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DISSERTATION

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„The Politics of Population Policy-Making in the Philippines: Insights from the Population and Reproductive Health Legislative Proposals“

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Abstract

This study examines the interplay of actors and institutions involved in the deliberations/ debates on the legislative proposals on population and/or reproductive health filed in the Thirteenth and Fourteenth Philippine Congresses. The legislative proposals constitute a key aspect of population policy-making, one of the most enduring and most high-profile policy advocacies in the Philippines. It is also one of the most contentious, being the site of intense competition between pro-choice and pro-life stakeholders. The broader goal of the study, therefore, is to tease out the enigma of population policy-making in the Philippines, thereby providing an explanation for the consistent dominance of the pro-life advocacy in the most important policy arena of all, the national legislature. The analysis is anchored on Pierre Bourdieu's theory of practice in general and his critique of the political field in particular, and on the propositions of Frank Baumgartner and his colleagues about policy advocacy and policy change. Key informant interviews with national- and local-level policy stakeholders and content analysis of relevant government documents, advocacy materials of stakeholders, technical papers, and media reports were undertaken to gather data about the national and international context of the population/reproductive health debate; the different stakeholders' stand on the legislative proposals; and the arguments, tactics, and resources that the pro-choice and pro-life groups have harnessed for their respective advocacies. Guided by propositions and concepts taken from Bourdieu and Baumgartner, the study explicates its findings regarding the comparative strengths and weaknesses of the pro-choice and pro-life groups vis-à-vis their advocacy arguments, tactics, and resources; the role of national and international institutions in the population policy advocacy; and the strengths and weaknesses of the Catholic Church as a stakeholder in said advocacy. A prognosis for the population policy advocacy in the Philippines, given the country's current political context, is then presented.

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Zusammenfassung

Diese Studie untersucht die Interdependenz zwischen Akteuren und Institutionen, die an den Beratungen und Debatten über den Gesetzesentwurf zur Bevölkerungspolitik und/oder zur Politik reproduktiver Gesundheit, welche in den Akten des dreizehnten und vierzehnten philippinischen Kongresses zu finden sind, beteiligt sind. Diese Gesetzesvorlage stellt einen Schlüsselaspekt in der Bevölkerungspolitik des Landes dar und ist auf den Philippinen sehr umstritten sowie ein in der Öffentlichkeit vielfach diskutiertes Thema. Überdies bildet es den Schauplatz für den Konkurrenzkampf unter den Akteuren, die das Recht auf Abtreibung befürworten und jenen die dies ablehnen. Das Ziel der Studie im weiteren Sinne ist es deshalb, Licht auf das Mysterium um die Bevölkerungspolitik zu werfen. Dabei wird durch die Analyse der dafür wichtigsten Politikarena, der nationalen Gesetzgebung, eine Erklärung für die stetige Dominanz der Abtreibungsgegner geboten. Die Studie ist in Pierre Bourdieus Theorie der Praxis im Allgemeinen und in seiner Kritik zum politischen Feld im Speziellen sowie in den Theoremen Frank Baumgartners und seiner Kollegen zu Anwaltschaft und Politikwandel verankert. Interviews mit den zentralen Akteuren auf nationaler und lokaler Politikebene wie auch eine Inhaltsanalyse von relevanten Regierungsdokumenten, Anwaltschaftsunterlagen der Akteure, Fachbeiträge und Medienberichte wurden durchgeführt, um Daten über den nationalen und internationalen Kontext der Debatte um Bevölkerungspolitik und reproduktive Gesundheit zu sammeln. Die verschiedenen Standpunkte der Akteure zum Gesetzesvorschlag sowie die Argumente, Taktiken und Ressourcen, die die Abtreibungsgegner und –befürworter für ihre jeweilige Anwaltschaftsarbeit nutzen, wurden darüber hinaus in die Untersuchung miteinbezogen. Angeleitet von den Theoremen und Konzepten Bourdieus und Baumgartners erläutert die Studie ihre Ergebnisse entlang der Stärken und Schwächen der Abtreibungsgegner sowie –befürworter gegenüber ihren Anwaltschaftsargumenten, Taktiken und Ressourcen; darüber hinaus wird sowohl die Rolle von nationalen und internationalen Institutionen in der Bevölkerungspolitik als auch die katholischen Kirche als Akteurin in der genannten Anwaltschaft mit ihren Stärken und Schwächen eingeordnet. Abschließend wird eine Prognose für die Bevölkerungspolitik auf den Philippinen unter Berücksichtigung der momentanen politischen Lage des Landes präsentiert.

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Maraming salamat/vielen Dank!

To KT, my only brother –

You have long deserved a tribute

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List of Acronyms

ALFI	-	Alliance for the Family Foundation Philippines, Inc.
CBCP	-	Catholic Bishops' Conference of the Philippines
DOH	-	Department of Health
DSWD	-	Department of Social Welfare and Development
DSWP	-	Democratic Socialist Women of the Philippines
FP	-	Family planning
HB	-	House Bill
ICPD	-	International Conference on Population and Development
LGU	-	Local government unit
LIKHAAN	-	Linangan ng Kababaihan/Center for Women's Development
NEDA	-	National Economic and Development Authority
PCW	-	Philippine Commission on Women
PLCPD	-	Philippine Legislators' Committee on Population and Development
POPCOM	-	Commission on Population
POPDEV	-	Population and development
RH	-	Reproductive health
RHAN	-	Reproductive Health Advocacy Network
SB	-	Senate Bill
UNFPA	-	United Nations Population Fund (formerly United Nations Fund for Population Activities)
UPPI	-	University of the Philippines Population Institute
USAID	-	United States Agency for International Development

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The Philippines

Source: https://www.cia.gov/ library/ publications/the-world-factbook/geos/rp.html

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Chapter 1. Introduction

1.1. The Philippine population situation

In 2007, the Philippine population stood at 88.57 million. The comparative census figures show that the country's annual population growth rate (APGR) has decreased, from 2.36% for the period 1995-2000 to 2.04% for the period 2000-2007. If the decline is sustained, it is projected that the country's APGR will further go down to 1.95% in 2010. In absolute numbers, however, the Philippines' population size, by 2010, is projected to reach 94 million.[1] Thus, despite the expected declines in its population growth rate, the Philippines will continue to grapple with overpopulation and its attendant problems in the years to come.

The seriousness of the country's overpopulation problem is reflected in the following statistics:1) the Philippines ranks 14th among all countries in terms of population size (Demeterio, 2007), 2) total fertility rate[2] in the country is 3.32,[3] 3) the country is the fourth densest country in the world (Demeterio, 2007) – its population density is 260 persons per square kilometer; for Metro Manila, the country's economic center, it is 18,650 persons per square kilometer,[4] 4) 52% of all women in the country are in the reproductive ages (15-49 years),[5] 5) only 51% of married women in said age group are using contraceptives, of whom 36% are using modern methods,[6] and 6) population projections for 1995-2020 estimate that population momentum[7] will account for 66.3% of population size increases during this

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1 Retrieved from the Philippines' Commission on Population (POPCOM) Web site <http://www.popcom.gov.ph/press_releases/popstat/index.html> on 1 December 2008

2 This refers to the „average number of children that a woman gives birth to in her lifetime, assuming that the prevailing rates remain unchanged" (Source: Health Systems Trust http://www.hst.org.za/ healthstats/5/data).

3 2008 estimate; Retrieved from the Central Intelligence Agency (CIA) Web site <https://www.cia.gov/library/publications/the-world-factbook/ print/rp.html> on 9 December 2008

4 2007 statistics; Retrieved from the Philippines' National Statistical Coordination Board (NSCB) Web site <http://www.nscb.gov.ph/factsheet/pdf08/FS-200806-SS1-01.asp> on 9 December 2008

5 2005 statistics; Retrieved from the Population Reference Bureau (PRB) Web site <http://www.prb.org/Datafinder/Geography/ Summary.aspx?region= 161&region_type=2> on 9 December 2008

6 Ibid.

7 This refers to "the percentage of the population that are in their child bearing years who have not yet had children, and thus are scheduled to eventually have children which add to the population through reproduction. The higher the percentage of people aged, for example 18 and under, the larger the population growth will be because there is such a large percentage of the population capable of having children" (Source: http://en.wikipedia.org/wiki/Population_momentum). The Philippines has a young population, with 35.5% (2008 est.) of its population below 15 years old (Retrieved from the CIA Web site, op. cit.).

period; preference for big families, 18.1%; and unwanted pregnancies, 15.6% (POPCOM, 2004).

The burden of a big, and still growing, population is magnified when seen side by side with statistics on poverty and access to basic services such as health, education, and housing. A report released by the country's National Statistical Coordination Board (NSCB) on 7 March 2008 revealed that poverty incidence for families – i.e. the number of poor families out of 100 families – rose from 24 in 2003 to 27 in 2006. Poverty incidence for individuals for the same period also increased by three points – from 30 in 2003 to 33 in 2006 (NSCB, 2008b).

Statistics also show problems in access to basic services among the population. Health and poverty statistics, for instance, reveal that 21% of all Filipino children five years or younger are underweight and mortality rate in the same age group among the poorest fifth of the population is 80%. Further, among the poorest fifth of the population, total fertility rate is 6.5, only 21% of births are attended by medical personnel, and only 60% of children are fully vaccinated. The comparative figures, for the middle fifth of the population are 3.5, 73% and 76%, respectively; and for the richest fifth, 2.1, 92% and 87%, respectively.[8]

In terms of access to education, a review of various studies on education trends in the Philippines concludes that findings for "most [education] indicators suggest a worsening situation instead of progress between 2001 and 2006" (Maligalig and Albert, 2008, p. 3). For instance, 2005 figures show that 84.4% of children aged 6-11 years were attending primary school; among 12-15 year-olds, net enrolment ratio was 58.5%. The "survival rates" for primary and secondary school were 70% and 67.3%, respectively (Maligalig & Albert, 2008, pp. 3-4).

Housing is a problem for many Filipinos primarily because of its sheer unaffordability. A 2001 study has found that the "minimum housing cost of P150 thousand[9] per unit is 3.8 times the yearly wages of unskilled laborer" (Ballesteros, 2001, p. 4). The high cost of land is the main factor behind the high housing costs. Aggravating the situation is the lack of a good government housing financing program. As such, homeownership in the Philippines is quite

[8] Retrieved from the PRB Web site <http://www.prb.org/Datafinder/Geography/Summary.aspx?region=161&region_ type=2> on 9 December 2008

[9] (Approx. €2500 (at €1=PhP60)

low (64.5% in 1997). Moreover, quality of housing conditions needs improvement. As of 1997, 62% of dwellings were made of strong materials, 60% had water-sealed toilet, and 50% had their own faucets (Ballesteros, 2001).[10]

Poverty and the lack of good employment opportunities have led to an exodus of the population from rural to urban areas and, more significantly, from the Philippines to other countries. Latest government estimates indicate that there are approximately eight million Filipinos abroad, in around 193 countries. About 46% of these migrants are temporary contract workers (Opiniano, 2007). The Philippine government calls these OFWs (overseas Filipino workers) the country's modern-day heroes, because of their crucial contributions to the Philippine economy. Their remittances, which amounted to more than US$14 billion in 2007,[11] provide their families with the money needed for their day-to-day subsistence, and the government with much-needed revenues. OFW remittances account for about 8.9% of the country's gross national product (Gonzaga, 2006). The current global economic crisis might, however, lead to a decrease in the number of overseas jobs available and the amount of OFW remittances.

The present conditions in the Philippines are the outcome of a complex interplay of several factors. But it is also widely acknowledged that many of the country's problems are tied up with the dynamics of population growth, size and distribution.[12] Hence, one would expect that the country has put in place a population policy that addresses the roots and consequences of rapid population growth. Contrary to this expectation, however, the country's policy responses to population concerns have been contentious and incoherent.

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[10] The author was unable to find more recent studies on housing in the Philippines.

[11] Retrieved from the Bangko Sentral ng Pilipinas (BSP/Central Bank of the Philippines) Web site <http://www.bsp.gov.ph/statistics/keystat/ofw.htm> on 9 December 2008

[12] In fact, in its Report and Plan of Action on Population and Poverty prepared for the 5th Asian and Pacific Population Conference held in 2002, the Philippine government acknowledged that population increase has led to a host of environmental problems such as deforestation, conversion of agricultural lands for commercial/residential purposes, soil erosion, solid waste accumulation, water pollution, water crisis, marine pollution, and depletion of fishery resources (Source: POPCOM, 2002).

1.2. The Philippine population policy through the years: Overview

In his review of the Philippine population policy from 1969 to 2002, Herrin concluded that "there had been no stable consensus on the policy regarding population growth and family planning" in the country (Herrin, 2002, p. 30). Herrin arrived at this conclusion after a thorough review of population policy statements contained in the Philippine Constitution, the medium-term development plans and population program plans of the different administrations, relevant legislations, and policy pronouncements from pertinent agencies. The main focus of Herrin's review, which is also the focus of the present study, is the policy related to population growth and fertility reduction – the "most controversial" of the population policies not only in the Philippines but in many other countries as well (Herrin, 2002, pp. 4 and 7). For purposes of clarifying the broader context of the present study, the highlights of Herrin's findings are discussed in the paragraphs that follow, supplemented by relevant information gathered from other documents.

The administration of Ferdinand Marcos (1967-1986) had a clear policy stand on population growth and fertility reduction: "population growth hampers development and progress", thus, the need for a population program that "has as its objective the raising of the standard of living through reduction of the birth rate, and to this end is providing the people with the means to do so" (Concepcion, 1974, p. 14). To strengthen the institutional support for this program, Marcos established the country's Commission on Population (POPCOM) in 1969 "to serve as the central coordinating and policy making body of the government in the field of population".[13] With POPCOM taking the lead, the government launched a National Population Program that had fertility reduction as its "principal thrust" and family planning as its "core strategy" (POPCOM, n.d.$_a$, p. 4). Consequently, the Marcos administration actively promoted family planning and the use of contraceptive methods, both natural and artificial.

When Corazon Aquino assumed the presidency (1986-1992), there was drastic change in the country's population policy. One important shift was reflected in the new (1987) Constitution:[14] whereas the 1973 Constitution declared that population management is a State

[13] POPCOM: Agency mandate. Available from http://www.popcom.gov.ph/about_us/index.html

[14] Marcos' authoritarian rule ended when he was overthrown through a nonviolent mass protest popularly known as the 1986 People Power Revolution. Upon Aquino's assumption of the presidency, several reforms were put in place, one of which was to frame a new Constitution to replace the 1973 Constitution drafted during Marcos' martial law regime.

responsibility, the 1987 Constitution does not have this provision. What it has, instead, are two provisions that are often invoked by pro-life advocates[15] to push their agenda: 1) the state policy to "equally protect the life of the mother and the life of the unborn from conception" (Art. II, Sec. 12)[16] and 2) the recognition of the "right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood" (Art. XV, Sec. 3.1). Moreover, although population targets were still part of the government's national development plan, these were to be achieved not directly through family planning, but indirectly through development efforts. Family planning was instead positioned as a health intervention, rather than as "a demographic intervention" (Herrin, 2002, p. 21), and use of artificial contraceptives was downplayed. Following this new policy thrust, POPCOM came out with a Population Policy Statement wherein the scope of the population program was broadened to include "family formation, status of women, maternal and child health, child survival, mortality and morbidity, population distribution and urbanization, internal and international migration and population structure" (POPCOM, n.d.$_a$, p.5).

Compared to the Aquino administration, the administration of Fidel Ramos (1992-1998) "provided a more favorable environment for the population program" (POPCOM, n.d.$_a$, p. 6), although Ramos himself kept a low profile when it came to population policy pronouncements and delegated most of the task to then Department of Health (DOH) Secretary Juan Flavier (Sison, 2003). Initially, the Ramos administration's population policy re-emphasized the correlation between population growth and development. Thus, its first population program plan included the promotion of family planning as a fertility reduction measure. In 1998, however, the government came out with another population program plan (the Philippine Population Management Program Directional Plan or PPMP-DP for 1998-2003), which did not have explicit fertility reduction targets and in which family planning was linked, not with fertility reduction, but with reproductive health, responsible parenthood, and helping couples meet their fertility goals. The broader framework of this new program was "population management" instead of "population control". More specifically, this framework was called the "population-resource-environment (PRE) or sustainable development framework" (POPCOM, n.d.$_a$, p.6).

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[15] As those who oppose artificial contraception are called

[16] Art. II, Sec. 12 reads as follows: "The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the mother and the life of the unborn from conception. The natural and primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive the support of the Government."

The policy thrust of the administration of Joseph Estrada (1998-2001) took the reverse direction of the Ramos administration's approach to population policy. But like Ramos, Estrada maintained a "hands-off" stance regarding the population policy (Sison, 2003). At the start of Estrada's administration, the population policy basically followed the thrust of the PPMP-DP 1998-2003 formulated under the term of Ramos. But in 2001, a new plan (PPMP-DP 2001-2004) was drafted. In this plan, family planning was linked with both reproductive health and fertility reduction. With the re-inclusion of the latter family planning thrust, the argument about the impact of population growth on development was also revived. But a bigger significance of this new plan was that its implementation included the allocation of PhP70 million[17] for the purchase of contraceptives. However, Estrada was impeached in 2001, and the new administration decided not to proceed with the purchase (Sison, 2003).

Estrada was succeeded by his Vice-President, Gloria Arroyo (2001 – 2010).[18] By and large, Arroyo kept a stance about population and family planning that was "ambiguous at best" (Herrin, 2002, p. 26). Some people found this stance difficult to reconcile with, first, the fact that she is an economist and, second, her admission that she "had used contraceptives as a young mother" (Sison, 2003). Her administration's official statements about population, on the other hand, steered clear of linking population issues with family planning. The medium-term national development plan "made strong statements regarding the negative implications of rapid population growth on development" (Herrin, 2002, p. 27), but the DOH's national family planning policy declared family planning only as a component of reproductive health and does not mention it as a means for reducing the number of births. To add to the confusion, the Arroyo administration did not come up with its own PPMP but adopted the PPMP-DP 2001-2004 formulated by the Estrada administration. However, the plan was updated to incorporate Arroyo's poverty alleviation program. Towards this end, POPCOM developed the PPMP Strategic Operational Plan (SOP) 2002-2004 and the PPMP Population Investment Program 2002-2004. As explained in the SOP, Arroyo's population policy was guided by the "Population and Sustainable Development Framework" and focused on "addressing the unmet needs for family planning among poor couples and sexuality and fertility information needs of the adolescents/youths especially among those who are poor" (POPCOM, n.d.$_b$, p. 7).

[17] Approx. €1.17M
[18] Arroyo won the presidential election held in 2004.

Arroyo's administration was also accused of promoting only natural family planning methods, instead of giving people access to all types of contraceptives. Members of her Cabinet constantly denied this accusation. In her State of the Nation Address delivered on 28 July 2008, however, Arroyo made it clear that her administration will only promote natural family planning methods.[19]

On 30 June 2010, Benigno Aquino III was installed as the 15th President of the Philippines. His administration has yet to make an announcement about its policy thrust regarding population and reproductive health (Herrera, 2010). Needless to say, stakeholders in the population and reproductive health debate are keenly awaiting the policy pronouncements of this new administration.

Analysts and stakeholders have attributed the perplexing twists and turns of the Philippines' population policy thrust to a number of factors, which are discussed in the next section.

1.3. Institutional influences on population policy-making in the Philippines: Overview

1.3.1. International agreements on population

As a member of the United Nations and other international bodies, it is inevitable that the Philippines would, in one way or another, align its policies with the international agenda. The international agreements on population and related concerns that have influenced the direction of the Philippines' national population policy are presented below in chronological order, to align the discussion with the preceding discussion on the shifts in the Philippines' population policy.

In 1967, the Philippines joined 17 other countries in signing the UN Human Rights Day Declaration on population, which asserted that governments should address the population

[19] Arroyo's statement, quoted verbatim, is as follows: „ By promoting natural planning and female education, we have curbed population growth to 2.04% during our administration, down from the 2.36 in the 1990's, when artificial birth control was pushed. Our campaign spreads awareness of responsible parenthood regarding birth spacing. Long years of pushing contraceptives made it synonymous to family planning. Therefore informed choice should mean letting more couples, who are mostly Catholics, know about natural family planning" (Arroyo, 2008).

problem in their "long range national planning, if [they] are to achieve their economic goals and fulfill the aspirations of their people" (The Population Council, 1967 in UN-ESCAP, 1978, pp. 299-300). Then, in 1968, the Philippines also signed the Tehran Proclamation on Human Rights, which declared "family planning as a basic human right" (UN-ESCAP, 1978, p. 300). These two international commitments became major inputs into the population policy of the Marcos regime which, as earlier explained, had clear population targets and promoted family planning as a means of attaining those targets.

Participation in international conventions on population seemed to be absent during the Aquino administration.[20] This is not surprising, given that Aquino's population policy did not subscribe to setting population targets and promoting access to all forms of contraception, both of which are included in the international agenda on population. Things changed when Fidel Ramos came into power. During his administration, the Philippines actively participated in international conferences and forums on population and related issues. Foremost among these was the 1994 International Conference on Population and Development (ICPD). ICPD adopted a program of action whose framework "emphasizes the integral linkages between population and development and focuses on meeting the needs of individual women and men, rather than on achieving demographic targets" (UNFPA, 1994). This framework conceives of a broader scope for population policies and programs that includes reproductive health, rights, gender equality, and women's empowerment (POPCOM, n.d.$_a$). The influence of this framework on the Ramos administration's national population policy is clear, as seen in the shift from a policy that advocated for family planning as a fertility reduction measure to family planning as a health intervention situated within the context of reproductive health and responsible parenthood. Further, the ICPD, along with the country's commitments to other international conferences – specifically, the 1992 UN Conference on Environment and Development, the 1995 World Summit on Social Development, the 1995 Fourth World Conference on Women, and the 1996 Habitat II Conference in Istanbul (POPCOM, n.d.$_a$) – led to the recasting of the population policy as one of population management rather than population control.

In 2000, during the term of Estrada, the Philippines joined other countries in adopting the Millennium Development Goals (MDGs). It can be surmised that the MDGs triggered the re-

[20] The author's research yielded no information about any international commitments on population that the Aquino administration agreed to.

orientation of the population policy towards setting population targets and consequently, towards promotion of contraception. In an interview by the Philippine Center for Investigative Journalism (PCIJ), Dr. Alberto Romualdez, the DOH Secretary during Estrada's term, stated that the government's decision to allocate PhP70 million (approx. €1.17M) for contraceptives was prompted by their aim to reduce fertility rate from 3.7 to 2.1 by 2004, the rate "demographers had recommended to achieve zero population growth. Such a target could be met only by increasing contraceptive use" (Sison, 2003). Although Romualdez did not make reference to the MDGs, it is evident that members of Estrada's team recognized that the country would have problems in meeting MDG targets such as poverty reduction, increasing access to health and sanitation, improving maternal and child health, and ensuring environmental sustainability if rapid population growth is not addressed.

Arroyo maintained that her administration was also committed to the ICPD and the MDGs. However, critics have argued that her administration's ambiguous stand on population growth, fertility reduction, and family planning indicated the contrary. To her critics, Arroyo's vacillations can be attributed to the strong influence of the Catholic Church on her administration's decisions regarding the government's population policy.

1.3.2. The Catholic Church

If there is one institution that has been held responsible for the seeming haphazardness of the population policy in the Philippines, it is the Catholic Church. It has consistently posed strong objections to a population policy aimed at reducing population growth and promoting artificial methods of contraception because it regards using artificial contraceptives as morally wrong, tantamount to committing the "unspeakable crimes" of abortion and infanticide (CBCP, 1973).[21]

The Catholic Church has always figured prominently in the country's political life. It is one of the most visible stakeholders during elections, not only urging people to exercise good judgment in their choice of candidates but also actually endorsing particular candidates whom it sees fit to hold office. It has played, and continues to play, a key role in mass actions, in

[21] The Catholic Church's position is, expectedly, based on the papal encyclical letter *Humanae Vitae*.

which it assumes, depending on the issue at stake, either the role of a watchdog criticizing wrongdoings in the government, or an advocate declaring support for a particular move by the government. Not surprisingly, it has, time and again, sought to intervene in policy formulation – be it about the death penalty, additional taxes, deployment of migrant workers, the environment, land reform, the economic crisis, and other high-profile issues of national concern. Not surprisingly, too, it takes significant interest in policies which it deems to have serious implications on people's values and morality. Population policies, in particular those pertaining to reproductive health and family planning, are among such policies. In fact, the Church's campaign against population control and artificial contraceptives has always been vigorous and relentless, carried out in various venues (such as the pulpit, Catholic schools, and the mass media), and sustained by various church-affiliated organizations, lawmakers, politicians, and other prominent personalities.

It is widely acknowledged by population policy analysts and stakeholders that the influence of the Catholic Church has been particularly strong in the administrations of Aquino and Arroyo – both women, both portrayed as devout Catholics, both advocates of family planning for reproductive health rather than fertility reduction, and both in favor of promoting natural family planning methods only. Estrada's cautious stance on the population policy has also been attributed to his fear of earning the ire of the Catholic Church. On the other hand, it is also widely argued that the Ramos administration had more gumption to implement a population policy with clear fertility reduction goals because Ramos is a Protestant and therefore not beholden to the Catholic Church. Nevertheless, towards the end of his term, Ramos took measures to improve his relationship with the Catholic Church. Among other things, he accommodated the Church's recommendations regarding the composition of the Philippine delegation to the ICPD and appointed a new DOH Secretary whose views on family planning were acceptable to the Church. Moreover, as previously noted, the Ramos administration changed its population thrust from population control to population management (Youngblood, 1998).

