided into 21 *barangays* with an estimated population of 34,289 in 1987. Seventy percent of the land area is suitable for contoured agriculture, grazing area and forestry. Roughly 512 hectares are actually devoted to agriculture crops and livestock production. Coconut, corn and mangoes are the three leading agricultural products. As of 1987, the bulk (86 percent) of the business establishments in Consolacion were engaged in wholesale and retail trade.

Nineteen of the 21 *barangays* have been energized by the Visayan Electric Company, but water supply leaves much to be desired. A vast majority (77 percent in 1980) of households still relied on artesian wells. Only 13 percent were supplied by the pipe water system.

Consolacion has a total road network of 80 kilometers, of which only 2.2 kilometers are asphalted. Public utility jeepneys ply the Cebu City-Consolacion route regularly. Pulpogan is only 1.5 kilometers away from the poblacion while Garing is six kilometers away with infrequent transportation.

There are 14 elementary schools and two high schools, all of them public.The municipality has a total of eight health centers serving 21 *barangays*, two of which can be found in the two *barangays* surveyed: Garing and Pulpogan. In addition, five day-care centers, one located in Pulpogan, also operate in Consolacion. The entire municipality is served by one doctor, one dentist assisted by a dental aide, nine midwives, two nurses, and two sanitary inspectors.

Talisay. Located 12 kilometers southwest of Cebu City, Talisay is considered the gateway to the southern and western towns of Cebu province. The municipality, with an estimated total land area of 3,645 hectares, has a population of 84,899, the largest in the province. Dumlog and San Roque, the two *barangays* selected for the survey, are situated along coastal plains. Public utility jeepneys traverse downtown Cebu-Talisay *Poblacion.*

Poverty incidence in Talisay is believed to be higher than the 69 percent estimated for Central Visayas. Specifically, poverty is endemic among marginal fishermen, upland and lowland farmers, and the migrants from nearby municipalities. Low productivity in agriculture could be attributed to the lack of water supply, monocropping, and tree-cutting, which has led

to soil erosion. The destructive effects of *kaingin* (slash and burn farming) could also be a cause of low agricultural productivity. The conversion of lands into residential areas has also worsened the scarcity of arable lands. Among the fishermen, destructive practices like dynamite fishing and trawling in shallow areas (which cause damage to fish habitats) have taken their toll in terms of lower catch and, therefore, lower income. With these depressing conditions, the municipality has become a breeding ground for insurgents and a target for counter-insurgency operations by the military. Hence, it is known as Cebu's "killing fields."

The government operates 15 primary schools and a secondary school, while the private sector runs two elementary and two high schools. Two rural health units (RHUs), one in the Poblacion and another in Tabunok, provide family planning and health-related services. There are two public health doctors, two public health nurses, one dentist, 14 midwives manning the *barangay* health stations, and two sanitary inspectors. As in Dumlog, San Roque has a health center run by a midwife with the assistance of volunteer health workers and the *Barangay* Nutrition Scholar. Other health centers in the municipality are operated by the local government and the community. A private clinic is also available to the residents. In addition, there are three Day-Care centers in the municipality, one of these is in San Roque. The Day-Care center in Dumlog has been transferred to the Rural Health Unit in the *Poblacion.*

Lapu-Lapu. Lapu-Lapu is located in Mactan Island, eight kilometers east of Cebu City. The island is connected to Cebu province by the Mactan-Mandaue bridge. Before June 17, 1961 when it became a chartered city, Lapu-Lapu was known as the municipality of Opon. With a land area of approximately 5,845 hectares, Lapu-Lapu has 131,000 residents in 29 *barangays.* The city is one of the most densely populated areas in Cebu. This could be due to the presence of industrial establishments around the export processing zone (EPZ).

There are 16 establishments in the EPZ, among which, are those involved in manufacturing semi-conductor chips, garments, metal works and costume jewelry. In addition, several industrial firms are located in the city. These include General Milling Corporation, Cebu Shipyard and Engineering Works, Caltex Incorporated, Shell Oil Company, and Menzi Company. Four banking institutions -- Philippine National Bank, Allied Banking, *Banco Cebuano,* and Talisay Rural Bank-- have branches in this city. The island is a focal point for tourism. The international airport is located here and many beach resorts operate in the area.

Backyard farming of fruits and vegetables as well as poultry and hog-raising are some of the livelihood activities in the area. A total of 59,374 hectares are developed into fishponds.

Small cottage industries dot the island. Some are engaged in guitar-making, lime manufacturing, rope making, mat weaving, shellcraft, furniture, and Mactan stonecraft.

With the Mactan-Mandaue bridge, the island has become very accessible to commuters to and from Cebu City. Transportation includes barges and ferry boats in addition to the regular public utility jeepneys, tricycles, taxis and cargo trucks. Electricity is supplied by the Mactan Electric Company, while water is supplied by the Metropolitan Cebu Water District. However, pumps and open wells are still common sources of water for many households. In one of the two *barangays* surveyed, for instance, less than half of the 473 households in Kalawisan have piped water systems and even less, have sanitary toilets.

Aside from the two elementary schools and two high schools which are privately owned, a total of 41 public elementary schools and eight high schools are located in the island and islet. In both *barangays*, Pusok and Kalawisan, the health centers do not have a regular midwife in residence. Instead, a rural health nurse employed by the City Health Office is supposed to do weekly visits to the centers. Unfortunately, because each rural health nurse must cover four to five *barangays*, the weekly visits become irregular. However, seven nurses, two doctors, and two midwives are assigned to the whole island.

2. Households

Contrary to the popular notion that the Filipino family is extended, the sample households in the survey numbering 584 are predominantly nuclear and moderately-sized. The mean household size is 5.35. This figure is very close to the mean number of household for the entire Philippines, which averaged 5.6 in 1983.

With respect to the educational attainment of household heads and their spouses, 52 percent of the household heads and 46 percent of the spouses had completed at least high school. Expectedly, the labor force participation rate among household heads is considerably higher at 95 percent than among the spouses at 17 percent.

Most of the household heads are engaged in semi-industrial jobs: shell, stone and woodcrafts constitute 20 percent; transport, 15 percent; and trade/sales, 12 percent. Farmers and farm workers comprise a mere four percent as do the fishermen. Among working spouses, 83 percent worked as unpaid family labor; six percent worked in sales/trade; and two percent in rattan manufacturing.

The median monthly income of household heads at 900 pesos is way below the poverty line defined by the National Economic and Development Authority (NEDA) as 1,982 pesos per month for a family of six. The very few who work among the spouses earn even less, with a median income of 400 pesos a month.

III. HOUSEHOLD SURVEY RESULTS

1. Fertility and Family Planning

The mean number of children ever born for the total sample was 3.48 per woman, while the mean number of children surviving was 3.25 per woman. About 13 percent of women were pregnant during the survey period.

Among the total sample of women who were not currently pregnant, 73 percent reported they planned not to have any more children. The percentage for each municipality was about the same as for the total sample. Among currently pregnant women, 67 percent reported they did not want anymore children.

Data on current use of family planning methods reveal that 50 percent of women were currently using a family planning method: 44 percent in Consolacion; 52 percent in Lapu-Lapu; and 55 percent in Talisay. Among current users, 94 percent were using the program methods (*i.e.*, pill, IUD (intra-uterine device), ligation, vasectomy, condom and rhythm). Among users, 31 percent used the pill; 26 percent used rhythm; 17 percent used ligation; and 14 percent used IUD.

The Barangay Health Station (BHS) was the most conspicuous agency and the BHS midwife the most active personnel in disseminating information on the pill, IUD, ligation, rhythm and condom. But users learned about withdrawal and abstinence from friends, and about vasectomy and depo injection from medical doctors.

Likewise, the BHS was the most important source of supply for pills, IUDs and condoms. Ligation was mostly performed in public hospitals, while vasectomy was done in private clinics. In all methods, the BHS obtained the highest mean rank as source of information and supply.

For nonusers of family planning (FP) methods, fear of side effects ranked highest (60 percent) among the reasons for nonuse; followed by lack of information (23 percent); and the desire for more children (12 percent). It is interesting to note that religious reasons for nonuse were mentioned by about eight percent of the nonusers (see Table 1). Among the 294 current users, 21 percent planned to have more children while 79 percent did not.

TABLE 1

Reasons for Not Using Any Family Planning Method Among Nonusers: Selected Municipalities in Cebu Province, 1988

Nonuser's Reason(s)*	Municipality			Total	
	Consolacion	Lapu-Lapu	Talisay	No.	Percent
Want more children	11	14	9	34	11.7
Religious reasons	11	3	8	22	7.6
Afraid of side effects	66	54	55	175	60.3
Family planning too difficult to learn	1	1	1	3	1.0
Family planning too expensive, cannot afford	-	-	1	1	0.3
Family planning supplies/services not available in barangay	1	-	2	3	1.0
Not well informed about family planning methods	26	16	24	66	22.8
Pregnant	14	4	4	22	7.6
Health problem	7	5	8	20	6.9
Husband disagrees to use family planning method	7	6	3	16	5.5
Not interested	3	2	5	10	3.4
Breastfeeding	4	4	2	10	3.4
Plan to use after delivery	1	2	4	7	2.4
Other reasons	4	7	2	13	4.5

* Multiple reasons

**Others reasons: "Doesn't believe in family planning method," 1; "Family planning is unreliable," 1; "Husband not always around," 7; "Mother disagrees to use of family planning method," 1; "No time to go to the health center," 1; "Newly married," 1; and "Far from family planning center," 1.

2. Maternal and Child Health Services

Out of the total 584 women in the sample, 434 had one or more births during the two years prior to interview. The total number of births was 525. While 97 percent of births in the past two years had prenatal consultations associated with the pregnancies, only 46 percent of births was associated with postnatal checkup. About 67 percent of the birth deliveries took place at home, while another 17 percent took place at a public hospital. About 86 percent of infants born in the past two years were breastfed (Table 2).

TABLE 2

Maternal and Child Health Services: Selected Municipalities in Cebu Province, 1988

Maternal and Child Health Services	Municipality							
	Consolacion		Lapu-Lapu		Talisay		Total	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
With prenatal care	163	97.6	175	98.3	170	94.5	508	96.8
With postnatal care	86	51.5	76	42.7	80	44.4	242	46.1
Place of delivery:								
At home	131	78.4	90	50.6	130	72.2	351	66.9
Public hospital	25	15.0	35	19.7	30	16.7	90	17.1
Rural Heatlth Unit	2	1.2	33	18.5	3	1.7	38	7.2
Private hospital	6	3.6	12	6.7	9	5.0	27	5.1
Hilot's home	-	0.0	1	0.6	3	1.7	4	0.8
Others	3	1.8	7	3.9	5	2.8	15	2.8
Breastfed child (Yes)	153	91.6	141	79.2	158	87.8	452	86.1
Immunization:								
Children 3 months and over								
BCG	125	85.0	121	72.9	143	87.2	389	81.6
Children 15 months and over								
BCG	66	90.4	56	57.1	65	69.9	187	70.8
Incomplete	6	8.2	12	12.3	14	15.1	32	12.1
None	1	1.4	30	30.6	14	15.1	45	17.1

With respect to immunization of children, of children eligible for BCG (three months and over) 82 percent of children eligible for all types of vaccines (BCG, measles, DPT1, DPT2, DPT3, Polio 1, Polio 2, and Polio 3), Seventy one percent of the children 15 months and over had complete immunization; 12 percent did not have complete immunization; and 17 percent did not have any vaccination at all (Table 2).

3. Environmental Sanitation

The main source of drinking water differed among sample households in the three municipalities. Piped-in water was the main source for 46 percent of households in Consolacion; artesian well for 61 percent of households in Lapu-Lapu; and pumps from shallow well for 89 percent of households in Talisay.

About 57 percent of households had sanitary toilet facilities (water-sealed or antipolo). The percentages were 55 in Consolacion; 44 in Lapu-Lapu; and 72 in Talisay. The percentage of households with no toilets was 34 in Consolacion; 55 in Lapu-Lapu; and 24 in Talisay.

TABLE 3

Main Source of Drinking Water and Type of Toilet Used: Selected Municipalities in Cebu Province, 1988

Source of Drinking Water/Type of Toilet	Municipality							
	Consolacion		Lapu-Lapu		Talisay		Total	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
A. Source of Drinking Water								
Piped-in water	90	46.4	21	10.8	0	-	111	19.0
Artesian well (deep welll)	4	2.1	119	61.0	17	8.7	140	24.0
Pump (shallow well)	58	29.9	41	21.0	174	89.2	273	46.8
Open well	14	7.2	0	-	2	1.0	16	2.7
River, spring	6	3.1	0	-	0	-	6	1.0
Rain water	0	-	0	-	0	-	0	-
Purchased	0	-	19	9.7	0	-	19	3.2
Electric pump	26	13.4	4	2.0	2	1.0	32	5.5
B. Type of Toilet Being Used								
Water sealed	96	49.5	76	40.0	132	67.7	304	52.0
Antipolo (closed pit)	11	5.7	8	4.1	8	4.1	27	4.6
Open pit	22	11.3	4	2.0	9	4.6	35	6.0
No Toilet*	65	33.5	107	54.9	46	23.6	218	37.3

* Open field, anywhere, seashore

4. Coverage of Selected Population, Health and Nutrition (PHN) Activities

Table 4 summarizes data on the target population for selected PHN services and the percentage of such population reached by different PHN personnel.

Out of 584 households, only 34 percent were visited by personnel who discussed about family planning. However, it is worthwhile to note that during visits to households to promote family planning, the volunteer health workers (VHWs) and *barangay* supply point officers (BSPOs), (though receiving no monetary incentives), had the highest coverage rates of 13 percent and 11 percent, respectively. The *Barangay* Health Station midwives who supervise the VHWs covered four percent of total households. Ironically, the full-time outreach workers (FTOWs) hardly made their presence felt as they covered only one percent of the sample households.

Out of 525 total births, only 43 percent were associated with visits by personnel who pointed out the need for prenatal care and only 30 percent were associated with visits by personnel who saw the need for postnatal care. The BHS midwives figured prominently in house visits for prenatal and postnatal care. They visited 21 percent of households to talk about prenatal care, which represented 50 percent of total coverage by all personnel; and 16 percent of households to talk about postnatal care, which represented 68 percent of total coverage by all personnel. They also served as the prenatal consultant of 64 percent of all prenatal consultations, and served as the postnatal consultant of 54 percent of all postnatal consultations. Medical doctors were involved in 28 percent of all prenatal consultations and 33 percent of all postnatal consultations.

Of the total deliveries during the past two years, 43 percent were attended to by BHS midwives, 25 percent by medical doctors, and 29 percent by traditional midwives.

On breastfeeding and immunization, only 35 percent of births were associated with house visits by PHN personnel who talked about breastfeeding, 68 percent of births while 68% of births were associated with PHN visits regarding immunization for children. A large proportion of these visits were done by the BHS midwife.

Among children born during the past two years who had diarrhea, about 88 percent were brought to a PHN personnel for consultation: 61 percent to a private/medical doctor while another 15 percent to a BHS midwife. With respect to respiratory illness, 88 percent were brought to a PHN personnel for consultation: 55 percent to a private/medical doctor while another 24 percent to a BHS midwife.

TABLE 4

Coverage Rates of Selected Population, Health and Nutrition (PHN) Activities

Selected PHN Activities	Eligible Population		Percent Reached											
			BSPO	FTOW	BHS Midwife	Nurse	VHW	Trad'l Midwife	BNS	Public Doctor	Private Doctor	Medical Doctor	Others**	Total*
Family planning	Total MCRA	584	10.8	1.0	3.9	0.3	12.7	0.2	0.2	-	0.5	-	4.4	34.1
Prenatal visit	All births	525	0.4	-	21.1	0.6	9.3	3.6	-	-	1.7	1.3	4.9	43.0
	Births with prenatal care	220	0.9	-	50.5	1.3	22.3	8.6	-	-	4.1	3.2	11.8	102.7
Prenatal consultant	Births with prenatal care	508	-	-	63.8	0.4	-	2.0	-	0.8	2.2	28.3	1.2	98.6
Postnatal visit	All births	525	-	-	16.4	0.2	4.2	2.7	-	0.6	1.1	2.1	2.5	29.7
	Births with postnatal care	122	-	-	68.0	0.8	15.6	9.0	-	1.6	2.5	6.6	5.7	109.8
Postnatal consultant	Births with postnatal care	242	-	-	53.7	0.8	-	7.8	-	0.4	2.9	33.5	-	99.2
Delivery attendant	All births	525	-	-	43.0	0.8	-	29.3	-	0.4	2.1	24.8	0.4	100.7
Breastfeeding visit	All births	525	-	-	23.2	0.6	2.3	2.5	-	1.1	1.9	4.0	0.2	34.9
Immunization visit	All births	525	0.6	-	39.2	1.0	16.8	1.0	-	0.4	1.9	2.7	4.6	68.0
Consultation on Diarrhea	All with Diarrhea (0-2 years)	314	-	-	15.3	1.3	0.6	1.3	-	7.6	29.0	32.2	0.6	87.9
Consultation on Respiratory Illness	All with respiratory illness (0-2 years)	303	-	-	24.4	-	1.3	1.0	-	5.3	25.1	29.7	7.9	88.4

*Multiple responses

MCRA = Married women of reproductive age; BSPO = *Barangay* Supply Point Officer; FTOW = Full-time Outreach Worker; BHS = *Barangay* Health Station; VHW = Volunteer Heatlh Worker; BNS = *Barangay* Nutrition Scholar

Overall, coverage rates for selected PHN activities were highest for BHS midwives followed by volunteer health workers, except for consultation on diarrhea and respiratory illness where doctors are consulted more often than other personnel.

5. PHN Activities in the Community and the Participation of Respondents

A large majority of respondents (89 percent) reported they knew of some PHN activities in their *barangays*. The percentage of respondents who were aware of such activities was 96 percent in Consolacion, 85 percent in Lapu-Lapu and 87 percent in Talisay.

A number of family planning activities were mentioned by respondents as existing in the communities (see Table 5). The most common among these were family planning seminars mentioned by 77 percent of respondents; distribution of free contraceptives; 23 percent and Mother's classes; 19 percent. The major sponsors of these activities were the *Barangay* Health Station (BHS) and POPCOM/FTOW/BSPO. While many were aware of various activities, only 45 percent said they actually participated in any of the activities.

The health and environmental sanitation activities, reported by respondents in the sample communities were free clinics, 31 percent; free medicines, 27 percent; free immunization, 20 percent; health and environmental sanitation seminars, 18 percent; and cleanliness drives, 17 percent. These activities were sponsored mainly by the BHS. About 69 percent of respondents claimed they participated in at least some of these activities (see Table 6).

The nutrition activities reported by respondents in the sample communities were feeding programs, 70 percent; free powdered milk and other foodstuffs, 24 percent; Day-Care centers, 21 percent; and seminars on nutrition, 18 percent. These activities were sponsored mainly by the BHS and in some cases by nongovernmental organizations. About 62 percent of respondents said they participated in some of these activities (see Table 7).

6. PHN Activities Desired by Respondents

With respect to desired family planning activities, 46 percent of the respondents indicated that they would like the family planning seminar to be conducted regularly; 34 percent indicated that they would like contraceptives to be distributed for free or to be provided free family planning services (ligation, vasectomy and IUD insertion); and 11 percent expressed the desire to see more government efforts to motivate couples to practice family planning (see Table 8).