This is not to say, however, that the position of the Church goes uncontested. On the contrary, there have been constant attempts to put in place a more 'progressive' population and family planning policy with every change in government administration. Likewise, there are constant attempts to pass a population legislation premised on the need to have clear fertility reduction

goals. [22] And the debate on the comparative merits and demerits of adopting population control/fertility reduction measures has been ongoing, sometimes even making it to public forums such as the mass media. Such attempts and debates are part of the reasons why the course of population policy-making in the country has been erratic. There are occasions when advocates who hold the opposite of the Church's views prevail in the policy-making arena, although their 'victory' is often short-lived.

1.3.3. Other influences

Several legal and policy instruments have also, to some extent, shaped the Philippines' national population policy. Among these is the Philippine Constitution: as earlier mentioned, whereas the 1973 Constitution mandated the State to be responsible for managing the country's population, the 1987 Constitution does not have this provision. Another important legal instrument is the Population Act of 1979 (Republic Act 6365 as amended by Presidential Decree No. 79), which paved the way for the establishment of POPCOM. The Act was also intended to "place the family planning programme on a permanent and sustained footing", and mandated POPCOM to "[make] available all acceptable methods of contraception to all persons desirous of limiting their families" (UN-ESCAP, 1978, p. 300). However, policy changes after the Marcos administration have de-emphasized these provisions of the Act.

The population policy and program thrusts (as spelled out in the PPMP-DP) are also necessarily aligned with a particular administration's medium-term plan for development. Likewise, they have to be aligned with such policy instruments as the Philippine Agenda 21, "the nation's blueprint for sustainable development" (PCSD, n.d.), the Philippine Development Plan for Women, and the Philippine Plan on Gender-Responsive Development.

As mentioned, the academic and research communities, as well as several 'think-tank' organizations have also endeavored to shape the country's population policy. Being primarily economists and demographers who subscribe to the neo-liberal model of development, they have tried to push for a pro-population control and pro-artificial contraception policy.

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[22] The legislative efforts are discussed in detail in Chapter 4.

Despite the presence of many sources of policy inputs – i.e., stakeholders and pressure groups representing different views on population and family planning – it is generally acknowledged that the Catholic Church has had the upper hand in population policy-making in the Philippines. Curiously, no one seems to have asked why. This is the puzzle that the present research endeavors to answer.

1.4. Going beyond 'Church-centric' arguments: The research problem

1.4.1. The study's premise

The Catholic Church's central role in population policy-making in the Philippines is documented in several studies (see for example Youngblood, 1998; Herrin, 2002; Demeterio, 2007), cited in position papers of population policy stakeholders (see for example ADMU, 2008; NAST, 2008; UPM-CGWS, 2008; & UPSE, 2008), and repeated like a mantra in media reports on the population situation in the Philippines. A strong undercurrent of their statements is that the Catholic Church itself, with the sheer force of its rhetoric, is THE reason why the country's population policy has not 'moved forward'. Since the Philippines is a predominantly Catholic country, most people are quick to accept that the Catholic Church is indeed 'a force to reckon with' in population policy-making. However, I take issue with this widely-held view for two reasons.

First, a closer examination of the Catholic Church's involvement/intervention in Philippine politics shows that its efforts have had varying results: some of its advocacies prevailed but others have been sidelined in favor of other points of view. In connection with the latter for instance, two presidential candidates whom the Catholic Church did not endorse – Ramos and Estrada – won the elections. The Church also 'lost' on the following issues: the execution of a prisoner in 1995 under the death penalty,[23] the ratification of the Visiting Forces Agreement with the US in 1999, and the approval of the expanded value-added tax (EVAT) in 2005. Recently, the Catholic Church lobbied for the extension and reform of the Comprehensive Agrarian Reform Program (CARP) – the extension was approved, but certain stakeholders do

[23] The death penalty was abolished by Arroyo in 2006.

not agree that the updated version of the CARP corrects the weaknesses of the original law.[24] In its various advocacies, the Church's specific arguments may differ but the underlying principles are basically the same: morality, justice, fairness, respect for human rights, Christian virtues, etc. Why has the Church lost in these issues, given that they are as morally-charged as population and family planning are?

Second, there are several factors that can be reasonably expected to prevail over the Church's morality argument regarding population control and family planning: the country, as mentioned, is signatory to several international agreements on population; it is the recipient of a significant number of foreign-funded programs/projects on population, whose donors subscribe to the ICPD and neo-liberal development perspectives; and most of its women's groups, grassroots NGOs, and research/think-tank organizations support fertility reduction and/or the promotion of artificial contraceptives. Moreover, researches have shown that married couples do not consider religion a crucial factor in their family planning decisions, and public approval for the promotion and use of artificial contraceptives is high (Healy, 1974; NSO and ORC Macro, 2004; SWS, 2008). Why, then, does the Catholic Church almost always 'win the population debate' despite the presence of strong public and sectoral support for a population policy that would explicitly address the problems of overpopulation and rapid population growth, and give people full access to all forms of contraception?

To answer these questions, one must look beyond the conventional 'Church-centric' arguments invoked by population policy stakeholders and analysts. I argue that attributing the (mis)direction of the country's population policy directly and solely to the Catholic Church is an ill-considered inference/conclusion. When one thinks deeply about it, placing the blame on the Church is like taking the population policy debate to its dead end: the Church can hardly be expected to change its position about population; there is no other view about this issue that it can accept. Looking for areas where the Church and State can have a "principled collaboration", as espoused by Herrin (2002) and supported by Demeterio (2007) may be able to achieve some results; however, the Church will still uphold the *Humanae Vitae*. It is its duty to do so. Yet, there is a way out of this stalemate because if one digs deeper into the

[24] Farmers and pro-farmer groups regard the CARP as a "sham" because it does not have "a provision binding landlords to the program" (Source: Esguerra, 2008a). Some sectors have described the new version of the CARP as "anti-farmer, pro-landlord and worse than the original" (Source: Hermitanio and Ellao, 2009).

issue, the problem is not (only) with the Church. It involves a host of factors, in which the Church may be unwittingly serving as a convenient ‘front’.

I further argue that the Church’s stand on population prevails not because the Church is intrinsically strong, not because of unqualified obeisance to its doctrines, but because socio-political exigencies make the Church’s stand the more ‘appropriate’ one to pursue. As such, to solve the population policy puzzle in the Philippines, one needs to examine the dynamics of population policy-making in the country beyond the usual ‘government vs. Catholic Church’ approach that analysts and commentators on population policy-making in the Philippines have taken. The Church and its discourses need to be situated vis-à-vis the other policy stakeholders and their respective discourses. Moreover, said discourses must be analyzed alongside the advocacy and lobbying strategies that stakeholders on both sides of the debate have undertaken. These strategies then need to be situated and evaluated against the larger policy-making environment and general contours of the Philippine political system.

The theoretical significance of the abovementioned analytical approach is explained in the next chapter (Theoretical Framework). From a practical standpoint, undertaking a broader analysis of the politics of population policy-making in the Philippines will hopefully contribute towards, first, ‘demystifying’ the Church-centric explanation for the erratic direction that population policy-making has taken in the Philippines. Teasing out the factors that have led to the seeming power of the Catholic Church to block initiatives towards a population policy that counters its official dogma will potentially benefit stakeholders on both sides of the debate, as this will help them identify strategies and courses of action to push their respective policy agenda. But it will perhaps be of greater import to pro-population policy stakeholders since they are the ones seeking change.

This study can also serve as one of the ‘windows’ through which policy-making and the workings of the Philippine political system in general may be better understood. But beyond adding to the literature on Philippine politics, it is hoped that the information and insights in this study will contribute towards improving/strengthening policy-making in the Philippines, so that it may truly serve and benefit the public.

1.4.2. The research focus

While the Philippine population policy is mainly embodied in the national population program plans (in Arroyo's administration, the PPMP-SOP 2002-2004), this is not the focus of the present study. Because the different versions of the plan have all been formulated several years ago, the data gathering would have to rely heavily on the informants' recall of how the plans were formulated. This then limits the extent to which the political dynamics surrounding the formulation of the plan could be captured.

This study, thus, endeavors to describe and analyze the politics of population-policy making in the Philippines using a more current event as its case: the various attempts by members of the Philippine Congress[25] to institute a bill on population and/or reproductive health. Specifically, the focus is on the three bills filed during the 13th and 14th Philippine Congresses: House Bill 3773 (Responsible Parenthood and Population Management Act of 2005), House Bill 5043 (Reproductive Health and Population Development Act of 2008), and Senate Bill 3122. These three bills are the consolidated versions of several bills advocating for a national policy on population/reproductive health.[26]

The three bills present an interesting case for analyzing the politics of population policy making in the Philippines for several reasons. First, because they are interconnected legislative proposals, it is possible to identify the enduring and changing advocacy and lobbying strategies of the different stakeholders. Moreover, these three proposals were preceded by other population/legislative proposals filed in earlier Philippine Congresses; some reference to these previous proposals would enrich the time dimension analysis of the policy-making process. Second, the set of actors involved in the discussions/debates is more or less the same for all three bills (Congress, Catholic Church, media, pro-life and pro-choice NGOs, academe, etc.); in fact, several of these actors were also involved in the previous legislative proposals. Third, there is sufficient documentation of the arguments for and against the bills, as well as the debates surrounding them, that could be accessed for research purposes. Finally, while the three bills have the same premise and goal (population legislation) and were all filed during the administration of President Gloria Arroyo, the

[25] The Philippine Congress is a bicameral legislative body consisting of the Senate (Upper House) and the House of Representatives (Lower House).

[26] These bills and their legislative history are discussed in detail in Chapter 4.

specific circumstances and 'temperament of the times' during which they were filed vary. As such, much like the setting for an experimental study, there are constant (mainly, the nature of the bills themselves, the Arroyo presidency, and the lead stakeholders in the debate) and variable factors (specific socio-political developments, 'secondary' stakeholders) surrounding the filing of the bills, which are deemed to enrich the study's analysis.

1.4.3. The research questions

From the governance perspective, studying the underlying politics of a process necessitates analyzing "the actor constellation and power relation between political actors" (Treib et al., 2007, p. 3). The present study takes off from this premise, but also takes into consideration the context within which the actors are situated. In this regard, the study is guided by Bourdieu's concept of "field" and Baumgartner et al.'s (2009) propositions about policy advocacy and policy change (elaborated on in the next chapter).

Taking the past and present legislative efforts for the passage of the population/ reproductive health bill as its specific context, the main research problem that this study addresses is:

> *What factors account for the form and direction that population legislation has taken in the Philippines?*

The research problem encompasses four specific research questions which are anchored on the actors/agents – i.e. the stakeholders in population policy-making –but who are not dissociated from the arena in which they operate. The first question addresses the descriptive aspect of the study, thus:

> *RQ1: Who are the stakeholders in the population/reproductive health legislative proposals and what are their specific positions and views on the proposals?*

To succeed in their advocacy, stakeholders adopt strategies that they think will help them gain the 'upper hand' in the debate. Therefore, the next research question of this study is:

RQ2: What advocacy and/or lobbying strategies have the stakeholders adopted to push their legislative agenda?

The actors' ability to influence the policy-making process – their strength – is the outcome of the interplay of factors that are both within and outside of their control. Factors external to the stakeholders are examined through the review of relevant literature on the a) international and b) local (Philippine) population/reproductive health debate contexts. For factors inherent among the stakeholders, the study combines Bourdieu's concept of capital and Baumgartner et al.'s (2009) concept of resources. In line with this, the next research questions that this study poses are:

RQ3: What resources do the stakeholders bring into their policy advocacy and how do these resources impact on the success of their advocacy?

For all three questions, the study takes into account the similarities and differences between the two main 'factions' in the legislative advocacy, i.e. those for and against the population/reproductive health legislative proposals. Similarities and differences in the policy-making dynamics across the legislative proposals, and from one Congress to another, are taken into account as well. These comparisons constitute the first step towards understanding population policy-making in the Philippines, i.e. towards going beyond the current Church-centric explanations about the country's population policy. The fourth and final research question addresses this research goal more directly and asks:

RQ4: What factors account for the seeming dominance of the Catholic Church and the morality discourse in population policy-making?

The next chapter discusses in detail the theoretical underpinnings of this study, which guided the formulation of the specific research questions enumerated above, as well as the study's overall analytical approach.

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Chapter 2. Theoretical Framework

Politics is about… the function of selecting and legitimating public policies that use the powers of the collectivity for the achievement of goals and the resolution of problems that are beyond the reach of individuals acting on their own or through market exchanges.
(Scharpf, 1997, p.1)

Many people distrust democratic politics because they perceive the competition of ideas to bring not reason but contentiousness into policy making.
(Lindblom & Woodhouse, 1993, p. 7)

This study anchors its analysis of the politics of population policy-making in the Philippines on two theoretical perspectives: 1) *Pierre Bourdieu's theory of practice* in general and his critique of the political field in particular, and 2) the propositions on policy advocacy and policy change put forth by Baumgartner et al. (2009) based on their extensive research on *lobbying and policy change* in the US.

Bourdieu's views about the nature of the political field – particularly his emphasis on actor-institution dynamics, and the consequences of representation and professionalization on the quality of political decision-making – primarily guides the macro-level interpretation of the study's empirical findings, i.e. in delineating the larger picture of Philippine politics and government that can be gleaned from the dynamics surrounding population policy-making. Baumgartner et al.'s work provides the foundations for the empirical-level analytical tasks. However, this does not mean that the two theoretical perspectives are treated separately; on the contrary, Bourdieu's arguments are also incorporated in the operationalization of the study's concepts, while Baumgartner and his colleagues' propositions are also used as inputs for the theoretical-level interpretations of the research findings.

2.1. Bourdieu's theory of practice

Bourdieu's theory of (human) practice is founded on a

> conception of social action, structure, and knowledge [that] is resolutely monist or *anti-dualistic*. It strives to circumvent or dissolve the oppositions… between subjectivist and objectivist modes of theorizing, between the material and

> symbolic dimensions of social life, as well as between interpretation and explanation, synchrony and diachrony, and micro and macro levels of analysis. (Wacquant, 2006, p. 4)[27]

To adequately describe human practice, Bourdieu put forth three interrelated concepts: habitus, capital, and field. "Habitus designates the system of durable and transposable *dispositions* through which we perceive, judge, and act in the world. These unconscious schemata are acquired through lasting exposure to particular social conditions and conditionings, via the internalization of external constraints and possibilities" (Wacquant, 2006, p.6). A person's habitus depends on his/her position in society, which is in turn linked to the nature and amount of resources at his/her disposal. These resources are what Bourdieu called capital, and are of three main types: "economic (material and financial assets), cultural (scarce symbolic goods, skills, and titles), and social (resources accrued by virtue of membership in a group)" (Wacquant, 2006, p. 7). Possessing specific types of capital gives a person access to particular fields, those "distinct microcosms [of social space] endowed with their own rules, regularities, and forms of authority" (Wacquant, 2006, p. 7). Thus, a field "is a patterned system of objective forces (much in the manner of a magnetic field), *a relational configuration endowed with a specific gravity* which it imposes on all the objects and agents which enter in it" (Bourdieu & Wacquant, 1992, p. 17). Through this imposition, the field is able to shape a person's habitus.

However, it is not just the field that can shape people (and their habitus); individuals can also effect changes in the field. This is because:

> A field is simultaneously a *space of conflict and competition*… in which participants vie to establish monopoly over a species of capital effective in it – cultural authority in the artistic field, scientific authority in the scientific field, sacerdotal authority in the religious field, and so forth – and the power to decree the hierarchy and "conversion rates" between all forms of authority in the field of power. In the course of these struggles, the very shape and divisions of the field become a central stake, because to alter the distribution and relative weight of forms of capital is tantamount to modifying the structure of the field. (Bourdieu & Wacquant, 1992, pp. 17-18)

[27] Unless otherwise indicated, all italics in this section are in the original documents.

There is thus a dynamic relationship of mutual influence between habitus and field, triggered by the competition for capital. This is why for Bourdieu, any study of social phenomena must critically examine the relationship between habitus (the subjective dimension) and field (the objective dimension): "[To] explain any social event or pattern, one must inseparably dissect both the social constitution of the agent and the makeup of the particular social universe within which she operates as well as the particular conditions under which they come to encounter and impinge upon each other" (Wacquant, 2006, p. 8).

To fully capture the dynamics (dialectical relationship) between habitus and field, Bourdieu contended that one must think of the field in terms of relations among actors within a particular field, and conceive of those relations in terms of games (practices) played out by actors (players). The field and the games played within it have several important features:

1) Unlike a 'formal' game, the field "is not the product of a deliberate act of creation, and it follows rules or, better, regularities, that are not explicit and codified." There is no "contract" that binds the players to one another and to the game; instead it is "the mere fact of playing" that confirms the importance of the game (Bourdieu & Wacquant, 1992, p. 98).

2) How actors will play the game and fare in the field depend on the capital that they possess. As Bourdieu explained:

> We can picture each player as having in front of her a pile of tokens of different colors, each color corresponding to a given species of capital she holds, so that her *relative force in the game*, her *position* in the space of play, and also *her strategic orientation toward the game*, what we call in French her "game," the moves that she makes, more or less risky or cautious, subversive or conservative, depend both on the total number of tokens and on the composition of the piles of tokens she retains, that is, on the volume and structure of her capital. (Bourdieu & Wacquant, 1992, p. 99)

3) Players can play the game to acquire or retain capital, but they can also join the game "to transform, partially or completely, the immanent rules of the game" (Bourdieu & Wacquant, 1992, p. 99). That is, "interest" in the game should not be equated with

> "an invariant propensity to pursue economic or material gain" (Bourdieu & Wacquant, 1992, p. 25).

2.1.1. The political field

Two major points in Bourdieu's critique of the political field (Bourdieu, 1991, Chapters 8 and 9) are particularly relevant for this study. The first has to do with the political dispossession of ordinary citizens, i.e. their inability to influence political decision-making. This dispossession is a consequence of two interrelated factors: 1) the system of representation, in which the task of political decision-making is delegated to elected/appointed representatives of the public and 2) the increasing professionalization of the political field, which has limited entry into politics to those who possess the right (economic, cultural and social) capital. Due to the steep capital requirements, those who get elected/appointed as political representatives are often the 'elites' whose life circumstances and interests are different from their constituents. This disparity between representatives and constituents increases "the more that individuals [to be represented] are deprived of the specific competencies and graces that are necessary for participation in a professionalized political field" (Bourdieu, 1991, p. 26). As such, according to Bourdieu, "the risks associated with political dispossession are all the greater in the case of left-wing parties" because it is they who aim "to represent those who are most deprived in terms of economic and social capital" (Bourdieu, 1991, p. 26).

The other important point has to do with the nature of political discourses. According to Bourdieu, the discourses of political professionals are simultaneously "constrained" by internal and external factors.

Internal constraints arise from political professionals' interactions with each other, which results in discourses peppered with political jargon that 'outsiders' find "esoteric". This kind of political talk reinforces the impression that politics is for political professionals but not for ordinary citizens, thus contributing to the public's political dispossession (Bourdieu, 1991, p. 27). External constraints, on the other hand, are the consequences of the fact that the political field owes a big part of its existence to other fields: "one of the distinctive characteristics of the political field is that, in order for professionals to succeed in it, they must appeal to groups or forces which lie *outside* the field" (Bourdieu, 1991, p.27). Thus, aside from the discourses

intended for their colleagues, political professionals also actively deploy discourses that are meant to draw approval and support from "non-professionals". Therefore, as Bourdieu pointed out, for a politician to succeed in the political field, he must acquire "the mastery of a certain kind of language and of a certain political rhetoric – that of the *popular orator*, indispensable when it comes to cultivating one's relations with non-professionals, or that of the *debater*, which is necessary in relations between professionals" (Bourdieu, 1991, p. 176).

These two types of discourses correspond to the internal and external power struggles that actors in the political field engage in. And in these power struggles, the role of the non-professionals is critical because even "the outcome of internal struggles depends on the power that the agents and institutions involved in this struggle can mobilize from outside the field" (Bourdieu, 1991, p. 188). Thus, according to Bourdieu, the political field is "the site of competition for power which is carried out by means of a competition for the control of non-professionals or, more precisely, of the monopoly of the right to speak and act in the name of the non-professionals" (p. 223). But, as earlier noted, there is no assurance that the interests of non-professionals will be adequately and faithfully articulated by politicians because the distance between representatives and constituents, resulting from the act of delegation itself as well as from the professionalization and autonomy of the political field, "enables the delegates to convince themselves and others that they are politically self-sufficient, the source of their own power and appeal" (p. 27).

The political dispossession of ordinary citizens becomes especially problematic in the realm of policy-making for obvious reasons: if policies formulated do not reflect the interests of the public, then the very rationale for putting these policies – and the government – in place is undermined. Thus, it is incumbent to understand how the policy-making process works. In undertaking this task, the argument of Lindblom and Woodhouse (1993) is well worth noting: according to them, policy-making does not proceed in a "step-by-step" manner, but rather unfolds "fitfully as problems become matched with policy ideas considered to be in the political interests of a working majority of the partisans with influence over a policy domain" (p. 10). Expounding on this point, they asserted that:

> There may not even be a stage when problem definition occurs, since participants often vary widely in their ideas about "The Problem" a law or a regulation is designed to serve. Policy is sometimes formed from a compromise among political participants, moreover, none of whom had in mind quite the problem to which the

> agreed policy responds. Action springs from new opportunities, not from "problems" at all…. Nor is it accurate to suggest that there is a certain step at which policy must be "decided." Keeping issues that would be inconvenient *off* the agenda is at least as important for political success as winning disputes that do arise. Policy may emerge without any explicit decision, by failure to act. Policy may be an unintended byproduct of some other action…. Or policy may emerge gradually, almost imperceptibly, via changes in how stringently a law is enforced…. Orderly steps therefore are not an accurate portrayal of how the policy process actually works. (pp. 10-11)

Lindblom and Woodhouse have presented their own recommendations on how the policy process may best be understood, wherein the main focus is on how "business influence, inequality, and impaired capabilities for probing social problems" introduce "distortions" into the policy-making process (p. 11). While there are merits to this approach, it still does not take into account the full range of actors and institutions that impact on the policy-making process. Thus, for reasons that are discussed in the next section, the present study turns to Baumgartner et al.'s (2009) study on the lobbying and policy change to be able to map out a more comprehensive analysis of the politics of the population policy-making process in the Philippines.

2.2. The persistence of the status quo: Baumgartner et al.'s analysis of lobbying and policy change

Baumgartner et al.'s (2009) book *Lobbying and policy change: Who wins, who loses, and why* is the result of four years of research on lobbying activities in the United States that saw them looking into a wide range of issues and their corresponding advocates and lobbyists. Their work is the first of its kind, spurred by their observation that "[there] is considerable theory development about parts of the policy-making process, but broad, comprehensive theories of the entire policy-making process are few and far between" (p. 34). Thus, in their research, Baumgartner and his team endeavored to account for a host of factors that impact on changes, or the lack thereof, in policies. Their comprehensive analysis has led to several propositions on the nature of policy change.

One of their most fundamental arguments is that in policy advocacy, the status quo almost always prevails. In fact, the power of the status quo is "the most consistent finding" that emerged from Baumgartner et al.'s research (p. 241). As they pointed out: "In spite of millions of dollars often spent on all the latest lobbying techniques and the involvement of some of the nation's most powerful corporations, consultants, and political leaders, most lobbying campaigns end in a stand-off, the status quo policy remaining in place" (p. 241).

The persistence of the status quo can be attributed to several factors, notably: a) the sheer volume of issues competing for the attention of legislators and government officials has meant that for advocates, "the initial hurdle is often just motivating anyone to pay attention" (p. 248); b) because the outcome of a policy change is often uncertain, it is relatively easy to 'kill' a policy proposal by "raising doubts" about it and highlighting its attendants costs (p. 248); c) it is often difficult to get the support of legislators from different political parties; d) the "gatekeepers" – people in key government positions whose support for a policy proposal is critical – are often involved in the crafting of the status quo policy; and e) the presence of experts on both sides of the policy debate gives rise to an "information-induced equilibrium" (p. 250).

Baumgartner and his colleagues were quick to point out that policy change does happen, however, and when it does, it is likely to be significant rather than incremental. Moreover, such change is "likely to reflect the long-term investment of resources by interest groups in conventional advocacy, the accumulation of research, and the impact of real-world trends and events" (p. 189). It behooves stakeholders and analysts to recognize that "[policy] advocacy is usually a long-term gig" and that the "policy-making process rarely produces quick resolutions, and advocates must often toil for many years in search of the opportunity to achieve significant policy change" (p. 216).

Baumgartner and his colleagues examined several factors that have been identified to impact on policy change. Their analyses have led them to conclude that "it is difficult to find reliable predictors of policy change. The policy process is complex, and looking for solitary factors that predict policy change is a fool's errand" (p. 237). Policy change is brought about by a combination of factors, but the specific combination varies from one socio-political context to another. This does not mean, however, that policy change is 'beyond explaining'. Baumgartner et al. argued that "there are important elements of structure" to the policy-

making process (p. 251); analysis of policy change – and correspondingly, policy status quo – could then be built around these elements.

According to Baumgartner and his colleagues, the most important element is that the advocacy process is social in nature, which means primarily that a) given the myriad concerns competing for the limited attention of legislators and other policy gatekeepers, some issues may never make it to the political agenda, and b) policy makers are constantly monitoring their environment to find out what other people are doing, and use these as cues on how they themselves should act or decide on specific matters.

The structure of the policy-making process is also "a combination of order and randomness." Baumgartner and his colleagues explained this dynamic as follows:

> The randomness comes in because we can't predict how policy makers will respond to new information. They may ignore it because there are too many other priorities, for example. Or a given press release may get more than its fair share of attention, potentially galvanizing support for some new proposal. Opponents to this proposal may conclude that it has so much momentum that it is better to get on board and attempt to water the proposal down (if possible), or they may mobilize to kill the proposal outright. We can't tell ahead of time which of these scenarios may take place, because these decisions may be made with reference to many other decisions or observations made virtually at the same time…. On the other hand, we see a lot of patterns. The most important, and perhaps the most surprising, is the all-or-nothing nature of the policy process. This suggests social cascades, **that the same forces that combine to produce stability occasionally align to allow for substantial shifts**, as large numbers of policy makers recognize, all at the same time… that the other side has won. (pp. 253-254; emphasis added)

For Baumgartner and his colleagues, there are two underlying causes of the structure of the policy-making debate:

> first, the continuing nature of public-policy debate, which leads to a strong tendency for the conflict to simplify along the lines of changing the status quo or not; and second, the presence of large knowledge-based communities of experts

> surrounding virtually all policy programs, which means that new policies are rarely adopted without a full discussion of various effects they may have. (p. 47)

As for the specific factors impacting on policy change that Baumgartner and his colleagues looked into, four areas of concern were considered. These areas of concern and the corresponding main findings are as follows:

1) Partisanship and elections – most policy issues fail to attract partisan debate; however, elections and the ensuing changes in balance of power that they create may lead to policy change.

2) Strategic choices of policy advocates – the advocates' strategic choices are concretized in the form of arguments and tactics that they deploy to push their respective agenda. Potentially, there are three factors influencing the advocates' choice of strategies: "the power of the status quo, the degree of change sought, and issue salience" (p. 113). However, Baumgartner and his colleagues' research found that only the first factor had a strong impact on the stakeholders' strategic choices. Specifically, they found that as a rule, status quo supporters are more likely to choose defensive strategies while change advocates tend to go 'on the offensive' to attract more sympathizers to their cause.

3) Issue (re)framing – reframing of issues is not as prevalent as presumed mainly because a) it is costly, and b) policy advocacy is a long-term effort, therefore changes in issue framing can do damage to past achievements.

4) Resources – while resources are important in advocacy work, they have very little impact on policy outcomes; the only resource that significantly correlates with lobbying success is the "number of governmental allies" that advocates have on their side (p. 206).

2.3. Conceptual framework and hypotheses

As earlier mentioned, this study analyzes population policy-making as a field of contestation populated by actors who have expressed interest in the legislative proposals on population and reproductive health filed in the Philippine Congress under the administration of President Gloria Arroyo. Following both Bourdieu's postulates about habitus and field, and Baumgartner et al.'s analysis of the policy-making process through the lens of advocacy and lobbying efforts, the specific focus of the study is the politics involved in the said policy-making undertaking. And, following again both Bourdieu and Baumgartner et al., this study approaches the study of politics principally by investigating how a host of factors – intrinsic and extrinsic to policy actors – affect policy outcomes. This broad analytical goal is 'unbundled' into six tasks, as follows:

1) explicating the international and national population/RH debate context,
2) delineating the actors' stand on the population/reproductive health proposals,
3) identifying the arguments used by the stakeholders in support of their respective positions and comparing said stakeholders vis-à-vis their use of arguments as advocacy strategy,
4) identifying the tactics employed by the stakeholders to push their respective agenda and comparing said stakeholders vis-à-vis their use of tactics as advocacy strategy,
5) identifying the resources that the stakeholders have at their disposal and ascertaining how these resources impact on the success or failure of their policy advocacy, and
6) ascertaining the factors behind the seeming dominance of the Catholic Church and the morality discourse in the policy-making process.

These tasks also correspond to 1) the review of relevant literature on the international and national context of the population/RH debate, and 2) the four research questions listed in the previous chapter. Tasks 2-6 are explained in detail in the sections that follow.

2.3.1. Delineating the actors' stand on the legislative proposals

The task of delineating the actors' stand on the legislative proposals (RQ1) is guided by Baumgartner et al.'s argument that while policy issues are complex and multi-dimensional, the debates themselves are often reduced into two sides – those for and against the policy proposal. Thus, the first step in delineating the actors' stand on the population/reproductive health proposals is to group together those for and against the proposals and then identify their specific reasons for their position. In this regard, it is hypothesized that:

> *H1: Those in favor of the legislative proposals will have more diverse reasons for their stand, and most of their reasons will be positively phrased (emphasizing benefits of the policy). Conversely, there will be fewer dimensions to the reasons of those against the proposals, and most of their reasons will be negatively phrased (emphasizing risks of the policy).*

This hypothesis is based on Baumgartner et al.'s contention that the policy environment is biased towards the status quo; thus, those seeking policy change have to work harder than those favoring the status quo in terms of convincing stakeholders and policy gatekeepers to support their position.

2.3.2. Identifying strategy options: arguments and tactics

With regard to strategy options (RQ2), the present study adopts the two-pronged classification of Baumgartner and his colleagues, namely, arguments and tactics. Thus, for RQ2, there are two analytical tasks to be undertaken.

2.3.2.1. Arguments

Arguments correspond to what is referred in other studies as discursive strategies. The importance of examining discursive strategies is underscored by Bourdieu in his treatise on language. One of Bourdieu's (1991) principal arguments is that what we regard as language is "not 'language' as such, but rather discourses that are stylistically marked both in their production, in so far as each speaker fashions an idiolect from the common language, and in

their reception, in so far as each recipient helps to *produce*[28] the message which he perceives and appreciates by bringing to it everything that makes up his singular and collective experience" (p. 39). Moreover, there is a social value attached to language and discourses, in that some speakers and articulations are seen as more important than others. Therefore, language/discourses reflect and reproduce "the system of social differences" (p. 54). Thus, the analysis of political dynamics and power relations will not be complete without analyzing the discourses deployed by the actors.

Analyzing discourses is also important in the light of Baumgartner et al.'s assertion that policy advocates, as well as politicians, "*attempt* to reframe their issues all the time" (2009, p. 167)[29] but are rarely successful in doing so, for several reasons that maybe summarized into two factors – cost considerations (reframing is costly) and the need to maintain continuity in one's policy advocacy work (reframing disrupts continuity). However, "enduring frames can adjust incrementally to accommodate evolutionary change" (p. 189).

In this study, discursive strategies basically refer to the arguments that actors put forth to explain/support their position on the population/reproductive health legislative proposal, and to justify why their policy position is the 'correct' one and/or why the others' is not. Thus, to a certain extent, the analysis of discursive strategies overlaps with the first analytical task described earlier. However, it is not a replication of the first task because to understand the use of arguments as advocacy or lobbying strategy, the rationale for choosing one argument over another is taken into consideration. Moreover, the analysis examines instances of re-framing, that is, shifts or modifications in argumentation that particular actors might have done. Also, the discursive strategies of those for and against the legislative proposals are juxtaposed. In other words, the first analytic task (delineating the actors' stand on the legislative proposals) considers arguments in a static manner, while the second task (identifying strategy options) adopts a dynamic approach.

Guided again by Baumgartner et al.'s findings about strategic choice of arguments and re-framing practices among the policy advocates that they studied, the present study hypothesizes that:

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[28] Italics in the original
[29] Italics in the original

H2: Actors supporting the population/reproductive health legislative proposals will manifest more adjustments in their argumentations and more reframing attempts than those against the proposals.

As mentioned earlier (in Chapter 1), three legislative proposals on population/ reproductive health were presented for floor deliberations in the Philippine Congress during the period under study. These bills are actually consolidated versions of several legislative proposals previously filed (in the same Congress as that of the consolidated version) by different legislators. In the legislative process,[30] having a consolidated version means that a set of bills has been reviewed favorably by the committee assigned to process said bills, and therefore the committee is now presenting the consolidated version for floor deliberations. In other words, when there is a consolidated version, the sponsors of the bills have successfully hurdled the first – and very daunting – step in the legislative process. Recalling Baumgartner et al.'s argument that those favoring the status quo are likely to 'sit it out' and make their move only when there is a real threat to their position, it is further hypothesized that:

H3: Actors in favor of the status quo will manifest significant adjustments in argumentation and reframing strategies in their advocacy against the consolidated legislative proposals, as compared to their advocacy when the individual bills were filed.

The discursive strategies were 'extracted', directly, from the position papers and other public statements that the different actors have disseminated to the public and, indirectly, from the media reports about the legislative proposal. The key informant interviews also contain some information about the actors' discursive strategies.

2.3.2.2. Tactics

Baumgartner et al. classified advocacy tactics into three main types: inside, which refer to lobbying activities aimed at "rank-and-file members of Congress and their staffs" (p. 154); outside, or those aimed at the general public and are usually done through the mass media;

[30] See Chapter 4 for a detailed discussion of the legislative process in the Philippines.

and grassroots, which are primarily mobilization activities. Keeping in mind again the relative advantage of "status quo defenders" it is hypothesized that:

> *H4: Both those for and against policy change engage in the three types of advocacy tactics but those advocating policy change engage in these activities more intensively than those endorsing the status quo.*

The above hypothesis reflects the expected behavior of the policy advocates vis-à-vis their position in relation to the status quo. According to Baumgartner and his colleagues, there are two other factors that potentially influence the choice of advocacy tactics: the salience of the issues in question and the magnitude of change sought by advocates. However, the impact of these two factors can only be tested through a comparison of lobbying tactics across several issues, which is obviously beyond the scope of this study. Nevertheless, it is worth pointing out that Baumgartner and his colleagues found that these two factors are not significant determinants of the stakeholders' choice of tactics and arguments. Their position in relation to the status quo is the main factor driving their choices.

In classifying the specific types of inside, outside and grassroots tactics of the policy advocates, the present study adopts the categories used by Baumgartner et al. in their research. The specific categories are presented in the next chapter (Methodology).

2.3.3. Assessing resources: economic, cultural and social capital

In ascertaining the resources available to the actors (RQ3), this study uses Bourdieu's concept about the *forms of capital* that the policy actors bring into their game. To reiterate, Bourdieu classified capital into three types: economic, cultural, and social. Information about the stakeholders' specific economic, cultural and social capital were obtained from various sources including the organizations' Web sites, brochures and other materials, as well as from media reports and Congress documents. The key informant interviews added a few additional pieces of information, although it must be noted that questions about capital were not explicitly asked of the informants.

In evaluating the probable impact of resources on the stakeholders' advocacy, this study takes note of Baumgartner et al.'s contention that in policy change, "the impact of resources alone is limited; one needs also to consider the issues on which groups are working, who else is active on those issues, and the construction of like-minded coalitions on the issue. **This is not because resources are unimportant in politics, but rather because these other factors are so fundamental to the very structure and organization of politics**." (p. 212; emphasis added) As such, if one were to consider these points of Baumgartner et al. in terms of Bourdieu's concept of capital, more than economic and cultural capital, the social capital of the stakeholders is important for policy advocacy success. Therefore, it is hypothesized that:

H5: Those against policy change have stronger social capital than those favoring policy change.

2.3.4. Ascertaining the factors behind the seeming dominance of the Catholic Church and the morality discourse in the policy-making process

The last analytical task (RQ4) is, to a great extent, a deeper interpretive reading of the information already laid out in the first three analytical tasks. Guided by Bourdieu's propositions about the dynamic relationship between habitus and field, and by Baumgartner and his colleagues' propositions on policy advocacy and policy change, the present study undertakes the fourth analytical task, thereby providing the answer to RQ4, in three main ways.

First, it looks at the policy-making dynamics *from within*, meaning in relation to how the two 'factions' fared in their legislative advocacy. This phase of the interpretive analysis is basically a synthesis of the findings about the stakeholders' arguments, tactics, and resources. However, the focus of the synthesis is on delineating if and how the Church has emerged as the stronger force in the population/reproductive health policy-making arena.

Second, it examines the policy-making dynamics *from a broader perspective*, for which it brings in the (external) contextual factors, i.e. the international shifts in the population/reproductive health debate and the relevant changes in the Philippine political system. In this phase of the interpretive reading, the analysis incorporates Baumgartner et al.'s

propositions about the role of partisanship and elections in policy change. Perhaps because they were looking at lobbying and policy change in the US, a Western society, Baumgartner and his colleagues did not account for the possible influence of international stakeholders in policy advocacy. In countries like the Philippines, however, the role of international agencies is crucial: being the source of funds for a lot of development initiatives in non-Western countries, said agencies can influence, even dictate, the policy thrusts related to their areas of assistance.

Third, it takes a closer look at *the role of the Catholic Church* in the population/reproductive health legislative advocacy. For this phase of the interpretive analysis, the principal source of inputs is the comparison of the role of the Church in national- and local-level population policy-making. In a few instances, the involvement of the Church in several national-level legislative advocacies is taken into account.

This three-pronged interpretive analysis is the take-off point for formulating the study's main research problem – delineating the factors that account for the form and direction that population policy-making has taken in the Philippines. In this regard, the study considers the stable and fluid aspects of population policy-making dynamics in the Philippines. This examination of the enduring and changing factors is facilitated by the fact that all proposals were filed within the same larger institutional setting (the Arroyo administration) that is nevertheless in flux because of events occurring within and outside its domain. It is thus through this comparative, 'quasi-experimental' approach that the study hopes to contribute to theory-testing/validation.

This study's analysis of the population policy-making dynamics in the Philippines concludes with some 'prognosis' on the population/reproductive health legislative proposals. Here, there are two specific tasks undertaken. First, the likelihood of having population legislation in the immediate future is assessed, particularly in relation to recent political changes in the country (the Philippines had its national elections in May 2010). Second, some recommendations on how the goal of population legislation may be achieved are presented. This second task is premised on the argument that the Philippines' current population/reproductive health policy (or lack of it) is problematic because it fails to respond to people's needs. This is because several studies have shown that the greater majority of the population favors a family planning and reproductive health policy that allows people to have full access to contraceptives.

Moreover, couples have expressed preference for a small family, and would like to have the means to make this preference a reality. That is, if one goes by the argument that policies should serve the public good, then it can be said that the population/reproductive health policy process has been unresponsive to people's needs. Such a stance is also supported by the arguments earlier presented about how the system of political representation has heightened the risk of citizens' political dispossession. Therefore, this study's analysis leans more towards uncovering the factors that might lead to the passage of a population policy. To use Scharpf's (1997, p.1) words, this study endeavors to contribute "to the understanding and the improvement of the conditions under which politics is able to produce effective and legitimate solutions to policy problems."

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Chapter 3. Methodology

3.1. Research design and methods

This research adopts a case study design since it undertakes an in-depth, semi-longitudinal investigation of a single phenomenon, which is the filing of three population/reproductive health legislative proposals. In turn, the latter is taken as an instance of population policy-making in the Philippines and is thus assumed to yield information and insights that will help solve the 'puzzle' of the Catholic Church's seeming predominance in population-policy making in the Philippines.

The theoretical perspectives chosen for this study – Bourdieu's theory of practice and Baumgartner et al.'s analysis of policy making and policy change – lend themselves well to the case study approach. Power relations among actors and actor-institution dynamics are best captured using a research approach that allows for the use of a mix methods and data sources. In particular, the research methods used in this study are key informant interviews and documents analysis.

3.2. Concepts and indicators

As mentioned earlier, the population/reproductive health legislative proposals delineate the field analyzed, and the actors are the various stakeholders in the legislative proposals. The power relations and actor-institution dynamics played out in the field are described and interpreted by undertaking the six analytic tasks described in the previous chapter. Each analytic task deals with particular concepts (boldfaced items in the text), which are described in detail in the paragraphs that follow. However, the full discussion on the operationalization of the concepts can be found in the chapters where the findings for a particular analytical task are discussed.

3.2.1. Analytic task 1: Explicating the international and national population/reproductive health debate context

To put the population/reproductive health debate in the Philippines in the proper perspective, the larger setting within which it occurs needs to be accounted for. The **international setting** is particularly important because population and reproductive health are transnational advocacies that have strong following in the Philippines, on both sides of the debate (for and against population/reproductive health). On the one hand, the Philippines is a predominantly Catholic country, and the Catholic Church is the most important transnational actor in the campaign against population and reproductive health policies and programs. On the other hand, the Philippines has been the recipient of many foreign-funded population/reproductive health initiatives, and is signatory to many international commitments on population, reproductive health, and related issues. The international context is not described in detail in this study, however, since there are many existing works that have competently undertaken this task. The description of the **national context** is more detailed, however, and focuses on a) the *institutions governing the policy-making process* within the legislature and b) the *organizational setup* for population and reproductive health services. As mentioned, this analytic task was accomplished through a review of the relevant literature.

3.2.2. Analytic task 2: Delineating the actors' stand on the legislative proposals

There are many stakeholders involved in the population/reproductive health legislative proposals, and they have their respective reasons for supporting or rejecting the proposals. But, as Baumgartner and his colleagues have pointed out, there is a tendency for the policy debates to simplify along a dichotomy: for and against a policy initiative. Thus, the first step in delineating the actors' stand on the population/reproductive health legislative proposals is to determine their **basic stance** about them. Using the terminologies that have come to be associated with those for and against the proposals, the stakeholders were grouped into those who are *pro-choice* (supporters of the proposals, who argue that people should be given the choice regarding their family planning and reproductive health concerns) and those who are *pro-life* (opponents of the proposals, who insist that the life of the unborn must be protected and respected).

The different reasons that the stakeholders put forth to explain their position are classified according to the **focus of the argument**, which can be one or a combination of the following: a) substantive (i.e. dealing with such issues as the population-development link, population/fertility control, women's welfare and empowerment, implications on the family and society); b) practical (e.g. the budgetary and administrative implications of the proposed legislation); c) political (e.g. the connection between the legislative proposal and other aspects of Philippine government and politics); and d) 'peripheral' (e.g. linking the proposals with the credentials of their proponents). The focus of the arguments was further analyzed by identifying the main theme/s that they tackle, e.g. population and development dynamics, responsible parenthood, health, etc.

In line with the hypothesis to be tested, the reasons cited by those for and against the proposals were also classified according to their **slant** in relation to the proposals – that is, the degree to which the reasons touch on the a) benefits of the proposals, or why change would be good (for the pro-policy advocates) or b) disadvantages of the proposals, or why change would be harmful (for the anti-policy advocates). Statistical tests of significance were conducted to make the hypothesis testing more robust.

3.2.3. Analytic tasks 3 and 4: Identifying the actors' strategy options

As mentioned, two main **types of strategies** were examined in this study: arguments and tactics.

Arguments are the *discursive strategies* deployed by the actors and, as previously noted, there is some overlap between the analysis of arguments and the thrust of the first analytical task (ascertaining stakeholders' position vis-à-vis the legislative proposals and the reasons for their stand). However, the analysis of the arguments is broader because: a) it looks at the other discourses that stakeholders have deployed to advance their legislative agenda – i.e. at arguments beyond their immediate reasons for supporting or opposing the legislative proposals; and b) it adopts a longitudinal perspective, and examines the extent to which the stakeholders' arguments have remained stable through the various legislative proposals, including those that preceded the legislative proposals that this study focuses on. For the

former, the arguments were analyzed as *linguistic practices*, a concept derived from Bourdieu. Briefly, this perspective regards "linguistic exchanges" as expressions of power relations among the people involved in these exchanges. However, these power relations do not depend on the utterances per se but on the features of the external environment within which the exchanges take place. For the latter, the extent of *reframing* of the issues was determined, the reasons for using this discursive strategy ascertained, and its impact on the debates evaluated.

Tactics refer to the advocacy and lobbying activities undertaken by stakeholders, and are classified into three: inside, outside, and grassroots. To reiterate, this classification, as well as the definitions of and types of specific activities within each type of tactic, are taken from the work of Baumgartner and his colleagues. From their list of specific activities under each tactic (Baumgartner et al., 2009, p. 151, Table 8), those that were deemed relevant/appropriate in the Philippine context were selected; these items can be found in the checklist formulated by the researcher (see Annex 3).

The analysis compares the tactics of those for and against the legislative proposals and expounds on the likely impact of these tactics on the policy advocacy of the two groups of stakeholders.

3.2.4. Analytic task 5: Ascertaining the actors' resources

To analyze the **resources** that the actors bring into the policy-making process, this study used Bourdieu's concept of capital and its three classifications, namely economic, cultural and social. Information about these three forms of capital was primarily inferred from relevant documents. The researcher deemed it best to use this approach, instead of getting the information directly from the organizations concerned, because of the sensitive nature of some of the needed data. However, the key informant interviews were also a very important source of information, especially for the social capital of the stakeholders because, in order to get a good picture of the advocacy activities of the informants, questions had to be asked about their collaborative partners. To organize the data gathered from various sources, the

researcher prepared a checklist of indicators of economic, cultural and social capital (see Annex 4).

In order to put impact of the stakeholders' resources on their chances for advocacy success in a better perspective, an analysis of local government initiatives on population and RH was undertaken. Some local government units in the Philippines successfully implemented pro-choice population and/or reproductive health initiatives despite the strong objection of the Catholic Church. Analyzing how the pro-choice stakeholders prevailed over the Church in these local areas yielded interesting insights about the value/valuation of the capital that the two groups of stakeholders have vis-à-vis political decision-making. The details of the methodology adopted for studying local government units are discussed in Chapter 7.

3.2.5. Analytic task 6: Ascertaining the factors behind the seeming dominance of the Catholic Church and the morality discourse

This stage of the analysis entails interpreting the data gathered in the course of carrying out the first three analytic tasks. Broadly, this interpretive task involves linking the data and information gathered, primarily, to the theoretical postulates of Bourdieu and Baumgartner et al., and secondarily, to relevant literature on policy-making, government and politics, and governance. Likewise, the interpretive analysis links the 'micro-level' phenomenon of population/reproductive health policy-making to the 'macro-level' realities in Philippine society, especially the "governmental arrangements" (Lindblom & Woodhouse, 1993) that have shaped the general contours of policy-making process in the country. This study's Conceptual Framework, which is discussed in the previous chapter, outlines the three approaches that this study adopted in interpreting the data gathered, so as to surface the factors that have led to the persistence of the status quo in Philippine population policy-making.

Nevertheless, some form of data gathering was still needed to sufficiently carry this last analytic task. Specifically, the informants were asked about the factors that they think account for the dominance of certain coalitions in the policy-making process, as well as for the seemingly central role that the Catholic Church occupies in the policy deliberations. The

inputs from the informants help ensure that the interpretations that emerge from the analysis are not 'blinded' by the researcher's subjective views about the nature of population policy-making in the country.

3.3. Data sources

For the key informant interviews, 31 representatives from the following sectors were interviewed during the period June-August 2009 and May 2010: [31]

- NGOs involved in advocacies on population and development and/or family planning, women's empowerment, and reproductive rights, namely the Philippine Legislators' Committee on Population and Development, Forum for Family Planning Development, WomanHealth, Likhaan Center for Women's Health, and Democratic Socialist Women of the Philippines/Reproductive Health Advocacy Network;
- Local government units (LGUs) – of particular interest to this study are the LGUs that have been very vocal about their support to a family planning program that includes artificial contraception; the Quezon City, Davao City, La Union, and Sulat in Eastern Samar LGUs fit this criterion;
- The bureaucracy – these include the Commission on Population, Philippine Commission on Women, Department of Health, and the Department of Social Welfare and Development;
- Academics and technocrats (demographers and economists) working in the area of population, specifically from the University of the Philippines (UP) Population Institute and UP School of Economics;
- The Catholic Church and its affiliated organizations – the three informants interviewed are the Executive Director of Pro-Life Philippines, the Executive Director of the Bishops-Legislators Caucus, and a representative of the Alliance for the Family Foundation Philippines;

[31] The author conducted all the 27 interviews done in 2009 while the four interviews done in 2010 were conducted by a technical staff of the Philippine Commission on Women. All interview quotes in this dissertation are cited as "personal communication" since they were all conducted specifically for this study.

- Two media professionals affiliated with the top two broadsheets in the country (*Philippine Daily Inquirer* and *Philippine Star*) but who are also active in the broadcast media; one is in favor of the legislative proposals and the other, against; and
- A staff member of the Philippine Senate who works for the committee in charge of the population/reproductive health legislative proposals filed in the Senate during the 13th and 14th Congresses.