TABLE 5

Family Planning Activities:
Selected *Barangays* and Municipalities in Cebu Province, 1988

Family Planning Activities	Municipality									Total	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Cala-wisan	Pusok	Total	Dumlog	San Roque	Total	No.	Percent
A. Number of respondents who were aware of FP activities by type of activity*											
Family Planning seminar	48	95	143	78	61	139	62	57	119	401	77.1
Free contraceptives	11	27	38	27	30	57	8	14	22	117	22.5
Mother's class	13	30	43	18	6	24	16	14	30	97	18.6
Free ligation	1	9	10	3	3	6	-	5	5	21	4.0
Home visits	-	6	6	1	2	3	-	-	-	9	1.7
Seminar on Child Care	-	1	1	-	-	-	1	-	1	2	0.4
Barangay Health Worker seminar	-	-	-	1	-	1	-	-	-	1	0.2
Free clinic	-	-	-	-	1	1	-	-	-	1	0.2
Free Intrauterine device insertion	-	-	-	-	1	1	-	-	1	1	0.2
Distribution of reading materials	-	-	-	-	-	-	1	-	1	1	0.2
Selling contraceptives	-	1	1	-	-	-	-	-	-	1	0.2
Total	73	169	242	123	104	232	88	90	173	652	100.0
B. Sponsoring agency:											
Barangay Health Station	60	142	202	88	91	179	80	82	162	543	83.4
POPCOM/FTOW/BSPO	13	20	33	15	12	27	6	7	13	73	11.2
Public hospital	-	2	2	2	-	2	-	1	1	5	0.8
Department of Social Welfare	-	-	-	1	-	1	3	-	3	4	0.6
NGOs[1]	-	-	-	25	2	27	-	-	-	27	4.1
Religious[2]	-	6	6	1	-	1	-	-	-	7	1.1
C. Number of respondents who participated in any activity	30	71	101	77	27	104	49	36	85	290	44.5

*Multiple responses

[1] Norwegian-Philippine Foundation Times

[2] Lapu-Lapu Church World Vision-Baptist

POPCOM = Population Commission; FTOW = Full-time Outreach Worker; BSPO = Barangay Supply Point Officer; NGOs = Nongovernment organizations

TABLE 6

Health and Environmental Sanitation Activities: Selected *Barangays* and Municipalities in Cebu Province, 1988

Health and Environmental Sanitation Activities	Municipality									Total	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Calawisan	Pusok	Total	Dumlog	San Roque	Total	No.	Percent
A. Number of respondents who were aware of Health and Environmental Sanitation Activities by type of activity*											
Free clinic	24	33	57	34	36	70	19	17	36	163	31.3
Free medicine	15	35	50	26	32	58	12	18	30	138	26.5
Free immunization	16	18	34	21	21	42	11	19	30	106	20.4
Health and Environmental Sanitation seminar	6	20	26	14	13	27	19	19	38	91	17.5
Cleanliness drive	6	21	27	18	13	31	20	12	32	90	17.3
Seminar on Herbal Medicine	7	23	30	7	1	8	3	1	4	42	8.1
Toilet construction	3	17	20	2	5	7	3	12	15	42	8.1
Prenatal/Postnatal services	4	16	20	-	7	7	4	4	8	35	6.7
Seminar on Child Care	1	9	10	7	11	18	4	-	4	3	6.2
Health education	2	1	3	2	4	6	4	3	7	16	3.1
Free dental services	6	5	11	3	-	3	1	-	1	15	2.9
Tree planting	-	-	-	11	-	11	-	-	-	11	2.1
Drainage construction	1	6	7	-	-	-	1	1	2	9	1.7
Mother's class	3	4	7	-	-	-	2	-	2	9	1.7

TABLE 6 (continuation)

Health and Environmental Sanitation Activities: Selected Barangays and Municipalities in Cebu Province, 1988

Health and Environmental Sanitation Activities	Municipality									Total	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Calawisan	Pusok	Total	Dumlog	San Roque	Total	No.	Percent
A. Number of respondents who were aware of health and environmental sanitation activities by type of activity											
Water resource sanitation	-	-	-	4	-	4	-	2	2	6	1.1
Toilet inspection	-	1	1	-	-	-	1	2	3	4	0.8
Free powdered milk, Yellow corn and oatmeal	-	2	2	-	1	1	-	1	1	4	0.8
Green Revolution	-	1	1	2	-	2	-	-	-	3	0.6
Cooking class	-	-	-	-	-	-	1	2	3	3	0.6
First aid seminar	-	-	-	2	-	2	1	-	1	3	0.6
Good grooming	-	-	-	-	2	2	-	-	-	2	0.4
Weighing program	-	-	-	-	1	1	1	-	1	2	0.4
Sanitary inspection of eateries	-	-	-	-	-	-	2	-	2	2	0.4
Day-care	-	-	-	1	-	1	0	-	-	1	0.19
Healthy baby contest	-	-	-	1	-	1	-	-	-	1	0.2
Home visits	-	1	1	-	-	-	-	-	-	1	0.2
TOTAL	94	213	307	161	141	302	109	113	222	831	

TABLE 6 (Continuation)

Health and Environmental Sanitation Activities: Selected *Barangays* and Municipalities in Cebu Province, 1988

Health and Environmental Sanitation Activities	Municipality									Total	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Calawisan	Pusok	Total	Dumlog	San Roque	Total	No.	Percent
B. Sponsoring Agency											
Barangay Health Station	91	198	289	106	137	243	55	113	168	700	84.2
POPCOM/BSPO	1	-	1	2	1	3	-	-	-	4	0.5
Department of Social Welfare & Development	-	1	1	5	1	6	1	-	1	8	1.0
Public hospital	-	-	-	4	-	4	-	-	-	4	0.5
Philippine Army	-	1	1	-	-	-	-	-	-	1	0.1
NGOs[1]	-	2	2	59	4	63	1	-	1	66	7.9
Religious[2]	1	13	14	-	-	-	-	-	-	14	1.7
Academic Institutions[3]	1	1	2	4	-	4	2	-	2	8	1.0
C. Number of respondents who participated in any activity	78	41	219	118	75	193	78	82	160	573	68.8

* Multiple responses

[1]NGOs: Timex, Norphil, Cebu Lion's Club, Jaycees.

[2]Religious groups: Catholic Christian Women's Association (CCWA), *Iglesia ni Cristo*, Sacred Heart Mobile Clinic, Carretas.

[3]Academic institutions: Post-Graduate Intern Students, University of San Carlos, South Western University.

POPCOM = Population Commission; BSPO = ***Barangay*** Supply Point Officer.

TABLE 7

Nutrition Activities: Selected *Barangays* and Municipalities in Cebu Province, 1988

Nutrition Activities	Municipality									Total	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Calawisan	Pusok	Total	Dumlog	San Roque	Total	No.	Percent
A. Number of respondents who were aware of Nutrition Activities by type of activity*											
Feeding program	43	106	149	57	45	102	49	62	111	362	69.6
Free powdered milk, yellow corn, oatmeal	16	27	43	24	23	47	15	20	35	125	24.0
Day care	15	32	47	22	9	31	15	15	30	108	20.8
Seminar on Proper Nutrition	7	25	32	16	14	30	18	13	31	93	17.9
Weighing program	3	21	24	10	5	15	9	2	11	50	9.6
Mother's class	7	14	21	15	3	18	3	4	7	46	8.9
Cooking class	2	2	4	6	10	16	2	3	5	25	4.8
Seminar on Child Care	-	3	3	-	-	-	1	-	1	4	0.8
Green Revolution	-	-	-	1	1	2	1	-	1	3	0.6
Free regular check-up of children	-	-	-	-	1	1	-	-	-	1	0.2
TOTAL	93	230	323	151	111	262	113	119	232	817	

TABLE 7 (continuation)

Nutrition Activities: Selected *Barangays* and Municipalities in Cebu Province, 1988

Nutrition Activities	Municipality									Total	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Calawisan	Pusok	Total	Dumlo	San Roque	Total	No.	Percent
B. Sponsoring agency:											
Barangay Health Station	91	192	283	67	106	173	109	119	228	684	83.7
Department of Social Welfare and Development	1	2	3	5	5	10	2	-	2	15	1.8
Barangay Supply Point Officer	-	1	1	-	-	-	1	-	1	2	0.2
NGOs[1]	-	1	1	88	2	90	-	-	-	91	11.1
Religious[2]	1	37	38	7	1	8	-	-	-	46	5.6
Academic Institutions[3]	-	-	-	-	1	1	2	-	2	3	0.4
C. Number of respondents who participated in any activity	67	140	207	107	41	148	82	70	52	507	62.1

*Multiple responses

[1]Nongovernment Organizations (NGOs): Times, Norphil, private organizations.

[2]Religious: Catholic Christian Women's Association (CCWA), Lapu-Lapu nuns, Carretas, Bible Baptist Church, World Vision-Baptist.

[3]Academic Institutions: public schools, South Western University.

TABLE 8

Desired Family Planning Activities: Selected *Barangays* and Municipalities in Cebu Province, 1988
(Number and Percent of Respondents)

Family Planning Activities	Municipality									Total (N = 817)	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Calawisan	Pusok	Total	Dumlog	San Roque	Total	No.	Percent
Family Planning seminar done regularly	23	61	84	43	48	91	47	48	95	270	46.2
Free contraceptives	10	34	44	22	22	44	23	17	40	128	21.9
Motivating parents to use family planning methods	10	16	26	6	6	12	13	13	26	64	11.0
Free ligation	5	15	20	8	10	18	5	5	10	48	8.22
Mother's class		6	6	12	5	17	1	2	3	26	4.4
Home visits	2	3	5	8	2	10	2	2	4	19	3.2
Free intrauterine device insertion	3	1	4	5	2	7	-	3	3	14	2.4
Family planning clinic	-	-	-	7	1	8	-	-	-	8	1.4
Free vasectomy	2		2	2		2	2	1	3	7	1.2
Family planning consultation	1	-	1	-	1	1	-	3	3	5	0.9
Training of interested *Barangay* Health Worker	-	-	-	-	-	-	1	1	2	3	0.5

TABLE 8 (continuation)

Desired Family Planning Activities: Selected Barangays and Municipalities in Cebu Province, 1988
(Number and Percent of Respondents)

Family Planning Activities*	Municipality									Total (N = 817)	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Calawisan	Pusok	Total	Dumlog	San Roque	Total	No.	Percent
Free transportation for ligation patients	-	2	2	-	-	-	-	-	-	2	0.3
Free transportation for vasectomy patients	-	2	2	-	-	-	-	-	-	2	0.3
Motivating men to have vasectomy	1	-	1	-	-	-	-	-	-	1	0.2
Family Planning seminar for males	-	-	-	1	-	1	-	-	-	1	0.2
Monthly check-up after ligation operation	-	-	-	1	-	1	-	-	-	1	0.2
Free hand-outs on Family Planning	-	1	1	-	-	-	-	-	-	1	0.2
Pre-natal and Post Natal Services	-	-	-	-	1	1	-	-	-	1	0.2
Not interested/no comment	13	21	34	12	23	35	13	17	30	99	17.0
Not aware/no idea	-	8	8	-	-	-	-	4	4	12	2.1

* Multiple responses.

With respect to health and environmental sanitation, the delivery of free medicine and provision free clinic services were perceived to be inadequate by 35 percent and 24 percent of respondents, respectively. The respondents wanted such services expanded. Considering that one-third of the total households had no toilet facilities and that existing toilet construction in the community was practically nil, 20 percent of the respondents pointed out the need to construct more toilets for free, while another 11 percent wanted to be provided more sanitary facilities. The respondents (18 percent) also desired to have a doctor permanently assigned to their community (see Table 9).

With respect to nutrition activities, 43 percent of respondents desired an expansion of the feeding program, while 35 percent wanted to expand the distribution of free powdered milk and other foodstuffs. About 18 percent of respondents wanted more seminars on nutrition, while 11 percent mentioned Day-Care centers as among the community's immediate needs (see Table 10).

IV. KEY INFORMANT SURVEY RESULTS

In the three sample municipalities, interviews were conducted with 14 key informants who were either program professionals or community influentials. These included a City Population Officer (CPO), two Municipal Health Officers (MHOs), three Full-Time Outreach Workers (FTOWs), five *Barangay* Supply Point Officers (BSPOs), two Volunteer Health Workers (VHWs) and one *Barangay* Nutrition Scholar (BNS). They were asked questions on Population, Health and Nutrition (PHN) activities conducted in the community, the problems and needs in service delivery, and training related to their jobs.

Based on the list provided by the key informants, the PHN activities conducted in the sample communities covered a wide range of programs. These included mother's classes, house visits, weighing of preschoolers, immunization, supplementary feeding, distribution of contraceptives, referrals, beautification and cleanliness drives, sanitation inspection, and counselling on responsible parenthood. These activities were part of the five impact programs identified by the Department of Health for the region. The five programs were the Expanded Program of Immunization (EPI), maternal and child health, the national tuberculosis program, the control of diarrheal diseases, and the control of leprosy.

Of the three municipalities, the Rural Health Unit (RHU) in Consolacion had the most complete accomplishment report. This unit was the most successful in implementing the programs in terms of what it intended to achieve (*i.e.*, service targets). However, Talisay registered higher percentages for EPI, prenatal care, and sterilization. Consolacion and Talisay both had low accomplishment (percent of targets achieved) in controlling diarrheal diseases. The percentage of fully immunized children was lowest in Lapu-Lapu.

TABLE 9

Desired Health and Environment Sanitation Activities: Selected *Barangays* and Municipalities in Cebu Province (Number and Percent of Respondents)

Health and Environmental Sanitation Activities*	Municipality									Total (N-817)	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Calawisan	Pusok	Total	Dumlog	San Roque	Total	No.	Percent
Free medicine	24	64	88	23	33	56	30	33	63	207	35.4
Free clinic	21	31	52	11	26	37	26	24	50	139	23.8
Free toilet construction	7	18	25	52	17	69	9	25	34	128	21.9
Assign permanent doctor in the area	15	36	51	15	24	39	12	15	27	117	20.0
Free dental services	12	33	45	14	15	29	13	19	32	106	18.1
Cleanliness drive	15	7	22	9	19	28	8	9	17	67	11.5
Provide sanitary facilities	2	2	4	12	16	28	16	14	30	62	10.6
Assign permanent dentist in the area	2	4	6	7	11	18	7	4	11	35	6.0
Seminar on Health and Environmental Sanitation	-	14	14	5	-	5	9	5	14	33	5.6
Seminar on Herbal Medicine	-	5	5	9	4	13	-	-	-	19	3.25
Deworming program	2	7	9	1	3	4	2	1	3	16	2.74
Free immunization	5	2	7	1	3	4	2	2	4	15	2.6
Assign permanent midwife in the area	-	-	-	1	8	9	1	2	3	12	2.1
Free vitamins	5	2	7	1	1	2	1	2	3	12	2.1
Health education	1	2	3	1	2	3	-	-	-	6	1.0

TABLE 9 (continuation)

Desired Health and Environmental Sanitation Activities: Selected *Barangays* and Municipalities in Cebu Province (Number and Percent of Respondents)

Health and Environmental Sanitation Activities*	Municipality									Total (N-817)	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Calawisan	Pusok	Total	Dumlog	San Roque	Total	No.	Percent
Weighing program	1	-	1	-	2	2	-	-	-	3	0.5
Seminar on Child Care	-	-	-	1	1	2	-	-	-	2	0.3
First aid demonstration	-	-	-	1	1	2	-	-	-	2	0.3
Information dissemination of activities	-	2	2	-	-	-	-	-	-	2	0.3
Home visits	-	-	-	1	-	1	1	-	1	2	0.3
Seminar on Proper Nutrition	-	1	1	-	-	-	-	-	-	1	0.2
Free optical clinic	-	-	-	-	-	-	1	-	1	1	0.2
Free hospitalization	-	1	1	-	-	-	-	-	-	1	0.2
More health centers	-	-	-	1	-	1	-	-	-	1	0.2
Drainage construction	1	1	-	-	-	1	-				
Emergency rescue unit	1	-	1	-	-	-	-	-	-	1	0.2
Construction of sports complex	-	-	-	1	-	1	-	-	-	1	0.2
Build hospital near their Area	-	1	1	-	-	-	-	-	-	1	0.2
More incentives for sanitary officers	-	-	-	-	-	-	1	-	1	1	0.2
Mother's class	-	1	1	-	-	-	-	-	-	1	0.2
Not interested/no comment	3	10	13	1	3	4	5	5	10	27	4.6

* Multiple responses.

TABLE 10

Desired Nutrition Activities:
Selected *Barangays* and Municipalities of Cebu, 1988
(Number and Percent of Respondents)

Nutrition Activities*	Municipality									TOTAL (N = 817)	
	Consolacion			Lapu-Lapu			Talisay				
	Garing	Pulpogan	Total	Cala-wisan	Pusok	Total	Dumlog	San Roque	Total	No.	Percent
Feeding program	22	59	81	43	42	85	40	44	84	250	42.8
Free powdered milk, yellow corn, oatmeal	27	57	84	34	27	61	32	27	59	204	34.9
Seminar on Proper Nutrition	19	25	44	11	19	30	14	15	29	103	17.6
Day-Care	2	2	4	5	31	36	8	17	25	65	11.1
Weighing program	1	-	1	9	6	15	5	3	8	38	6.5
Cooking class	1	3	4	5	7	12	8	2	10	26	4.5
Free vitamins	1	6	7	2	2	4	1	2	3	14	2.4
Green Revolution	1	2	3	4	-	4	4	2	6	13	2.2
Mother's class	-	1	1	1	2	3	4	-	4	8	1.4
Information dissemination of activities	-	-	-	-	-	-	-	5	5	5	0.9
Build feeding centers	-	3	3	1	-	1	-	1	1	5	0.9
Assign more personnel at the Health Center	-	-	-	-	1	1	2	1	3	4	0.7
Seminar on Child Care	-	-	-	-	4	4	-	-	-	4	0.7
Deworming program	-	1	1	-	1	1	-	-	-	4	0.7
Free regular check-up of children	-	-	-	-	4	4	-	-	-	4	0.7
Health education	-	-	-	1	-	-	-	-	1	2	0.3
Livestock	-	1	1	-	-	-	-	-	-	1	0.2
Employment opportunities to be able to feed family	-	1	1	-	-	-	-	-	-	1	0.2
Free medicine	-	-	-	1	-	1	-	-	-	1	0.2
Not interested/no comment	3	14	17	8	4	12	5	4	9	38	6.5

*Multiple responses

Looking forward to the 1990s, the RHUs in Consolacion and Talisay had a list of community proposals covering a four-year period (1989-1992). From this list, one may infer which projects were given top priority by the local officials. In Consolacion, for instance, projects on maternal and child health care were proposed for all its 21 *barangays*. Specifically, the lineup included prenatal and postnatal care, food and micronutrient supplementation, immunization of all babies 0-4 years old, tuberculosis (TB) control, family planning (premarital counselling, BSPO training and Information and Education Campaign [IEC]), and health and sanitation (garbage disposal and beautification drives). In Talisay, the listing was lumped under the Social Development Sector. The proposed activities were family planning (particularly IEC), supplemental feeding, distribution of medicine, water-sealed toilet construction, and training and seminars for community organization. In both municipalities, the national government through the DOH was the major source of funding for the proposed projects.

There were problems and difficulties encountered in carrying out the PHN activities. For one thing, it appeared that the local *barangay* officials were not directly involved in the delivery of these services. When asked about such activities in their localities, virtually, all of them referred the interviewers to the Municipal Health Office. But the *barangay* officials may not be faulted for their noninvolvement, for this could be due to several factors. They may feel that these activities were not within the purview of their responsibilities and, besides, the PHN program did not assign specific roles to *barangay* officials who were saddled with other important problems.

There had been much talk among government officers about the need for an integrative approach in the delivery of social services. That being the case, it was crucial to have coordination among the various government agencies directly or indirectly involved in social services. However, one municipal health officer decried the lack of real coordination among various agencies catering to clientele of PHN services. It is true that different agency representatives (from the DOH, DOLE, NEDA, POPCOM, DOA, *etc.*) participate in seminar-workshops conducted for purposes of adopting the integrative approach to social services delivery. But the idea of coordination seldom goes beyond the four walls of the seminar venue. It is difficult enough to operationalize the concept of coordination. Aggravating it is the fact that some agencies, in their "overenthusiasm" for target beneficiaries, often bloat their accomplishment reports. This overemphasis has actually worsened the difficulties of coordination since agencies sometimes withhold vital information needed by other agencies. Politics could also be

a restraining factor, as the position of those involved in certain PHN activities are co-terminous with the local and even national officals' term of office.

The Full-Time Outreach Workers (FTOWs) were beset not only with problems of logistics and institutional support but also of tenure of service. Uncertainty in employment security does affect job efficiency. Furthermore, lack of mobility hampered the performance of duties. The need for transportation services became even more acute when far-flung rural *barangays* were targetted for services. Supply of materials was not considered as much a problem as distributing them.

A refreshing departure from the problematic situation in the municipalities was the encouraging report from Talisay. This municipality presented the picture of a resourceful and responsible community. Two volunteer health workers (VHWs) took pride in showing the interviewers around the *barangay* health centers, pointing to the fixtures acquired through fundraising projects at their own initiative. This suggests a crying need for a community organizer to spur *barangay* folds in generating resources for worthwhile projects.

In almost all municipalities, lack of financial incentives seems to be the biggest obstacle to keeping the VHWs on the move. The VHWs have lightheartedly commented that they have earned nothing but the ire of their husbands for devoting too much time to PHN activities.

Seven of the key informants have, over the past two years, undergone some form of training in connection with their jobs. But the FTOWs feel the need for more skills upgrading.

V. CONCLUSION

Among the PHN activities, family planning related activities are ranked lowest by the respondents. This is supported by data on contraceptive prevalence and house visits conducted by population, health and nutrition (PHN) workers. The high incidence of fear of side effects as a reason for nonuse of family planning (FP) methods only highlights the need to disseminate more information on family planning. Only a little over one-third of those who do not want more children, practice family planning. The statistical revelation that current users would not want to have more children is instructive. This implies the need for a FP program that would maintain and increase the number of current users.

The coverage of Mother-Child Health Care activities corresponds to the perception that health-related activities ranked highest. Indeed coverage of prenatal consultation, immunization, weighing visits and consultation on diarrhea and respiratory infection appeared higher

than those on FP activities. Postnatal care seems to be regarded as less important than prenatal care suggesting the need for attention.

Based on the accomplishment reports, the municipalities had relatively high performance ratings in all programs. This could be explained by the fact that the target clientele in some programs was arbitrarily set at three percent of the entire population in the municipality. On the other hand, the coverage rates in this study considered only the eligible population as the target of specific programs. Although the coverage rates in such programs as the BCG, prenatal feeding and weighing showed the same trend as the performance ratings, no comparison between the RHU reports and the findings of this study can be made due to a difference in determining target population. It would be advisable to review the three percent target scheme set by the national agency so that a realistic performance rating can be reflected.

In all the six *barangays*, the distance or proximity to the Municipal Health Center did not seem to affect the coverage of and participation in PHN activities. Rather, a key factor in the success or failure of any program was the attitude of the residents and their willingness to participate. As admitted by the respondents, they tended to participate more in health and nutrition activities than in family planning. This is corroborated by their willingness to go for prenatal consultation, immunization of children, and consultation on diarrhea and respiratory infection. It should be noted, however, that consultation as a curative measure is made by more clients than consultation as a preventive measure. That the dole-out mentality is still strong is supported by the fact that the respondents tended to favor free distribution of basic commodities. In particular, the respondents wanted additional health and nutrition activities even when these had registered high coverage rates.