The researcher had some difficulty securing interview appointments because of the controversial nature of the legislative proposals. Legislators and politicians, who were in the original list of informants, proved elusive in particular. For the legislators, one reason was that Congress was in recess at the time that the researcher did the data gathering. The sessions resumed after President Arroyo delivered her state of the nation address (SONA) on the last week of July, but by this time, the legislators were preoccupied with the charter change initiative, the policy agenda spelled out in the president's SONA, and the coming elections (in 2010). But more important, there was general reluctance among those connected with government – whether legislators, politicians, or members of the bureaucracy – to be interviewed. Comparatively, pro-choice interest groups were more open to the interview than those identified with the pro-life sector. In the course of doing the interviews, the researcher found out that many stakeholders would rather keep the population/reproductive health debate low-key because the attention it generates gets in the way of their work.

Fortunately, the debates surrounding the legislative proposals are well documented. The researcher was able to gather the following materials:

- Minutes of the committee hearings and technical working group meetings conducted in the Senate and the House of Representatives;
- Position papers about the legislative proposals submitted by various stakeholders;
- Media reports about the debates surrounding the bills;
- Technical reports about the bills; and
- Various advocacy materials used by both pro-choice and pro-life groups.

The bulk of the materials gathered pertain mainly to the three legislative proposals this study focuses on, but some materials on the previous legislative proposals were also obtained. In particular, the researcher also got a copy of the minutes of the committee hearings/technical working group meetings for the legislative proposals filed in the earlier Congresses, thus making it possible to extend the longitudinal analysis to the period preceding the three legislative proposals that are the immediate concern of this study.

3.4. Data gathering instruments and tools

An interview guide was drawn up to lay down the general questions that each interview should cover (see Annex 1). This guide served as a 'template' for the flow of the interview; questions were added or omitted, depending on the specific informant's organizational affiliation and nature of work. For instance, informants directly involved in the implementation of the country's past and present population policies were also asked about their experiences in the enactment and implementation of these policies, and their prognosis for the implementation of the current legislative proposal, should it be approved.

All interviews, except for one, were recorded and were transcribed verbatim. The 'interview proper' lasted from 45 minutes to two hours, but the actual interview period was from one hour to four hours. All informants were willing to have the interview recorded, and only a few requested for some portions of the interview to be off the record. While it was quite difficult getting interview appointments, once the request was granted, the interview went smoothly.

Given the volume of materials collated, a simple content analysis form was prepared, designed to elicit relevant information on a particular stakeholder's position regarding the legislative proposal and the reasons – i.e. arguments – for this stand (see Annex 2). While only a few groups/organizations have assumed high-profile roles in the advocacy for or against the legislative proposals, there is a considerable number of stakeholders who submitted position papers on said proposed legislations. This phase of the content analysis also yielded preliminary information on the arguments/discursive strategies of the policy advocates, and the extent to which their arguments have been stable or been reframed.

A simple questionnaire containing a list of possible advocacy activities was used for analyzing the advocacy tactics of the policy advocates (see Annex 3). Here, only those organizations and agencies in the 'frontlines' of policy advocacy were considered. Another checklist (see Annex 4) was formulated to guide the data gathering for the resources (economic, cultural and social capital) of the lead key stakeholders in the population/RH legislative proposals.

For the content analysis that was undertaken to help shed light on the power relations of the actors in the policy-making field and on how the status quo has managed to prevail in the population policy debates, the text was subjected to a coding procedure patterned after axial coding in grounded theory research. In axial coding, data are linked to a "paradigm model" (Strauss & Corbin, 1990 in Kendall, 1999), which is "an organizing scheme that connects subcategories of data to a central idea, or phenomenon, to help the researcher think systematically about the data and pose questions about how categories of data relate to each other" (Kendall, 1999, p. 747).

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Chapter 4. The Population Debate Context: National and International Dynamics

This chapter focuses primarily on the broad national political context within which population policy-making in the Philippines takes place, paying special attention to the institutions that 1) play a key role in the general policy-making process and 2) have shaped the current population policy situation in the country. A short historical overview of the population and reproductive health legislative proposals is then presented, wherein several key inputs for the analysis presented in the succeeding chapters are identified. The last section situates the Philippine population debate in the larger, international context through a brief sketch of the transnational population and reproductive health advocacy.

4.1. Philippine government and politics: Overview

The Philippines is a democratic republic with a presidential form of government. The government is divided into three branches: the Executive, which consists of the President and the Vice-President; the Legislative, which features a bicameral Congress composed of the Senate (Upper House) and the House of Representatives (Lower House)[32]; and the Judiciary, which is made up of the different courts of which the Supreme Court is the highest body. The members of the Executive and Legislative branches are selected through direct popular election, while Supreme Court justices are appointed by the President in consultation with the Judicial and Bar Council.

Both the President and Vice-President serve six-year terms. The 1987 Philippine Constitution stipulates that the President "shall not be eligible for any re-election"; on the other hand, the Vice-President can seek re-election but cannot serve for more than two successive terms (Art. VII, Sec. 4). Members of the Senate have the same terms of office and conditions for re-election as the Vice-President. There are 24 seats in the Senate, but these are not

[32] In Philippine popular usage, however, 'Congress' is understood to mean only the House of Representatives; thus, when talking about counterpart bills filed in the two Houses for example, it is usual to say that 'the Senate and Congress have come up with their respective versions of the bill'.

vacated/filled up all at the same time; instead, elections are held every three years for 12 senators. This system was adopted to ensure continuity in the Senate's work.

Members of the House of Representatives (hereinafter referred to as the House) have a term of three years, and can serve for three consecutive terms. There are two types of members of the House: the district representatives and the sectoral or party-list representatives. The Constitution sets the number of party-list seats at "twenty *per centum* of the total number of representatives including those under the party list" (Art. VI, Sec. 5.2; italics in the original); the remaining, and larger proportion of the, House seats are taken up by the representatives of the legislative districts. Since new districts are occasionally created, the membership size of the House slightly varies from one Congress to another. In the recently concluded[33] (14th) Congress, there were 269 members, 217 of whom are district representatives and 52 are sectoral representatives.[34]

Philippine politics features a multi-party system. Theoretically, this should work for the people's benefit, because multiple parties should mean a more comprehensive representation of the different views and perspectives, and needs and concerns, of the citizenry. However, this is hardly the case for the Philippines, because its political parties are formed, not along ideological lines, but along personality considerations. As one political analyst put it, Philippine political parties are "organizationally indeterminate" characterized by "the absence of ideological or programmatic differences between parties" (Rocamora, 2003, pp. 2-3). Given such 'fluidity' of political parties, it is fairly easy for politicians to transfer from one party to another, or to form a new party altogether, in their quest for "the greatest access to patronage resources" (Hutchcroft, 2008, p. 144). More importantly, these maneuverings are part of the wider competition for power among the elites, who recruit party members on the basis of a patron-client relationship (Rocamora, 2003). It is widely accepted thus, not only by political analysts but by the general public as well, that Philippine political parties have not been of any service to the Filipinos, but have only benefited the politicians. It is widely accepted, too, that this weak party system is one of the underlying reasons for the country's

[33] At the time the study was conceptualized, and the data gathering and analyses conducted, Gloria Arroyo was the President and the 14th Congress was incumbent. At the time the dissertation writing was being completed, Benigno Aquino III started his term as President and the 15th Congress opened (July 2010). Therefore, the political context serving as the study's backdrop for the interpretation of the findings was principally the Arroyo administration (13th and 14th Congress).

[34] Congressional Profile – 14th Congress. Retrieved from http://www.congress.gov.ph/members/ profile.php? congress=14&key=sectoral&orderby=party,fullname on 4 February 2010

lack of progress, in both socio-political and economic terms: despite its long tradition of democracy, the longest among all Asian countries, the Philippines has been "unable to nurture political formations that are not only capable of exerting pressure on government, but can in fact form and lead reform-oriented governments" (David, 2001, p. 173). Even more strongly, Hutchcroft and Rocamora (2003) have blamed the flawed party system as the underlying reason for the "democratic deficit" in the Philippines.

Administratively, the Philippines is divided into (in hierarchical order, from highest to lowest) regions, provinces and independent cities, municipalities and component cities, and barangays (villages). Currently, there are 17 regions. The regions do not have political power, with the exception of the Autonomous Region of Muslim Mindanao (ARMM) which has a regional government headed by the Regional Governor. The other divisions have political power, and are referred to as local government units. As of 31 December 2008, the country had 81 provinces, 136 cities, 1,495 municipalities and 42,008 barangays.[35]

In 1991, the Philippines enacted into law the Local Government Code. This Code provides for the devolution, from the national to the local governments, of the responsibilities for the provision of services concerning the following: agriculture extension, forest management, health, barangay roads, and social welfare. Under the devolution setup, each local government unit has legislative powers in relation to the aforementioned areas of concern. As stated in pertinent sections of the Local Government Code, [36] a local government council "shall enact ordinances as may be necessary to discharge the responsibilities conferred upon it by law or ordinance and to promote the general welfare of the inhabitants therein." Moreover, because service delivery requires huge financial outlays, the Local Government Code has also extended to the local government units the power to raise revenues so that they may be able to effectively carry out their new mandate. Additionally, they are entitled to the Internal Revenue Allotment (IRA), which is the local government units' share of national internal revenue taxes. With the legislative powers granted to them by the Local Government Code,

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[35] Retrieved from the Department of Interior and Local Government (DILG) Web site <http://www.dilg.gov.ph/province_of>; data current as of August 2010. The barangay is the smallest political unit in the Philippines. Barangays are under the jurisdiction of a municipality or city local government unit, and municipalities and component cities are under the jurisdiction of a provincial local government unit. Independent cities are self-governing.

[36] Section 391 for the Sangguniang Barangay (Barangay Council), Section 447 for the Sangguniang Bayan (Municipal Council), Section 458 for the Sangguniang Panglungsod (City Council), and Section 468 for the Sangguniang Panlalawigan (Provincial Council)

the local government units have considerable leeway in formulating local-level policies that are attuned to the needs of their constituents.

Finally, it must be noted that American colonization of the Philippines has had a deep impact on the latter's system of government and politics. The Philippines patterned its Constitution after that of the United States, and its basic political structure (i.e. having three branches of government) and the structure of its Congress are similar to the US structure. But US colonization has left other legacies as well that, to a large extent, account for the weaknesses in the country's political system. As Hutchcroft (2008, p. 142) pointed out:

> Several key elements of Philippine democracy can be traced to the U.S.-colonial era. The first is patronage-infested political parties that rely heavily on pork-barrel public-works projects run through national legislators.... Second, the colonial political system ensured exclusion of the masses and control by a national oligarchy nurtured by U.S. rule…. A third major legacy is the provincial basis of national politics, as influential provincial elites thrived in the national arenas established by U.S. officials. Finally, the strong presidency of the modern Philippines began with the emergence of the Philippine Commonwealth in 1935, when President Manuel L. Quezon presided over a weak National Assembly and enjoyed largely uncontested executive authority.

4.2. The legislative system

As mentioned, in the Philippines, legislative power is vested in Congress. The 'blueprint' for the current Congress is embodied in the 1987 Philippine Constitution. Crafted at the time that the country was just embarking on a healing process after successfully overthrowing the dictatorship of Ferdinand Marcos through the peaceful "People Power Revolution" in February 1986,[37] the Constitution was, in many ways, "a reaction to the Marcos dictatorship" (Songco, 2000, p. 273). For the legislature, this meant, primarily, the return to the bicameral

[37] Ferdinand Marcos served his first term as Philippine president from 1965 to 1969. While serving his second term, he declared martial law in September 1972; it was lifted in January 1981. The People Power Revolution refers to the mass street demonstrations, participated in by millions of Filipinos, which took place on 22-25 February 1986. The Revolution was the culmination of years of protests against the Marcos dictatorship. Marcos and his family fled to Hawaii, where he remained in exile until his death in 1989.

Congress[38] on the grounds that this would ensure a better representation of national and regional interests and act as a safeguard against poor legislation (Lazo, 2006).

Because members of the House (of Representatives) have direct constituencies, they are expected to initiate legislations that address local-level concerns. On the other hand, since members of the Senate are elected at large, they are expected to focus more on broader, national-level concerns (Songco, 2000; Lazo, 2006). Moreover, the 1987 Constitution mandates that: "All appropriation, revenue or tariff bills, bills authorizing increase of the public debt, bills of local application, and private bills, shall originate exclusively in the House of Representatives, but the Senate may propose or concur with amendments" (Art. VI, Sec. 24). To provide some counterbalance to the Congress's legislative powers, the Constitution also stipulates that "the people can directly propose and enact laws or approve or reject any act or law or part thereof passed by the Congress or local legislative body" through "a system of initiative and referendum" (Art. VI, Sec. 32).

4.2.1. Organization of the Senate and the House of Representatives[39]

The Senate has four elective officers: the President, President Pro Tempore, Secretary, and Sergeant-at-Arms. They are elected by the majority of all its 24 members. In addition, the majority and minority parties elect their official leaders, known as the Majority and Minority Floor Leaders, respectively.

[38] The Philippine legislature has had a series of shifts between unicameralism and bicameralism. The first Congress – the Malolos Congress (1898-1899) that was created after the Revolutionary Government led by Emilio Aguinaldo declared independence from Spain – was unicameral. Spain, under the 1898 Treaty of Paris, ceded the Philippines to the US; the US government eventually established (in 1916) a bicameral legislature in the Philippines, which was in place until 1935. When the Philippines became a Commonwealth Government in 1935, a unicameral legislature was installed, as provided for in the 1935 Constitution. The Constitution was amended in 1940 to restore the bicameral legislature. After declaring martial law, Marcos, armed with a new Constitution (the 1973 Constitution), dissolved the bicameral Congress and replaced it with the unicameral Batasang Pambansa (national legislature). The bicameral legislature installed through the 1987 Constitution remains in place up to the present.

[39] Unless otherwise stated, information about the organization of the Philippine Senate and House of Representatives were taken from their respective Web sites (www.senate.gov.ph and www.congress.gov.ph); Senate official seal taken from http://aboutph.com/wp-content/uploads/2010/04/senate_logo.png

Aside from being the most powerful person in the Senate, the Senate President is also the third highest-ranking national government official, after the President and the Vice-President. The Majority Floor Leader is the second most powerful person in the Senate, primarily because s/he automatically becomes the chairperson of the Senate Committee on Rules.[40] As stated in the Web site of the Philippine Senate: "While nothing in the Rules of the Senate expressly states the powers of the Majority Leader, to a great extent, he [sic] is very influential in the passage of bills. As the traditional Chairman [sic] of the Committee on Rules, the Majority Leader helps formulate, promote, negotiate and defend the majority's legislative program, particularly on the floor."[41]

The Rules of the Senate provide for 36 permanent committees; this was amended in 2008, through Senate Resolution No. 772, to pave the way for the addition of the Permanent Committee on Climate Change. The Senate selects the members and heads of the permanent committees. However, the Rules of the Senate also specify that the President Pro Tempore, and the Majority and Minority Floor Leaders are ex-officio members of all the permanent committees.

The Senate also has several ad hoc and oversight committees. The Rules of the Senate do not set a limit to the number of such committees that may be created, but state that these committees' membership and jurisdiction will be determined by the Senate President. The 14th Congress had 32 ad hoc/oversight committees.

The committees can be considered the lifeblood of the Congress, both the Senate and the House, because legislative initiatives and other concerns are first discussed in the committees before they are brought (if at all) to the floor for further deliberations. As has been pointed out: "Congressional responses and actions vis-à-vis growing national problems and concerns have considerably relied upon the efficiency and effectiveness of the committee structure, system and expertise."[42]

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[40] The Committee on Rules is in charge of "all matters affecting the Rules of the Senate; the calendar as well as parliamentary rules and the order and manner of transacting business and the creation of committees" (Rules of the Senate, Rule X, Sec. 13.1). Adding to the power of this Committee is the rule that: "All appropriations, revenue or tariff bills, bills authorizing increase of public debt, bills of local application, and private bills authored and filed by Members of the Senate shall be initially referred to the Committee on Rules"(Rule X, Sec. 16).

[41] Composition of the Senate, The Majority Leader <http://www.senate.gov.ph/senators/composition.asp#A._The_Officers_of_the_Senate_>

[42] Composition of the Senate, The Senate Committees <Ibid.>

Assisting the senators in their job – in the form of legislative, administrative, financial and security services – is the Senate Secretariat headed by the Senate Secretary. The Secretariat has four departments, all under the Office of the Senate Secretary: the Legislation Department, the Administration and Financial Department, the Office of External Affairs and Relations, and the Office of the Sergeant-At-Arms. In addition, each senator has his/her own legislative staff that provides technical support and liaises between the senators and the various publics. The critical role that the Secretariat and the legislative staff play in the legislative process cannot be overlooked because "while legislators are charged with the task of making laws, a great deal of ideas, data and tools necessary in the initiation, formulation and preparation of legislative proposals are gathered and collected through the assistance and initiative of the legislative staff and support services".[43]

The House of Representatives[44] (House), for its part, has the following officers: the Speaker, five Deputy Speakers, the Secretary General, and the Sergeant-at-Arms. They are chosen through elections participated in by all members of the House. As in the Senate, the majority and minority parties in the House elect their respective Floor Leaders. The Speaker is the fourth highest government official in the country. The Majority Floor Leader ranks next in importance to the Speaker, given his/her role as the chairperson of the Committee on Rules.

The House has 58 Standing Committees and 12 Special Committees. Standing committees "have jurisdiction over measures relating to needs, concerns, issues and interests affecting the general welfare and which require continuing or comprehensive legislative study, attention and action." On the other hand, special committees deal with measures that address urgent concerns of particular sectors, as well as measures that fall within the jurisdiction of a standing committee but which it is "unable to act upon with needed dispatch" (House Rules IX, Sec. 26). Standing committees may form as many sub-committees as they deem necessary to effectively carry out their mandate.

[43] Composition of the Senate, The Secretariat <Ibid.>
[44] House of Representatives official seal taken from http://en.wikipilipinas.org/images/8/83/HOR_Logo.png

Standing Committees have between 25 to 125 members; special committees have 20 members, except for the Special Committee on Metro Development, which has 30 members. The House Rules specify that the majority and minority parties must be proportionally represented in the Standing Committees; only the Rules Committee is exempted from this requirement.[45] Further, the Speaker, Deputy Speakers, the Leader and Deputy Leaders of the majority and minority parties, and the chairperson of the Committee on Accounts "shall have a voice and vote in all committees" (House Rules IX, Sec. 29).

As in the Senate, the House has a Secretariat that provides technical and administrative assistance to the House members. The Secretariat is headed by the Secretary General, who oversees 11 departments/bureaus. Each congressman also has his/her legislative staff to assist him in his/her work.

4.2.2. The legislative process

The Senate and the House follow the same procedures in reviewing legislative proposals. As set forth in the Rules of the Senate and the House, the legislative process by which a bill becomes a law consists of the following steps:[46]

1. Introduction of the bill: Any group or individual may recommend a possible legislative measure or even draft a bill, but only a member of Congress may introduce it in the chamber. If a legislative proposal is deemed important, a bill introduced in one chamber would have a counterpart proposal (called the companion bill) in the other chamber. A bill may have several sponsors and co-sponsors.

2. First reading: The Philippine Constitution specifies that bills have to pass through three readings before they can become a law, except when the President certifies to the urgency of its enactment (Art. VI, Sec. 26.2). The first reading is simply a reading of the bill's title and author on the floor. Afterwards, the Senate President or

[45] The House Rules (IX, Sec. 27.ss) stipulate that, for the Committee on Rules, the Majority Floor Leader serves as the chairperson and the Deputy Majority Floor Leaders, as vice-chairpersons. Moreover, the Floor Leader and Deputy Floor Leaders of the minority party should be members of the Committee.

[46] Again, US influence on the Philippines's political system can be seen in the legislative process followed by the latter's Congress.

the Speaker of the House refers the bill to the appropriate committee/s for review. If a bill is referred to several committees, the committee that will be primarily responsible for the review of the bill is identified.

3. Committee-level deliberation on the bill: As described in the Web site of the Philippine Senate, the committees are "little legislatures [that] determine the fate of most proposals".[47] Very few bills make it beyond the committee level; one of the main reasons is that, given the sheer volume of bills being filed, it is impossible for the committees to act on all proposals referred to them.[48]

   Should a committee decide to act on a bill, it may form a sub-committee, set up a technical working group, consult experts, and/or conduct public hearings as part of the review process. If there are several bills that address the same concern, these are reviewed simultaneously.

   Based on its deliberations, a committee may approve or reject the bill entirely, or introduce amendments into the bill. For the related bills, the committee may propose a consolidated version of the bills or a substitute bill. When a bill hurdles the committee-level deliberations, a committee report – which includes the approved version of the bill – is prepared and transmitted to the Committee on Rules, which then calendars the bill for second reading.[49]

4. Second reading: The second reading consists of the a) period of sponsorship and debate b) period of amendments, and c) voting on the bill. The second reading – in particular, the period of sponsorship and debate – is another major hurdle for a bill, because its opponents could resort to a variety of delaying tactics to prevent it from making headway. Examples of such practices (which are also fairly common in legislative systems elsewhere) are: not calendaring – by the Committee on Rules –

[47] Legislative Process, www.senate.gov.ph

[48] In the 8th Congress, for example, a total of 37,367 bills were filed (1,960 from the Senate and 35,507 from the House. Around 8,204 bills (22%) were acted on; the rest (27,203 bills) did not get beyond the committee level deliberations (Songco, 2000). For the 14th Congress, data show that for the period 2007 July 23 – 10 October 2008, there were 5,407 bills filed in the House but only 887 were processed, i.e. deliberated upon on the floor (http://www.congress.gov.ph/download/14th/ summ_measures_passd.pdf).

[49] Bills that are acted on unfavorably are, in the House, "laid on the table". In the Senate, the bills are transmitted to the Senate archives, unless there is a motion from at least five senators to re-include the bill in the Senate's next session.

the bill for floor deliberations, filibustering, and quorum-busting. However, the reverse could also happen: supporters of a bill may speed up its passage through railroading tactics, basically by suppressing further deliberations on the bill.

The legislators may approve the bill, reject it, or send it back to the committee. A substantial number of bills that have passed committee deliberations do not make it beyond the second reading. If a bill is approved on the second reading, the amendments are incorporated and copies of the bill are distributed to all members of the House or Senate three days before the third reading.

5. Third reading: At this stage, the bill is presented for final approval by the House or the Senate. Only the title of the bill is read on the floor, and no additional amendments are allowed. A bill should get a majority vote (of the members present) to pass the third reading.

6. Transmittal of the approved bill to the second chamber: The bill goes through the same process as it did in the first chamber. Deliberations in the second chamber may substantially alter the bill. As explained in the Web site of the Senate: "A frequently used procedure when this occurs is for the chamber that acts last to bring up the other chamber's bill and substitute its own version, then retaining only the latter's bill number. That numbered bill, containing the Senate and House version, is then sent to a conference committee to resolve all differences."[50]

7. Conduct of conference committee: As mentioned, the conference committee is called to reconcile differences in the House and Senate versions of the bill. If an agreement is reached, a conference committee report is prepared. The report is presented to the chambers for the members' consideration; however, no amendments to the bill are allowed. The bill should be ratified by a majority vote of the members of each chamber.

[50] Senate of the Philippines, Legislative Process <http://www.senate.gov.ph/about/legpro.asp>

8. Transmittal of the bill to the President: Once the President signs the bill, it is enacted into law. If the President fails to act on the bill within 30 days after its transmittal, it automatically becomes a law. If the President vetoes the bill, Congress can overturn the veto by a two-thirds vote of all the members of each chamber.

The legislative process in the Philippines is no different from that in other countries in many ways. Each step – from getting a member of Congress to sponsor a legislative measure to securing the President's approval of the bill – is a potential 'veto point' that could mean the end of a legislative measure. Gridlock between the two chambers, and between the President and the legislature, act as additional barriers to legislation. Intense lobbying by stakeholders, for or against a bill, also exists. However, the specific dynamics of the power struggle, and competition or collaboration, among the various stakeholders within and outside the legislature play out in ways that are quite unique to the Philippine setting, since its political history and environment is decidedly its own. Those dynamics are examined in detail in the present study, in the context of population legislation.

4.3. The organizational setup for population and reproductive health services

As mentioned in the Introduction, the Philippines's population program thrust has evolved from one that had clear demographic goals in the 1970s to one that has subsumed population concerns under the framework of reproductive health at the present. This explains why at the national level, currently, there are two government agencies responsible for the implementation of the country's population programs and projects: the Commission on Population (POPCOM) and the Department of Health (DOH).[51] POPCOM deals with the policy issues related to population, responsible parenthood, and reproductive health, while DOH manages the implementation of the family planning program. At the local level, population and reproductive health initiatives are the responsibility of the local government units. To reiterate, the Local Government Code grants the local government units autonomy

[51] Organizationally, POPCOM is currently under the DOH but as succeeding discussions would show, this setup was the consequence of shifts in population policy that, more often than not, have undermined POPCOM's original mandate.

in implementing the population/reproductive health program that they believe best suits the needs of their constituents.

Since POPCOM has the original mandate for the implementation of the country's population program, it is best to trace the changes in the population program organizational setup vis-à-vis this agency; this is covered in the first topic for this section. The changes in the organizational setup are, to a large extent, the consequence of the shifting population policy thrusts of the various administrations; hence, some of the points discussed in Chapter 1 are reiterated in this section. An examination of the relationship between POPCOM and DOH, in relation to the implementation of the population program, is then presented. A brief discussion of how the local government units have 'localized' the population program concludes this section.

4.3.1. From population control to reproductive health, and the emasculation of POPCOM[52]

POPCOM started as a "study group" (Herrin, 2007, p. 279) in 1969, created by virtue of Executive Order No. 171 issued by then President Ferdinand Marcos. It was tasked with identifying population policies and programs that could help the government achieve its development goals. POPCOM became an official body in 1971, when Republic Act No. 6365, otherwise known as the Population Act of the Philippines, was enacted. This law set forth a national population policy and created the POPCOM to implement this policy. Marcos would later amend the law three times[53] principally to make changes in the composition of the Board of Commissioners. However, as Cariño (1995) noted, "[the] ever-changing law governing the population program did not change the emphasis on fertility reduction [whose] basic policy was non-coercion" (p. 94).

POPCOM was mandated to act as the central coordinating body for the formulation and implementation of the country's population policies and programs, i.e. to serve as the government's "policy-making, planning and funding agency… for population matters"

[52] POPCOM official seal taken from http://www.popcom.gov.ph/images/common/popcom%20logo.gif
[53] via PD 79 in 1972, PD 166 in 1973, and PD1204 in 1977

(Concepcion, 1977, p. 119). POPCOM's prominent role in the government's development efforts could be seen in Marcos's decision to place the office directly under the Office of the President. This is not surprising, because the Marcos government put a premium on the population-development link in its national population policy,[54] and later on, in the Constitution.[55] Backed by these strong policy pronouncements and the mandate bestowed on it by the Population Act, and assured of substantial funding from the national government and international donor agencies (Cariño, 1995; delos Reyes, 1999), POPCOM enjoyed an enviable position in the Marcos administration.

POPCOM's organizational structure was further proof of its critical role in the Marcos government. It had four divisions – planning; logistics; information, education and communication; and service delivery (Lijauco, 2008) – corresponding to its key operational tasks. More significantly, the agency was charged with the implementation of the Outreach Project, which was launched in 1976 to serve as the mechanism through which family planning, POPCOM's flagship program, could be disseminated to the widest public possible. To achieve this, regional population offices were created, that in turn presided over the activities of teams of outreach personnel at the provincial, city, municipal, and village levels (The World Bank, 1993; delos Reyes, 1999; Herrin, 2007). Playing the most critical roles in community-level motivation work were the personnel in the municipalities and villages, called the full-time outreach workers and barangay service point officers , respectively. As described by a former POPCOM executive director, these "itinerant motivation and referral teams… panned to the interior countryside, coastal villages and island communities, and isolated upland settlements, and brought with them contraceptives for distribution to new acceptors" (delos Reyes, 1999, para. 10). In 1985, a year before the overthrow of Marcos, the Outreach Project had 157 provincial or city population officers, 34 district population officers, 2250 full-time outreach workers, and 51,169 barangay service point officers (The World Bank, 1993).[56] It is interesting to note, however, that POPCOM was implementing the Outreach

[54] The national population policy states that: "The Government 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 high rate of population growth, a national program of family planning involving both public and private sectors which respect the religious beliefs and values of the individuals involved shall be undertaken" (Presidential Decree No. 79, Sec. 2).

[55] In the 1973 Constitution that was drafted after Marcos declared martial law in 1972, it is stated that: "It shall be the responsibility of the State to achieve and maintain population levels most conducive to the national welfare" (Art. XV, Sec. 10).

[56] Studies conducted in 1978 and 1980 to evaluate the Outreach Project showed, however, that the project did not achieve nationwide coverage due to inadequacies in contraceptive supply, information dissemination, and training of the outreach workers (Herrin, 2007).

Project "at a time when the government departments – whose activities POPCOM was supposed to coordinate – were also carrying out their own population programs down to the village level" (Cariño, 1994, p. 95).

Towards the end of the Marcos regime, however, POPCOM would suffer a blow when Placido Mapa became the head of the Board in 1981. Described by one USAID officer as "a card carrying member of Opus Dei[57]" (Sinding, 2001. p. 38), Mapa made major changes in the population policy and in POPCOM's organizational structure (Herrin, 2002; David, 2003). Mapa "emasculated his own organization, squeezing off funding and trimming its personnel complement (starting with the community motivators) until it was but a shadow of its former self" (David, 2003, para. 10). Mapa was eventually replaced as Chairman of the Board, but his successor's efforts at putting the population program and POPCOM back on track was interrupted by the overthrow of the Marcos regime in 1986 and the ascendancy of Corazon Aquino to the presidency.

During Aquino's term as president, the Catholic Church wielded a lot of influence on the government's agenda not only because Aquino was a devout Catholic but also because the Church played a critical role in the People Power Revolution that ended the Marcos regime. This could only mean difficulties for the population program. Even during Marcos's time, the Church had expressed its reservations about setting population targets, and had strongly opposed the promotion of artificial contraceptives. Although the Church did manage to slow down the population program implementation during the latter years of the Marcos administration (Herrin, 2007), the national population policy and the key role of POPCOM in the bureaucracy remained intact. But, as stated in Chapter 1, when Aquino assumed the presidency, things were to change drastically.

The first important change was reflected in the new (1987) Constitution. To reiterate, whereas the 1973 Constitution had a specific provision on population size regulation, the new Constitution does not. The second important change was Aquino's decision to transfer POPCOM from the Office of the President to the Ministry of Social Welfare and Development (MSWD). As stated in Executive Order No. 123 (issued 30 January 1987), the transfer did not change POPCOM's original mandate, which is to act as the central

[57] A Catholic Church organization known for its conservative views

coordinating and policy-making body for the country's population program. Obviously, however, since the national population policy of the Marcos government has been superseded by a radically different pronouncement from the Aquino administration, POPCOM would not be able to carry out its mandate in the same way that it did under the Marcos regime. At the very least, the transfer to MSWD meant that the Aquino government did not attach as much importance to population/demographic targets as the previous administration did, and POPCOM likewise should not. And even though it might have wanted to, POPCOM would not have been able to do so because MSWD was then headed by Mita Pardo de Tavera, who held conservative views on family planning and contraception.[58] Claiming that the family planning program failed to achieve its demographic targets, she proceeded to "dismantle" it (David, 2003, para. 14). It is reported that Pardo de Tavera "sat on the papers and passed up a number of funding opportunities" and held only a few Board meetings that turned "argumentative and confrontational" (Cariño, 1995, p. 98). In 1987, the POPCOM Board came out with a population policy statement that did not have clear demographic goals;[59] the next year, it transferred the management of the family planning program from the POPCOM Secretariat to the Department of Health. It appears that the latter decision was taken to appease pro-population stakeholders and foreign donor agencies who were unhappy with Pardo de Tavera's moves (David, 2003); however, the transfer also recast family planning as "a health program with the primary goal of improving the health of the mother and child" (Herrin, 2002, p. 20). Effectively, thus, POPCOM lost the mandate whence came its strength and prestige under the Marcos regime.[60]

Since then, POPCOM's fortunes waxed and waned, depending on how each succeeding administration regarded the population program. But even under better times, POPCOM did not enjoy the same status that it did in the Marcos administration. As population policy thrusts and program priorities changed, so did POPCOM's organizational base: after it was moved from the Office of the President to the MSWD in 1986, it was returned to the Office of the President in 1990, then attached to the National Economic and Development Authority (NEDA) in 1991, and finally placed under the Department of Health (DOH) in 2003, where it

[58] Under the new setup, the MSWD Secretary automatically became the Chairperson of the POPCOM Board.

[59] POPCOM issued the following policy statement: "the ultimate goal of the Population Program is the improvement of the quality of human life in a just and humane society… The achievement of this goal requires recognition of the close interrelationships among population, resources and environmental factors." (POPCOM, About Us <www.popcom.gov.ph>)

[60] Even so, many population and FP stakeholders endorsed the policy shift because they saw it as a strategy to save the family planning program (Cariño, 1995).

remains attached up to the present.[61] The specific circumstances of these transfers are not discussed here in detail, as they have been discussed elsewhere.[62]

Simultaneous with these national-level developments, POPCOM's hold over local-level population initiatives also weakened. First, the Outreach Project "fell apart" in 1989 (The World Bank, 1993, p. 53). Second, the Local Government Code was enacted in 1991 and the responsibility for implementing the family planning program was transferred to the local government units. As such, at the sub-national level, only the regional population offices have remained under POPCOM's supervision.[63]

The policy and organizational shifts inevitably brought instability in POPCOM, stalled its development as an institution, created a significant dent in its financial resources (both domestic and foreign funding), weakened its capability for service delivery, and eventually undermined its credibility and ability to assume a frontrunner role in the population program. POPCOM was caught up in the vagaries of Philippine politics, and from a high-profile agency with strong program machinery, it was reduced to "an ineffectual body which lacked the cohesion to move policies forward effectively" (Lee et al., 1998, p. 952).

4.3.2. The Department of Health: An uneasy relationship[64]

The Department of Health's (DOH) involvement in the population program goes as far back as when POPCOM was formally established as a government agency. Specifically, when POPCOM was created in 1971, the DOH was named as one of the members of its Board of Commissioners. However, there seems to have been no expectation that DOH would be taking a

[61] POPCOM, About Us <www.popcom.gov.ph>

[62] The most comprehensive discussions can be found in Herrin's works (2007 and 2002); Cariño's (1995) account covers many points similar to those of Herrin's but contains several additional details culled from her personal interviews with important population program stakeholders, while Lijauco (2008) gives a brief discussion but has more information on the current POPCOM setup.

[63] POPCOM's current organizational structure consists of the Board of Commissioners and the Secretariat. The Board has 14 members: 11 from government agencies, whose heads are ex-officio members of the POPCOM Board, and three from the private sector, who are appointed by the President. The Department of Health Secretary acts as the Board Chairperson. The Secretariat is headed by the Executive Director: Under him/her are the Deputy Executive Director, five divisions at the central office, and 15 regional population offices.

[64] DOH official seal taken from http://www2.doh.gov.ph/TMC_home/images/DOH_logo_embs.gif

leadership role in the population program. First, it was not part of the 'incipient' POPCOM, i.e. the study group that Marcos formed in 1969. Second, it did not hold the chairmanship of the Board; that role was given to the head of the National Economic and Development Authority (NEDA), since this agency's thrust was more aligned with the national population policy as articulated by the Marcos administration.[65] Still, it cannot be denied that the DOH has an important role in the population program because it is one of most important partners, if not the main partner, of POPCOM in the implementation of the family planning program.[66]

The first time that the DOH took on a more visible role in the leadership of the population program was in 1988, when the POPCOM Board transferred the management of the family planning program from POPCOM to the DOH. As mentioned, this transfer was in line with the shift in the national population policy, from promoting family planning as a population control measure to establishing it as a health intervention. According to Cariño (1995), the POPCOM personnel "mourned" this transfer because they "were oriented to family planning and were ill-prepared to handle other aspects of population policy" (p. 99). The family planning program remained with the DOH, even as POPCOM was moved back to the Office of the President in 1990 and later on transferred to NEDA in 1991. It can be surmised that the ambiguities and constant changes in the population policy thrust of the different administrations prevented the return of the family planning program to POPCOM. This may have helped deflect some of the controversies surrounding population and family planning away from POPCOM, but it also substantially robbed the agency of its raison d'être since, as mentioned, family planning was POPCOM's flagship program.

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[65] During Marcos's term, the only other agency (aside from NEDA) that assumed the chairmanship of the POPCOM Board was the Ministry of Social Services and Development (MSSD). This was at the time that Placido Mapa was the NEDA Secretary-General. As mentioned earlier, Mapa was a conservative Catholic, so Marcos replaced him with someone who subscribed to the national population policy. Some population program stakeholders did not approve of Marcos's decision. Because MSSD was a lower-ranked agency compared to NEDA, they saw the transfer as a 'demotion' of the population program (Cariño, 1995).

[66] The original version of the Population Act (RA 6365) clearly specified that POPCOM should "put up family planning clinics in cooperation with the Department of Health" (Sec. 4.c). This provision was taken out in the revised Population Act (PD 79); however, there is still emphasis on the partnership with health professionals and health-related institutions and establishments for the implementation of the family planning program (Sec. 5.a and 5.d). When President Aquino further amended the Population Act (EO 160), these provisions were not affected.

There have been attempts, via legislative proposals,[67] to restore the management of the family planning program to POPCOM. None of these bills passed Congress deliberations, however. What instead happened was that POPCOM itself was eventually transferred to the DOH in 2003, by virtue of Executive Order No. 188 issued by President Gloria Arroyo. The Exectuive Order did not mention anything about how the transfer affects POPCOM's organizational structure and mandate, only that the transfer was being done "in order to facilitate coordination of policies and programs relative to population" (para. 5). Thus, the DOH still directly manages the family planning program, while POPCOM retains its original mandate.[68]

Within the DOH, the family planning program is lodged in the office of the National Center for Disease Prevention and Control (NCDPC). This odd placement of the program can be explained by the fact that NCDPC used to be known as the Office for Public Health Services. President Estrada renamed the Office in 1999 but did not relocate its programs to other DOH offices.[69] Of the NCPDC's four offices, the Family Health and Nutrition Office takes charge of the implementation of the family planning program. Said program is described by the DOH as "national mandated priority public health program to attain the country's national health development: a health intervention program and an important tool for the improvement of the health and welfare of mothers, children and other members of the family",[70] clearly showing that the program breaks away from the demographic goals that were its defining features when it was first conceptualized. The program still endorses both natural and artificial contraceptives, however.

Since POPCOM is now attached to the DOH, the DOH Secretary serves the ex-officio Chairperson of the POPCOM Board. As such, given POPCOM's weakness as an organization and the highly politicized character of the population debate, the DOH Secretary's stand on population issues has a great impact on POPCOM's population policy pronouncements and

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67 Examples are Senate Bill 1321and House Bill 13946 (filed in 1994, 9th Congress), House Bill 9409 (filed in 1997, 10th Congress), and House Bill 173 (filed in 1998, 11th Congress)

68 In its Web site, the present POPCOM describes itself, first, as "a technical and information resource agency" for various population program stakeholders and, second, as "the leading strategic partners [and] policy and program advocates for the Population Program" (About Us, POPCOM). It is interesting that, despite its mandate, the agency places its leadership role after its technical support role and not the other way around. But as later discussions would bear out, in the current debates on population and reproductive health, POPCOM indeed has failed to live up to its leadership role.

69 Source: National Center for Disease Prevention and Control, Historical Background <http://www.doh.gov.ph/ncdpc1.html>

70 Family Planning, Brief Description of Program <http://www.doh.gov.ph/programs/family_planning/profile.html>

program orientation. Indeed, even before POPCOM was attached to the DOH, the latter's stand on the population issue was already very critical, since it determined the direction that the family planning program would take. And perhaps because it had brushes with DOH secretaries in the past regarding the family planning program,[71] the Catholic Church got actively involved in the selection of the DOH Secretary under the Arroyo administration (David, 2003). The post eventually went to Manuel Dayrit,[72] who was personally supportive of both natural and artificial contraceptive methods. Nevertheless, Dayrit largely toed the line of the Arroyo administration, which accommodated the views and preferences of the Catholic Church. Despite this, Dayrit was forced to resign in 2005, amid accusations from the Church and pro-life groups that DOH's *Ligtas Buntis* campaign was a front for promoting artificial contraception.[73] Dayrit was replaced by Francisco Duque III, who made no bones about his support for Arroyo's preferred program thrust for family planning. Even though Congress had appropriated PhP180M[74] in the 2007 budget for the purchase of contraceptives, Duque refused to spend the money. He claimed that DOH has a policy against using government money for buying artificial contraceptives;[75] at the same time, he declared that his administration will only focus promoting natural family planning methods (PCIJ, 2007). Not surprisingly, the DOH maintained a vague and limited participation in the deliberations on the population/ reproductive health legislative proposals filed in the 14th Congress.[76]

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[71] The most high-profile conflict between the Church and the DOH Secretary over the issue of family planning and the use of contraceptives was the one involving Juan Flavier, who was DOH Secretary under the administration of Fidel Ramos. The conflict garnered a lot of attention from the mass media, and is mentioned in practically all documents about the history of the family planning program in the Philippines. However, there are also accounts of conflicts, relatively less intense than those with Flavier, between the Church and Alfredo Bengzon (Aquino administration) and Alberto Romualdez (Estrada administration) (see, for example, Sison, 2003; Herrin, 2002; Cariño, 1995).

[72] Dayrit assumed his post in July 2001 and was still the DOH Secretary when POPCOM was transferred to DOH.

[73] The controversy revolved around what *Ligtas Buntis* really meant. The word *ligtas* means 'safe' in English, while *buntis* means 'pregnant'. The term *ligtas buntis* is a shorthand phrase: *buntis* in this context is a contraction of *pagbubuntis* (pregnancy). To state the phrase in its proper form, there should be a word connecting *ligtas* with *pagbubuntis.* There are two possible connectors, and the phrase's meaning changes completely depending on which connector is chosen. Proponents of the campaign insisted that the campaign is about *Ligtas NA Pagbubuntis* (safe pregnancy), while its opponents contended that it is a shorthand for *Ligtas SA Pagbubuntis* (safe from – or freedom from – pregnancy). It did not help that the campaign was getting support from the USAID and the UNFPA. Moreover, the campaign was launched almost at the same time that the Reproductive Health Bill (House Bill 3773) was filed in the House of Representatives. Some pro-life advocates would later conflate the two initiatives, and call House Bill 3773 as the 'Ligtas Buntis Bill'.

[74] Approx. €3M at PhP60=€1

[75] Arroyo had ordered that no government funds should be released for the purchase of contraceptives. When USAID announced that it will stop giving funding support for contraceptives by 2004, Arroyo maintained that the government will not cover the expected shortfall, and that she expected the NGOs to take over USAID's role (David, 2003).

[76] See Chapters 5 and 6 for the discussion on DOH's involvement in the population/reproductive health legislative advocacy.

The already uneasy relationship between POPCOM and the DOH would be tested further in 2006, when Arroyo directed the two agencies, along with the local government units, to implement the Responsible Parenthood and Natural Family Planning Program (RPNFP). DOH assigned POPCOM to take direct responsibility for implementing the program, although it still handles its clinical aspects (Z. Opiniano, personal communication, 7 July 2009). This has put the POPCOM personnel in a difficult, if not painful, situation because:

> …when the Population Program was first given to us, our internalization over the years is that the artificial contraceptive methods are the most effective. If one does not believe that natural methods are effective, one would find it hard to promote them. When we attend Congress hearings, they do not want us to talk about natural family planning methods. When our Executive Director attends cabinet meetings, he has to report about the [Natural Family Planning] Program. We are caught in the middle. Some people have called us chameleons. (Z. Opiniano, personal communication, 7 July 2009; translated from Filipino)

It would perhaps been less painful for the POPCOM personnel if they could promote artificial and natural family planning methods at the same time; unfortunately, the RPNFP does not give them that elbow room. In contrast, DOH's own family planning program, the one that it 'acquired' from POPCOM in 1988, has no such restriction – although the preferences of the DOH Secretary has a huge impact on how the program would be implemented during his/her term.

From both policy and program perspectives, thus, a tenuous and uncomfortable relationship exists between POPCOM and the DOH.[77] As the subordinate agency, POPCOM is indeed the one that holds the more disadvantaged position in this relationship. But had POPCOM been able to evolve into a strong organization, the possibility that it could have freed itself out of the stalemate cannot be discounted. But that could be said of the DOH as well: much like POPCOM, its stand on the population/family planning issue has vacillated through the years, revealing its own inability to transcend the political bickering and maneuverings that the population issue, which inevitably includes family planning, has attracted.

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[77] It is possible that the uneasy relationship between POPCOM and DOH has been there from the very beginning, when POPCOM was established. According to Steven W. Sinding, former Chief of the USAID Philippines office, when the Philippine government decided to establish a population program "outside the health service… they created an adversary relationship, and that never went away" (ADST, 2001, p. 28). Sinding believes that this is one of the major mistakes committed in the implementation of the Philippine population program.

Hutchcroft and Rocamora (2003) have noted that one of the 'anomalies' of Philippine democracy (which, to reiterate, has been largely shaped by the US colonial rule) is that "representative institutions emerged *before* the creation of strong bureaucratic institutions" (p. 265; italics in the original) rather than the other way around. As such, patronage politics has permeated even the bureaucracy, rendering civil servants beholden to the politicians who facilitated their appointment. Hutchcroft and Rocamora's contention might well explain the vacillations within the DOH and POPCOM, but also presents a bleak prognosis on what the role the bureaucracy could play, or might play, in the population debate.

4.3.3. The local government units: Marching to the beat of their own drums?

In the absence of a consistent national population policy, and with the autonomy granted to them by the Local Government Code, local government units vary widely in the way they regard the importance of including population concerns in their agenda, and in the way they translate the population agenda into concrete initiatives.

While the local government units have the prerogative over what broader population policy thrust to adopt (if they were to adopt one at all), they are required to include family planning in their health service delivery. However, they are free to choose what family planning services to offer. Organizationally, this means that local government units may not have any dealings with POPCOM at all, but they will have some form of collaboration with the DOH.[78] Currently, however, there is a formal collaboration among the three institutions, with regard to the implementation of the Responsible Parenthood and Natural Family Planning Program, as mentioned earlier. But this collaboration could end if the new president (Benigno Aquino III) opts not to pursue the program.

[78] The collaboration between the DOH and the local government units extends beyond the implementation of the family planning program because even with devolution, the DOH still has a role in local-level health service delivery in that it has been tasked with providing the local government units whatever technical assistance related to health service delivery they may need, including health standards that would guide the local government units when formulating their health programs and projects.

A review of the Web sites of the local government units[79] reveals that, with respect to population and family planning initiatives, local government units fall under one of the following types: 1) those who have both the broad population program and the family planning program (five or 12% of the sample local government units), 2) those who have the family planning program only (13 or 30% of the local government units), and 3) those that appear not to give any of these two programs priority (25 or 58% of the local government units).[80] These findings do not only confirm that the local government units have differing views about population and family planning, but also show that the 'old' paradigm about the population-development link has not completely disappeared from the government agenda. Since this paradigm had been sidelined by the national government, it is understandable why it does not have a strong following among the local government units. More striking is why the family planning program seems not to have been given priority by majority of the local government units, even as the national government has mandated that it be part of the health program of local governments.

One possible reason is that, with all the controversy that population and family planning have attracted, the local government units have chosen not to highlight their population/family planning initiatives in their Web sites (and possibly in other official statements). Indeed, some of the informants from the local government units interviewed for this study acknowledged that it is better for them to keep a low profile about their activities on population/family planning so that they can do their jobs with the least disturbance. Consequently, they are also not keen to participate in the debates regarding the population/reproductive health legislative proposals filed in Congress. This stance of the informants parallels the position of the League of Cities of the Philippines, the formal (but non-government) association of all cities in the Philippines: when asked for their stand on the reproductive health bills filed in Senate (14th Congress), the representative of the League stated that:

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[79] Under the Philippine government's e-government project, all government institutions, including local government units, are envisioned to have their own homepages. Almost all of the country's municipality, city, and provincial local government units already have Web sites – 1690 out of 1712 LGUs, or 98.7%, as of 2008 (Casiraya, 2008). Admittedly, however, not all of these Web sites are updated regularly. Details about the methodology and findings of the Web site review are presented in Chapter 7 of this dissertation.

[80] Local government units that included programs on population management or population and development in their list fall under the first category; those that explicitly mentioned family planning or referred to reproductive health are in the second category; and those that either did not include population, family planning, and reproductive health in their list, or did not have any information about their programs and services in their Web sites fall in the third category.

> As of now, the League of Cities would like to remain silent on this issue. Indeed, there are mayors strongly advocating the bill…. However, as a whole, the cities would like to advocate the different options – artificial or natural…. [S]ome cities are not that open to artificial contraception. That's why we'd like to remain silent because… the secretariat feels that it would be a divisive issue within the League. (N. Gutierrez in Senate, 2008b, pp. I-3, 3-4; verbatim quote)

Alternatively (or complementarily) it is also possible to view the seeming low priority the local government units have given to family planning (as inferred from their Web sites) in the light of findings that the devolution of health services from the central government to the local government units has done more harm than good, as far as providing health care to people is concerned (see for example Bossert and Beauvais, 2002; Grundy et al., 2003; Sy, 2003) due to, among others, the local government units' lack of capability or interest to invest money in healthcare, and the failure of the national government to adequately prepare the local government units to take over the role previously played by the DOH. In other words, the low attention given to family planning is but a manifestation of a wider problem plaguing the healthcare system.

Mello et al. (2006) and Lakshminarayanan (2003) have shown, however, how family planning and the accompanying issue of reproductive health have been particularly vulnerable to the weaknesses of healthcare devolution. Lakshminarayanan (2003) argued that the local government units lack the institutional capacity to deliver reproductive health care services because: 1) the national government did not have a "mandated package" of health services that local government units should provide, thereby making it possible for the latter "to ignore reproductive health services if they chose to"; 2) in the early stages of the process, DOH did not put in place facilitating mechanisms to make devolution work, even if it was in a position to do so; and 3) DOH passed up opportunities that could have allowed it to establish "new directions in reproductive health care" (p. 105). Mello and her colleagues (2006), on the other hand, explicated the legal barriers to family planning service delivery, especially the promotion and provision of artificial contraceptives. First, while there is a law requiring pre-marriage family planning counseling, said law does not have an explicit requirement that couples should be given comprehensive information about all contraceptive choices available to them. As such, the local government units cannot be censured if they decide to delegate the pre-marriage counseling program to their parish priests. Second, the administrative

requirements for drug importation are too onerous, thereby discouraging many local government units from importing contraceptive supplies. Third, the Magna Carta of Public Health Workers – which has several provisions aimed at enhancing the welfare of public health personnel – has forced the local government units to use up to 80% of their health budget on personnel salaries. In fact, Mello and her colleagues have found that the Magna Carta is "the single largest legal impediment to family planning service delivery at the local government level" (p. 390).