Reforms in public administration may also be needed to ensure the proper implementation of projects. For instance, the *barangay* leader may serve as liaison officer to facilitate the inter-governmental community projects, particularly those related to PHN. In addition, local executives may initiate or strengthen community organizing to involve the rural folks in *barangay* projects. After all, it would be more productive to regard the clients as active participants in service provision and enhancement than as passive service targets. Establishing linkages with the nongovernment organizations (NGOs) may also be explored to augment social services delivery. Since coordination among government agencies remains an elusive concept, decentralization in terms of budget appropriation and delineation of functions may offer a better alternative.

As a final note, unless a minimum level of socioeconomic development (with concomitant attitudinal change) filters down to the grassroots level, prospects for maximum social services delivery appear dim in the face of the ever-growing demands of a burgeoning population.

MONITORING POPULATION, HEALTH AND NUTRITION ACTIVITIES IN BENGUET AND LA UNION

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I. INTRODUCTION

The main objective of the study was to monitor population, health and nutrition (PHN) activities in selected communities of Benguet and La Union provinces. This study was one of the four field studies undertaken with a similar objective (the other studies were conducted in Iloilo, Cebu and Leyte). The results of these other studies are also reported in this volume.

The study was undertaken by the Cordillera Studies Center (CSC) of the University of the Philippines College Baguio. The study decided to focus the investigation in the provinces of La Union and Benguet both for the sake of convenience in terms of travel time, and to capture a wide range of geographical and ecological variations.

Within these provinces, we chose to use barangays as our sampling units rather than municipalities (as was the case for the other studies). The barangay was the unit of analysis for our earlier research in these provinces and the continued use of the barangay was, therefore, very convenient. However, there are a number of other reasons why we, at the CSC, often use the barangay as our unit.

In the first place, the barangay is the smallest unit for which data are widely available. We believe in doing research on small units because of the variety found within the Cordillera. Much of our research has to do with "agro-ecosystems", which exhibit wide diversity over what wouldd be in the lowlands a relatively small distance. At the same time, the availability of secondary data is often crucial both for understanding a particular site and for comparisons among sites. Thus, we use the barangay as the smallest unit for which such data are available.

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[1]*This is an abridged version of the final report submitted to the University of the Philippines Center for Integrative and Development Studies (UP-CIDS). The full report is available at the UP-CIDS upon request.*

Secondly, the barangay in the Cordillera is often a unit unto itself. Conditions are such that travel time within a barangay can often considerably exceed the travel time found within municipalities in the lowlands. Bus travel from one barangay to the neighboring barangay can exceed two hours. And, since road service is often not available to all sitios of a barangay, walking times of eight hours within a barangay are not uncommon. Thus, for many purposes the municipality as a focus of analysis is unrealistically large.

It must be stated that, in many places in the Cordillera, the barangay is an artificial unit of analysis. The indigenous traditional unit (often called the *ili*) should instead be the focus of analysis. However, this consideration does not apply in Benguet (and naturally not in non-Cordillera La Union). Benguet's barangays tend to coincide with indigenous territorial boundaries (to the extent that the latter still exist, as Benguet is the most acculturated of the Cordillera provinces), so that for this province, at least, we feel comfortable in utilizing the barangay.

For this study, we picked seven barangays in five municipalities and one city. They are briefly described as follows:

Happy Hollow, Baguio City. This is the most inaccessible barangay within the city limits of Baguio. There is no regular public transportation going to the barangay. Unlike the rest of Baguio (which is predominantly composed of lowland migrants), Happy Follow has a majority of upland ethnicity. Economic activities tend to be extractive (agricultural or small-scale mining). It is the only non-electrified barangay in Baguio.

Bineng, La Trinidad, Benguet. This is one of the barangays in the municipality adjacent to Baguio City. La Trinidad has a predominantly Cordilleran population, and is currently undergoing transition from traditional temperate vegetable cropping to more urbanized economic activities. Bineng is one of the less accessible barangays, with only one jeepney trip per day going there. It is not electrified.

Dalupirip, Itogon, Benguet. Itogon is another municipality adjacent to Baguio City. Dalupirip is the least accessible of Itogon's barangays, with little public transport even reaching the barangay, and no roads to most of the sitios. The population retains its indigenous character and economic activities. It is not electrified.

Taba-ao, Kapangan, Benguet. Taba-ao is north of Baguio City, and is served by public transportation. Being on the border of several ethnic areas, the population is multi-lingual. Economic activities are primarily agricultural. Taba-ao is partially electrified.

Ballay, Bauang, La Union. Ballay is one of the non-coastal barangays of Bauang. Ilocanos predominate. The highway traverses the barangay and agricultural activities are mixed with urban professions.

Suyo, Bagulin, La Union. Suyo is the town center of the rural, interior municipality of Bagulin, with the highway running through the barangay. Some upland ethnicities are mixed with the predominant Ilocanos. Agriculture is the dominant economic activity, with a specialized cash crop ("tiger grass" for brooms).

Pugo, Bauang, La Union. This coastal barangay is partially inaccessible by road. Agriculture is mixed with fishing and urban employment.

Clearly, we have chosen barangays which have different degrees of accessibility, a variety of livelihoods, and different levels of development. These provide an assortment of contexts within which to study the nature, scope, and coverage of population, health, and nutrition activities.

Finally, it is perhaps worth emphasizing that these barangays were chosen to represent themselves, and not to represent the municipalities to which they belong. Again, municipalities in the Cordillera cover such a wide variety of conditions that it is hard to "represent" them. Thus, we confine our efforts to representing barangays, which are more manageable units.

Eligible households for the study were those with a currently married woman of reproductive age, together with her spouse, the household head, who was present and with children age 0-6 years. Typically, the actual respondent was the wife of the household head. The total number of respondent households in the seven barangays was 605.

In addition to the household-level interviews, we conducted interviews with PHN providers in the barangay. These included Barangay Health Station midwives, Rural Health Unit Nurses, Full-Time Outreach Workers, Barangay Health Workers (also known as Volunteer Health Workers), and Barangay Service Point Officers. Additionally, barangay captains (both past and present) were interviewed.

In these key informant interviews, details about activities in the barangays were elicited. In addition, we inquired about the various types of training which they have undergone recently. Finally, we inquired about problems that were faced in conducting population, health and nutrition activities, and suggestions for solutions were elicited.

II. HOUSEHOLD SURVEY RESULTS

1. Fertility and Family Planning

Table 1 summarizes data on fertility and family planning. The mean number of children varied from 3.55 children per woman in Suyo to 5.23 children per woman in Taba-ao. Survival rate of children ever born up to the date of interview was around 92 percent.

About half of the total sample of women in the selected barangays indicated that they did not want any more children. The percentages are higher (around 60 percent) in Ballay, Suyo and Pugo, and lower (around 40-45 percent) in Bineng, Dalupirip and Taba-ao. On the whole, these fertility desires are somewhat matched by current practice of family planning, except in Taba-ao, Suyo and Pugo, where the percentage of couples practicing family planning is much lower than the percentage indicating they did not want any more children.

The fear of side effects from the use of modern contraception is the single major reason for non-use of family planning methods according to respondents. More than half of the couples in Taba-ao (57.5 percent) and in Bineng (52.2 percent) indicated this as the reason for non-use of family planning methods. In the other barangays, the fear of side effects was stated as the reason for non-use of family planning methods of about 22 to 36 percent of couples. The second most frequently stated reason for non-use is the desire for more children. Of interest is that religious reasons did not constitute a major reason for non-use. The implication of these findings is that there is a need to allay the public's fears about the possible side effects of contraceptives. This could be done both by insuring that the available methods are safe and by convincing the public of that fact.

TABLE 1

Selected Indicators of Fertility and Family Planning

Indicators	Happy Hollow (n=49)	Bineng (n=55)	Dalupirip (n=148)	Taba-ao (n=95)	Ballay (n=59)	Suyo (n=76)	Pugo (n=123)	Total (n=605)
Mean children ever born	4.04	4.79	4.75	5.23	4.32	3.55	4.11	4.45
Mean children surviving	3.79	4.45	4.32	4.81	4.14	3.34	3.82	4.10
Survival rate	0.94	0.93	0.91	0.92	0.96	0.94	0.93	0.92
Percent of couples not wanting any more children	55.1	47.3	39.2	45.3	61.4	63.2	65.9	52.7
Percent of couples currently practicing family planning	53.1	41.8	23.0	18.9	64.4	52.6	51.2	40.0
Percent of non-users stating fear of side effects as major reason for non-use	35.7	52.2	29.2	57.5	21.7	35.0	34.3	39.9

2. Maternal and Child Health Care

Table 2 presents selected indicators of maternal and child health care. Among women who had at least a birth during the two years preceding the survey, about 74.3 percent had prenatal consultation. The rates varied from a low of 61.7 percent in Bineng to a high of 97.8 percent in Ballay. While prenatal care is generally high, the rate of postnatal consultations appear to be quite low. For the total sample of women, only 35.5 percent had postnatal consultations. This rate varied from 14.9 percent in Bineng to 66.7 percent in Suyo.

As might be expected, large proportion of births were delivered at home. The percentage of women who delivered at home ranged from 60.6 percent in Happy Hollow to 92.7 percent in Bineng. The relatively low percentage of births occurring at home in Happy Hollow may be partly explained by the fact that Happy Hollow is relatively close to Baguio General Hospital.

A large proportion of women breastfed their children. The precentages were above 90 percent in all the study barangays with the exception of Ballay and Suyo. Further research, however, is needed to obtain the details of breastfeeding, for example, on the duration of breastfeeding and weaning practices.

TABLE 2

Selected Indicators of Maternal and Child Health

Indicators	Happy Hollow (n=49)	Bineng (n=55)	Dalupirip (n=148)	Taba-ao (n=95)	Ballay (n=59)	Suyo (n=76)	Pugo (n=123)	Total (n=605)
Number of women who had births during the two years preceding the survey:	43	47	108	59	45	45	92	439
Percent of mothers who had prenatal care	76.7	61.7	70.4	78.0	97.8	86.7	64.1	74.3
Percent of mothers who had postnatal care	32.6	14.9	27.8	23.7	64.4	66.7	34.8	35.5
Percent of women who delivered at home	60.6	92.7	79.5	91.5	87.9	65.8	78.6	80.0
Percent of women who breastfed child	97.0	95.1	96.6	97.9	84.4	86.8	97.1	94.6
Children age three months and over:	34	41	91	50	34	40	73	368
Percent with BCG vaccination:	97.4	95.1	51.6	82.0	91.2	92.5	66.7	74.5
Percent weighing children age 0-6 years regularly (growth monitoring)	83.7	81.3	85.1	98.9	71.2	84.2	79.7	84.8

The rate of vaccination for children varied among the study barangays. Among children age three months and over, the percentages receiving BCG vaccines were generally high (more than 90 percent) in Happy Hollow, Bineng, Ballay and Suyo. It was, however, relatively quite low in Dalupirip (51.6 percent) and in Pugo (66.7 percent).

A large proportion of women (from 70 to 98 percent) reported that they weigh children for growth monitoring purposes. However, when account was taken of the location where the weighing takes place, which is often outside the barangay, one could readily infer that frequency of weighing is limited. Indeed the data indicate that only about 25 percent are able to weigh their children once a month. The rest do so with much longer intervals. Thus, considering that the weighing apparatus is easy to transport, perhaps more effort should be made to weigh children within the barangay.

3. Environmental Sanitation

Table 3 shows selected indicators of environmental sanitation. With respect to the housing structure, we tried to judge the condition according to a three point scale indicating the type of housing materials used. Remembering that we had a different research assistant doing the fieldwork in each barangay, we must take into account the possibility of differences in judgement. Still, there is a pattern that is strong enough to allay our doubts -- there are more "light" houses in the lowlands and more "heavy" houses in the uplands. Given the cool climate conditions in the Cordillera, this is not surprising. What perhaps needs investigating in the future is the extent to which the environmental necessity for heavier houses is a drain on the disposable income of the residents.

With respect to the source of drinking water, we see a wide variety of sources, presumably dependent on environmental conditions. It should be noted that for Bineng and Dalupirip, in no sense is the water treated when it is piped into a home. It is simply a pipe hooked up to a spring. On the whole, it does not seem possible to judge the quality of the drinking water from the data. Rivers and shallow wells are particularly subject to pollution problems, but the water might indeed be perfectly safe. For this aspect of environmental health conditions, perhaps an expert testing of water in the barangay is better than asking sample respondents their source of drinking water.

4. Coverage of Selected PHN Activities

This section focuses on the extent to which the residents of the study sites are provided with basic population, health and nutrition-related services.

TABLE 3

Selected Indicators of Environmental Sanitation

Indicators	Happy Hollow	Bineng	Dalupirip	Taba-ao	Ballay	Suyo	Pugo	Total
Number of households:	49	55	148	95	59	76	123	605
Percent by type of housing materials:								
Light	6.1	30.9	21.6	8.5	42.4	34.2	51.2	28.9
Medium	14.3		23.0	75.8	39.0	14.5	9.8	26.3
Heavy	75.5	69.1	55.4	13.7	18.6	51.3	38.2	44.1
No Answer	4.1			1.1			0.8	0.7
Percent by source of drinking water:								
Piped water	55.1	61.8	40.5		5.1	14.5	0.8	22.5
Artesian well	2.0		0.7	1.1	20.3		54.5	13.6
Shallow pump					64.4	36.8	3.3	11.6
Open well	12.2		3.4	2.1	1.7			2.3
River,spring	10.2	38.2	52.0	96.8	8.5	48.7		39.2
Rainwater, others	20.4		3.4				41.5	10.8
Percent by type of toilet:								
Water-sealed	10.2	5.5	12.9	2.1	86.4	65.8	70.7	35.9
Antipolo (closed)	14.3		8.1	53.7				11.6
Open pit	69.4	94.5	29.1	44.2	13.6	18.4	25.2	37.0
Others	4.1		11.5			5.3	4.1	4.5
Anywhere	2.0		38.5			10.5		10.9

Table 4 begins with data on information about family planning within the past two years. The data show that, in general, all seven barangays have had a minimal amount of information flow related to family planning. Only about 37 percent of the 605 respondents reported having received family planning-related information. This is most apparent in Bineng where only 27 percent of the MACRAs obtained family planning information. Taba-ao and Happy Hollow, on the other hand, were widely-reached areas as far as information dissemination is concerned. Forty-eight and forty-nine percent of the respondents in these respective study sites reported having received information on the topic.

Table 4 also reveals that a greater portion of those who acquired population-related information obtained these from sources other than government family planning workers. Suyo, was the only area where Full Time Outreach Worker's (FTOW) activities were extensive. This may be attributed to the barangay's proximity to the municipal center. FTOW activities were also reported in Pugo to a lesser extent. The Barangay Service Point Officer's information dissemination activities had also been very minimal. Only Pugo and Dalupirip were covered by BSPOs. Such results may imply the failure or absence of government instituted mechanisms for continued family planning campaigns in the study sites. This does

not, of course, include other forms of information campaigns such as the use of the media. As far as the designated personnel are concerned, however, we can deduce that very little is being done to update married couples on family planning.

Data on Table 4 regarding family planning information and the data on the percentage of users of family planning methods show that a large number of married couples practice family planning relative to the number of married couples who were recipients of family planning information within the past two years. Apparently, receiving recent information on family planning from government population workers is not a crucial factor in the acceptance of family planning. The value of such information dissemination campaigns, however, could not be overlooked in view of the reasons cited for non-use of family planning methods. (As of side effects see Table 1).

TABLE 4

Number of Households Visited by PHN Workers to Talk About Family Planning

Barangay	Number of households	Type of PHN Personnel Visiting:							Total percent covered
		FTOW	BSPO	BHS midwife	Government doctor	Private doctor	Others	Total	
Happy Hollow	49			5	1	1	17	24	49.0
Bineng	55						15	15	27.3
Dalupirip	148		1	3	2	4	37	47	31.8
Taba-ao	95			2	3	2	39	46	48.4
Ballay	59				2		17	19	32.2
Suyo	76	18		1			5	24	31.6
Pugo	123	3	6	10	1	1	29	50	40.7
Total	605	21	7	21	9	8	159	225	37.2

FTOW = *Full Time Outreach Worker*
BSPO = *Barangay Supply Point Officer*
BHS = *Barangay Health Station*

With respect to maternal care, it is interesting to note, for instance, that more women avail of prenatal than post natal service (Table 5). There are about 74 percent of the total number of cases of pregnant women who went for prenatal consultation as compared to the 36 percent who went for postnatal check-up. In terms of consultation for diarrhea and respiratory diseases, only a small amount of discrepancy can be noted (Table 6). Cases brought for check-up of respiratory diseases (70 percent) slightly outnumber those brought for diarrhea treatment (62 percent).

Finally, comparison among the sites reveal that Ballay enjoyed the most extensive coverage in terms of the four types of services, i.e. prenatal care, postnatal care, diarrhea consultation, and respiratory illness consultation. About 64 to 100 percent of its eligible or target population were able to avail of these various types of consultation. The performance in Suyo was equally impressive with 67 to 89 percent of the target population provided with these vital services. Happy Hollow and Bineng, on the other hand, received relatively low coverage. Prenatal and postnatal consultation in Bineng, for instance, reached only 62 and 15 percent, respectively. Consultation for both diarrhea and respiratory diseases were reported to be lowest in Happy Hollow. These reached only 42 and 56 percent, respectively. These information are provided in Tables 5 and 6.

It would be noted that both Ballay and Suyo are lowland sites while Happy Hollow and Bineng are both upland sites. This distinction implies vast differences in terms of topographic features which may have serious implications in service delivery. Another important variation of these areas is the ethnicity of their residents. The lowland sites are composed primarily of Ilocanos while Bineng and Happy Hollow are Ibaloi and Ibaloi-Kankanaey areas, respectively. Finally, it will be noted that while all four sites are located near or within an urban center, the upland areas are less accessible due to road conditions. Such factors may have some bearing on these communities' access to basic health services.

Data on the persons or agencies involved in providing these health-related services also reveal basic patterns in service delivery. The first matter that can be noted is the extensive involvement of volunteer health workers in most of these health related activities in the different study sites. This is most pronounced for functions like informing expectant parents of the importance of immunization or informing them of the need for prenatal and postnatal consultations. Surprisingly, volunteer health workers also appear to be equally important figures in the actual delivery of prenatal and postnatal services. In addition to these, volunteer health workers are also involved to a lesser degree in providing medical services to children with respiratory diseases or diarrhea.

TABLE 5

Coverage of Prenatal and Postnatal Care Services by Barangay

Indicators/Barangays	Number of Visited/Provided Service by Type of Personnel								Total percent covered
	Eligible population*	Traditional midwife	VHW	BHS midwife	Government doctor	Private doctor	Others	Total	
Prenatal visits to women who had births during the past two years:									
Happy Hollow	43		14		6	4	1	25	58.1
Bineng	47		16			1	2	19	40.4
Dalupirip	108	2	32	1	4	16	15	70	64.8
Taba-ao	59	2	18		3			23	39.0
Ballay	45	1	32		1	1	4	39	86.7
Suyo	45		28			1	10	39	86.7
Pugo	92		40	7	7	5	2	61	66.3
Total	439	5	180	8	21	28	34	276	62.9
Prenatal consultation to women who had births during the past two years:									
Happy Hollow	43	1	8		13	9	2	33	76.7
Bineng	47	2	22		2	3		29	61.7
Dalupirip	108	2	14		9	49	2	76	70.4
Taba-ao	59		39		7			46	78.0
Ballay	45		36		5	2	1	44	97.8
Suyo	45		17		3	3	16	39	86.7
Pugo	92	4	42		8	5		59	64.1
Total	439	9	178		47	71	21	326	74.3
Postnatal consultation to women who had births during the past two years:									
Happy Hollow	43		3		8	1	2	14	32.6
Bineng	47	2	2		2	1		7	14.9
Dalupirip	108	1	5		7	17		30	27.8
Taba-ao	59	2	7		5			14	23.7
Ballay	45	3	20		5	1		29	64.4
Suyo	45		13		4	2	11	30	66.7
Pugo	92	5	13	4	7	2	1	32	34.8
Total	439	13	63	4	38	24	14	156	35.5

**Eligible population includes women who had a birth during the two years preceding the survey.*
VHW = Volunteer Health Worker
BHS = Barangay Health Station

Available data (not shown here) reveal the relative significance of VHWs in health-related services across the sites. In general, volunteer health workers were more active in disseminating information on health care, particularly in dissemination of information related to the need for immunization than actual delivery of health service. Among the different barangays, Bineng, Taba-ao, Ballay and Suyo appear to rely heavily on volunteer health workers as primary sources of information related to prenatal and postnatal care, breastfeeding and immunization. VHWs also play a significant role in prenatal consultation in

TABLE 6

Coverage of Selected Child Services by Barangay

Indicators/Barangays	Number Provided with Service by Type of Personnel:								Total percent covered
	Eligible population*	Traditional midwife	VHW	BHS midwife	Government doctor	Private doctor	Others	Total	
Consultation for diarrhea:									
Happy Hollow	12				2	3		5	41.7
Bineng	23	1	11		2	2	2	18	78.3
Dalupirip	80		6			35	5	46	57.5
Taba-ao	31		6	1	2	3	1	13	41.9
Ballay	18		5	6	4	2		17	94.4
Suyo	8				3	3		6	75.0
Pugo	53		8	1	11	9	6	35	66.0
Total	225	1	36	8	24	57	14	140	62.2
Consultation for respiratory illness:									
Happy Hollow	9				3	2		5	55.6
Bineng	28		13		4	4		21	75.0
Dalupirip	84		8		2	39	2	51	60.7
Taba-ao	40		15		11	2		28	70.0
Ballay	9		2		4	2	1	9	100.0
Suyo	9				3	4	1	8	88.9
Pugo	19			1	10	6		17	89.5
Total	198	0	38	1	37	59	4	139	70.2

**Eligible population includes women who had a birth during the two years preceding the survey.*
VHW = Volunteer Health Worker
BHS = Barangay Health Station

Bineng, Taba-ao and Ballay, while their role in providing postnatal consultation is most apparent in Ballay and Taba-ao. VHWs are also main providers of health services for children with respiratory diseases and diarrhea in Bineng and Taba-ao.