National and local-level factors thus combine to render the implementation of the family planning program – and by extension, the broader population program, since family planning is a key component of that program – difficult for the local government units. How, then, are some local government units able to maintain a 'high-profile' population and/or family planning program in their area? Interviews and document reviews conducted by the author for a sample of local government units that have a population, family planning or reproductive health program reveal that several factors play a role: the priorities of the executive (local government unit head), the presence of a government institution capable of implementing the program, availability of external source of technical and funding support, and the lobbying from stakeholder-NGOs. These factors are not universally found in the local government units examined, and the mix of factors differs from one local government unit to another. The specific ways by which these factors are able to influence local-level population initiatives are discussed in Chapter 7. But what is important to note at this point is that the double-edged potential of devolution had, in general, worked against the institutionalization of population and family planning initiatives at the local level. In principle, devolution increases the local government units' so-called "decision space" (Bossert, 1999.) but that space is also only defined by the resources at the local government units' disposal. The local government units are ostensibly marching to the beat of their own drums, but a deeper look would reveal that their choices are not always the best possible ones that they should, and could, make.

4.4. The population and reproductive health legislative proposals: An overview

Legislative proposals on population and/or reproductive health were first filed in 1988, in the 8th Congress, during the term of Corazon Aquino as president. A list of the legislative proposals on population and reproductive health that have been filed from the 8th to the 14th Congresses is found in Annex 5.[81] The list for the Senate is not exhaustive because the Senate's online database only has information for the 13th and 14th Congresses. However, a list of the bills filed during the 10th to 12th Congresses was obtained from the Senate staff. In contrast, the House's online database starts from the 8th Congress.[82]

Looking at the specific concerns addressed by each proposal (based on the titles of the bills, see Annex 5 for the list), it will be noted that:

- From the 8th to the 11th Congresses, most of the bills aimed for the reinstatement of the population policy and program thrusts, as well as the population program organizational structure, of the Marcos administration – i.e., regulating population/family size, promoting family planning, integrating population and/or family planning concepts in the school curricula, strengthening the Commission on Population, creating sub-national population offices, and allocating funds for population/family planning activities. A significant number of the bills called for the establishment of "a new population policy". Unfortunately, no copies of the bills could be accessed, but based on several pieces of information – the titles of several bills (calling for the need for an integrated population and development policy); information about Senate Bill 1321, filed during the 9th Congress, contained in a newspaper report (Villanueva, 1994); and the abstract of House Bill 173, filed during the 11th Congress, found in the Web site of the House of Representatives – it can be inferred that the general orientation of the bills was similar to the population policy thrust of the Marcos government – i.e. linking population factors with development goals.

[81] The coverage of each Congress is as follows: 8th Congress, 1987-1992; 9th, 1992-1995; 10th, 1995-1998; 11th, 1998-2001; 12th, 2001-2004; 13th, 2004-2007; 14th, 2007-2010.

[82] Data current as of February 2010

- During the 12th Congress, population bills similar to those in the previous Congresses were filed, but proposals focusing on reproductive health were also tabled. The two 'tracks' were clearly separated from each other, however. In the 13th Congress, bills that merge the two concepts appeared, and in fact became the foundations of House Bill 3773, the consolidated version of the population/reproductive health bills that was submitted for deliberations in the plenary sessions of the House.

- In the 14th Congress, legislative proposals on reproductive health outnumbered those with a broader population focus. As in the 13th Congress, the legislative proposals that were eventually submitted for floor deliberations – House Bill 5043 and Senate Bill 3122 – integrated population and reproductive health.

- While the legislative proposals from the 8th to the 12th Congresses were all geared towards fostering a 'pro-choice' environment,[83] the 13th and 14th Congresses had bills aimed at protecting 'pro-life' interests. Only one such bill was filed in the 13th Congress (House Bill 5028), but there were three filed in the 14th Congress (House Bills 419, 2649 and 3225).

From even this basic analysis of the trends in the legislative efforts concerning population and reproductive health, several inferences vis-à-vis this study's theoretical framework can be gleaned. These inferences are presented below, but mostly as an 'overview' of the questions/issues that are tackled in the succeeding chapters. In other words, the inferences are essentially foundations for the deeper analysis of the population policy-making dynamics, which the next chapters focus on. As such, for the most part, there are no clear-cut answers proffered for the questions and issues raised at this point.

First, the trends show that indeed, policy advocacy is "a long-term gig" as Baumgartner and his colleagues (2009) had described it. In every Congress, the population issue – whether in the general or in a more specific sense – has always found an advocate in Congress, despite the repeated failure to pass a population and/or reproductive health bill. Thus, at the same time that they show that policy advocacy requires sustained commitment over time, the population/reproductive health policy proposals also illustrate just how difficult it is to undo

[83] The only exception is House Bill 3740 filed during the 10th Congress

the status quo. The big questions, then, are why the advocacy persists, and why it has not succeeded.

Second, the trends reveal that the legislative proposals have undergone adjustments, that is, the policy issue has been 'reframed' over time. Presumably, these adjustments are strategic decisions taken to achieve success: they are responses to opportunities that will move the policy advocacy forward and/or to barriers that prevent its progress. In the case of the population/reproductive health proposals, there are population 'paradigm shifts' at the national and international levels that have taken place and these can be safely assumed to have influenced the crafting of the Congress bills. However, as Baumgartner and his colleagues (2009) pointed out, reframing is also a risky step to take because a new frame might disrupt the momentum that the past policy advocacies have gathered. From these inferences, two things emerge that warrant further analysis: what factor/s triggered the reframing, and what consequences the reframing had for the policy advocacy.

Third, it will be noted that their overall failure notwithstanding, the legislative initiatives had a few small 'successes' in that in most Congresses, the bills hurdled the committee-level deliberations. It seems productive therefore, from a policy analysis perspective, to compare committee-level dynamics with the dynamics in the larger body. Admittedly, the committee is a much smaller venue than the entire Congress but, as pointed out earlier (see discussion on the Legislative Process), the committees are acknowledged to be the "little legislatures" on whose hands depend "the fate of most proposals".

Fourth, the emergence of 'pro-life proposals' in the latter Congresses is noteworthy because it links well with Baumgartner et al.'s (2009) contention that in policy advocacy, status quo holders tend to "sit it out" and act only when a perceived real threat to their position comes up. Thus, it seems to be no coincidence that counter-proposals were filed at the same time that the pro-population policy legislation had gained its greatest advances. Several things seemed to be working in favor of the population/reproductive health proposals filed in the 14th Congress (discussed in the next chapter), and the counter-proposals may have been filed as pre-emptive measures to stall the further progress of the population/reproductive health bills.

The issues and questions raised above are addressed, to reiterate, largely from the purview of the population/reproductive health proposals filed in the 13th and 14th Congresses. Still, because these proposals are linked with the proposals that preceded them, it is inevitable that at certain points in the analysis of the policy-making dynamics for the latest bills, some reference to the previous bills will have to be made. However, the analysis is by no means a comprehensive historical explication of population policy-making dynamics in the Philippines.

4.4.1. The population and reproductive health bills in the 13th and 14th Congresses: A timeline

As seen in the list of bills found in Annex 5, there were 16 bills each on population, reproductive health, and related issues filed during the 13th and 14th Congresses. In the 13th Congress, five bills were filed in the Senate and 11 were filed in the House. In the 14th Congress, the breakdown was six and 10 bills, for the Senate and House, respectively. As mentioned, however, this study focuses on three proposals only, namely, House Bill 3773 (13th Congress), House Bill 5043 and Senate Bill 3122 (14th Congress), which are the consolidated versions of several earlier bills. Since they are consolidated versions, the analysis automatically factors in the 'input bills'. Moreover, although there is no consolidated bill for the Senate in the 13th Congress, the committee-level deliberations on the individual bills filed during this Congress are included in the analysis of the policy-making dynamics.

4.4.1.1. House Bill 3773[84]

House Bill 3773, otherwise known as the Responsible Parenthood and Population Management Act of 2005,[85] is the consolidated version of House Bills 16, 2029, 2042 and 2550. It was filed on 22 February 2005, with Representatives Josefina M. Joson, Edcel C. Lagman, Ferjenel G. Biron, and Eduardo V. Roquero as its main sponsors. However, the bill is more popularly associated with Congressman Lagman; in media reports and in almost all other venues where the bill was debated on, only Congressman Lagman was identified as the

[84] Data for this section and the next section were taken from the Web site of the House of Representatives, House Bills and Resolutions Online Query (http://www.congress.gov.ph/bis/ index.php?s=qry_h).

[85] See Annex 5 list for the long titles of the bills

author of the bill. There were initially 110 co-sponsors of the bill but four congressmen later withdrew from the co-sponsorship.

In its abstract, House Bill 3773 is described as a bill that "sets in place a national policy that assures adequate and continuing information on reproductive health and a full range of family planning methods (excluding abortion)" giving the impression that this bill is primarily a reproductive health bill. The bill's Declaration of Policy focuses, however, on the need for "an integrated and comprehensive national policy on responsible parenthood, effective population management and sustainable human development that values the dignity of every human person and affords full protection to people's rights" (Section 2). Thus, the bill's 'entry point' is actually the population issue from a broader perspective. And in fact, this premise becomes evident in the bill's statement that the policy it seeks to put in place "is anchored on the rationale that sustainable human development is better assured with a manageable population of healthy, educated and productive citizens" (Section 2). Hence, short of setting demographic targets, the bill affirms the population-development link that has guided population policies in the past. Reproductive health, in this context, is seen as a means for population management, which in turn is a crucial factor for achieving development. As stated in the first of the bill's 11 guiding principles: "Since manpower is the principal asset of every country, effective reproductive health care services must be given primacy to ensure the birth of healthy children and to promote responsible parenting" (Sec. 3a).

The congressmen who delivered their sponsorship speeches for House Bill 3773 highlighted the following: 1) the negative consequences of rapid population growth (sponsorship speech of Rep. Josefina Joson), 2) the link between reproductive health and national development (Rep. Edcel Lagman), 3) how the bill will help promote women's empowerment and welfare (Rep. Ana Theresia Hontiveros-Baraquel), and 4) how the bill upholds freedom of choice and women's rights (Rep. Janette Garin) (House, 2005a). In the sponsorship speeches, therefore, a two-pronged role was attributed to reproductive health: contributing to population management and promoting women's welfare.

Table 1 shows the timeline of the bill. All activities, except for the last one, took place during the first regular session of the 13th Congress. From the number of committee meetings held – two public hearings, one expert consultation meeting, and two executive meetings – committee-level deliberations on the input and consolidated bills seem to have been

extensive. The first regular session ran from 2004 July to 2005 June, which means that House Bill 3773 was filed just as the first regular session was closing. After its filing, House Bill 3773 was not immediately tabled for plenary deliberations – the second regular session started on the third week of July, but it was only in December that the bill was actually taken up on the floor. There were no further floor activities for the bill after the sponsorship speeches were delivered, although the 13th Congress itself was in session until June 2007.

Table 1. Timeline for House Bill 3773

Jul 04	House Bill 16 filed, read, and referred to Gov't. Reorganization Committee (First Reading)
Aug 04	House Bill 1808 filed, read and referred to Population and Family Relations Committee House Bills 2029 and 2042 filed, read and referred to Health Committee House Bill 2550 filed, read, and referred to Population and Family Relations Committee
Nov 04	House Bills 16, 2029, 2042 and 2550 referred to Committee on Women
Jan 05	Committee on Women holds first public hearing on four bills
Feb 05	Committee on Women holds second public hearing on four bills Committee on Women holds consultation with medical experts re conception, abortion, and related issues Committee on Women holds first executive meeting to discuss House Bill 3773 (consolidated bill) Committee on Women holds second exec meeting; endorses House Bill 3773 House Bill 3773 filed for Second Reading
Jun 05	House Bill 3773 calendared for floor deliberations
Dec 05	Four bill proponents – Joson, Lagman, Baraquel, and Garin – deliver their sponsorship speeches (Period of Sponsorship)

4.4.1.2. House Bill 5043

Called the Reproductive Health and Population Development Act of 2008, House Bill 5043 was filed on 3 September 2008 by Representatives Edcel C. Lagman, Janette L. Garin, Narciso D. Santiago III, Mark Llandro Mendoza, Ana Theresia Hontiveros-Baraquel, and Eleandro Jesus F. Madrona. Along with these six representatives, 48 congressmen signed up as co-sponsors of the bill at the time of its filing, although six withdrew their sponsorship later on. The bill is the consolidated version of House Bills 17, 812, 2753 and 3970.

Like House Bill 3773, the main author of House Bill 5043 is Congressman Lagman. Two other sponsors of the bill – Garin and Baraquel – were also co-sponsors of House Bill 3773. Thus, it is not surprising that the two bills are anchored on basically the same arguments about population and development dynamics, responsible parenthood, family planning, and reproductive health. The difference lies in how these arguments are prioritized in the two bills. Based on their titles and declarations of policy, it can be said that House Bill 3773 is a population bill first and a reproductive health bill second, while the reverse is true for House Bill 5043.

Among House Bill 5043's provisions, the ones highlighted in its abstract are those pertaining to access to the full range of family planning information and services. This jives with the bill's Declaration of Policy, which states that: "The State upholds and promotes responsible parenthood, informed choice, birth spacing and respect for life in conformity with internationally recognized human rights standards" (Sec. 2). But while the bill is consistent in its focus as reflected in its title, abstract and Declaration of Policy, it deals with reproductive health in a rather narrow sense. As noted in the bill itself, reproductive health is operationalized in the Philippines in terms of 12 components,[86] but the bill's provisions are largely centered on family planning, maternal health, and reproductive health education for the youth.

Seven congressmen delivered sponsorship speeches for the bill. In his speech, Lagman linked the bill to human rights, maternal and child health especially in relation to the achievement of the Millennium Development Goals, and sustainable human development. Congressman Arthur Pingoy, for his part, reiterated the important role of reproductive health care services in sustainable human development. Congresswoman Garin argued that the bill responds to a need – for family planning and reproductive health services and policies – articulated by the people themselves (House, 2008i). On the other hand, Congresswoman Hontiveros-Baraquel zeroed in on the "abortion crisis" in the Philippines and how the bill will help put an end to this crisis and "bring back the dignity of women and the Filipino family". Aside from the

[86] These are 1) maternal, infant and child health and nutrition, 2) promotion of breastfeeding, 3) family planning information and services, 4) prevention of abortion and management of post-abortion complications, 5) adolescent and youth health, 6) prevention and management of reproductive tract infections, HIV/AIDS and other sexually-transmittable infections, 7) elimination of violence against women, 8) education and counseling and sexuality and sexual and reproductive health, 9) treatment of breast and reproductive tract cancers and other gynecological conditions, 10) male involvement and participation in reproductive health, 11) prevention and treatment of infertility and sexual dysfunction, and 12) reproductive health education for the youth.

maternal health perspective, Representative Darlene Custodio also cast her support for the bill in relation to two other reproductive health program elements, namely, adolescent reproductive health and male involvement in family planning. Representative Liza Maza reiterated the importance of the bill in promoting maternal and child health, and in affirming people's fundamental rights. Finally, Congressman Roque Ablan, Jr. argued that the bill provides the people with "the capacity to plan their own families" (House, 2008h). Evidently, the reproductive health aspect of the bill was given more prominence than the population-development aspect in the sponsorship speeches. The reproductive health angle was given more emphasis by the women representatives as compared to their male counterparts, who, on the other hand, gave more attention to the population dynamics that the bill would be able to address.

The timeline for House Bill 5043 is presented in Table 2. It will be noted that the consolidated bill was ready before the end of the first regular session, but was not immediately filed upon the start of the second regular session in July 2008. Moreover, there were fewer committee-level activities for this bill than for House Bill 3773. More significantly, the bill was endorsed after a very brief (lasting only seven minutes, as recorded in House, 2008j) joint committee meeting, prompting opponents of the bill to claim that the deliberation process was "railroaded" (Celino, 2008; Corrales, 2008; House, 2008f; House, 2008g; M.F. Tatad, personal communication, 24 July 2009). Supporters of the bill defended the process, however, saying that no extensive discussions are needed because there are no issues about House Bill 5043 that have not been raised and clarified during the deliberations for House Bill 3773 (GMANews.TV, 2008b; House, 2008f; House, 2008g).

House Bill 5043 garnered a lot of floor activity, and for a time its proponents, especially Lagman, claimed that the bill will be enacted into law (Diaz, 2008; Fonbuena, 2009; Porcalla, 2009; Torrevillas, 2009b). In the end, however, House Bill 5043 suffered the same fate as its predecessor. Although the 14th Congress ended in June 2010, the last sessions to discuss pending bills were held in February 2010; House Bill 5043 was not among those bills.

Table 2. Timeline for House Bill 5043

Jul 07	House Bill 17 and 812 filed, read, and referred to Health Committee (First Reading)
Se 07	House Bill 2753 filed, read and referred to Health Committee
Apr 08	House Bill 3970 filed, read and referred to Health Committee Health Committee holds public hearing on the four bills
May 08	Health Committee holds joint committee meeting with Population and Family Relations Committee to discuss House Bill 5043 (consolidated version); bill endorsed in the second meeting lasting only seven minutes
Se 08	House Bill 5043 filed for Second Reading House Bill 5043 calendared for floor deliberations Seven proponents – Lagman, Pingoy, Garin, Baraquel, Custodio, Maza, and Ablan – deliver their sponsorship speeches (Period of Sponsorship) in two plenary sessions Interpellation by one House member – del Mar – in three plenary sessions (Period of Interpellation)
Nov 08	Interpellation by two House members – del Mar and Golez – in four plenary sessions
Jan 09	Interpellation by one House member – Golez – in one plenary session
Feb 09	Manifestation by two House members – Lagman and Golez – in one plenary session
Mar 09	Interpellation by one House member – Soon-Ruiz – in one plenary session

4.4.1.3. Senate Bill 3122

Senate Bill 3122, sponsored by Senator Rodolfo G. Biazon, is the substitute bill for Senate Bills 40, 43, 187, 622, and 1299. It was filed on 4 March 2009. The bill is the companion bill of House Bill 5043; hence its title, The Reproductive Health and Population and Development Act of 2009, is almost the same as that of House Bill 5043 (Reproductive Health and Population Development Act of 2008). But the bill differs from House Bill 5043 in one major way: its Declaration of Policy emphasizes a 'rights-based' view of reproductive health. House Bill 5043 also makes reference to human rights, but not with the same forcefulness as Senate Bill 3122 does. The rights-based perspective regards the provision of reproductive health care services as a means by which the State can affirm the human rights of all persons in general, and women's and children's rights in particular.

The bill's Declaration of Policy centers on the State's duty to promote human rights, gender equality and women's empowerment, and universal access to reproductive health care services. Thus, unlike House Bill 5043, the Senate bill does not link reproductive health with

development and population management in its Declaration of Policy, although its title incorporates these concepts. In his sponsorship speech, however, Biazon talked at length about the Philippines' population problem and about reproductive health as "a tool for development" (Senate, 2009c).

As regards the bill's timeline, Table 3 shows that the five input bills of Senate Bill 3122 were filed in the first two months of the Senate's first regular session. However, committee action on the bills only began towards the end of the first regular session and continued into the second regular session period. After two public hearings and two technical working group meetings, the Health and Demography Committee submitted its committee report and filed Senate Bill 3122, in March 2009. There were considerable floor deliberations on the bill soon after its filing, but as the second regular session ended, so did the 'life' of Senate Bill 3122.

Table 3. Timeline for Senate Bill 3122

Jun 07	Senate Bills 40, 43 and 187 filed, read, and referred primarily to the Health and Demography Committee
Jul 07	Senate Bills 622 and 1299 filed, read, and referred primarily to the Health and Demography Committee
May 08	First public hearing on Senate Bills conducted, with Health and Demography Committee as the lead committee
Aug 08	Second public hearing on Senate Bills conducted
Oct 08	Technical Working Group meeting on Senate Bills held, with Health and Demography Committee as the lead committee
Feb 09	Technical Working Group meeting held to discuss draft substitute bill (consolidated version)
Mar 09	Senate Bill 3122 filed for Second Reading
Apr 09	Senate Bill 3122 calendared for floor deliberations Sponsorship speech by Biazon, lead proponent (Period of Sponsorship) Manifestation by Santiago Interpellation by Madrigal and Pimentel (Period of Interpellation)
May 09	Interpellation by Pimentel

Two important points relevant to the analysis of population policy-making dynamics in the Philippines surface from this brief discussion of the features of the bills and their timelines. As with the issues raised earlier (in the brief history of the population and reproductive health legislative proposals), these two points serve as inputs to the analysis presented in the next chapters.

First, the three bills are linked with one another. House Bills 3773 and 5043 have the same main proponent, and House Bill 5043 and Senate Bill 3122 are companion bills. Moreover, the same group of stakeholders was involved in the crafting of the three bills, with the Philippine Legislators Committee on Population and Development in the lead role. As such, the bills provide an important key for ascertaining what adjustments in advocacy strategies the pro-population policy stakeholders adopted. A comparison of the text of the three bills is especially helpful in identifying the shifts in discursive strategies that these stakeholders undertook. Obviously, the more important question to answer is why these changes were undertaken and how they affected the policy advocacy in general.

Second, the timelines provide clues as to how the legislative process in the Philippines actually works. Closer examination of these timelines leads one to ask such questions as what factors account for the time lag between each step in the deliberations on the bills, who participate in the public hearings and how well are various points of view represented in the hearings, what the dynamics are during floor deliberations, and why the bills ended where they ended. The next chapters endeavor to answer these questions guided by this study's theoretical framework. This means that the analysis will not deal with these issues chronologically, as they are presented in the timeline, but thematically, in terms of the concepts outlined in the Theoretical Framework.

4.5. The international context of the population debate: A brief sketch

Much as the population debate in the Philippines has dynamics that are decidedly its own, it is also inextricably linked with the transnational advocacy on population, reproductive health, and related issues such as women's rights and abortion. Indeed, the twists and turns that the population debate has taken in the Philippines, including its principal actors (i.e. the institutions representing the pro-choice and pro-life advocacy) and the arguments that have been raised by stakeholders on the opposite sides of this debate overlap significantly with what has taken/is taking place internationally and in other countries confronted with the same "policy conundrum" (Kulczycki, 1999)[87] as the Philippines.

[87] Kulczycki used this phrase to describe the abortion debate

Given its long and complex history, it is not appropriate – and in fact futile – to attempt to condense the history of the population debate in a few paragraphs. Instead, readers are directed to works such as those of Connelly (2008) and Goldberg (2009), who have both tackled the debate from a global perspective in a comprehensive, detailed, and well-documented manner. The two works complement each other in that Connelly approached the debate primarily from the population control perspective while Goldberg tackled it mainly from the reproductive rights perspective. Also instructive is the work of Kulczycki (1999), whose analysis focused on a core component of the population and reproductive health debate – abortion. Needless to say, all these authors foregrounded how deeply political the debate has been, still is, and will be. But a greater understanding of the debate's political dynamics simultaneously leaves one with the uneasy feeling of how much societies all over the world – and non-Western countries in particular – could be reduced to being mere pawns in the high-stakes game of transnational actors in **both** the pro-choice and pro-life sides. Nevertheless, it would be wrong to adopt this stance because, as Connelly (2008) had said, "population control will never be explicable if it is reduced to a conspiracy" (p. 15) since it is evident that population and reproductive health, as advocacies and ideologies (both pro-choice and pro-life), prospered and spread because of the actions of a host of actors and institutions whose motivations sometimes differ from, and are more well-meaning than, those of other stakeholders.

Population control itself is an old idea – even ancient societies had some kind of population policy to control the size, movement and/or quality of their populations. However, the global population control movement – within which the current population/reproductive health debates in the Philippines are situated – is a fairly recent phenomenon that started in the late 19th century (Connelly, 2008).The United States plays a central role in this debate, being the first country to adopt a formal policy to manage and shape the world's population. This policy is embodied in the *National Security Study Memorandum (NSSM 200): Implications of Worldwide Population Growth for U.S. Security and Overseas Interests*, otherwise known as *The Kissinger Report*, prepared in 1974 by the US Security Council.[88] Working through international organizations and NGOs, the US initiated population and family planning programs in "the largest and fastest growing developing countries where there is special U.S. political and strategic interest" (US-NSC, 1974, p. 10), one of which is the Philippines. At the

[88] A copy of this document is available from <http://pdf.usaid.gov/pdf_docs/PCAAB500.pdf>

same time, the US recognized that to achieve its population agenda, it should also "develop a worldwide political and popular commitment to population stabilization" (Ibid., p. 11), for which the UN's 1974 World Population Plan of Action provided a strategic entry point.