Other providers of health services were also reported by the respondents. The extent of their services usually vary across sites and across activities. Prenatal consultation, for instance, is provided largely by volunteer health workers. In Happy Hollow, however, a significant percentage of the pregnant mothers consulted government and private doctors both within the district as well as outside the district. In a similar manner, the pregnant mothers in Dalupirip availed of the prenatal services provided by private doctors who come into the community. Pugo, on the other hand relied mainly on volunteer health workers for prenatal care. A large proportion of these volunteer health workers, however, were from outside the barangay. The results of Happy Hollow and Pugo can be explained by these two sites' proximity to an urban center. Residents of Happy Hollow, for instance, can avail of prenatal care in goverment hospitals or clinics as well as private clinics found in Baguio City instead of the disrict clinic, located in South Barrio. In the same manner, residents of Pugo can easily consult VHWs in the main Rural Health clinic located in the poblacion. Dalupirip, on the other hand, is extensively provided with medical assistance by the Saint Louis University (SLU) mobile clinic, hence, the high percentage of expectant mothers who consulted private doctors within the barangay.

Responses given to the question of who was consulted for postnatal care reflect the same pattern. Residents of Dalupirip still relied heavily on private doctors found within the barangay. Residents of Pugo, on the other hand, generally went to VHWs stationed outside the barangay. Happy Hollow, however, relied mainly on government doctors in the district health clinic located in Scout Barrio.

A significant matter to note is the fact that traditional midwife was mentioned more frequently by those who went for postnatal consultation especially in Bineng, Taba-ao, Ballay and Pugo.

Child care, on the other hand, depends largely upon private and government doctors outside the barangay, except in the case of Bineng and Dalupirip and Taba-ao. Medical services for diarrhea and respiratory diseases are provided by VHW in the case of Bineng and Taba-ao, while private doctors go to the barangay in the case of Dalupirip to treat such diseases.

An overview of these health services offered by these different workers points to a few more points about the delivery of health services. The first thing that we could note is the minimal role of the Barangay Health Station midwife. These health workers were mentioned

as source of health information or as providers of health services by only a few respondents mainly in Pugo, Dalupirip, Taba-ao and Happy Hollow. Respondents from the other three sites, however, did not attribute these functions to the barangay midwife. It appears, however, that the barangay midwives in the study sites have achieved relative amount of success in recruiting and motivating VHWs. This may then enable the midwife to delegate the task of providing basic health services and allow the midwife to focus on more critical functions.

In addition to this, it would also be observed that with the exception of Dalupirip respondents, very few married couples are able to avail of the services of a medical doctor in the barangay. Most of those who consulted with a doctor had to commute to be able to do so.

Other types of services that the research looked into pertain to medical consultation provided to children who suffered from diarrhea or respiratory diseases. Table 6 indicates a relatively high percentage of respondents who brought their children in for consultation. These range from 42 percent to 94 percent for diarrhea consultation and 56 percent to 100 percent in the case of respiratory diseases.

Medical doctors, were frequently consulted regarding diarrhea and respiratory diseases. These doctors were mainly stationed outside of the barangay except in the case of Dalupirip. BHS midwives also play a significant role in providing medical consultation especially in Bineng, Taba-ao and Ballay. Finally, it should be noted that medical doctors outside the study sites also provided medical assistance to all the cases of illness among deceased children.

5. PHN Activities in the Research Sites and the Participation of Respondents

Aside from the specific information on the extent of population, health and nutrition related services presented above, general questions were asked regarding the respondents' knowledge of PHN activities in the communities.

Tables 7, 8 and 9 present the specific activities enumerated by the respondents. With respect to family planning activities shown in Table 7, it will be noted that majority of those who claim to know PHN activities mentioned activities related to information dissemination on family planning. This is true in all sites except in Pugo where only 28 percent mentioned this activity. In addition to this type of activity, residents of the different areas also mentioned the distribution of contraceptive devices as a family planning activity in the communities. This is most apparent in Bineng, Ballay and Pugo. Respondents from Suyo, on the other hand, frequently noted the existence of pre-marriage counseling activities. It is also significant to note that a number of respondents claim to know of population-related activities but are unable to specify these activities mainly because they do not personally participate in these activities.

Similarly, when the respondents were asked about health and sanitation activities, a significant proportion mentioned lectures, seminars and other information-dissemination activities (Table 8). Relatively more respondents mentioned activities pertaining to sanitation than those who mentioned activities pertaining to health. In Suyo, for instance, 58 percent of the respondents mentioned sanitation-related information dissemination activities as compared to 2 percent who mentioned health information-related activities. This pattern holds true in most study sites except in Happy Hollow where health-related activities were mentioned with greater frequency. Another well-known activity in the barangay is immunization. This is indicated by the moderate number of the respondents who cited the activity, except in Happy Hollow, where only a single respondent mentioned immunization.

TABLE 7

Number of Households Who Know of Family Planning Activities in the Barangay, by Type of Activity

Family Planning Activities	Happy Hollow	Bineng	Dalupirip	Taba-ao	Ballay	Suyo	Pugo	Total
Respondent knows of some but does not go	6	-	8	2	2	-	21	39
Meetings/Seminars/Demonstrations/ Film Showing/Population Related Contests Information Awareness on Family Planning	24	22	38	20	10	14	21	149
Use of contraceptives (Natural Method, Artificial, etc.)	9	-	3	2	5	6	12	37
Distribute Pills and Condoms	1	17	-	1	5	-	11	35
Mothers Class on Family Planning	6	-	-	-	1	5	-	12
Home visits to explain/disseminate/ census info re family planning	-	-	1	-	2	4	7	14
Pre-marriage counselling	-	-	-	-	-	16	-	16
Train VHW to disseminate information and knowledge	-	-	-	-	-	-	1	1

TABLE 8

Number of Households Who Know of Health And Sanitation Activities in the Barangay by Type of Activity

Health/Environment Activities	Happy Hollow	Bineng	Dalupirip	Taba-ao	Ballay	Suyo	Pugo	Total
Respondent knows of some but does not go/doesn't know	4	1	3	-	1	-	21	30
Lectures/seminars/meetings/advices/ information dissemination on health (not specified)	18	1	14	23	1	1	-	58
Lectures/seminars/meetings/advices/ information dissemination on sanitation/ environment (cleanliness and beautification of environment, construction of pigpens/proper garbage disposal)	5	1	17	15	4	29	14	85
Distribution of watersealed toilet to those who cannot afford	-	-	-	1	-	1	4	6
Personal Hygiene (bathe children regularly)	1	-	1	-	-	-	1	3
Disease prevention (TB, Malaria, Goiter)		-	8	-	-	7	3	18
Application and preparation of herbal/medicinal plants	3	-	29	-	-	-	1	33
Immunization	1	6	25	16	6	18	34	106
Application of first aids	-	-	1	-	1	-	2	4
Deworming	-	-	-	-	-	1	26	27

TABLE 8 (Continuation)

Number of Households Who Know of Health And Sanitation Activities in the Barangay by Type of Activity

Health/Environment Activities	Happy Hollow	Bineng	Dalupirip	Taba-ao	Ballay	Suyo	Pugo	Total
Distribution of blankets so as not to catch colds	-	-	-	-	-	-	1	1
Mother's Class on health	4	-	-	-	-	3	-	7
Mother's Class on disease prevention	-	-	-	-	-	1	-	1
Dental Services	-	-	-	-	-	2	-	2
Free consultation/check-up/ prescription	-	15	23	1	-	1	3	43
Home visits of health workers to census and inspect health and environment	-	-	3	-	11	2	-	16
Training of VHW to assist health workers and to announce arrival of health workers	-	-	2	-	1	-	1	4
Fund raising/proper dieting/ child rearing	-	-	1	-	2	-	3	6

Other better known health and sanitation activities include free consultation and medical services as well as the provision of free medicines and vitamins. This is especially true in Bineng and Dalupirip. Deworming, on the other hand, was cited mainly in Pugo, while activities pertaining to the use and preparation of herbal medicine is dominant in Dalupirip. All in all, activities which the residents are aware of are varied. A few respondents, however, are unable to specify the activities although they are aware that health-related activities do take place inside the community.

Seminars, lectures and other information dissemination activities are salient nutrition-related activities (Table 9). Thirty percent of respondents in Happy Hollow, for instance, cited such seminars and lectures in addition to mothers' classes that focus on the topic of nutrition. These types of activities were also frequently mentioned in Dalupirip and Taba-ao.

TABLE 9

Number of Households Who Knows of Nutrition Activities in the Barangay by Type of Activity

Nutrition Activities	Happy Hollow	Bineng	Dalupirip	Taba-ao	Ballay	Suyo	Pugo	Total
Respondent doesn't know Does not go	4	-	3	4	-	-	20	31
Seminars/lectures/meetings/ advices/ information on nutrition (not specified)	11	-	-	-	-	-	4	15
Cooking demonstrations (cooking nutritious/different/affordable/ food preservation	9	35	-	23	3	25	7	102
Day Care	14	5	11	2	-	-	-	32
Feeding sessions for children	3	-	-	-	7	1	3	14
Rationing of cornmeal, skim milk	2	24	1	5	27	6	42	107
Free vitamins	-	24	26	2	7	-	5	64
Operation timbang	-	13	18	20	8	22	50	131
Food production	-	-	3	-	-	2	-	5

The Operation Timbang, cooking demonstrations and rationing of cornmeal or skim milk, however, are the three most widely known nutrition-related activities. Over half of the respondents in Suyo and Pugo cited the Operation Timbang project of the Department of Health. About 1/2 to 3/4 of the respondents in Bineng, Taba-ao and Suyo mentioned cooking demonstrations. It will be noted that feeding sessions for children was also mentioned by

some respondents. In addition to this, several respondents also mentioned Day Care, a project which may also include feeding sessions for the children. Again, a number of respondents were unable to specify any nutrition-related activity.

It is also particularly interesting to analyze the respondents' perception of who actually provides or conducts these PHN-related activities. Data (not shown here) reveal that the Department of Health has been frequently mentioned as the agency behind the different PHN activities. Family planning activities, for instance, are perceived to be projects of the Department of Health. A number of respondents also mentioned the Rural Health Unit. This, of course, is still technically under the Department of Health. Curiously, the Population Commission (POPCOM) was cited only in Bineng, Suyo and Pugo. It would appear that the presence of this agency is hardly felt in most of the study sites. It should be pointed out, however, that in Pugo and especially in Suyo, the activities of the POPCOM are widely felt. The proximity of these barangays to the municipal center may be a major factor that has affected these results. Residents of Dalupirip and Taba-ao, on the other hand, cited the SLU mobile clinic while a couple of respondents in Happy Hollow mentioned the Department of Social Welfare. It is equally important to note that some respondents attribute one activity to several agencies while those who were not able to mention specific family planning activities were also rarely able to identify the agencies operating within the community.

The extent of the respondents' participation in PHN activities is summarized in Table 10. The data show that the level of particpation of the respondents is highest for those activities related to health and sanitation and lowest for those activities related to family planning. For the latter, a little over half of the respondents were not aware of any family planning-related activities. About 57 percent of those who were aware of such community activities actually participate in them.

Data on health and sanitation activities show relatively better figures. Only 31 percent of the total respondents were unaware of any health-related activities. Among those who were aware of these activities, 77 percent participate in these activities.

Finally, nutrition-related activities were participated in by 42 percent of the total number of respondents or about 70 percent of the respondents who claim to have knowledge of nutrition related activities in the study sites.

Comparison across sites in terms of level of participation in PHN activities shows that Happy Hollow had the highest level of participation as far as family planning and nutrition-related activities are concerned. Bineng, on the other hand, has the highest level of participation in health and sanitation activities. Pugo shows consistently low level of community participation in all the types of activities. This indicates that awareness of the existence of specific projects does not necessarily mean participation in these projects.

TABLE 10

Participation in Population, Health and Nutrition Activities by Barangay

	Happy Hollow	Bineng	Dalupirip	Taba-ao	Ballay	Suyo	Pugo	Total
Family planning activities:								
Yes	30	14	37	20	12	15	25	153
	(61.2)	(25.5)	(25.0)	(21.1)	(20.3)	(19.7)	(20.3)	(25.3)
No, but aware of activities	9	18	8	6	7	19	49	116
	(1.4)	(2.7)	(5.4)	(6.3)	(11.9)	(25.0)	(39.8)	(19.2)
Not aware of activities	10	23	103	69	40	42	49	336
	(20.4)	(41.8)	(69.6)	(72.6)	(67.8)	(55.3)	(39.8)	(55.5)
Health and sanitation activities:								
Yes	27	48	82	62	28	34	39	320
	(55.1)	(87.3)	(55.4)	(65.3)	(47.5)	(44.7)	(31.7)	(52.9)
No, but aware of activities	7	1	14	10	7	16	38	93
	(14.3)	(1.8)	(9.5)	(10.5)	(11.9)	(21.1)	(30.9)	(15.4)
Not aware of activities	15	6	49	23	24	26	46	189
	(30.6)	(10.9)	(89.1)	(24.2)	(40.7)	(34.2)	(37.4)	(31.2)
Nutrition Activities:								
Yes	34	25	52	35	31	35	41	253
	(69.4)	(45.5)	(35.1)	(36.8)	(52.5)	(46.1)	(33.3)	(41.8)
No, but aware of activities	7	24	5	11	9	9	45	110
	(4.3)	(43.6)	(3.4)	(11.6)	(15.3)	(11.8)	(36.6)	(18.2)
Not aware of activities	8	6	90	49	19	32	37	241
	(16.3)	(10.9)	(60.8)	(51.6)	(32.2)	(42.1)	(30.1)	(39.8)
Total respondents	49	55	148	95	59	76	123	605

Numbers in parentheses are percentages.

6. Desired PHN Activities

The last section of this report looks into population, health and nutrition activities which the respondents would like to have implemented in the study sites. Responses derived for this were varied. A listing of these is presented for each of the barangays in Tables 11, 12 and 13.

The first matter that can be noted is the relatively large number of respondents who did not provide distinct answers to the question of what activity they would want to have. This is true for all three topic areas, particularly in relation to family planning activities. This may indicate that a relatively large segment of the households in the communities have no idea of, or do not particularly care about what projects would be implemented by PHN agencies. Some of the respondents went as far as explicity stating lack of interest for these activities. It also appears that the respondents were more certain of what they want in relation to health and sanitation than they were of what they want in terms of family planning activities. Only 38 percent of the respondents did not mention particular health programs that they want as compared to 63 percent who were not specific about family planning programs.

The type of programs enumerated by the respondents cover a wide range. Some of these focus simply on modifications on the present services being delivered while others were novel ideas. Top in the list of desired family planning activities are lectures, seminars and meetings on family planning. About 11 percent of the respondents mentioned this type of activity. A number of respondents also referred to the need for more health workers or, at least, a regular worker for the study site. In addition to this, about 9 percent of the respondents felt that there is a need for intensification and extensive coverage of the present family planning programs. As far as supplies are concerned, few respondents felt the need for free supply of contraceptives. The concern of others, on the other hand, is the sufficiency and availability of supplies, and the equality in the distribution of these supplies.

With respect to health and nutrition activities, the major concerns of the respondents also include the adequacy of medical supplies in the community as well as the distribution of free medicines. Table 13 shows that the demand for regular supply of medicine is highest in Taba-ao. About 53 percent of the respondents cited this need. In addition to this, 10 percent of the respondents also want to have a barangay health station. This is especially true in Dalupirip. The need for potable water was also cited especially in Dalupirip. Desired nutrition activities, on the other hand, are presented in Table 13.

TABLE 11

Number of Households by Desired Family Planning Activities, by Barangay

Desired Family Planning Activities	Happy Hollow	Bineng	Dalupirip	Taba-ao	Ballay	Suyo	Pugo	Total
Don't know	3	10	37	59	4	32	5	150
None/can't say anything/no comments	16	45	33	1	30	24	53	202
Not interested	2	-	10	-	-	1	12	25
Any assistance	2	-	1	-	2	-	-	5
Lecture seminars/meetings/information dissemination on family planning	-	-	17	29	5	1	16	68
More/extensive/intensive coverage of family planning program	11	-	20	9	1	8	4	53
Marriage counseling	2	-	-	-	5	-	1	8
More health workers	-	-	3	-	1	-	2	6
Steady/permanent regular health workers	-	-	8	-	-	-	12	20
Incentives for health workers	-	-	-	-	-	-	1	1
Preference for doctor credibility	-	-	-	-	-	-	2	2
Follow-up clienteles	-	-	-	-	-	-	4	4
Home visits to lecture/ see situation	1	-	-	-	3	1	3	8
Strictly follow schedule	-	-	-	-	5	-	9	14
Free supply of contraceptives	1	-	9	3	3	-	5	21
Regular/enough/sufficient supplies	4	-	7	-	2	1	2	16

TABLE 12

Number of Households by Desired Health and Sanitation Activities, by Barangay

Desired Family Planning Activities	Happy Hollow	Bineng	Dalupirip	Taba-ao	Ballay	Suyo	Pugo	Total
Don't know	1	10	1	-	1	26	2	41
None/can't say anything/no comments	21	25	8	30	22	29	47	182
Not interested	-	-	-	-	-	-	7	7
Lectures on health	-	-	-	1	-	-	8	9
Lectures on sanitation, specified	1	-	2	4	2	3	1	13
Lectures on disease prevention First Aid/PHC	8	-	1	7	-	-	-	21
Demos/info onherbal medicines	1	-	2	1	-	-	-	4
More health workers	-	-	7	1	1	2	1	12
Steady/permanent regular health workers	-	12	20	6	-	5	14	57
Incentives for health workers	-	-	-	-	-	-	1	1
Preference for doctor credibility	2	-	7	3	-	-	1	13
Home visits to lecture/see situation	1	-	-	-	3	-	7	11
Strictly follow schedule	-	-	1	-	-	-	2	3
Free medicines (purga, common diseases	6	3	24	4	13	3	23	76
Regular/enough/sufficient medicines	-	9	15	50	3	1	2	80

Desired Family Planning Activities	Happy Hollow	Bineng	Dalupirip	Taba-ao	Ballay	Suyo	Pugo	Total
Distribution of supplies	-	-	-	1	2	-	-	3
Income generating activities	-	-	-	-	-	-	5	5
Sports/recreational activities/ facilities	-	-	2	-	-	3	-	5
Barangay Health Center	4	-	33	1	1	1	4	44
Free watershed toilet/CR	-	-	15	1	-	-	1	17
Potable water (piped faucet)	-	1	62	-	-	-	-	63
Free rasyon	-	9	11	1	-	1	-	22
Cooking demonstration/proper food handling/Mothers' class	1	-	1	2	-	1	1	6
Day care/nursery school	-	-	9	1	-	-	-	10
Road going to Manila for emergency purposes	-	-	17	-	-	-	-	17
Transportation for emergency	-	-	2	-	-	-	-	2
Total respondents	49	55	148	95	59	75	123	605

TABLE 13

Number of Households by Desired Nutrition Activities, by Barangay

Desired Family Planning Activities	Happy Hollow	Bineng	Dalupirip	Taba-ao	Ballay	Suyo	Pugo	Total
Don't know	1	1	21	-	4	32	3	72
None/can't say anything/no comments	19	23	17	53	18	24	40	194
Not interested	1	-	-	-	-	-	6	7
Seminars/meetings/information lectures on nutrition, not specified	-	-	2	5	1	-	10	18
More health workers	-	-	1	4	1	-	1	7
Steady/permanent/regular health workers	1	-	4	1	-	-	1	7
Steady/permanent/ regular health workers	1	-	4	1	-	-	7	13
Incentives for health workers	2	-	-	-	-	-	3	5
Preference for doctor	-	-	1	1	-	-	2	4
Home visits to lecture/ see situation	11	-	-	-	3	1	5	20
Strictly follow schedule	-	-	-	-	1	-	1	2
Free rasyon (cornmeal, milk, etc.)	1	-	41	25	1	3	3	74
Regular/sufficient/enough complete rasyon	5	5	2	5	11	6	22	56
Free vitamin	1	-	3	-	1	-	-	5
Equal/fair distribution of *rasyon*	-	-	2	2	9	3	6	22
Income generating activities	-	-	4	-	-	1	4	9
Barangay health center	1	9	9	-	-	6	5	30
Mother class on nutrition	-	-	-	9	-	-	-	9
Dare care activities	-	-	-	4	-	-	-	4
Potable water	-	-	4	-	-	-	-	4
Operation *timbang*	-	-	-	-	-	-	1	1
Irrigation for more food	-	-	20	-	-	-	-	20
Proper diet/food handling/cooking demonstration	11	4	1	4	6	2	4	32
Road to nutritious/affordable foods	-	-	15	-	-	-	-	15
Transportation	-	-	1	-	-	-		1
Free medicine	2	-	11	1	1	-	5	20
Total respondent	49	55	148	95	59	76	123	605

III. RESULTS FROM THE COMMUNITY SURVEY

1. Happy Hollow

The 1986 population of Happy Hollow (500) composes eight percent of the total target clientele (all age groups included) of the Scout Barrio District (based on 1987 figure). In terms of age grouping, the Scout Barrio District has a target clientele of some 1416 children age 0-7 years. Some nine percent of this total are from Happy Hollow. The small over all target clientele population in terms of the age grouping and total barangay population level, in part, explains the absence of a barangay health unit for the area.

Aside from the regular services provided at the rural health unit at Scout Barrio, e.g. immunization, site specific activities have been conducted in the Happy Hollow. The recent activities of the Baguio Health unit include lectures on maternal child care, proper nutrition habits, family planning methods, and proper health and nutrition habits. These activities are performed at least every three months. These services are delivered by a team of health workers composed of a midwife, a nurse and a nutritionist. The team is assisted by a barangay health worker assigned in the area.

The 1988 PHN survey data shows that 75 percent of the children who are targets of "operation timbang" are weighed regularly as part of the nutrition monitoring program of the government. Barely ten percent of the children, however, are served inside the barangay as most avail of the services either at the RHU in Scout Barrio or "elsewhere."

The Baguio Health Department too, in coordination with other government agencies like the Department of Social Welfare and Services, conducts nutrition classes in the area. The classes discuss food preparation and cooking techniques, nutrition habits, etc. In August 1987, 20 mothers graduated from the nutrition classes. During the ceremonies, the barangay captain of the area requested that classes related to first aid treatments and the use of herbal medicines in medication be given to the next group of participants.

The request for lectures for first aid treatment is particularly relevant. The absence of regular public transportation in the area requires the residents to learn how to act or treat emergency medical cases. In cases of extreme health emergencies, however, residents avail of the medical and health services in the City proper, particularly at the Baguio General Hospital and the Baguio City Health Office.

Still, some households combine traditional practices like the performance of rituals and the wonders of modern medicines to cure the sick or prevent sickness. One respondent narrates how his wife has been frequenting a hospital in Manila to be cured of diabetes.

Furthermore, he added that he has in fact killed at least four pigs since he found out his wife had diabetes. Meanwhile, a *mambunong* (traditional priest) who was interviewed on traditional practices related to curing medical or health problems replied that there are sicknesses which are better cured by a Medicol (brand name of a pain reliever) than by killing a chicken. Now that there are medicines, it is practical to use them rather than rely on rituals. Likewise, there are also illnesses that no amount of medicine or even major surgery could cure, he explained.

Despite, limited health and nutrition services provided in the area, it appears that it is through these services that government makes its presence felt. The barangay of Happy Hollow is classified as one of the depressed if not the most depressed barangay in Baguio City.

In terms of social overheard facilities, Happy Hollow is currently the only barangay not serviced by the Benguet Electric Cooperative. Aside from the barangay elementary school, the only community facility in the area is the dirt road which public utility vehicle drivers refuse to use because of its steepness. Residents coming from the Baguio Market with heavy loads, particularly store owners, have to pay no less than P150.00 from the market to the end of the road in Purok 1. The city government through its water district bureau has yet to provide water services for domestic purposes. Currently, some households in the area benefit from three water tanks constructed by the Camp John Hay Air Base facility. These water tanks were donations from John Hay authorities. Households located far from the water tanks get their drinking water from natural springs in the area. Some households boil their water for drinking, others do not. Those who do not boil their water claim that it takes time and fuel wood to boil water; both of which households have little of.

It is not certain, however, for how long households will be able to rely on natural springs as a source of water for drinking, bathing and laundry. Households in the area have mentioned the disappearance of some springs due to the deforestation in the vicinity of the community. Furthermore, some creeks are slowly being mineralized. The water in these creeks have become acidic and is not even fit for irrigating rice fields. Households, however, observed that acidic water could cure wounds and scabbies quickly. The mineralization of the spring, based on the Rapid Rural Appraisal, is due to deforestation and mineral leaching that stated to occur in the early 1930's or during the advent of mining operations in the area. Inasmuch as the community is sitting on a minerally riched geologic land formation - the area is adjacent to two mining companies - the cutting of trees triggered the release of minerals from the soil. The minerals join the water that comes out of the natural springs.

In general, there is an uneven distribution of PHN services across the puroks in the area. The residents of Purok 1, including residents from the other puroks, admit that PHN services

are mostly concentrated in Purok 1. They claim that part of the reason is that the other puroks are less accessible to barangay health workers and other PHN providers. The VHW at Purok 1 mentions also that VHW in the other puroks have been able to provide less PHN services to its clientele. Residents of the other puroks would sometimes come to her for consultation. It is likely possible that since the road ends right at the store of this VHW worker, the frequency of contact between her and the other residents is higher compared to the other VHW workers in the other puroks. After coming from the market or their respective areas of work, residents in most instances pass by her store. This story provides an idea of a strategy for a higher rate of delivery of PHN services. The sari-sari store, as an "institution" or organization in the community, provide, a venue for the delivery of PHN services.

2. Bineng

The PHN personnel situation in the barangay is somewhat confused. For instance, although each sitio has at least one "Barangay Health Worker," upon interviewing these persons, *none* of them was aware that they had any official designation. They viewed the midwife as the "Barangay Health Worker." The midwife explained this anomaly as follows:

Ang alam nila inuutusan lang ng midwife silang magtimbang ng mga bata, mag-inform ng mga tao na may immunization. atbp. Wala silang bilib sa sarili. (All they know is that they are ordered by the midwife to weigh children, inform people that there is an immunization, etc. They have no self- confidence.)

A similar situation is obtained from the Barangay Service Point Officer. As far as she is concerned, she was replaced long ago, but she (and everybody else) had no idea who replaced her. During her tenure, she did not engage in any activity nor received any training. Again, there was lack of confidence (due to low education) which hampered operations. The barangay has no Full-Time Outreach Worker, nor Barangay Nutrition Scholar.

There is, of course, a midwife -- but she also has to cover an adjoining barangay. This means that she is only scheduled three days a week in each place. Given the attitude of the other personnel and the lack of some personnel, it is clear that PHN activities depend heavily on the midwife. Thus, it was unfortunate that when she had to take a leave of absence for several months, no replacement was provided. During this time, vaccinations were the only PHN activities carried out by the Public Health Nurses of La Trinidad during their once-a-month visit (they have the entire municipality to cover).

Given the almost total dependence of the population on PHN services provided within the barangay, it may be that a mechanism needs to be provided which will ensure continuity, in case, leaves are availed of by the midwife. The obvious mechanism is a more thorough

utilization of the other personnel, but it is clear that this requires reaching them with training so that they may have the self-confidence to engage in activities on their own.

Within the past two years, there have been some trainings of the Barangay Health Workers. These were conducted within the barangay. Given the low level of awareness and confidence of these workers, it may be worthwhile to transport them to external trainings where they would be able to meet BHW's from other barangays. This would give them a more realistic reference group with which to compare themselves, thus, building self-confidence. It would also impress upon them the seriousness of their task, which may help self-awareness.

The midwife has attended several trainings in Baguio City. These include managerial training, as well as trainings on national programs concerning expanded immunization, leprosy, cancer, tuberculosis, and breastfeeding. Apparently, the training program for midwives is quite vigorous. Perhaps some of that vigor could be transferred to the training of their support network, as advocated above.

With respect to desired activities, the midwife, laid great stress on the need for improved transport. Given that from the furthest sitios it can take as long as two hours to walk, mothers on occasion do not avail of services. Naturally, they would prefer that services be delivered to their sitios, rather than being concentrated in the center of the barangay. Just as naturally, the midwife is not capable (particularly in her part-time status) of going out to the furthest sitios. The obvious solution is to improve (or create) roads to the sitios, and provide some form of transportation.

3. Dalupirip, Itogon

Population. The primary activities undertaken are lectures and distribution of family planning supplies. The midwife has adopted the following approaches to lectures:

1. Barangay Meetings - the midwife calls meetings twice or thrice a year for the purpose of lecturing on the methods and advantages of FP. Meetings for this purpose, however, are not attractive to the people, thus, very few attend. What the midwife does to increase the atttendance is to include other activities such as free check-ups and the distribution of medicines.

2. Visitation - When the midwife finds time, she makes home visits, especially those whom she knows are interested and also those she could convince. She personally talks with the couples to find out if they are doing the FP procedures properly. When asked how often she makes these visits, she estimated that in one year, she would have completed visiting all her prospects.

3. Informal Method - By this method, the midwife takes advantage of group gatherings like weddings, *canaos*, mass community programs and simply getting together for fellowship or "tsismis." She tries to observe for any opening in the conversation where she could enter into the discussion of any group to introduce the topic of FP. She finds this very effective as an approach to inform people. She claims that this personalized approach motivates people to ask questions, express their fears, and simply because it is very informal it becomes the topic of the ongoing discussion.

The greatest problem the midwife encounters in disseminating Family Planning is the lack of interest of the people. According to her, people listen more to rumors; that such and such method has negative side effects. Thus, even before talking to them, they already have negative attitudes towards FP. People claim that they do not like to take the risk of employing any method because of the bad news which they hear from other people.

Health. The most common thing the midwife does is to treat patients coming to her house. She claims that when she was younger, she would visit all the sitios once a month riding on her small horse. In those visits, she would travel for several hours with her load of medicines just to conduct clinics in the farther sitios. Now that she is older (56 years old), she isn't as aggresive as she used to be. She feels that she is not strong enough to hike for several hours with all her equipment and medicines. She said that it would be good if the government gave her *per diem* during her visits or even just a little allowance for her to hire "kamboys" to carry her heavy baggage. She further explained that it is not easy to request somebody to carry her baggage and accompany her wherever she goes because people have to work also in order to live, i.e. they have their own work to do.

What she does at present is to visit the sitios whenever she has companions from the Municipality or Provincial offices, or with Private Medical Teams. She also answers with a visit whenever she is called personally to assist a mother in giving birth, or to treat a patient who cannot afford to come to her house because of illness.

During the past several years she has been working with the Peace Corps, and the Saint Louis University in implementing her responsibilities in the barangay.

There are activities which the midwife does alone such as vaccination and the weighing of children. According to her, vaccination is conducted once a month. She schedules the day of vaccination every 15th to the 25th day of the month. When the day had been decided, she would write letters to the people in the different sitios either individually, or would write to somebody to request her/him to inform the other members of the sitio of the forthcoming vaccination. Announcements would be sent to be posted in the different sitios where people could read it and inform the people by word of mouth. In addition, the midwife informs the

people coming to her house for treatment. Another communication avenue is when the people come to attend the mass in Dalupirip where they are informed about the schedule of the vaccination.

One of the frustrations of the midwife with regards to vaccination is that when the schedule of the vaccination arrives few clients attend. Thus, it is not unusual more than 50 percent of the medicines for vaccination are wasted because once these medicines are opened, they have to be used up on that day since it would expire the following day. Besides, the medicines come from the Municipality wrapped with ice and when it arrives in the barangay, the ice is already melted; thus, it has to be used immediately. The midwife claimed that she could not postpone the date of the vaccination, regardless of only a few people, since some of these few come from far sitios like Oling and Lawiguen. It is very discouraging on their part should they be told to come back to be vaccinated at another time, since they walked all the way for this very purposes.

Nutrition. With regard to the weighing of children, the schedule is from January to March of every year. The midwife would go around the barangay carrying the weighing scale. Sometimes, she would be helped by other people or by the VHW if they have time to spare. At the end of March, all children should have been weighed already so that she could determine which ones are malnourished. After determining who are malnourished, she would categorize them into "first" to "third"degree. In 1987, the midwife claimed that there were 4 third degree malnourished and 68 second degree malnourished children in the barangay. Those under the third degree malnourished are entitled to be given non- fat milk which is donated by the government. For the second degree malnourished, only 13% are entitled to this non-fat milk. The supply is not enough for everybody, and some people have complained that they do not receive milk, since they believe that this is a dole-out for all the people in the sitio/barangay. The midwife explained that this is only for malnourished children.

The children classified as malnourished are weighed every quarter, especially those who are receiving non-fat milk to see if there is any improvement or development. When these children have reached the normal weight, the supply is cut off. The midwife claims that the supply is being distributed through the help volunteered by VHW's who, despite their not being active, are requested to help distribute the milk.

There is, at present, a newly organized project of the MSSD which they call Day Care where pupils are fed with corn meal and milk.

Health activities dealing with nutrition is carried out in coordination with the St. Louis University Mobile Clinic, the Municipal Health Workers and the Peace Corps. This includes activities such as lectures on proper diet and child care.

Health Services are presently in coordination with permanently assigned missionary doctors of Dalupirip, i.e., the doctor may prescribe medicines which her patients may get from the midwife. The midwife could endorse her patients to the doctors for medical treatment. Two practicing doctors arrived this November, 1988 to conduct free medical services until March 1989.

Problems Encountered. Several problems described by the midwife include the following:

1. Distance - The midwife says that the sitios are so dispersed which makes it impossible for the midwife to visit all households regularly in the barangays, especially now that she is old. Visiting the far sitios is made more difficult because the midwife is not given any *per diems* in her field work. According to her, she is entitled to transportation allowance. However, since there are no roads in these areas, her field work requires walking on foot trails - and thus, not given any transportation allowance. Because of the distance, she is unable to carry her baggage to visit these sitios.

2. Difficulty in calling meetings - It is very difficult to call meetings because the sitios are very far from one another. Besides, the people coming from these far sitios have nowhere to eat and the midwife is obliged to feed them. She just cannot afford to feed them all.

3. Lack of Medicines - Medicines coming from the government for common ailments are lacking. She, said however, that she has been hearing complaints that she is allowing these medicines to expire in her house. She reasoned out that those medicines are not what are to be used and she is not a fool to give them medicines which they do not need. In addition, some medicines are not effective in countering the diseases which they are afflicted.

4. Negative attitude of people - Some people are said to be very "hard-headed." They refuse to see the value of sanitation and the prevention of diseases. For instance, they do not come for pre-natal check-up. The midwife has to plead for them to come for check-up but they only come when they are feeling very bad; some of them come only when it is too late to help them. An example of this situation is an illness called locally as "subi-subi" or infant beri-beri, which could be prevented during pregnancy if given the proper pre-natal care. Mothers, however, cannot understand how pre-natal check-up is important. The same is true with the family planning issue. Most of them refuse to try anything but they insist that "depende kano ti ited ni Apo Dios nga anak," which is a fatalistic attitude which says, "it depends on how many children God would give us."

5. No clinic building - The midwife says that her house serves as a clinic because there is no clinic building in the barangay. She does not see this as a great problem but she said that it would be better if a building is provided purposely for health and medical use.

The suggestions of the midwife to support her work included:

1. Financial, manpower and moral support to conduct regular lectures or seminars to inculcate in the minds of the people the importance of certain projects/programs on sanitation, the importance of family planning and the prevention of diseases. They also need money for notebooks, pencils or ballpens and paper which are needed when they conduct seminars and lectures.

2. Allowance for the VHW to give them incentives to serve the people.

3. *Per diems* for the midwife on field or on visitation to far sitios.

4. A clinic or dispensary in the barangay.

4. Taba-ao[1]

Population Programs. Taba-ao's Rural Health Unit (RHU) is manned by a midwife. Until August of 1988 the barangay has had to share one midwife with two other barangays, namely Kuba and Buklawan, which are distant from and not highly accessible to Taba-ao. Because the midwife had to commute between barangays, health and medical services were limited in the community. Nevertheless, the recent rotation of personnel by the DOH (third quarter of 1988) has made it possible for Taba-ao to enjoy a midwife all to itself. Although there already is a midwife assigned to the barangay, she had yet at the time of this study, assumed her post.

The outgoing midwife, mentions that aside from servicing two barangays other than Taba-ao, she is likewise burdened with having to assume some of the functions of the Barangay Health Nurse and the FTOW. This is because of the dissolution of the BHN in 1981 and the absence of an active FTOW for the past two years. Thus, the midwife also administers immunizations to children and is in charge of information dissemination on family planning.

Accompanying the midwife in FP information dissemination are the volunteer health workers or VHW's. Information is passed primarily through lectures given by the midwife and VHW's. These lectures are done either through community seminars held at the RHU or barangay hall or by a house-to-house visit. Once a year, medical clerks from Saint Louis University in Baguio City visit and help in lectures on family planning methods.

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[1] *Data used in this section is based on the studies conducted by Cordillera Studies Center and Highland Agriculture Research Center.*

Both the midwife and VHW's interviewed confirm that Taba-ao has an ample and regular supply of family planning devices, most of which are condoms and intra-uterine devices or IUD's. The condoms and IUD's are supplied every quarter by Benguet General Hospital and the Department of Health.

Despite the bounty of condoms in the RHU shelves, the VHW's observe that four are used primarily because the religious doctrines of a number of residents prohibit the use of artificial birth control methods.

Efforts at disseminating information on family planning in the barangay according to the midwife, VHW's and Barangay Service Point Officer (BSPO), had serious drawbacks. This is primarily due to 1) lack of government support/ funding for the project, and 2) a "negative attitude" of the people not only towards family planning methods but to medication as well.

Of the first, lectures and seminars conducted by these officials are handicapped largely by the absence of visual aids. Although some improvisation has been done, the VHW's and midwife feel that this does not adequately illustrate the proper use of the methods nor does it serve to hold the interest of the populace. Coupled with this problem is lack of government funding to sponsor adequate substantial seminars as well as failure to give adequate compensation to volunteers. VHW's in the barangay receive a token pay of ten pesos a month which is provided for by the Benguet Foundation.

Of the second, Family Planning programs in the community are hampered by what the midwife calls a "negative attitude of the people." Difficulty in mobilizing people to Family Planning seminars have been observed, particularly the males. One factor which VHW's attribute to this difficulty is vain or shame. Also, the males of the community see family planning mostly as a female activity which does not concern them. Family planning is seen as a method designed for those who cannot feed their children. Hence, adult males in the community feel no need to participate in family planning activities so long as they can support their families. The family planning program is, to a lighter degree, also inhibited by certain religious doctrines of people. The Christian Science and Anglican Church which is predominant in Taba-ao prohibit the use of birth control methods with the exception of condom and rhythm method. However, one VHW notes that more residents are receptive to family planning when the lectures shifted their thrust from emphasizing birth control to a stress on the proper interval between children.

Medical Services. The Rural Health Clinic serves as the center for medical services in the community. The midwife usually conducts pre-natal and post-natal check-ups in the RHU, although on occasions she does make house calls. The midwife also treats minor injuries and ailments such as small wounds, colds, and cough. Some residents seek treatment in Lumon,

which is approximately 3.5 km south of Taba-ao where a dispensary is located. However, for serious cases, the patients are brought to hospitals outside the barangay. Such patients are either brought to the Benguet General Hospital in La Trinidad or to hospitals within the city of Baguio. For less serious cases, some residents seek medical attention in the Community Medicare Hospital in Labueg.

With the exception of 1987, medical clerks and nursing students from the Saint Louis College of Medicine in Baguio City visit annually Taba-ao to render free medical services. Often operating in groups, these students move from sitio to sitio performing medical and minor surgical services. On occasions, they likewise provide lectures on health, sanitation, nutrition and family planning. In January of 1988, medical doctors from DOH also visited Taba-ao.

The Taba-ao RHU receives a quarterly supply of medicines from the DOH. In addition, some medicines have been given by *Plan International,* an international non-governmental organization. The VHW for sitio Abiang and Head of the Day Care Center, observes that the medicines received by RHU are the least needed medicines and, consequently, are not utilized in the clinic. These medicines include, among other things, vitamin tablets. However, medicines which are badly needed such as children's cough syrups and cold tablets (acetaminophens) are scarce.

Aside from processed medicines, the health workers and the residents avail of herbal medicines which could be obtained in the uma (Swidden field) or community forest. Some of the less exotic herbs and medicinal plants are also grown in backyard gardens as well as in the public school gardens. In fact, according to the head school master of Taba-ao's elementary school, in line with DEC directives, the school is giving emphasis on the growing and use of herbal medicine.

Taba-ao's RHU also receives a regular supply of vaccines which are supplied by the DOH and UNICEF every 1-3 months. Inoculations are done by the midwife on scheduled days of the month; but on occasions where the midwife is not available, some of the VHW's take charge of administering the vaccines. Although regular immunization is done in the barangay, there has been one reported case of infant mortality related to the absence of immunization treatments (1987). The case in point involves the refusal of parents to have their child immunized because of religious reasons.

The outgoing barangay midwife noted that approximately 20 percent of the residents do not have their children immunized, partly from fear and ignorance as to what the vaccine is for and largely because their religion does not encourage the use of medications. The Christian Science Church, to which many of the residents belong, believes that there is no necessity to

medicate minor ailments nor is there a necessity to immunize children from diseases which have not occured. Still, less orthodox church members have slowly begun to avail of the medical (specially innoculation) facilities provided by the RHU.

Aside from innoculation services, the VHW's engage in Operation Timbang otherwise known as OPT. The weight of children under seven years of age are closely monitored to facilitate in accounting for malnutrition cases. Hence OPT services are done monthly on a house to house basis. The VHW's complain that the OPT program is difficult to implement due to the fact that the Barangay utilizes only one weighing scale which is currently on loan to neighboring barangays who own none. Thus, there is a general sentiment among the VHW's interviewed that in order to perform OPT services, more weighing scales should be given by the DOH or other government agencies.

Water for drinking and kitchen use primarily come from springs. However, water drawn from these springs are not potable. Aside from containing a high concentration of lime, the water from the springs are infested with micro-organisms which cause diarrhea and el tor.

Although the last reported case of a Cholera-El tor epidemic was in 1980, one VHW has reported five cases of children suffering from eltor in sitio Abiang as of summer of 1988. The outbreak of Cholera Eltor has been contained since people have begun to boil their drinking water. Efforts are being made by barangay officials to find and develop other sources of potable water and they have asked the Bureau of Public Highways and Department of Health for some assistance.