But even in this early stage of the 'game' the US government already met stiff opposition from the Catholic Church, and through the years, the Church's relentless campaign has resulted in major changes in the US population policy (Mumford, 1992-93 and 1998). As Mumford (1998, p. 54) asserted, through the efforts of "strategically-placed Catholic laymen, and the U.S. bishops with direct papal support and intervention, [the Catholic Church] succeeded in destroying the American political will to deal with the population problem." Being "an old hand at politics" (Kulczycki, 1999, p. 22), the Church has likewise succeeded in stalling or thwarting attempts to implement population programs and policies in other countries,[89] and few would perhaps disagree with Mumford's claims that "[it] is institutional survival that governs the behavior of the Catholic hierarchy in all matters" and that its firm opposition to pro-choice population policies is essentially a fight to preserve papal authority and infallibility (1998, p. 53). But it would be wrong to attribute the Church's advocacy and lobbying successes solely to its unrelenting advocacy; as Kulczycki (1999) astutely pointed out, "the strength and influence of the Catholic Church is not just a function of the organization itself, its official doctrines or other internal affairs. Rather, as with other interest groups in general, **it is largely dependent upon its strength relative to existing state and societal institutions**" (p. 147, emphasis added). Thus, an analysis of the comparative strengths and weaknesses of the Church (vis-à-vis other stakeholders) as a participant in the population policy-making arena is crucial, and it is the author's hope that the present study is able to contribute towards clarifying this issue.

The Catholic Church is not the only institution that has opposed the population control agenda espoused by the US and international organizations. Feminist and women's organizations strongly opposed it as well because they see this agenda as another means of perpetuating unequal power relations embedded in patriarchy and imperialism. In basic terms, population control policies and technologies are, for feminists and women activists, founded on "power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered" (Ginsburg & Rapp, 1995, p. 3). Yet, these same activists were

[89] Again, the most comprehensive examples of the Church's lobbying against the pro-choice movement can be found in Goldberg (2009) and Connelly (2008).

responsible for the paradigm shift that ‘transformed’ issues of fertility control, artificial contraception, and abortion from population into reproductive rights concerns. As Golberg (2009, p. 6) explained:

> At certain points there was considerable hostility between those most concerned about women’s rights and those most worried about overpopulation, groups whose aims now appear deeply intertwined. In the 1970s, though, a group of feminist-minded women who had come up through the ranks of the population-control movement decided to take it over from within. They argued that you couldn’t treat women as mere means to a preferred demographic destiny; their rights and health had to be ends in themselves. If overpopulation was a problem, its root cause lay in women’s subordination, which too often gave them little choice over how many children to have and almost no social value outside of reproduction. Women needed power, not just pills, and population programs could be harnessed to improve their health and status. Employing canny bureaucratic warfare, skillful organizing, and a solidarity that transcended borders, these women worked within emerging systems of global governance that, even today, few outsiders understand. As a result of their efforts, at the 1994 International Conference on Population and Development [ICPD] in Cairo, their once marginal views about the universal importance of reproductive rights became the official policy of the United Nations.

Not surprisingly, this paradigm shift failed to appease the Catholic Church and other pro-life advocates. But apart from the usual pro-life arguments that have been raised against it, the ICPD framework has earned other criticisms as well. Some of these criticisms are directed towards the premise of the framework itself, while others are directed towards the way the framework has been operationalized. In both instances, what emerges is the contention that the ICPD’s reproductive health/rights framework – which is supposed to espouse women’s empowerment and gender equality – can unwittingly serve neoliberal interests, the very ideology that feminists and women activists would like to subvert.

For instance, Grimes (1998) pointed out that by and large, population policies are significantly shaped by the interests of the so-called ‘developed’ countries, and the ICPD framework is no exception. Although said framework moves away from demographic targets and focuses on women’s rights, Grimes (1998, p. 389) noted that:

> Within the feminist movement there are clear divisions between those who regarded the 1994 Cairo Conference as a step forward in the promotion of a more liberal approach towards the provision of 'reproductive rights', and those who regard the politically correct language of reproductive choice, women's empowerment and environmental concern as a clever repackaging of the population establishment's old agenda of fertility control.

More specifically, Simon-Kumar's (2007) analysis of India's reproductive health policy illustrates how the reproductive health framework can be 'co-opted' by neoliberalism. She asserted that putting women at the center of the population policy has consequently placed them "in instrumental roles serving the needs of the nation" (p. 378). Further, it has led to a situation where "women's goals" are merged with "social goals" (p. 379). Additionally, the complex dynamics underlying women's health problems are "glossed over by reducing the solutions to better provision of health services" (Ibid.). Similar sentiments were raised by Basu (2000), whose criticisms of health policies in general can be applied to reproductive health: "The research and policy emphasis in the gender-focused approach to health is directed almost exclusively at helping families (and especially mothers) *rise above* their material circumstances rather than challenging these circumstances by demanding radical political and economic change" (p. 26; italics in the original). For their part, Nair et al. (2006) asserted that in the course of implementing the ICPD Programme of Action, ICPD advocates "did not challenge neo-liberalism sufficiently, but endorsed it in several respects [thereby undermining] its ground-breaking principles and goals of reproductive health" (p. 172).

The ICPD framework has also been criticized for its homogenizing tendency as a guiding framework for population research (which serves as the 'backbone' of population policy proposals). One contention is that researchers and analysts subscribing to this framework form an "epistemic community [that] must be understood as a product of the getting along made possible by a network" (Halfon, 2006, p. 789). Halfon (2006) called this network a "social-technical network" that

> holds together individuals and organizations in the face of the vast interpretive flexibility of such terms as women's empowerment, unmet need, family planning, and reproductive rights. Policy-actors do not similarly understand these terms, or the actions that they require, yet they share a vision of each term as good, moral,

> and necessary, and understand themselves as doing legitimate and accountable work towards that goal. (p. 801)

These criticisms notwithstanding, the ICPD agenda remains as the overarching framework of the transnational pro-choice advocacy. On the other side, the Catholic Church's position articulated in the *Humanae Vitae* is still the core framework of the pro-life advocacy. And, despite the paradigm shift from population control to reproductive health, the population agenda – particularly its neo-Malthusian, neo-imperialist underpinnings – has not disappeared from the debates. More important, it appears that "the ghost of Thomas Robert Malthus once again hovers over the planet" (Goldberg, 2009, p. 230). A wide range of social concerns – food security, climate change, national security, immigration policies, sustainable energy technologies, etc. – are being deliberated on vis-à-vis population growth. This return to the population question, according to Goldberg (2009), "might seem like a defeat [for global women's rights activists]. But it can also be an opportunity, if it's used to force the world to pay attention to reproductive justice" (p. 231). More crucial, however, for countries like the Philippines, is how these debate developments can help people move closer to the still elusive goal of a decent quality of life. In this regard, a lot depends on how the population debate stakeholders steer themselves through the policy-making 'game' – whether as spokespersons of the transnational actors, or as advocates of people and public welfare.

Chapter 5. Policy advocacy for population and reproductive health: Arguments as linguistic practices

The population and reproductive health legislative proposals are among the most controversial bills that have been filed in the Philippine Congress. They are also one of the most 'enduring' bills: as pointed out in the preceding chapter, since the 1980s every Philippine Congress had, not one but several, legislative proposals on population and/or reproductive health. In fact, the first such proposals were filed in 1988, just a year after the Aquino government decided to do away with the national population policy of the Marcos administration. The latter's population policy had Constitutional and legal bases (the 1973 Constitution and Republic Act 6365, as amended by Presidential Decree 79) and therefore under 'normal' circumstances would have been difficult to undo even with a change in administration. But since Aquino's ascendancy to the presidency was propelled by the People Power Revolution, it was easy to effect sweeping changes in the government. Not surprisingly, the Catholic Church took advantage of its influential role in the Aquino administration to put an end to a policy that runs counter to its doctrines.

It should be noted, however, that while the 1973 Constitution was superseded by the 1987 Constitution (thereby removing the State mandate for population size regulation), Republic Act 6365/Presidential Decree 79 has not been repealed but merely amended.[90] Therefore, the law is still in effect. However, it hardly features in the discussions about the current legislative proposals. Moreover, even though all legislative proposals have a repealing clause, this clause does not explicitly mention Republic Act 6365/Presidential Decree 79.[91] This 'glossing over' the existing law is fairly recent, because population bills filed in the 9th to the 11th Congresses explicitly mentioned Republic Act 6365/Presidential Decree 79 in the text and/or the repealing clause (Z. Opiniano, personal communication, 11 March 2010).

[90] As discussed in the previous chapter, Republic Act 6365 was amended five times – the first three by Marcos and the last two by Aquino and Arroyo. Only the first amendment made significant changes in the population policy thrust; the rest were concerned with the organizational setup of the Commission on Population. But as also noted, the substantive changes that Marcos initiated through Presidential Decree 79 did not affect the law's basic emphasis on fertility reduction. This is evident in the decree's Declaration of Policy (see Footnote #54, p. 59 of this dissertation for the full text of Presidential Decree 79's Declaration of Policy).

[91] Of course, even though Republic Act 6365/Presidential Decree 79 is not explicitly mentioned, it will be automatically repealed once a population/reproductive health bill is enacted into law.

The main reason appears to be the change in the thrust of the legislative proposals – from a) strengthening the Commission on Population, for the bills filed in the 8th to 10th Congresses to b) instituting a population and development policy, for the 11th and 12th Congresses, and c) enacting legislation on reproductive health, for the 12th to 14th Congresses (Z. Opiniano, personal communication, 11 March 2010). Thus, proponents and supporters of the bills began to distance themselves from Republic Act 6365/Presidential Decree 79 when they decided to put more emphasis on reproductive health than on population. This is understandable because Republic Act 6365/Prsidential Decree 79 is part of Marcos's population control program, which the feminists and women activists – the same stakeholders pushing for the reproductive health bill – are vehemently against.

But while disengaging from the existing law seems justified from an ideological standpoint, it might also have set back the pro-choice policy advocacy. This is because Republic Act 6365/Presidential Decree 79 has many of the things that the highly debated bills are seeking to put in place: a national population policy, a clear mandate for the implementation of a family planning program, and explicit statements that "all acceptable methods of contraception" should be made available "to all persons desirous of spacing, limiting, or preventing pregnancies" (Sec. 4.f and 4.i). The latter provision is particularly important because it could have attenuated the extensive discussion and heated debate about contraceptive methods in the deliberations on the population and reproductive health bills. But as the debate documents would bear out, this is in fact the most contentious provision of the legislative proposals – because this is where the Catholic Church's position is non-negotiable.

It can be argued, however, that the said provision is probably actually one of the reasons why supporters of the legislative proposals do not invoke Republic Act 6365/Presidential Decree 79 in their arguments. That is, the provision that all **acceptable** methods of contraception should be provided is ambiguous enough to make it possible for the national government and the local government units to limit the range of methods to be provided to those that are acceptable **to them**. This argument particularly makes sense when one considers the Arroyo administration's stance towards population, family planning, and reproductive health, especially Arroyo's two policy directives stating that the national government 1) will actively promote natural family planning methods, and 2) will not allocate public funds for the purchase of contraceptive supplies (Demeterio-Melgar et al., 2007; Saley, 2009). Similarly, as

earlier discussions have shown, previous presidents also had a problematic stand on family planning and the promotion of contraceptives. In this sense, then, the current legislative proposals 'improve on' the existing law because they explicitly state that natural and artificial (modern) methods of contraception should be equally promoted and provided by the government. As one stakeholder explained, the legislative proposals "would ensure that family planning methods, both natural and modern, will be provided. No way that the President can ignore this provision the moment it becomes a law. They may delay, they may find reasons not to immediately implement [a] comprehensive family planning program, but they would be answerable if they refuse the mandate of [the] law" (San Pascual, personal communication, 8 March 2010).

But there is a more important reason why glossing over the existing population law could have worked against the pro-choice stakeholders' legislative agenda: it has given the status quo position to the opponents of the bill. In fact, those against the bills could have argued that a new population/reproductive health measure is unnecessary because there is already a law to this effect that exists. However, as will be seen in the next section, while opponents of the legislative proposals have indeed argued that the proposed measure is 'redundant', they do not cite Republic Act 6365/Presidential Decree 79 as one of the reasons for this redundancy. Why they do not do so is quite easy to explain: acknowledging that the law exists would put their policy advocacy at risk. Or, to use Baumgartner et al.'s (2009) terminology, once the bill opponents refer to Republic Act 6365/Presidential Decree 79, they lose the status quo position – which, *ceteris paribus*, is the stronger position (vs. change) in policy advocacy – and their advocacy strategies would have to change accordingly.

From a broader perspective, one might say that Republic Act 6365/Presidential Decree 79 lost force when the national population policy of the 1973 Constitution was not carried over to the 1987 Constitution, and that Republic Act 6365/Presidential Decree 79 suffered 'collateral damage' from the changes in population policy that Aquino put in place. It is as if Aquino's radical departure from Marcos's national population policy had also rendered Republic Act 6365/Presidential Decree 79 null and void, such that post-Marcos administrations have acted as if there was no piece of legislation that the government can refer to when it decides on its population policy thrust. Consequently, policy stakeholders have also, wittingly or unwittingly, approached their advocacy from that standpoint. As such, population policy formulation has become the object of intense advocacy and lobbying, from both sides of the

population debate, with every change in government administration. The lobbying actually starts during election time: in various venues, candidates are asked about their stand on population and reproductive health; those eyeing high-profile positions are even 'invited' to a dialogue by the officials of the Catholic Church to discuss their position on critical issues like population and reproductive health.

Because the power dynamics are shifting, the population policy pronouncements differ from one administration to another, and sometimes even change within an administration, as discussed in the previous chapters. Moreover, because the local government units have the final say on how health programs would be implemented within their respective areas of jurisdiction, people's access to family planning and reproductive health services has been very uneven. The legislative proposals are, therefore, an attempt to 'stabilize' the population policy across administrations and local government units, obviously in favor of one that, among others, subscribes to population/family size limitation and promotion of artificial contraceptives. Inevitably, these proposals will be opposed, most especially by the Catholic Church and its supporters.

To reiterate, the Catholic Church has managed to prevail in the long-standing debate on population and reproductive health. Why and how the Church manages to do so is the question this study endeavors to answer through an examination of the policy-making dynamics surrounding these issues. As a first step towards understanding these dynamics, the different stakeholders' stand regarding these proposals are examined in the next section, with a view towards evaluating the first hypothesis of this study.

5.1. The stakeholders and their arguments: overview

The legislative proposals – and the debates concerning population, family planning, and reproductive health in general – have attracted a lot of participants. Some got involved only fleetingly, while others are into the debates more intensively. As previously mentioned, because policy issues are complex and multi-dimensional, stakeholders will have different reasons for supporting or opposing a policy measure. However, as Baumgartner and his colleagues (2009) have noted, policy debate positions and arguments often are reduced into a

dichotomy: for and against the measure. Thus, in terms of their **basic stance** regarding the population and reproductive health legislative proposals, the policy stakeholders are lumped together into those supporting or opposing a policy measure, regardless of the reasons for their stand. Following popular usage, these groups are labeled in this study as the pro-choice (in favor) and pro-life (against) groups. This classification shows just how central the question of promoting artificial contraceptives is in the debates.

5.1.1. The stakeholders

To get a good grasp of the 'reach' of the debate, the initial stage of the study's analysis – identifying the stakeholders and their arguments for supporting or opposing the legislative proposals – endeavored to have as comprehensive a list as possible of the stakeholders in the population and reproductive health legislative proposals filed in the 13th and 14th Congresses. As such, 'stakeholders' is defined, for this analytical task, to include the: 1) legislators who actively participated – i.e. spoken for or against the bills – in the Congress deliberations on the legislative proposals, 2) groups and organizations that actively participated in the Congress public hearings and/or technical working group meetings, and 3) groups and organizations that did not (actively or completely) participate in the Congress deliberations but issued position papers on the legislative proposals, with an explicit call for legislators to pass or junk the bills.

Those in the first and second classification were identified based on Congress documents (proceedings of committee meetings and the Congress journals); as such, the list of stakeholders falling under these two groups is quite comprehensive. Legislators who participated in the committee-level deliberations but whose position on the legislative proposals was unclear were not included in the list of stakeholders. Also excluded are legislators who signed up as co-sponsors of the bills but did not participate in the deliberations. Similarly, groups and organizations that attended the committee meetings but did not participate in the discussions were not included in the stakeholders' list.

The list of stakeholders in the third classification is based on position papers retrieved in the course of doing the field interviews and through Internet search. Thus, it is possible that not all stakeholders in this classification were accounted for. It must be noted, however, that most

of those who submitted position papers were also the ones who actively participated in the deliberations of the Congress committees.

Omitted from the list of stakeholders in the third classification are media practitioners who have openly advocated for or against the legislative proposals, because it was not always easy to distinguish between those who were 'real' policy stakeholders and those who were just commenting on the substance of and/or participants in the debates on the legislative proposals. It is also possible that there are stakeholders without position papers but are actively speaking for/against them in broadcast media venues; they, too, are not included in this study's list of stakeholders.

For the two chambers of Congress and for all the legislative proposals that were filed in the 13th and 14th Congresses, a total of 79 stakeholders were identified, distributed as follows: 57 in favor of the bills, three with mixed favorable and neutral positions (depending on the Congress or proposal in question), two with neutral stand, and 17 against. Going by the numbers, thus, those in favor of the bills outnumber those against it by a very large margin. Not surprisingly, the supporters of the legislative proposals (pro-choice) are a more diverse group than those against the bills (pro-life), in terms of the nature of the groups/organizations that fall under their respective classifications.

5.1.2. The arguments

This study adopts Baumgartner et al.'s definition of arguments as "statements that either justify a given policy goal or discuss its implications" (2009, p. 130). The goal, in this study's context, is to have the legislative proposals enacted into law (for the pro-choice stakeholders) or dismissed (for the pro-life stakeholders). Given the volume of statements that have come out in connection with the population/reproductive health legislative proposals, the definition provided by Baumgartner and his colleagues proved extremely helpful in selecting which 'utterances' actually qualify as arguments.

The arguments that the 79 stakeholders cited in support of their stand (for or against the legislative proposals) were prelisted by individual stakeholder (person or organization) and by Congress (13th or 14th) and by chamber (Senate or House of Representatives) and placed in a

matrix[92] so as to facilitate comparisons (between pro-choice and pro-life stakeholders or *position* on the legislative proposals, between the 13th and 14th Congresses or *time*, and between the Senate and the House of Representatives, or the *chamber*). Expectedly, the most interesting comparisons are those for position. Comparison by time yielded some interesting findings and insights as well, but chamber is not an important factor in that the stakeholders, expectedly, present the same set of arguments regardless of whether they are appearing in the Senate or the House or Representatives. The results of the comparisons are discussed in detail in the paragraphs that follow.

It should be noted that the proceedings of the Congress committee meetings, as well as the journals of the House of Representatives, are recorded verbatim, and for the most part, the participants used English to elaborate on their arguments. Likewise, all stakeholders that submitted position papers wrote their statements in English. The journals of the Senate, although not verbatim recordings, are nevertheless very detailed and keep the language used by the senators (who are partial to using English when speaking on the floor). Thus, the risk that the stakeholders' sentiments have been altered in the journals is very minimal.

Closer examination of the arguments put forth by the two groups reveals that, in terms of **focus**, the reasons center on nine themes (Table 4). Comparing the ranking of the themes in the two groups of stakeholders (using the z-test for two proportions), it will be noted that there are four themes that the pro-choice and pro-life groups use with equal frequency, although expectedly in different directions. These themes are:

a) Human rights – this theme is invoked in connection with the provision on providing the people with the full range of reproductive health information and services, particularly those pertaining to family planning. Specifically:
   - Pro-choice stakeholders argue that reproductive health a) is a basic human right because it is part and parcel of the right to health, b) affirms couple's rights to informed choice/freedom of choice, and c) upholds women's rights and dignity because it gives them full control over their bodies and destinies, while
   - Pro-life stakeholders contend that a legislation on reproductive health violates a) people's/ women's right to health because it is promoting contraceptives, which

[92] Because of the volume of data gathered, the matrix is not included in this document

have been found to cause "reproductive harm" (CBCP, 2008d, p. 2), b) the rights of couples, because the State is dictating on couples "how to practice marital love" (Philippine Democratic Caucus statement in Senate, 2008b, p. III-1.2), c) the rights of parents and families, because children's sexuality education is their prerogative and not the State's, and d) the right to religious belief because it espouses views and practices that are contrary to the Catholic doctrine.

b) Health (of the mother, infants, children, adolescents and/or people in general) – this theme is sometimes discussed alongside the 'human rights' theme, but also discussed by itself, basically in terms of how family planning and/or reproductive health benefit(s) or harm(s) the physiological well-being of the mother and her infant, the emotional and psychological well-being of adolescents, and/or the general health of women, men and children. Of these different dimensions of health, maternal and child health is the focus of most of the arguments. Further, in the course of explaining the benefits/harms that the proposed measure might bring to mothers and children, the issue of abortion often comes up.

- Pro-choice stakeholders principally speak in terms of how access to reproductive health and/or family planning methods frees a woman from the risks of too many pregnancies, too close spacing of pregnancies, and unwanted pregnancies. Consequently, they argue, reproductive health/family planning will address the "abortion crisis" (Hontiveros-Baraquel, A.T. in House, 2008h, p. 8) in the country. Because the bills include provisions for sexuality education for the youth, some supporters of these bills also point out that the bill will give young people proper information and education about sex, sexuality and reproductive health thereby enhancing their overall well-being. Still, others claim that reproductive health is an all-inclusive program that promotes the health of all people.
- Pro-life stakeholders argue that money for contraceptives should instead be spent on primary healthcare services, because it has been shown that maternal and child deaths are caused by lack of access to basic health services. Additionally, they point out that promoting contraceptives lead to a "contraceptive mentality" (Pimentel, A. in Senate, 2009a, p. 2093), which eventually makes abortion an acceptable alternative to deal with unwanted pregnancies. They also claim that sexuality education will only encourage the youth to engage "in the risky and reckless behavior that safe sex engenders" (Varsitarian, 2008, p. 2).

c) Poverty – pro-choice stakeholders explain that the proposed measures are pro-poor because they will provide grassroots access to health information and services, as well as empower the poor to plan their families which, in the long run, will lead to improved family welfare. They also point out that no anti-poverty measures would be complete if the issues of population growth and family size are not addressed. For their part, pro-life stakeholders claim that the proposed measures cannot solve poverty because, as mentioned earlier, past declines in population were not accompanied by corresponding declines in poverty incidence. They also argue that the proposed measures are premised on "eradicating poverty by eliminating the poor" (Human Life International statement in Senate, 2008c).

d) Responding to public sentiments – Pro-choice stakeholders claim that enacting legislation on population/reproductive health is a must if legislators are to heed their constituents' sentiments (there is a clamor for family planning/reproductive health services, there is high public approval for the proposed measures). Pro-life stakeholders counter this argument in two ways: a) directly, by saying that popular opinion does not decide the rightness of a proposed law, and b) indirectly, by calling attention to the fact that the Philippines is primarily Catholic and therefore cannot have a law that runs against Catholic belief.

There is only one theme that pro-choice stakeholders use more often than their pro-life counterparts. This revolves around the implications of the proposed legislation on the duties and functions of the government in general (in relation to its international commitments) and government institutions in particular (e.g. strengthening mandates and programs of government agencies and local government units). It will be noted that several government agencies are among the pro-choice stakeholders, but there are none in the pro-life group. As such, it is not surprising that the link between the legislative proposals and the current government operations is cited more frequently by the supporters of the bills. However, legislators who are opposed to the bills have also touched somewhat on this aspect, and contend that there is nothing in the proposed legislation that is not already being done by government and non-government organizations.

In contrast, there are four themes that are more often invoked by the pro-life than the pro-choice stakeholders. These are:

a) Population and development dynamics – this is the main theme upon which pro-choice stakeholders have built their arguments against the population/reproductive health proposals. Specifically, they claim that a) many studies have debunked the population-development link, b) past population control programs have failed to reduce poverty, and c) the pro-choice view's premise is that "in order to eliminate poverty, we must reduce our human resource" (CBCP, 2005). In the few instances that they have used this theme, the pro-choice stakeholders assert that development is hampered by a large population size because a) scarce resources are difficult to allocate and b) there is little left for savings and investments.