Barangay Health Officials are undergoing continuous training and re-training for medical services. The midwife reports that she has attended a seminar on multi-drug therapy for leprosy in June 1988. This was followed by seminars on the control of Diarrhea (September 1988) and Detection of Cancer (October 1988) Likewise, she has, recently concluded giving a series of lecture seminars on updated techniques for medical treatment to the VHW's who underwent a MOMPHI training in 1987. In October of the same year, the VHW's also trained in Basic Primary Health Care which was later followed by a seminar on Advance Primary Health Care in September.

Re-training in first aid, general medicine and family planning have also been given them by the DOH and Plan International. A general comment echoed by barangay health officials is that NGO seminars are more effective than government sponsored seminars. This is due to the fact that NGO seminars provide more intensive and rigid trainings than do government agencies. Consequently, they also feel that NGO's are more efficient than the government in providing health care to the community.

5. Ballay

By the midwife's own assessment, Ballay is a generally healthy community. Only about ten percent of the children are malnourished and cases of severe malnourishment are rare. In addition to this, serious illnesses are infrequent in the barangay. Secondary data from the barangay health station for the 1984- 1985 period show that upper respiratory tract infection is the major health problem in the area. This accounted for 27.10 percent of the total number of reported cases of illness. This is followed by diarrhea which contributed 22.3 percent to the total number of cases while pallor and weakness accounted for 13.39 percent. Official reports during this period also point to the high level of completed immunization. The midwife attributed this basically favorable health conditions to the health education that the residents have imbibed. This level of health education makes the residents more willing to follow medical advice and more capable of actively guarding against diseases. She cites as an example the fact that residents often come willingly for consultation or medication during scheduled purok visits.

Sanitation in the community is also generally good as evidenced by the fact that majority of the households, are equipped with water sealed toilet facilities while only five percent still use open pits. Source of drinking water for sixty-eight percent of the households are artesian wells and only twenty-five percent and seven percent rely on dug wells and springs, respectively. The current La Union Water District project of setting up water pumps in the area may further contribute to the improvement of water supply by providing households with piped-in water supply.

The main health facility in the area is the Barangay Health Station situated within the school grounds, a little farther off the main road. This is manned by a regular midwife who services the adjacent barangay of Acao as well. The midwife, has been serving the community since 1977 following Department of Health reorganization implemented during the mid-seventies. Prior to this assignment, however, she has been working in other barangays since 1962.

The main Rural Health Unit is located in the poblacion area which is about five kilometers away from the research site. Ballay's BHS is administratively under this Rural Health Unit which, in turn, falls within the jurisdiction of the Naguillian District along with the RHU's of the municipalities of Burgos, Naguillian and Bagulin. This RHU services the entire municipality of Bauang directly or through the Barangay Health Midwives who have been assigned to specific areas.

In terms of services, information gathered from the barangay midwife indicates that the rural Health Physician conducts monthly visits to each of the 39 barangays. The Rural Sanitary Inspectors, on the other hand, reportedly visit their assigned barangays at least once a week. This information, however, has not been confirmed due to the inavailability of these health workers.

Other health facilities are also readily accessible to the residents of the community. These include government-run hospitals such as the Naguilian District Hospital in Naguilian and the La Union General Hospital in San Fernando. In addition to these, a couple of privately-owned hospitals operate in San Fernando while private medical practitioners are also found in the poblacion, in Naguilian and in San Fernando.

On the barangay level, eight Barangay Health Workers have been assisting the midwife in the performance of her varied functions. These volunteer workers are mostly housewives who had been trained to disseminate health and family planning information, conduct surveys, recognize symptoms, refer cases to other medical personnel, and perform other health-related functions.

Ballay also has an organized Barangay Primary Health Care Council whose function includes conducting routinary inspections of toilets and surroundings, undertaking surveys and assisting in the implementation of health programs such as the Operation Timbang.

In addition to these available health workers, Ballay has also been the usual site for field training of student nurses from Bethany School of Nursing and Lorma School of Nursing, both located in San Fernando, La Union. Midwifery students from Lorma and Don Mariano Marcos State University have also been assigned to the community. These students usually move into the comunity in groups, averaging ten students at a time and render community service for about a week to a month. This arrangement has been going on consistently for the past two years and have proven to be of some help in easing the work load of the local midwife.

There are also two traditional midwives or *parteras* in the community. One of them, according to the midwife, has trained and has been provided with a midwifery kit by the Department of Health. The usual practice in the community, however, is for the *hilot* and the public health midwife to assist each other in the delivery of babies.

On the whole, the barangay health midwife of Ballay assess service delivery in the community as generally smooth. She attributes this to the fact that residents are essentially cooperative and well-informed as far as health care is concerned. Mothers, for instance, rarely

fail to bring their children for immunization. The volunteer health workers are often helpful and reliable. Hence, cases of severe health problems rarely occur.

According to the midwife, service delivery in the community is also enhanced by her own extensive experience. She has, for instance, devised a system by which she can accomplish her job despite the extent of the area she has to cover. This, she alludes, is achieved through an efficient and organized work schedule.

An important aspect of the job is effective human relations. This comes in handy when soliciting support for the center as well as in organizing, motivating, and supervising a group of volunteer health workers. She cites, for instance, the fact that the barangay health station has been improved mainly through donations of persons from whom she has solicited help. Her extensive experience also helps her get in touch with appropriate bodies for matters that need attention. This, she says, may be a problem among younger midwives.

Another contributing factor to service delivery may also be the proximity of other facilities that can provide services to the community in addition to those stationed within the barangay. Severe cases of illness are easily referred to these hospitals or clinics.

Job-related problems encountered by the barangay midwife are minimal. Her basic complaint is the lack of available transportation especially at night when she is called upon to render her services in far flung sitios. Related to this is the inadequacy of the travelling allowance that Barangay Health Midwives are provided. The maximum allowable allowance in a month is P150.00 which is usually insufficient for all the travelling that midwives do. To make matters worse, the rate is fixed despite increase in the area covered by each midwife while deductions are made for each day of absence.

As far as supplies are concerned, the midwife claims that medicines and contraceptive devices are always readily available. The RHU, she reports, is always able to replenish the supplies in the barangay health station. Prior to 1988, the availability of vaccines had been a problem. This, however, has been remedied since the RHU has been provided with a refrigerator for vaccine storage. After the vaccine has been delivered to the barangay, these are stored in the barangay captain's personal refrigerator until they are used. Office supplies, however, are always wanting. This aggravates the tedious task of preparing weekly, monthly, quarterly and annual reports. The midwife complains that preparing such reports are time consuming, sometimes, taking up as much as three days off a midwife's working days. The fact that typewriters and forms are not provided only makes matters worse.

As a whole, the midwife feels that the amount of work rendered by midwives are not properly compensated. She is, however, appreciative of the fact that the government is trying its best to upgrade their wages. She cites, for instance, the fact that their Cost of Living Allowances has been raised from P350.00 to P500.00 per month. She also aired plans of the National Federation of Midwives to move for a four year midwifery course to upgrade the status of the profession. In addition to this, she also mentioned plans of the federation for improved promotional schemes among government midwives. As far as the other health workers are concerned, especially the BSPOs, the midwife also recommends fixed compensation. These barangay workers are currently only given honoraria when they attend seminars and trainings.

Trainings for midwives appear to be regular features of the job. These trainings usually focus on the major thrusts of the government that have been enumerated earlier. General skills training are also conducted regularly. Trainings, she reports, usually start at the regional level with supervisors as main participants. These supervisors echo the trainings to Provincial Health Officers who, in turn, train District Chiefs. This is followed by training conducted among Rural Health workers then finally, these trainings are conducted on the barangay level first among the midwives, then among the volunteer workers and finally, among the residents.

6. Suyo

In the area of population control, the full-time outreach worker in Suyo reports that much of her daily effort is focused on the motivation of married couples of reproductive age to practice family planning. This is done through various ways. Foremost among these is the dissemination of information on how to space child birth through the use of different contraceptives, with emphasis on natural family planning methods. Such preferred methods include the calendar or rhythm method, the cervical mucus or Billings method. The other ways of reaching the married couples are lectures on the advantages of having a small family and the holding of Mothers' Classes on such topics as population, health and nutrition.

Based on the evaluation of the FTOW, these activities have been quite successful as evidenced by the growing acceptance of family planning. However, a number of problems have been encountered by the FTOW in the implementation of the family planning campaign. Foremost among these is the prevalence of misconceptions, particularly among the lower-income and less- educated couples, regarding the use of family planning methods. One such misconception is that pills accumulate in the stomach. The prevalence of such misconceptions has resulted in the non- acceptance of family planning by some married

couples. Another problem is the common belief in the area that many children make a happy family.

Pre-marriage counselling for all couples who apply for a marriage license is another activity in Suyo. The objective of such counselling is to enlighten the prospective couple on responsible parenthood and their responsibilities to each other, their would-be children and the community. A typical pre-marriage counselling session includes lectures on family planning with emphasis on the natural methods; health, personal and household hygiene, and environmental sanitation; pre-natal and post-natal check-ups; and, immunization and vaccination. Several problems relating to this activity have also been encountered. One of these problems is the very young age of marriage applicants. The FTOW reveals that there are couples with ages as young as 11 and 13. In addition, some of the counsellees do not show interest in the lecture. There is also a lack of comprehension on the part of the prospective couple as evidenced by their inability to answer questions asked of them after the session.

An information and education campaign among the general public is also undertaken whenever necessary. This is accomplished by the distribution of leaflets, magazines and brochures about family planning and responsible parenthood. Posters are also posted in conspicuous places, such as the marketplace, the municipal office and the school. At times, films regarding family planning, responsible parenthood and sex education are shown. In evaluating these activities, the FTOW is of the opinion that the film showing is the most effective, because it reaches approximately 90 percent of the population. As far as leaflets and other hand-outs are concerned, some of the residents read these, while others do not. Perceived problems relating to this are the lack of films and equipment, as well as the practice of some residents of simply discarding the hand-outs. A suggestion from the FTOW is that more films should be made available because films are able to catch the interest of the general public.

Once a year, a session on Population Awareness and Sex Education (PASE) is held with high school students as the target audience. This consists of lectures on the male and female reproductive systems, menstruation, human sexuality, family planning and marriage. During these sessions, it has been observed that high school students are generally very attentive, although they take some of the information with a certain amount of malice. In addition, both boys and girls are ashamed to ask clarificatory questions because of the presence of the opposite sex.

The rural health nurse also provided information on the activities carried out in the community. Among these activities are those focused on maternal and child health aimed at safeguarding the health of pregnant and nursing mothers, as well as infants and children up to six years old.

On the whole, pregnant women are advised to visit the RHU once in two months, or more frequently in high risk cases. Nursing mothers, on the other hand, are visited three times after delivery, or more often as the need arises. Children are attended to three times after birth during the first month, then monthly up to the first year and quarterly thereafter. Malnourished children, however, are given special care and attention.

The immunization program of the RHU is also another important aspect of the health services provided to children in Suyo. This consists of providing free immunizations, namely, BCG for the newly-born up to 3-months; three doses of DPT at 3-months to 1-year; and measles, at 9-months to 1-year. Operation Timbang for children aged 0-6 is also implemented yearly. Weight of malnourished children, however, is monitored quarterly. Whenever available, supplementary drugs and feeding are also provided. Providing toxoid vaccine to pregnant women and attending to deliveries are other services which may be availed of by local residents. For married couples of reproductive age, the RHU also provides health education as well as supplies for family planning.

Other services include control and prevention of various diseases such as tuberculosis, malaria and leprosy, environmental sanitation, information dissemination about the programs of the Department of Health, on nutrition, education, first aid and medical care as the need arises. Among the problems encountered in relation to these services are the reluctance of patients to come for treatment, the lack of supplies and medicines, and the difficulty of gathering the residents for group discussions. Nutrition activities are geared primarily towards teaching methods of food preservation, good housekeeping and the preparation of a well-balanced diet using cheap food.

7. Pugo

As mandated on the municipal level, a midwife and an FTOW are assigned to oversee the operations in the barangay. To assist the midwife is a BSPO who is a resident of the barangay. This is necessary since the midwife covers a larger catchment area. In the case of Pugo, the midwife assigned is likewise responsible for three other barangays. To make matters worse, the midwife is not a resident of Pugo. Considering this kind of arrangement, it becomes apparent that the services of the midwife cannot be availed of on a daily basis. The BSPO is

trained to treat minor ailments and other needed emergency procedures. She, likewise, performs information drive campaigns and the distribution of family planning devices. Reports of the BSPO are submitted to the midwife for consolation at the municipal level.

The FTOW, on the other hand, is assisted by 14 Barangay Health Workers who have voluntered their time to help their community. Each BHW is assigned a section on the barangay and is held responsible for coordinating with the midwife regarding the activities in their respective sections. In the case of Pugo, two of their volunteer workers are representatives of the youth sector.

The activities that exist in the community in relation to population, health and nutrition are not any different from those implemented in other barangays of Bauang. The activities undertaken, therefore, are those initiated at the municipal level. The family planning activities are mostly seminars and lectures. These disseminate information on the different methods of family planning, the proper use of each, and responsible parenthood. Family planning devices are likewise given to their clients for free or a minimal fee. The distribution of these devices, however, has diminished over the years due to the inadequacy of supplies delivered to the community.

Health activities include Operation Timbang Program where the target clients are malnourished children. The progress of these children are monitored throughout the feeding sessions. Immunization is another project in the community. The mothers are encouraged to submit their children for free vaccinations.

Older children are given the proper shots when they are in school. In addition to the regular schedules for immunizing babies, the workers go to the community school to render their services every January of each year. Free medicines, as they are available, are given to residents who require such medication. Otherwise, they are given referrals to the Municipal Health Center. No dental services are available within the community. Due to the location of the barangay near water resources, malarial contamination is being monitored. A few cases have been discovered and given treatment. A Tuberculosis drive is likewise being undertaken.

Sanitation concerns in the barangay is centered on the provision of toilet facilities. This is mainly a result of the squatting condition of those who relocated to the barangay. Since these families did not provide their own toilet facilities, the barangay through its volunteer workers acquired donations for water sealed toilets. A consciousness for clean environment is being campaigned for in the site.

Two basic problems were identified by the key informants in relation to the implementation of PHN activities in the barangay. First, the supply of medicines, food, etc. is definitely inadequate. This causes the inability to sustain any projects introduced in the barangay. This problem encompasses the maintenance of kits of the volunteer workers in the barangay. This limits their capability to help those in need of medication and other supplies. The frequency of delivery of the needed supplies have likewise decreased over the years.

Second is the participation rate of the residents. This is the effect of the political feud in the community between two sections of the barangay. If one section feels that they are not favored in certain activities or the activities are initiated by the other, then participation is discouraged. This is the primary concern of the barangay captain. As he reported, the development of the community is hampered by this altercation. This rift has slightly been remedied when the incumbent barangay captain was instated.

The desired PHN activities for the community stem from these problems. There is an evident need for adequate supply of medicines, birth control devices, food supplements and other beneficial goods. There is likewise the need to expand the operations to include all possible clients in the community. This may help alleviate the political dispute and increase the participation of residents in activities designed for the improvement of their household members and the barangay as a whole.

PRACTICAL DENOMINATORS FOR MONITORING POPULATION, HEALTH AND NUTRITION ACTIVITIES

Rolando O. Borrinaga*

I. INTRODUCTION

During the month of September 1988, field surveys were conducted in selected communities of four regions of the country to monitor different population, health and nutrition (PHN) activities. (See reports in this volume). Different regional units of the University of the Philippines (UP) conducted the field surveys in Leyte and Biliran in Region VIII, Cebu in Region VII, Iloilo and Guimaras in Region VI, and Benguet and La Union in Region I.

The results of the four regional studies provided valuable data and insights which have significance in reorienting the planning, implementation and monitoring procedures of the Department of Health (DOH) for some of its impact programs in the context of Primary Health Care (PHC).

The objective of this study is to propose practical denominators that will hopefully result in more relevant and realistic procedures for monitoring population, health and nutrition (PHN) activities of the Department of Health (DOH).

From the four regional reports, relevant statistical data and insights were extracted (see Table 1) and were compared with existing national performance targets and accomplishments and the reporting expectations of the Department of Health (see Tables 2 and 3).

The discussion to follow touches on two impact programs of the DOH -- the Comprehensive MCH/FP/Nutrition Program, including the Expanded Program on Immunization (EPI), and the Control of Diarrheal Diseases (CDD) Program -- which were partially covered by the PHN community surveys. In several instances, the tabular presentations and computations included only the findings for Regions VI, VII and VIII (see Tables 4 and 5). Because of a slightly different questionnaire used in Region I, its research report provided a different presentation (*i.e.*, narrative only) for some topics. In many instances, the PHN survey findings for Region VIII (Leyte) are referred to because of the greater familiarity of the writer with the research data.

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TABLE 1

Program Indicators of Selected PHN Activities and Statistics from the PHN Study Areas

Programs/Indicators	Leyte (N=600 HH)	Cebu (N=584 HH)	Iloilo (N=600 HH)	Cordillera (N=605 HH)	Total (N=2,389 HH)
A. Family Planning (FP)					
1. Percentage of MWRA	17%	19%	18%	15%	17%
(No. of MWRA)	(600)	(584)	(600)	(527)	(2,311)
(Sample population)	(3,533)	(3,123)	(3,259)	(3,547)	(13,462)
2. Current Users of Family Planning (FP) Methods	41%	50%	49%	46%	45%
(No. of MWRA Users)	(237)[a]	(294)	(293)	(242)	(1,066)
3. MWRAs not intending to have more children (pregnant or not)	74%	72%	78%[b]	53%	69%
(No. of MWRAs)	(428)[a]	(420)	(229)[b]	(318)[c]	(1,395)
4. FP non-users, not willing to have more children	33%	22%	No Data	23%	26%
(No. of MWRAs)	(191)[a]	(126)		(123)[d]	
B. Maternal and Child Health (MCH)					
1. Pregnancy rate (per 1,000 population)	30 women/ 1,000 pop.	25 women/ 1,000 pop.	24 women/ 1,000 pop.	26 women/ 1,000 pop.	27 women/ 1,000 pop.
(No. of pregnant women)	(107)	(78)	(80)	(94)	(359)
2. Pre-natal consultation rate	87.4%	96.8%	93%	74%	88.9%
3. Breastfeeding rate (No. of pregnancies/ births in the past two years)	88.4% (484)	86.1% (525)	90% (427)	94.6% (350)[c]	89.3% (1,786)

TABLE 1 (Con't)

Programs/Indicators	Leyte (N=600 HH)	Cebu (N=584 HH)	Iloilo (N=600 HH)	Cordillera (N=605 HH)	Total (N=2,389 HH)
C. Nutrition					
1. Children aged 0-6 years per sample population	35%	34%	29%	34%	33%
(No. of children aged 0-6 years)	(1,230)	(1,049) [f]	(932) [f]	(1,203)	(4,414)
2. Households availing of growth monitoring services for children aged 0-6 years	60%	82.4%	82.5%	66.1%	72.7%
D. Expanded Program on Immunization (EPI)					
1. Fully immunized children (15-24 months old)	55.2%	65.5%	81.8%	59%	66.4%
(Total no. of children aged 15-24 months)	(181)	(264)	(234)	(180)	(859)
2. BCG vaccine (3-24 months old children)	81.5%	81.6%	85%	74.4%	80.7%
(Total no. of children aged 3-24 months)	(379)	(477)	(365)	(368)	(1,589)
3. DPT3 vaccine (15-24 months old children)	85.5% [g]	No Data	77.3%	55.2%	72.7%
4. OPV3 vaccine (15-24 months old children)	85.5% [g]	No Data	74.2%	53%	70.9%
5. Measles vaccine (15-24 months old children)	78.6% [g]	No Data	71.8%	58.5%	69.6%
6. No immunization (15-24 months old children)	27.6%	17.4%	8.6%	No Data	17.9%

TABLE 1 (Con't)

Programs/Indicators	Leyte (N=600 HH)	Cebu (N=584 HH)	Iloilo (N=600 HH)	Cordillera (N=605 HH)	Total (N=2,389 HH)
E. Control of Diarrheal Diseases (CDD)					
1. Treatment for diarrheas of children aged 0-2 years					
a. ORESOL	28%	28% (electrolytes)	No Data	No Data	
b. Anti-diarrheals	18%	30%	No Data	No Data	
c. Herbal preparations	16%	16%	No Data	No Data	
2. Households with potable water supply	63.8%	89.9%	66.3%	47.6%	66.7%
3. Households with water-sealed toilets	44.8%	52.1%	52.8%	35.9%	46.3%

NOTES:

MWRA = Married Women of Reproductive Age

(a) The MWRA denominator is 580 (instead of 600), based on 'complete" MWRAs (i.e., the woman is living with the husband).

(b) The percentage/figure applies to current FP users, non-pregnant MWRA only.

(c) The questionnaire included a "Depends" answer, which generated 140 (23%) responses.

(d) The questionnaire included a "Depends" answer, which generated 77 (13%) responses.

(e) The figure applies for one delivery only per delivering MWRA over the past two years.

(f) The reports provided figures of 813 and 716, respectively, for the 0-4 age group. The added figures to constitute the 5-6 age group were mathematically extracted from the figures for the following age groups: 5-9 and 5-14.

(g) The denominator is 131 children aged 15-24 months who had some immunization, whether completed or not.

TABLE 2

Comparison Between Selected DOH Program Targets and PHN Survey Figures

	DOH Program Targets* (1986)	PHN Survey Findings (1988)	Difference (Target less Findings)
1.	**Comprehensive MCH/FP/ Nutrition Program**		
	Maternal and Child Health		
	30 women/1,000 population are expected to become pregnant	27 women/1,000 study population were pregnant	(+) 3 women/ 1,000 population
	Family Planning		
	12% of the population = MWRA	17% of the study population were MWRA	(-) 5%
	34% of the MWRAs are current FP users	45% of the MWRAs were current FP users	(-) 11%
	66% are eligible for FP	-	
	25% of eligible/year expected as FP new acceptors (NA)	26% FP non-users, not willing to have more children	(-) 1%
	-	69% of the MWRAs (pregnant or not) not intending to have more children	
	Nutrition		
	Children aged 0-6 years constitute 20% of the population	33% of the study population were children aged 0-6 years	(-) 13%
2.	**Control of Diarrheal Diseases (CDD) Program**		
	Oresol treatment** (40.5% of population aged 0-5 years)	28% of diarrhea-stricken children aged 0-2 years treated with Oresol	(+) 12.5%
	65% of the households with potable water supply	67% of the households fetch drinking water from water pipes, artesians wells or pumps	(-) 2%
	with potable water		
	56.5% of the households with sanitary toilets	46.3% of the sample house-holds have water-sealed toilets	(+) 10.2%

(*) From Table 3.

TABLE 3

Selected PHN Activities, DOH Population Bases, and Service Delivery Targets for 1987 and 1988*

Activities	Basis	Targets (for 1987 and 1988)
1. Ante-partum (AP) supervision (pre-natal)	3.5% of the population	80%
2. Natal care: Delivery by trained personnel	3% of the population	80%
3. Family planning	MWRA (pop. x 12%)	
a. New acceptors	MWRA x 11.36%	56%
b. Continuing (current) users	12% x pop. x 36%	74%
4. Child care: Newborn initiated to breastfeeding	3% of the population	90%
5. Operation Timbang (OPT)	20% of the population	70%
6. Food assistance		
a. Severely malnourished	OPT x 2.8%	100%
b. Moderately malnourished	OPT x 17.6%	100%
7. Expanded Program on Immunization (EPI)	3% of the population	70%
8. Control of Diarrheal Diseases (CDD)		
a. Oresol treatment (0-5 years old children)	40.5% of the population	70%

(*) Compiled by Mrs. Helen Gumba from the Palo RHU.

For consistency with the title and the objective of this paper, the topics are discussed according to their being under population, health and nutrition (PHN) activities, in that order. Each program topic under discussion -- population, health or nutrition -- includes a description of the relevant national targets, the PHN survey findings, the survey findings for Leyte (when appropriate), and program-specific recommendations. The general conclusions and recommendations of this study constitute a separate topic.

II. FINDINGS AND DISCUSSION

A. Population Activities

The family planning (FP) program appears to be the least participated but most desired PHN activity by the respondents in the three Visayas regions covered by the PHN surveys in 1988 (see Tables 4 and 5). This disparity between the low actual participation in, and the high desire for, family planning by the sample respondents should be a cause for alarm at both policy and implementation levels of the FP program. It appears to be the result of a "supply-distribution-based" implementation scheme that is diametrically opposed to the "motivation-based demand" perception of the intended program beneficiaries, and complicated by various socio-cultural and economic norms (*i.e.*, including implementor bias, basic ignorance of and the false information received by the recipients, etc.).

1.1 The National Targets

Compared to the various health and nutrition programs, the family planning (FP) program appears to have very modest national targets (see Tables 2 and 3). For 1986, it was estimated at the national level that 12 percent of the population were MWRA (married women of reproductive age. Of the MWRA, 34 percent were current users of FP methods and 66 percent were eligible for family planning. Of the MWRA eligible for FP, 25 percent were targetted to become new acceptors (NAs) of family planning.

The national estimates, however, were deflated for the years 1987 and 1988 (see Table 3). While the estimate of the MWRAs per population remained at 12 percent, and the estimate of the current users was raised a bit to 36 percent of the MWRAs, the estimate for the new acceptors of family planning was reduced by more than one-half (*i.e.*, to about 11.4 percent of the MWRAs).

TABLE 5

Desired PHN Activities (Multiple Responses) in the Three Visayas Regions

Desired Activities*	Frequency of Responses			
	Leyte	Cebu	Iloilo	Total
A. Family Planning (FP)				
1. IEC (motivation) activities	212	334	2605	806
2. Distribution of (free) FP supplies	20	128	80	228
3. Income-generating project	-	-	173	173
B. Health				
1. Free consultations and medicines	112	364	159	635
2. Toilet construction	163	128	-	291
3. Available health personnel	57	162	-	219
4. Cleanliness drives	61	129	-	190
5. Health education	-	-	248	248
6. Income-generating project	-	-	127	127
7. Safe water supply	53	-	-	53
8. Control of stray animals	20	-	-	20
C. Nutrition				
1. Free feeding	257	250	135	642
2. Nutrition education	21	103	127	251
3. Income-generating project	-	-	132	132
4. Food production	100	-	-	100
5. Operation Timbang	49	-	-	49
6. Mothers' Class	24	-	-	24

(*) For Leyte, included are activities with frequencies of 20 responses or more. For Cebu and Iloilo, the activities included are those responses with frequency percentages of 10 percent or more.

TABLE 4

Participation Rates in PHN Activities in the Three Regions of the Visayas

Percentage of Responses	Perceived Activities*			Total
	Leyte	Cebu	Iloilo	
A. Family Planning (FP)	(N=90)	(N=520)	(N=309)	(N=919)
1. Motivation for FP	49.0	77.1	39.5	55.5
2. Distribution of FP supplies	23.6	22.5	11.0	19.0
3. Mothers' Class	16.8	18.6	40.1	25.2
(Participation Rate)	(16.5)	(44.1)	(73.8)	(44.8)
B. Health/Environmental Sanitation	(N=270)	(N=520)	(N=271)	(N=1,061)
1. Immunization	29.1	17.5	-	-
2. Water-sealed toilet construction	18.8	-	-	-
3. Consultation and treatment	12.5	56.9	10.7	26.7
4. Control of stray animals	10.0	-	-	-
5. Cleanliness drives	-	17.3	22.5	-
6. Health education	-	17.5	26.9	-
7. Income-generating project	-	-	10.7	-
(Participation Rate)	(45.0)	(68.9)	(73.8)	(62.6)
C. Nutrition	(N=313)	(N=520)	(N=353)	(N=1,186)
1. Feeding assistance	65.9	69.6	36.0	57.2
2. Operation Timbang	25.1	10.0	20.1	18.4
3. Mothers' Class	-	-	14.7	-
4. Food production	-	-	17.0	-
(Participation Rate)	(52.2)	(60.5)	(69.7)	(60.8)

(*) Limited to activities with participation rates of 10 percent or more.

1.2 The PHN Survey Findings

The PHN survey findings from the four study regions strongly suggest that the national targets for the family planning (FP) program from 1986 to 1988 may have been both conservative and understated. For instance, while the national estimates pegged the MWRAs per population at 12 percent, the survey data show a figure of 17 percent MWRAs for the sample population (see Table 2). The figure 17 percent was also arrived at by censuses conducted in several laboratory communities of the School of Health Sciences (SHS) in Leyte (Borrinaga, 1989). And while the current users of FP methods were nationally estimated at 36 percent of the MWRAs in 1987 and 1988, the survey data showed a figure of 45 percent during the year preceding the survey.

The PHN survey data further showed that 69 percent of the MWRA respondents, whether pregnant or not, were not intending to have more children. And among the non-users of FP methods, 26 percent were not willing to have more children.

It appears from the PHN surveys that a large segment of the MWRA population may have been missed by the present family planning (FP) program because of its conservative targets. Likewise, a segment of the missed MWRA population may have independently adopted FP methods, though they probably did not have direct contact with program implementors.

It is unfortunate that the national targets for the family planning (FP) program were deflated at a time when the potential market of the program had ballooned (i.e., 69 percent of the sample MWRAs, pregnant or not, did not intend to have more children, but only 45 percent were current users of FP methods or a 24 percentage points difference).

1.3 The Findings In Leyte

As suggested earlier, the participation rate among the survey respondents in family planning activities is low. The figure is 15 percent in Leyte (see Table 4). Of this low participation rate, barely one-fourth (23.6 percent) participated in FP supplies distribution (*i.e.*, receiving pills and condoms, etc.) while about two-thirds (65.8 percent) participated in educational activities for family planning (*i.e.*, 49 percent in motivation for FP and 16.8 percent in mothers' classes).

For desired family planning activities, 212 responses generated from the sample MWRAs in Leyte preferred information, education and communication (IEC) activities (see Table 5). In many instances, the side-effects of FP methods was pinpointed as an important topic for the IEC activities. The distribution of FP supplies generated only 20 responses. The patterns of

participation in, and the desired, family planning activities in Leyte were similar to that in Cebu and in Iloilo.

1.4 Program-Specific Recommendations

The PHN survey findings do not support official accusations of indifference towards the family planning program by the intended beneficiaries. Instead, the findings showed that there is much interest in and a market for the family planning idea, but not of the type dictated by the "supply-distribution-based" scheme of the existing program.

In view of the above findings, it is recommended that the Department of Health (DOH) and other concerned agencies like the Commission on Population (POPCOM) must design a relevant and "demand-generated" family planning program, which may be divergent from the one being implemented. The DOH should also establish more accurate and realistic population denominators for monitoring the family planning program.

2. Health Activities

The various health program activities of the DOH (excluding the family planning and nutrition programs which are discussed separately) generated the highest participation rates across the four PHN study regions. However, these DOH programs appear to have segmented and separate implementation tracks, and with different performance targets and expectations, although it seems inevitably possible to integrate and coordinate several of them at the implementation level.

2.1 The National Targets

Tables 2 and 3 include selected health program targets and activities of the DOH for the years 1986, 1987 and 1988. When compared with the PHN survey findings, the national targets for the various health programs can be described as a mixture of ambitious and conservative targets, and sometimes contradictory targets, which can be attributed to the official insistence on the use of static and centrally-determined population denominators which are incompatible with field realities.

2.2 The PHN Survey Findings

Pregnancy Rate. Table 1 presents data on the pregnancy rates in the four study regions. The data showed a rate of 27 pregnant women per 1,000 population (2.7 percent) during the survey. This rate is lower than the pregnancy rate of 30 women per 1,000 population (3 percent) set by the DOH for 1986 (see Table 2).

Pre-Natal Consultation Rate. Table 1 presents data on the rate of availment of pre-natal consultations for children born during the 24 months preceding the survey. The data showed that there were approximately 1,786 births among the sample women during the two-year period in the four PHN study regions. Of these births, a very high 88.9 percent (1,587 births) had the benefit of pre- natal consultations before delivery.

The rate of births per sample population during the 24 months preceding the survey was 13.2 percent. Converted to pregnancies, and assuming that the number of pregnancies were equal for each of the two years, we came up with a yearly figure of 893 pregnancies. This figure is equivalent to 6.6 percent annual birth rate for the sample population. The sample figure of 6.6 percent being women qualified for pre- natal consultations (anti-partum supervision) is almost twice the 3.5 percent projection of the DOH for 1987 and 1988.

Breastfeeding Rate. Table 1 presents data on the rate of breastfeeding of infants born during the 24 months preceding the survey in the four PHN study regions. The data showed that of the 1,786 births by the sample mothers, a very high 89.3 percent (1,595 babies) were breastfed by their mothers.

Immunization Rate. Table 1 presents data on immunization rates of eligible children in the four PHN study regions. The data showed that among the 859 sample children aged 15-24 months, 66.4 percent (570 children) had been fully immunized (with BCG, three doses of DPT, three doses of OPV, and measles vaccines). And among the 1,589 sample children aged 3-24 months, 80.7 percent (1,282 children) had been immunized with the BCG vaccine.

Use of ORESOL. Oral rehydration therapy through the use of ORESOL (oral rehydration solution) has been promoted by the DOH as a key element of the effort to control diarrheal diseases for about a decade now. Table 1 presents data on the use of ORESOL in two PHN study regions. In Leyte, ORESOL has edged the anti-diarrheals and herbal preparations as treatment for diarrhea-stricken children aged 0-24 months. ORESOL has been used for 28 percent of the patients, followed by anti-diarrheals for 18 percent and herbal preparations for 16 percent of the rest of the patients, respectively.

In Cebu, the anti-diarrheals are still the main treatment for diarrheas of children aged 0-24 months and were administered to 30 percent of the patients. However, the use of electrolytes (*i.e.*, ORESOL) is catching up, being used for 28 percent of diarrhea-stricken children. Herbal preparations were used for 16 percent of the patients.

Potable Water Supply. Tables 1 and 2 present collated data on the sources of drinking water of the sample households in the four PHN study regions. The data showed that two-thirds (66.7 percent) of the sample households availed of drinking water from three "potable" water sources: water pipes, artesian wells (deep wells) or pumps (shallow wells).

(The other third -- 33.3 percent -- of the sample households availed of drinking water from such "unsafe" sources as open dug wells, springs or rivers.) This percentage is almost similar to the 65 percent target accomplishment of the DOH for 1985. It must be noted, however, that the criteria for "potability" was the source, and not necessarily the quality of the water taken from these sources.

Proper Excreta Disposal Facilities. Tables 1 and 2 present data on the existence of proper excreta disposal facilities in the sample households of the four PHN study regions. The data showed that less than half (only 46.3 percent) of the sample households have water-sealed toilets. This figure is much lower than the 56.5 percent target accomplishment reported by the DOH for 1985.

Participation in Health Activities. Table 4 presents data on the participation of the sample households in the Visayas in different health program activities (excluding family planning and nutrition). The data showed that consultation and treatment is commonly availed of across the three study regions in the Visayas.

In Leyte and Cebu, the sample households participated actively in immunization activities (ranked first in Leyte and co-second in Cebu). In Cebu and Iloilo, the sample households were involved in health education activities (ranked first in Iloilo, co-second in Cebu) and cleanliness drives (ranked second in Iloilo, fourth in Cebu).

Activities common only for Leyte were water-sealed toilet construction and the control of stray animals. Common only for Iloilo as a health-related activity was income-generating project.

Desired Health Activities. Table 5 presents data on the desired health activities among the sample households in the Visayas. The data (from multiple responses) showed that the desire for free consultations and medicines is common across the three study regions. In Leyte and Cebu, toilet construction, cleanliness drives, and availability of health personnel are also desired activities by the respondents. Desired health-related activities common only for Leyte are the provision of safe water supply and the control of stray animals. Common only for Iloilo as health-related activities are health education and income-generating project.

2.3 Program-specific Recommendations

Maternal and Child Health. The Department of Health (DOH) should look into its population targets for expected pregnancies and pre-natal consultations (see Tables 2 and 3). Compared with the data at hand, it appears that the DOH had set a high population rate for expected pregnancies (at any one time) in 1986 (30 women per 1,000 population for DOH versus 27 women per 1,000 population from the study). Yet, the DOH had set a low population

target of 3.5 percent per 1,000 population for women expected for (pre-natal) supervision in 1987 and 1988 (compared to the 6.6 percent in the study areas). These seemingly contradictory DOH targets should be readjusted accordingly, preferably based on more realistic population denominators.

The rates of actual availment of pre-natal consultations (despite the low target set by the DOH) and of breastfeeding of children by their mothers are already very high. Nevertheless, the DOH staff should continue aiming for maximum coverages of there health promotion and protection activities.

Immunization. The DOH expectation on the Expanded Program on Immunization (EPI) for 1987 and 1988 was a 100 percent coverage of the eligible children (up to 12 months old) estimated at 3 percent of the population (see Table 3). When reflected in the yearly RHU accomplishment reports, the data included the numbers and percentages of fully immunized children and those immunized with BCG.

However, the survey data showed that the percentage of children eligible for immunization (*i.e.*, up to 12 months old) is about 5 percent of the sample population. (The census figure from several SHS study communities was 4.3 percent. Thus, it appears that the DOH target for immunizations may have been understated in 1987 and 1988. This may explain the performance coverages of more than 100 percent. To be relevant, the DOH target for immunization should be readjusted, based on realistic population denominators.

The EPI program presents several opportunities for rationalizing the program monitoring system of the DOH. For instance, instead of setting up an unrealistic national target for EPI, target- setting for the EPI program might as well be based on a prompt and comprehensive birth registration system in the BHS catchment areas, which also allows for the listing of children of newly-migrated households. (In turn, the birth registration system might be facilitated by an accurate listing of the pregnancies in the BHS catchment areas, which listing can, in turn, serve as checklist for the tetanus toxoid (TT) vaccinations for the pregnant mothers.) The collated figure from the four quarterly lists of children derived from this related official function could then be used as the population denominator of the immunization activities for one year.

The DOH requires an immunization report for children aged 0-5 years. However, this type of report, though already available, is hardly helpful from the implementor's point of view. The data could include 0-12 months old children, some of whom may not yet be eligible for some or all immunizations, and children more than 15 months old, who are no longer qualified for most immunizations. The field implementors of the EPI -- the BHS midwives -- are

rendered helpless by this type of report when used for evaluation purposes, because this hardly reflects yearly performance improvements.

In this regard, we recommend that performance monitoring and evaluation of immunization activities should be limited to records/reports on enrolled children aged 12-24 months. In case of missed immunization doses, it would be neither too early nor too late to reach the concerned children before evaluation. With a system of this kind, the BHS midwives can show (and be better appreciated for) their EPI performance coverage for one year.

It may also help to reflect, in the annual RHU accomplishment reports, the actual coverages for measles immunization and the initial or last doses (whichever is considered minimum) of the DPT and OPV immunizations. The immunization report for children aged 0-5 years may be retained, but this should allow for some flexibility which can reflect dramatic improvements in a year's time and contribute to better motivation and future performance of the health worker.

It may be emphasized here that it is unfortunate that DOH expect mothers to keep the recommended home-based immunization and growth-records of their children, without hardly using the data from such records for adequate reporting, monitoring, and policy reorientation towards more relevant and realistic field programs. As for the motivation for the immunization of children, the message may be communicated by the BHS midwives as early as the pre-natal consultations of the pregnant women.

Control of Diarrheal Diseases. The program for the Control of Diarrheal Diseases (CDD) includes, as components, the promotion and use of ORESOL and the quest for adequate potable water supply and sanitation facilities for the households in the rural areas.

The use of ORESOL, though still short of the national expectation, has gone a long way since its promotion a decade ago as the appropriate treatment for diarrheal diseases. It would be interesting to monitor its widening use and acceptance in the future.

As for the potable water supply for the rural areas, the data from the PHN surveys showed that, using the source of drinking water as criterion for potability, 66.7 percent of the households have access to potable water supply (*i.e.*, from water pipes, artesian wells, or pumps). The figure approximates the 65 percent target accomplishment of the DOH for 1985. However, it would be interesting to conduct water tests in several sample sources to determine the actual quality of the water taken from these "potable" sources.

The PHN survey data suggests, that we are still far from accomplishing the objective of the Water Decade 1981-1990, which is "clean water for all by 1990." More efforts along this line of endeavor are certainly required.

In terms of providing households with sanitary toilet facilities, the DOH reported a target accomplishment of 56.5 percent for 1985. The data at hand proved this figure to be rather ambitious. Only 46.3 percent of the survey households in the four PHN study regions have water-sealed toilets. Definitely, there is a need for more concerted efforts to assist the households to provide themselves with proper excreta disposal facilities in the near future.

We suppose it is much easier to monitor household data than individual data on health. If so, the DOH should have more comprehensive yearly data on the households (usually gathered by the Rural Sanitation Inspectors) than individual data (usually gathered by the BHS midwives). If this is not yet a reality, the task is worth exploring.

3. Nutrition Activities

The nutrition program for children aged 0-6 years appears to be the best participated and most desired single PHN activity by the respondents from the four regions covered by the PHN surveys in 1988. Unfortunately, the same program also seems to be poorly planned, implemented and monitored, and has caused a lot of anxieties and embarrassments to the frontline implementing staff -- the BHS midwives. In this regard, the inflexible and centrally-determined program targets, implementation support and monitoring systems aggravate the worries of the frontline personnel.

3.1 The National Targets

The nutrition program targets for the past two years (1987 and 1988) projected the number of children aged 0-6 years at 20 percent of the population (see Table 3). Implementation procedures require that targets at the field level be based on this projected figure (20 percent). When the targetted number of children would have been reached through the barangay-level *Operation Timbang* (OPT, or child-weighing) of the BHS midwife, it is expected that 17.6 percent of the children aged 0-6 years are moderately malnourished and 2.8 percent are severely malnourished. Some time after the OPT activity, feeding assistance will be allocated such that all severely (third-degree) malnourished children and 13 percent of the moderately (second-degree) malnourished children would have been provided with food supplements (i.e., skim milk) and, subsequently, monitored for their nutritional improvements. The BHS midwife's performance in the nutrition program is gauged by her adherence to the fixed targets and her completion/ submission of the required reports.

3.2 The PHN Survey Findings

The PHN survey findings in the four study regions, however, strongly suggest that the centrally-determined targets and monitoring procedures for the nutrition program may not be

realistic at all. The data showed that 33 percent (not 20 percent) of the sample population were children aged 0-6 years. Of course, it may be argued that the survey selected only those households with MWRA women who have child/children aged 0-6 years, and not the total population; thus the percentage for the sample population was higher. Still, the figure for children aged 0-6 years would be about 30 percent when the study population is adjusted to the total population level, which figure is significantly higher compared to the existing program targets. (Censuses conducted in several community laboratories of the SHS in Leyte showed that 25 percent of the population are children aged 0-6 years.

Moreover, the constraints are not only in the population denominators. The fixed and inflexible systems set at the central level for the nutrition program are causing untold difficulties for the BHS midwife in the field. For instance, the BHS midwife by experience may not wish to reach for more children aged 0-6 years than the nationally-targetted 20 percent, lest, she will run into the problem of shortage of supplementary food supply once the (fixed, pre-programmed) assistance arrives. She may just "hit" the target and be spared of the potential troubles.

3.3 The Findings In Leyte

The PHN survey findings in Leyte showed that only 60 percent of the sample households availed of the growth monitoring services for their children aged 0-6 years during the year preceding the survey. Given that 35 percent of the Leyte sample population age children aged 0-6 years, and that the BHS midwives had set their targets for children aged 0-6 years at only 20 percent of the population, the actual households covered by the growth monitoring services could have been reported as a 105 percent target accomplishment for the year. Meanwhile, the 14 percent untargetted children aged 0-6 years may have been left out of the program.

The survey findings in Leyte also provide other insights into the nutrition program as implemented. In one distant study barangay, the respondents preferred increased feeding assistance but slurred an otherwise young and dedicated BHS midwife, who hails from and resides in the same barangay, for the "inequitable" distribution scheme was also lamented at by an elderly BHS midwife in the Cordillera region. In another study barangay, the BHS midwife proposed the stop to the feeding assistance (i.e., it is a pure and simple "dole-out" activity and instead hoped for the promotion of food production activities).

Incidentally, it is interesting to note that the respondents of the PHN survey in Leyte preferred feeding assistance as a nutrition activity (in terms of actual participation and as a desire) precisely because it is offered and is "free" (see Tables 4 nd 5). Otherwise, the respondents ranked food production (i.e., gardening) as a second, fall-back nutrition-related activity. (Income-generating project is also the fall-back activity in Iloilo.

3.4 Program-specific Recommendations

Definitely, in the light of PHN survey findings, there is an urgent need for the Department of Health (DOH) to alter the implementation procedures for its centrally-directed nutrition program to make them relevant to field realities and to enhance program coverage.

The personal and professional integrity of the BHS midwives have been put to a severe test by the effects of the nutrition program as currently implemented. The preferential distribution of feeding supply for nutrition rehabilitation (i.e., only for all third-degree malnourished and 13 percent of the second-degree malnourished children) has been undermining their credibility for years now. As professionals, the BHS midwives were not adequately trained on this "selective" scheme; they are supposed to be "equitable" in rendering their services. They must be helped out of their predicament.

The DOH should make a policy decision on whether or not to just limit the BHS midwives to performing growth monitoring and promotional/educational activities for the nutrition program. The feeding assistance activity, with its easily misunderstood distribution scheme, is perhaps best implemented by social workers, who are professionally trained to deal with "preferential problem-groups." As a compromise, the BHS midwives may be required to attend to *all* the third-degree malnourished children, who definitely need health professional attention. However, they must be spared the discretion and criticisms attendant to deciding on which 13 percent of the second-degree malnourished children to give feeding assistance to. Social workers can do this task better. The rehabilitation of *all* second-degree malnourished children may be handled by workers of the Department of Social Work and Development (DSWD).

4. GENERAL CONCLUSIONS AND RECOMMENDATIONS

The objective of this study is to propose practical denominators that will hopefully result in relevant and realistic procedures for monitoring population, health and nutrition (PHN) activities. The basic findings for analysis were extracted from the research reports of the PHN field surveys conducted in four regions of the country in September 1988.

The findings of the study point out to the need for rationalizing the existing monitoring and statistical systems of the Department of Health (DOH) to make these reflective of the field realities and of the DOH policy thrust towards Primary Health Care (PHC). However, this insight in no longer new. This has been noted in previous health-related studies.

But the implication of rationalizing the monitoring system of the DOH towards Primary Health Care (PHC) is drastic and serious. Firstly, this would require a more interactive,

"partnership- type" relationship at the service delivery level between the "providers" and "recipients" of health care. Secondly, this would require a participatory approach to designing new solutions to health and related problems that would start at the community level. Thirdly, this would require the decentralization of management controls over various health programs, preferably to the district hospital level, which facility is closest to implementation realities and has the required technical and administrative support capability. Finally, a rationalized monitoring system of the DOH would require a redesign of the decision-making and support systems in all health and health-related organizations.

The typical DOH action on such "strong" findings as presented in this PHN study has been to adopt some or all statistical estimates for the purpose of revising the performance targets of its various PHN programs, but keeping the essentially central-orientation and vertical nature of these programs and the largely data-collection function of the different DOH sub-national offices. This action would be an unfortunate fate for the findings of this study, which statistical estimates could only magnify the existing burdens of the already overloaded and overworked frontline health personnel. For their sake, their present tasks should first be simplified before adopting the findings of this study.

The findings of this study offers insights into the possible integration and coordination of related PHN program components at the implementation level. For instance, an MCH activity such as pre-natal supervision can serve as a rallying activity for the mobilization of Barangay Health Workers (BHWs) for enumeration- listing, motivation, and recruitment of pregnant women for pre- natal check-ups and for tetanus toxoid immunizations; for motivating the consulting mothers to breastfeed their babies after delivery and to have them immunized; for providing advance information on the need for post-natal check-ups, family planning, the proper nutrition of mothers and infants, etc.

The immunization activity can be the rallying activity for the enumeration-listing by the BHWs of the eligible children in the barangay and for motivating their children's mothers to submit them for immunizations; for informing the mothers on the need for monitoring the growth of their children aged 0-6 years and for treating child diarrheas with ORESOL; for repeating the information on family planning, the proper nutrition of mothers and infants, etc. Until the present, however, these interrelated activities are deemed segmented from each other and are separately targetted, recorded and reported.

The integration and coordination of related PHN program activities call for the separate design of brief but comprehensive "information packages" that can be delivered to the mothers, say in less than five minutes, during the actual pre-natal consultation or immunization round, rather than during the next Mothers' Class schedule. In this regard, the DOH can learn from the police authorities. In fact, a police officer, at the pain of legal or official sanction, has to

promptly inform a suspected criminal about his legal rights and privileges at the moment of his capture. The idea behind this routine police action can be adapted by the DOH for the purpose of quick information dissemination on and motivation for its various PHN programs during their actual implementation.

The proposed police-type "information packages" may be tightly related with the basic reporting requirements (i.e., streamlined and reported-only-once) of the DOH. These "information packages" may be directly translatable to the required statistical reports and vice-versa.

The need to streamline the monitoring and reporting system of the DOH has remained imperative since Primary Health Care (PHC) was adopted as a national policy in 1979 . Yet, at present, it is still not unusual for a BHS midwife to file two to four different reports from one set of performance data (*i.e.*, on immunizations) for submission to higher offices. This report-making routine alone had been estimated to consume about 40 percent of the official time of the frontline health personnel.

Only through a streamlining of its monitoring and reporting system and the official time that this action would have saved, can the DOH really expect to increase the coverage of the frontline health personnel in Primary Health Care (PHC) work. And the adoption of appropriate implementation procedures (the policy had been set a long time ago) to integrate and coordinate the various PHN activities could further simplify the tasks at the implementation level. With a "freer" implementation atmosphere, the DOH can demand quality services from its frontline staff.

The DOH had long adopted the policy of buiilding up the country's health system around Primary Health Care (PHC) using a "bottom-to-top" process. The process can be facilitated by barangay-level activities that would first establish practical and realistic population denominators for the different PHN programs at the Barangay Health Station (BHS) level (see Annex A). The subsequent task of realigning the various programs and components of the health system can be undertaken using "action research" or "learning-by-doing" methodologies.

Annex A

RECOMMENDED PROCEDURES FOR ESTABLISHING PRACTICAL DENOMINATORS FOR MONITORING POPULATION, HEALTH AND NUTRITION (PHN) ACTIVITIES AT THE BARANGAY HEALTH STATION (BHS) LEVEL (A "BOTTOM-TO-TOP" APPROACH)

A. Baseline Data Gathering

1. With the help of the Barangay Health Workers (BHWs):
   a. Make a spot map of each catchment barangay of the Barangay Health Station (BHS) and assign a number or code to each house;
   b. Make an enumeration list of all households (i.e., members, age, sex) for each BHS catchment barangay;
   c. From the enumeration list, determine the households with MWRA (age 15-45) and children aged 0-6 years.
2. In an index (i.e., typical) barangay of the BHS catchment area:
   a. Conduct a simple household socio-economic survey;
   b. For children aged 0-6 years, determine their nutritional status (through child-weighing) and percentages per population;
   c. Determine the immunization coverage of children aged 12-24 months;
   d. Determine the number of pregnant women, percentage of MWRA per population, current users of family planning (FP) methods, types of FP methods, used, MWRAs eligible for FP, and expected new FP acceptors (*i.e.*, MWRA non-users of FP methods but not willing to have more children).

B. Establishing Practical Denominators for Program Planning and Monitoring

3. For the data gathered in the index barangay:
   a. Establish realistic population or percentage denominators for the performance accomplishment of the BHS;
   b. Set relevant performance targets for the BHS (i.e., the ceiling of the performance accomplishments using community-based denominators should only be 100 percent).
4. Set trial runs and adjustments. Determine the advantages and inadequacies of both national target-based and community-based planning and monitoring approaches.

   Propose modifications to existing procedures.
5. Set parameters for modified institutional/program support and expectations by the DOH, other agencies, and the community

Annex B

THE RECORDS AND REPORT FORMS OF THE DEPARTMENT OF HEALTH (DOH) AT THE BARANGAY HEALTH STATION (BHS) AND THE RURAL HEALTH UNIT (RHU) LEVELS (A PRELIMINARY STUDY)

I. INTRODUCTION

The objective of this note is to look into the recording, reporting and monitoring systems of the Department of Health (DOH) at the Barangay Health Station (BHS) and Rural Health Unit (RHU) levels, with the end in view of establishing a baseline document from which future activities aimed at streamlining the presently "complicated" monitoring and reporting system at the front-line level of the DOH may be initiated.

A visit to the RHU of Palo, Leyte, was made to collect available copies of the DOH records and report forms used at the BHS and RHU/Main Health Center (MHC) levels, and to interview the public health nurses (PHNs) on the DOH recording and reporting routines.

The collected forms were then arranged according to their being under family planning (population), health and nutrition program topics, to be consistent with similar presentations elsewhere. A computer list of the "Records and Report Forms of the Department of Health" (see Table 1) was then prepared and referred back to the PHNs for validation and for tracing the data sources for the reports were subsequently incorporated in the computer list.. The different records and reports that were collected from the Palo RHU are found in Table B.1. Table B.1 and the notes of the interviews with the PHNs provided the basis for the following preliminary analysis.

II. A PRELIMINARY ANALYSIS

The clamor to streamline or simplify the monitoring and reporting system of the DOH at the front-line level had long been expressed. Towards this end, the DOH had attempted some concrete action. For instance, the HIS (Health Information System) Forms were introduced early in the 1980s for the purpose of incorporating the various reporting requirements of the DOH in one form for each implementation level (*i.e.*, BHS, RHU, etc.). However, rather than provide the alternative to the existing separate reporting formats, the HIS Forms instead became additional reporting requirements for the field staff. Also, new programs introduced by the DOH during the 1980s (*i.e.,* health education, primary health care) added report forms for the field staff to accomplish.

What seems to be the magnitude of this "burden" perceived by the field staff to be found in the DOH monitoring and reporting system? Table 1 shows that the BHS midwife maintains at least 19 separate records of her activities at the barangay level. Seventeen (17) records are center-based and two are home-based (i.e, kept at home by the patient or his/her family, but brought to the health center when submitting for consultation). The two records for family planning are printed forms. Most of the records classified under "Health" are actually separate sections of a multi-purpose notebook kept by the BHS midwife, although some forms are mimeographed. The record forms for the nutrition programs are largely mimeographed.

The different records kept by the BHS midwife constitute the data sources for the different reports required of her. For family planning, she is required to submit a monthly service report. For health, she is required to submit one (1) weekly report, eight (8) monthly reports, and two (2) quarterly reports. For nutrition, she is required to submit three (3) monthly reports and three (3) quarterly reports. Overall, for the different family planning, health and nutrition activities, the BHS midwife fills out and submits one (1) weekly report, 12 monthly reports, and five (5) quarterly reports.

These reports by the BHS midwife are regularly submitted to the RHU/MHC where the PHN consolidates the data entries from the different BHS reports and prepares the RHU version of these reports. (Note: The RHU report differs slightly from the BHS report through the inclusion of data on secondary services rendered, *i.e.*, referral care, in the former.) The report-making routine alone had been estimated to consume some 40 percent of the official time of BHS midwives (3).

How inefficient and duplicative is the existing recording and reporting routine for the BHS midwife? It was gleaned from the interviews and from the records and report forms that almost every activity or intervention data of the BHS midwife is, at the very least, recorded twice and reported twice or thrice in different forms. For example, the case of a child having a bout with measles is recorded in the Daily Work Record and in the (home-based) Under Six Clinic Treatment Card. From the Daily Work Record, the data entry is reported in the BHS Weekly Report (under Notifiable Conditions), the BHS Monthly Report, and in the Monthly EPI Surveillance Report. For another example, the case of a child with diarrhea is recorded in the Master List of Diarrhea Cases and in the (home-based) Under Six Clinic Treatment Card. The data from the Master List of Diarrhea Cases is reflected in the BHS Weekly Report (under Notifiable Conditions), in the BHS Monthly Report, and in the Monthly Report on the Program for the Control of Diarrheal Diseases.

Another source of inefficiency and confusion are those reports that require different age classifications. For instance, the age classification for the EPI (immunization) report is 0-12 months; the age groupings for two nutrition- related programs are 6-24 months (for the

ASK-IFAD Program) and Under 1, 1-4, 5-6 years (for the Operation Timbang -- OPT -- Program), respectively; and the age grouping for the Under Six Clinic Program is 0-6 years.

Not only that. The BHS midwife has to improvise the report forms herself out of bond paper (sometimes self-bought) when the supplied report forms run out of stock. Also, any kind of misreporting (even honest ones) could warrant a clarificatory telegram from some central-based health program manager. And the loss of a report in transit could mean the tiresome process of reconstructing the lost report.

All of the above "complications" in the DOH monitoring and reporting system are apparently results of having chopped up into numerous vertical programs and concerns, for instance, the natural processes of marriage, pregnancy, child birth, and child health, nutrition and growth until the age of six years, which are serial stages of a single community reality. But while the the number of DOH programs have increased through the years, there remained a single front-line implementor of almost all these programs at the community level -- the BHS midwife. The chopped-up records (not the reports yet!) of the BHS midwife reflects the segmented and separate nature of the DOH programs and concerns, and their narrow and restricted (i.e., "frog-in- the-well") views of community health realities.

Yet, the situation does not seem hopeless at all. It is possible to streamline and rationalize the recording, reporting and monitoring systems of the DOH to the mutual satisfaction of both the field staff (i.e., the BHS midwives) and the various health program planners and managers at the central level.

The use of the microcomputer, with its versatile data-processing capabilities, could provide the answer for the DOH. However, while the use of computer technology could come from a "top-down" decision, the actual computerization process itself should be allowed to evolve utilizing "bottom-to-top" approaches.

The basic frame of reference for the DOH computerization process should be the field staff (i.e., the BHS midwife) with her comprehensive and integrated view of the community socio- economic and health realities in her working situation. Admittedly, this frame of reference would directly clash with the segmented and vertical views of these realities among those people responsible for specific health programs. But for once, the health planning and programming process should be made to substantiate the expressed support by the DOH of the new health development policies that were internationally agreed upon during the past 12 years (i.e., the health for all and the primary health care policies).

The challenge at hand is for the DOH to undertake a "bottom- to-top" development and utilization of microcomputer data-bases that mutually consider the broader aspects of community socio- economic reality and the various professional and official demands at the

different levels of the DOH hierarchy. After all, the logical demand of microcomputer data-bases also require individual (*i.e.*, patient) records for the reported health-related occurrences and interventions. Linking these occurrences and interventions with specific individuals in the community situation seems fitted to the professional and personal demands of the BHS midwives. While the prompt segregation and processing of specific health services data also seem fitted to the monitoring and reporting demands of almost all health programs. All these previously conflicting realities and demands could be provided their own separate answers by comprehensive computer data-bases which immediate impact is the simplification of the recording and reporting routines of the BHS midwife.

TABLE B.1

Records And Report Forms Of The Department Of Health

1. **Records filled out at the BHS/MHC**

   A **Family Planning**
   - Family Planning Service Record (center-based)
   - Family Planning Clinic Logbook
   - Pre-Marital Counselling (PMC) Record (at MHC only)

   B. **Health**
   - Daily Work Record
   - Pre-Natal Record
   - EPI Master List (Immunization)
   - List of Consulted Diarrheal Cases
   - Record of Health Education Activities
   - Record of Primary Health Care (PHC) Activities
   - Case Registry A (Standard Regimen for Tuberculosis)
   - Case Registry B (Shirt-Course Therapy for Tuberculosis)
   - Case Registry of Leprosy Patients
   - Birth Registry
   - Death Registry
   - Under-Six Clinic Treatment Card (home-based)

   C. **Nutrition**
   - Stock Record (DOH-CARE Targetted Food Assistance Program)
   - List of Children Weighed and Weight Status (Operation Timbang [OPT] Record)
   - Under-Six Clinic Master List
   - Monitoring of Weights (ASK Report Form 1) (Akbayan sa Kalusugan [IFAD] Program)
   - Growth Chart (home-based)

2. Reports by the BHS Midwife	Source/s of Data
A. Family Planning	
Monthly Report	
- Family Planning Clinic MonthlyService Report	Family Planning Clinic Logbook
B. Health	
Weekly Report	
- BHS Weekly Report (HIS Form No. 1)	Daily Work Record
Monthly Reports	
- BHS Monthly Report (HIS Form No. 2)	Varied (supposed to have incorporated the other report forms, but became a separate form itself)
- Accomplishment Report on EPI	EPI master List
- Monthly EPI Surveillance Report	Daily Work Record
- Monthly Report on the CDD Program	Master list of Diarrhea Cases
- Monthly NTP (TB) Report	Case Registry A/B
- Monthly Consolidated Report National Leprosy Control Program on Multi-Drug Therapy	Case Registry of Leprosy Patients
- Accomplishment Report on	Record of Health
- Health Education (PIHES)	Education Activities
- Monthly PHC Status Report	Record of PHC Activities
Quarterly Report	
- Tetanus neonatorum Mortality Quarterly Report	Death Registry
- Under-Six Clinic (USC) Quarterly Report	Under-Six Clinic Master List
C. Nutrition	
Monthly Reports	
- Monthly Progress Report (DOH-CARE TFAP)	OPT Record
- Commodity Distribution Report	Daily Work Record
Micro-nutrient Supplementation Report	-- do --

Quarterly Reports

- Barangay Tally and Summary Sheet of Children Weighed by Age Group and Weight Status	OPT Record
- Monitoring of Weights (ASK Report Form 1)	OPT Record
- Quarterly Commodity Report at Barangay Level (IFAD)	Monthly Commodity Distribution Reports

3. Reports by the RHU Consolidation of the BHS Reports

A. Family Planning

Monthly Report

- Family Planning Clinic Monthly Service Report	-- do --

Quarterly Report

- Pre-Marital Counselling PMC Record	(PMC) Monitoring Form

B. Health

Weekly Report

- Notifiable Diseases/Conditions: Cases and Deaths by Age	Consolidated BHS Reports

Monthly Reports

- RHU Monthly Report (HIS Form No. 4	-- do --
- Accomplishment Report on EPI	-- do --
- Monthly EPI Surveillance Report	Consolidated BHS Reports
- Monthly Report on the CDD Program	-- do --
- Monthly NTP (TB) Report	-- do --
- Monthly Consolidated Report: National Leprosy Control Program on Multi-drug Therapy	-- do --
- Accomplishment Report on Health Education (PIHES)	-- do --
- Monthly PHC Status Report	-- do --

Quarterly Reports

- Tetanus neonatorum	-- do --

Mortality Quarterly Report

- Under-Six Clinic (USC) -- do --

  Quarterly Report

C. Nutrition

Monthly Reports

- Monthly Progress Report (DOH-CARE TFAP) -- do --
- Commodity Distribution Report -- do --
- Micro-nutrient Supplementation Report -- do --

Quarterly Reports

- Municipal Report on -- do --

  Operation Timbang (OPT)

- Monitoring of Weights (ASK Report Form 1) -- do --
- Quarterly Commodity Report at Barangay Level (IFAD) -- do --

Semi-Annual Report

- Semi-Annual Report on -- do --

  Nutritional Status and OPT

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Part V
Economic and Social Well-Being of Specific Population Groups

Women's Participation in Countryside Development:
Gender Analysis of Selected Development Programs
Amaryllis Tiglao-Torres

Post-Crisis Developments in the Sugar Hacienda and the
Participation of Women in the Labor Force: The Case of Negros
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The Filipino Elderly: Profile and Policy Implications
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The Filipino Adolescents: Profile and Policy Implications
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Part VI
Population Policy and Coverage of Population, Health and Nutrition Pograms

Population, Health and Nutrition Policies: Evolution and Implementation
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Population and Development: Perceptions and Prospects
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Monitoring PHN Activities in Selected Communities in Western Visayas
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Monitoring PHN Activities in Selected Communities in Cebu
Felisa U. Etimadi and Rolando C. Navarro

Monitoring PHN Activities in Selected Communities in Ilocos
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