Table 4. Themes of pro-choice and pro-life stakeholders' arguments

Pro-choice	*Pro-life*
Population and development (25%)***	Population and development (94%)
Human rights (73%)	Human rights (88%)
Duties and functions of the government (60%)**	Duties and functions of the government (12%)
Responsible parenthood and the family (23%)*	Responsible parenthood and the family (59%)
Health (42%)	Health (53%)
Constitutional basis (12%)**	Constitutional basis (47%)
Morality and values (8%)***	Morality and values (47%)
Poverty (22%)	Poverty (24%)
Responding to public sentiments (15%)	Responding to public sentiments (6%)
Other reasons (8%)	Other reasons (24%)
n = 60	n = 17

* Difference between pro-choice and pro-life stakeholders is statistically significant at $p < .05$
** Difference between pro-choice and pro-life stakeholders is statistically significant at $p < .01$
*** Difference between pro-choice and pro-life stakeholders is statistically significant at $p < .001$

b) Constitutionality of the legislative proposals – the pro-life group maintains that the proposed law undermines the constitutional provisions on the State's duty to promote people's health, and the freedom of choice enshrined in the Bill of Rights. Additionally, the pro-lifers refer to the Constitutional provision on the State's duty to protect the life of the unborn from conception as the main rationale for their claim

that the proposed measure is unconstitutional. This latter point is usually presented alongside the argument that reproductive health, as it is officially defined in international documents, includes abortion. However, the pro-choice stakeholders claim that the proposed legislation on reproductive health upholds the very same provisions that pro-life stakeholders claim it undermines. They also argue that the legislative proposals do not violate the constitutional provision against abortion because they explicitly state that abortion is not accepted as a contraceptive method.

c) Morality and values – it is not surprising that this theme often comes up in the array of arguments of the pro-life group, since the Catholic Church is the focal figure of this group. Examples of the use of this theme are the claims that the proposed measure promotes a contraceptive mentality, 'trivializes sex and marriage' (Zialcita, E. in House, 2008k, p. VII-2), and aims to "legislate a hedonistic, sex-oriented lifestyle" (World Alliance of the Youth-Asia Pacific statement in Senate, 2008b, p. III-1.4). Pro-choice groups rarely use this theme and when they do, it is mainly to refute the claims of their opponents.

d) Responsible parenthood and the family – when pro-life stakeholders use this theme, it is mainly in connection with the constitutional/human rights of couples and families: as pointed out earlier, pro-life stakeholders declare that a law on population/reproductive health is an invasion of the privacy of couples and families. On the other hand, the pro-choice group points out that by offering couples the full range of reproductive health and family planning information and services, the proposed law respects the autonomy of the couples and the family, while at the same time helping them 'to actualize their decisions regarding family size and fertility' (Pilipina statement in Senate, 2008b, p. IV-1.5).

All in all, the themes that emerged from the stakeholders' specific arguments show that in most instances, the focus of the debates is on substantive issues, defined in this study as arguments that deal with such issues as rights and freedoms, population and development, women's empowerment and welfare, and consequences for the family and society. Arguments that are political in nature – i.e., dealing with the connection between the legislative proposals and other aspects of Philippine government and politics – were invoked in several instances, specifically in relation to the provisions of the Philippine Constitution, the country's

obligations as a signatory to several international conventions on reproductive health and women's rights, and the implementation of the Local Government Code. Practical matters such as the budgetary and administrative implications of the proposed legislations were brought up, but not extensively used as arguments for or against the legislative proposals. Finally, there were hardly any peripheral arguments (those that link the legislative proposals with the credentials or other traits of their proponents) used as a 'defense' for supporting or opposing the bills.

It is worth mentioning that the arguments invoked by both pro-choice and pro-life stakeholders resonate with the arguments that underlie the debates on population and reproductive health, as well as the related issues of family planning and abortion, elsewhere in the world. These issues are the object of intense international and transnational advocacy, and the Philippines is actively into both sides of the global debate because it is simultaneously a country that has strongly embraced gender advocacy (it ranks #6 in the World Economic Forum's Gender Gap Index[93]) and a country that is predominantly Catholic.

5.2. Arguments as advocacy strategy

Guided by Bourdieu's theory, this study's analysis of arguments as advocacy strategy situates arguments as *linguistic practices,* and takes into consideration two important points from Bourdieu's explication of linguistic practices:

First, linguistic exchanges are grounded in, and manifest, power relations between interactants. Power relations determine who can speak, when, and how; concomitantly, they determine who will be heard and believed. Institutions, which are "not necessarily a particular organization, but is any relatively durable set of social relations," define these power relations; therefore, words or "utterances" do not have power as such but carry "an authority bestowed upon language by factors external to it" (Thompson in Bourdieu, 1991, p. 8 and 9).

[93] See http://www.weforum.org/en/initiatives/gcp/Gender%20Gap/index.htm

Second, in the same way that linguistic utterances do not have intrinsic power, they also do not carry intrinsic value. Their value depends on the "linguistic market" within which they are produced. Thus, to be effective, speakers must both "know how, and [be] able, to produce expressions which are highly valued on the markets concerned" (Thompson in Bourdieu, 1991, p. 18). This requires, in Bourdieu's terms, the possession of "linguistic capital" that is in turn dependent on the possession of other forms of capital. Moreover, it requires the ability to discern how one's 'audience' will receive and react to one's utterances. This discernment is guided by one's habitus and is therefore "only rarely the outcome of a conscious deliberation or calculation" (Thompson in Bourdieu, 1991, p. 16)

These two points underscore the need to analyze linguistic exchanges vis-à-vis the context within which they are produced. In the present study, this means examining the linguistic exchanges and "performative utterances" (Bourdieu, 1991) in relation to the overall workings of the Philippine legislature, pertinent features of Philippine politics and society, and the global debate on population and reproductive health. These two contexts are discussed in Chapter 4.

Bourdieu also talked about the nature of political discourses, but primarily in the context of electoral politics; that is, of how politicians (whom Bourdieu called the "professionals") engage in rhetoric to gain public support and claim the right to represent a particular group of people (the "non-professionals"). Obviously, this is not the political context of the present study. Further, in this study's specific context – the legislative arena – the political professionals are not only the politicians (legislators), but also the non-politician stakeholders who act as representatives of the sectors they represent, and who actively participate in the deliberations on the legislative proposals. Moreover, the legislators play a dual role, as they are simultaneously the producers and receivers of the rhetoric, although there are more legislators in the latter category than the former. Additionally, regardless of where the rhetoric comes from (the legislators or the non-legislators), the intended receivers are always the legislators. Therefore, whereas electoral politics features professionals trying to convince the people, the policy-making arena (legislature) has the 'people' (as represented by particular politicians and external stakeholders) trying to persuade professionals to vote for or against a legislative proposal.

Since the main context of Bourdieu's treatise on political discourses is different from this study's focus, the analysis of linguistic practices incorporates propositions from Baumgartner and his colleagues (2009) about lobbying and policy advocacy. Specifically, their conceptualization of 'arguments' can be linked with Bourdieu's 'linguistic practices'. According to Baumgartner et al., arguments are part of the strategic choices that policy stakeholders make to advance their agenda. Connecting this point with the notion of 'linguistic practices', arguments can then be treated as the specific linguistic practices that stakeholders in the population/reproductive health debates employ to push their advocacy. In operational terms, thus, this study's analysis of the use of arguments as advocacy strategy in the population/reproductive health legislative arena looks at how the 1) choice of specific arguments and 2) shifts in argumentation constitute attempts, among stakeholders, to a) assert their power to speak in the legislative arena and b) increase the value of their linguistic products, thereby increasing the value of their advocacy and ultimately, their chances of prevailing over their opponents. The two goals are intertwined, since having more power can help increase the value of one's linguistic products and vice versa, but there are also arguments (utterances) that are only meant to achieve one goal and not the other.

It should be noted that this study's analysis of linguistic practices does not break down in detail the stakeholders' arguments and counter-arguments to show specific instances of 'power plays' among the actors because such detailed analysis will only incrementally contribute to the evaluation of this study's hypotheses. Also, the analysis does not intensively examine the link between linguistic capital and other forms of capital; this link is explored further in the next chapter.

The next three sections explicate how the pro-choice and pro-life stakeholders have used arguments as policy advocacy strategy. The discussion is organized thematically, within which the pro-choice and the pro-life stakeholders are compared. The first two sections deal with how the two groups used rhetoric to claim the power to speak in the legislative arena and to increase the value of their advocacy. The third section describes the reframing attempts of the two groups.

5.2.1. The power to speak: asserting the mandate of representation

The political field, according to Bourdieu, is founded on a system of representation, wherein "professionals" try to secure the mandate to represent, or speak for, a group of people. Expounding again mainly from the perspective of electoral politics, Bourdieu pointed out that the political professionals (politicians) carry out their "competition for power" through the production of discourses designed to gain "the monopoly of the right to speak and act in the name of some or all of the non-professionals". More importantly, Bourdieu emphasized that when a politician does win the mandate to represent a group, to be its "spokesperson", s/he "appropriates not only the words of the group…but also the very power of that group" (Bourdieu, 1991, p. 190).

But claiming the spokesperson role and appropriating the power of a group are not only crucial for securing an electoral seat. They are also critical 'weapons' that politicians, as well as the non-legislator political professionals, deploy in the policy-making arena. Whether for or against a policy proposal, these political professionals directly or indirectly invoke the right of representation to justify their stand, i.e., that they are speaking in behalf of the people and that what they are working for in their policy advocacy is what the people need and/or want. After all, the declared intent of any policy or legislation is the promotion of people's welfare.

In the case of the Philippines' population/reproductive health bills, the documents reviewed show interesting similarities and differences in the way they have staked their claim to representation.

One can say that the pro-choice stakeholders, being the ones seeking change, are almost compelled to show concrete proof that the policy they are proposing is a response to needs or desires **actually articulated** by their constituents (whether the political constituents of the legislators or the sectoral constituents of the non-legislators). The main way that the pro-choice stakeholders have done this is to arm themselves with a whole array of data – from statistics on maternal and infant mortality rates, abortion rates, unmet family planning needs among couples, and other individual- and family-level data, to figures on poverty, migration, social services, and population growth rates – highlighting gaps that need to be addressed and which the legislative proposal can help address. These statistics are occasionally supplemented by personal anecdotes to 'put a face' on the numbers. And, regardless of the

statistics they emphasize (since different stakeholders represent different constituents), the pro-choice stakeholders almost invariably include another set of statistics – the survey results that show that there is "a consistent and overwhelming clamor for family planning services and for population and reproductive health policies and programs" (Garin, J. in House, 2008i, p. 580) and high public approval for political candidates who support the programs included in the legislative proposals. Some stakeholders have also given a rundown of the organizations and groups that have endorsed the legislative proposal. In some instances, the pro-choice legislators have also alluded to their role as public servants who have gained the people's mandate and therefore must heed the demands of their constituents:

> [As] legislators selected by our people to serve and protect their interests, it is their expressed needs that should guide us in institutionalizing policy and enacting laws…. The people have spoken and we now know what they need and what they want. It is now our turn to craft and enact policies and laws responsive to such. We are just mere public servants. We do not dictate on our people, instead, it is our obligation to listen to the people. (Garin, J. in House, 2008i, p. 580)

> The people have clearly spoken. The time for talk is over. The time to act is now. (Biazon, R. in Senate, 2009c, p. 1883)

Along the same lines, non-legislator stakeholders invoke their role as 'voices' of the sectors they represent in justifying their, and calling for others', support for the bill:

> Like many of our people, we are one with our legislators who stand with ordinary Filipinos; with women on the issue of RH…. We ask our legislators not to give up on our needs – not to give up on our rights. We ask our legislators to continue being our champions until that day when all Filipinos, especially the poor, shall have the opportunities to pursue a life of quality. (RHAN, 2008)

The pro-life stakeholders, for their part, sought to undermine the pro-choice stakeholders' claim to representation by presenting statistics and research findings contrary to what pro-choice stakeholders are citing. This stance is more about taking the spokesperson role away from the pro-choice group and less about asserting their (the pro-life stakeholders) right to

speak for the people. Specifically, the pro-life group – being mainly the Catholic Church and Catholic organizations – bank on the Church's religious and moral authority, and the fact that the Philippines is predominantly Catholic:

> As your Pastors we speak to you in the name of the Lord: Choose life and preserve it. Stand up for the Gospel of Life! (CBCP, 2008a)

> Why, in heaven's name… are the principal authors and sponsors [insisting] on legislating the promotion of artificial methods of birth control against the vehement objections of the majority of our people? For us Catholics, who comprise no less than 80 percent of our population, artificial method of contraception is a direct assault and violation of our religious beliefs and in contravention with the provision of the Constitution…. How do we expect the Catholics, faithful to the teachings of their Church, to follow a program that goes against their religious beliefs? (del Mar, R. in House, 2008g, pp. 30-31)

Thus, the claim to representation could be described as follows: First, the pro-choice stakeholders bring up hard data, which the pro-life stakeholders refute with their own set of data. Second, the pro-choice group declares to have the people on their side based on survey results, the number of organizations and groups that have endorsed the legislative proposals, and the number of legislators who have co-authored the bills. On the other hand, the pro-life group argues that the numbers belong to them, based on the fact that most Filipinos are Catholic. Finally, the pro-choice stakeholders affirm their 'secular' mandate won through elections or acquired through self-declared sectoral advocacy, while the pro-life stakeholders invoke the Catholic Church's God-given mandate to protect morals and values.

In modern societies, scientific evidence is accorded high credibility, and the Philippines is no exception. The obvious problem, however, is that scientific evidence can be disputed by another set of scientific evidence. To a certain extent, this is easy to do because scientific research is not the exclusive prerogative of a handful of institutions. And in the case of population and reproductive health, the global debate that they have generated has also led to a slew of researches that support either side of the debate. Therefore, scientific evidence provides advocates with a credible, but shaky ground, to stand on. By extension, in their decision to build their claim for representation primarily on the strength of scientific research

findings, pro-choice stakeholders have rendered themselves vulnerable to attacks from their opponents because the latter have been able to produce their own statistics to weaken their opponents' position. Pro-choice stakeholders can cite additional set of data to refute the pro-life group's counter-claims, but this cycle of argumentation could go on *ad infinitum*.

With regard to invoking numbers, this strategy should work well in a democracy, because democracy largely works on the principle of the majority. There is no contesting that in the population/reproductive health legislative proposals, the pro-choice stakeholders have the numbers. That House Bill 5043 has about 100 co-authors is the first proof of this.[94] The number of organizations and groups that have issued position papers and/or attended Congress deliberations on the reproductive health bills is another. Third, the results of the opinion surveys that most Filipinos approve of family planning and reproductive health programs, as well as legislation and legislators supporting these programs, serve as the strongest basis for the pro-choice stakeholders' claim of popular support. The latter becomes even more convincing when one considers that while the pro-life group has been able to present statistics to refute the pro-choice group's claims about such issues as maternal and infant mortality, abortion, unmet need, etc., it has not produced data to counter the findings of these opinion polls.

However, the pro-life group has found other ways to subvert the survey findings: by questioning the research methodology, as evidenced in the interpellation of Representative Roilo Golez on 26 November 2008 (House, 2008a); and by arguing that it speaks in behalf of the Filipino Catholics, who make up more than 80 percent of the national population. But even more forcefully, the pro-life group has endeavored to assert its voice over that of the predominantly Catholic respondents that made up the survey samples by invoking its moral authority. Quoting then Cardinal Joseph Ratzinger (now Pope Benedict XVI), the CBCP, in its position paper issued 7 May 2008, argued that:

> [It] is not the law of numbers that must prevail, but rather the strength of the law. For "majorities can be blind or unjust. History makes that absolutely clear. The

[94] The figures given in the reports vary. This is because some of those who signed as co-authors at the time House Bill 5043 was filed withdrew their co-authorship later on. Also, other congressmen added their signatures to the bill while it was being deliberated on. Representative Lagman himself said that as of April 2009, the bill had 113 coauthors (Source: http://www.edcellagman.com.ph/speeches/ reproductive-health/126-the-real-crusade-the-truth-about-hb-5043.html).

> majority principle always leaves open the question of the ethical foundations of law: Are there some things that can never be legalized, some things that always remain wrong? On the other hand, are there some things that absolutely always remain legally binding, things that precede every majority decision, things that majority decisions must respect?"

In another position paper, former Senator Francisco Tatad, who represents the Catholic Church in various fora on the population/reproductive health bills, asserted the supremacy of the Catholic doctrine over survey results by pointing out that:

> Some defenders of population control claim that nine out of ten women (who must be Catholic) want to contracept, regardless of what the Church teaches about it. Sad, but if the claim is correct, then nine out of ten "Catholic" women need to be instructed more deeply on the doctrines of their faith and on the harmful effects of contraceptives and abortifacients. Not everything that an individual wants is good or right; the truth is never the result of opinion surveys. Contraception is wrong not because the Church has banned it; the Church has banned it because it is wrong. No amount of surveys can change that. (Tatad, F., 2008c)

In the final analysis, thus, it is from the Catholic Church's moral authority and its pastoral role that the pro-life group draws its strongest justification for having the right to speak in behalf of the people in the population/reproductive health debates. Side by side with this appropriation of the right of representation is the forceful attempt to discredit pro-choice stakeholders of the same. Taking the pro-choice stakeholders as representatives of the State, the pro-life group asserts that:

> No one questions the right of the State to levy taxes, to expropriate private property for public use, to conscript able-bodied young men for its defense. But the State may not enter the family bedroom and tell married couples how to practice marital love. / For while it is a citizen who casts his vote, pays his taxes and fights for his flag, it is a man who embraces his wife and fathers her child. There are certain areas, certain activities of man as man where every individual is

> accountable only to God, and completely autonomous from the State. These are sacred and inviolate areas where the State may not intrude. (Tatad, F., 2008c)

The pro-choice stakeholders have correspondingly sought to weaken the Church's right to speak for the people, partly by separating the institutional Church from the broader concepts of religion and righteousness:

> So what voices are we talking about? The voices are popular voices endorsing the bill. I think the Church should be able to heed the voices of the faithful because the Church is not the hierarchy, the Church is the congregation… (Lagman, E. in House, 2008a, p. 185)

> The democratic principles of our society dictate we heed our constituents' call. Do we honor the dictates of tradition when the pragmatism of the present calls for immediate action? *Vox Populi, Vox Dei* – is not the voice of the people the voice of God? (Biazon, R. in Senate, 2009c, p. 1883)

In other instances, however, the pro-choice stakeholders could only question the Church's claim to the spokesperson mandate at the expense of its own:

> We, in our position of leadership and privilege, do not experience the reality of those Filipinos who make do with so much less. The least we, in positions of influence and power, can do is to acknowledge the reality in which many Filipinos live. (Biazon, R. in Senate, 2009c, p. 1881).

> [We should not allow others to dictate to us, whether they are from the Church or not, how to think, because our consciousness comes directly from God]. When the Bible says that man was created in the image of God [it did not mean that we look like God but that we all have a conscience…. If what we are doing accords with our conscience, how can it be wrong?] (Santiago, M. in Senate, 2009b, p. 1995; bracketed items translated from Filipino)

It should be pointed out that the pro-life group's claim to the spokesperson mandate on the basis of the Catholic Church's moral authority is the same stance that the Catholic Church has

taken and is taking in similar debates anywhere else in the world. This of course does not mean that the Church's claim to representation is automatically stronger than that of the pro-choice group's. The experience of several other Catholic countries and the developments in the global population/reproductive health debate show that the Catholic Church's discourse has often been sidelined in favor of the 'secular' discourse that pro-choice stakeholders subscribe to. But the Philippine experience suggests otherwise. As Bourdieu pointed out, the power of a discourse emanates from factors external to language. What these factors are, in the context of the population/reproductive health debate in the Philippines, are examined in the next chapter.

5.2.2. Increasing the value of linguistic products

In assessing how stakeholders endeavor to increase the value of their linguistic products, a concept derived from Bourdieu, this study again draws operational indicators from Baumgartner et al.'s (2009) work on lobbying and policy change. To reiterate, Bourdieu stated that actors wishing to increase the value of their utterances in the "linguistic market" should know which expressions or statements are given premium in this market, and should be able to produce these expressions.

The debates on the population/reproductive health legislative proposals take place in several arenas; therefore, there are several linguistic markets, whose valuation of linguistic products may differ from one another. Obviously, the most important linguistic market is the legislature because this is where the fate of the bills is decided. No matter how well-received a particular discourse is in other linguistic markets, if it does not find its way into the legislative arena or is scarcely given attention in that arena, it will not help the stakeholders' policy advocacy in any way. But because the different linguistic markets are somehow linked with one another – since the issues being debated on and the debate participants are more or less the same (with some issues and participants more or less visible in certain linguistic markets than others) – how some pronouncements are valued in other debate arenas could have an impact on their value in the legislative arena. In this regard, one debate arena that is seen to have an impact on the valuation of linguistic products in the legislature is the mass media. Through the process of agenda-setting, the media can heighten an issue's salience, thereby increasing the chances that it will be given due attention in various discussion venues.

In the case of the population/reproductive health legislative proposals, media attention has largely favored the pro-choice stakeholders. First, a big majority of the media articles either explicitly supports the population/reproductive health bills or portrays the population/reproductive health issue in a sympathetic manner.[95] Second, and more important, media attention has kept the debate alive and, consequently, worthy of deliberation in Congress. Indeed, if media had stopped giving coverage to the population/reproductive health debate, this would certainly benefit the status quo proponents more than those advocating for change; after all, being politicians, legislators pay attention to public opinion, one significant gauge of which is the extent and type of media attention that issues generate. One proof that media coverage matters in the deliberations within Congress is that certain media reports became part of the plenary deliberations on the population/reproductive health bills.[96]

Arguably, the sizeable media attention and the primarily pro-choice slant of media reports have helped boost the value of the pro-choice group's arguments within the legislature. Nevertheless, it is the fundamental features of the legislature and the rules of the legislative process that matter the most in reckoning the value of linguistic products. Thus, stakeholders should be able to tailor their arguments to the norms and standards of the legislature and the legislators. For this reason, the present analysis focuses on arguments used in the deliberations within Congress, both in the committee meetings and in the plenary sessions. The sections that follow discuss the stakeholders' strategies for increasing the value of their linguistic products. To reiterate, the first goal of argumentation – asserting the power to speak (discussed above) – can also be considered a way of establishing the importance of the stakeholders' pronouncements.

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[95] A total of 123 media articles, published until July 2009, on the House Bill 5043 and/or Senate Bill 3122 were gathered; 78 (63%) of these were completely or predominantly supportive of the bills while 45 (37%) were against them.

[96] For example, on 30 September 2008 (House, 2008e), Representative Raul del Mar started his interpellation on House Bill 5043 by reacting to media reports that quoted Representative Edcel Lagman (main sponsor of House Bill 5043) as saying that del Mar used "dilatory tactics", "moot attacks", and other underhanded strategies in his previous interpellation. Another example is Representative Roilo Golez's use of a CNN report and an editorial cartoon from the *Philippine Daily Inquirer* in his interpellation on the same bill on 27 January 2009 (House, 2009c) to help bolster his arguments about the flaws of the House Bill 5043.

5.2.2.1. Claiming validity: the slant and types of arguments

Because pro-choice stakeholders are expected to convince legislators that they should enact a law on population/reproductive health while pro-life stakeholders must be able to prove that they should not, the strategies that they have used to increase the value of their linguistic products align closely with the slant of their argument, i.e. predominantly positive for the pro-choice group and primarily negative for the pro-life group (see previous section for the discussion on slant of arguments). These role expectations constitute one dimension why status quo supporters hold an advantage over proponents of change. Specifically, in defending their position, pro-choice stakeholders spend more time arguing for the benefits of the population/reproductive health legislative proposals – essentially, defending their position – than attacking their opponents' position. In contrast, pro-life stakeholders do not need to defend their position; they only need to 'demolish' the pro-choice's arguments. As Baumgartner et al. pointed out: "Status quo defenders need not explain the benefits of the status quo, they only need to cast doubt on the policy alternatives being proposed" (2009, p. 138) to thwart the efforts of policy change advocates.

To show more concretely how the stakeholders employed slant as a means of increasing the value of their linguistic products, their arguments were classified guided by the *types of arguments* listed by Baumgartner et al. in their analysis of the arguments used by policy stakeholders in the US (see Table 7.1 in Baumgartner et al., 2009, p. 132). Not all of the categories they listed were adopted for this study's analysis, and some categories were modified.

The categories directly taken from Baumgartner and his colleagues are: a) promotes/inhibits some goal, b) imposes/reduces costs on nongovernmental actors, c) equality of treatment/ discriminatory impact d) positive/negative noncost consequences, and e) supported/opposed by constituency or other group. The categories adopted with modification are: a) appropriate/inappropriate for government to enact legislation (consistent/inconsistent with other policy pronouncements and/or government procedural or jurisdictional issues), and b) problem is looming/misunderstood.

Table 5 shows how the pro-choice and pro-life stakeholders compare in the types of arguments they use to support their respective positions regarding the population/reproductive

health bills. It will be noted that there are more similarities than differences between the two groups in terms of the types of arguments they use. This means that they focus on the same points, but in the opposite direction. In fact, the two camps only significantly differ with respect to one type of argument: that the problem which the legislative proposals are addressing is either looming (for the pro-choice group) or misunderstood (for the pro-life stakeholders). This ties up with the earlier finding that the pro-life stakeholders used the theme of 'population and development' most often in their argumentation, highlighting their contention that the population/reproductive health bills are based on an erroneous understanding of such problems as overpopulation, maternal mortality, and unwanted pregnancies.

Table 5. Types of arguments used by population/reproductive health stakeholders (in %)

Argument type	*Pro-choice stakeholders*	*Pro-life stakeholders*	*All stakeholders*
Promotes/inhibits some goal	57	35	52
Positive/negative noncost consequences	42	53	44
Appropriate/inappropriate for government to enact legislation	37	53	40
Equality of treatment/discriminatory impact; Imposes/reduces cost on nongovernmental actors	20	35	23
Problem is looming/ misunderstood***	2	59	14
Supported/opposed by constituency or other group	7	6	6
Number of stakeholders	(60)	(17)	(77)

*** Difference between pro-choice and pro-life stakeholders is statistically significant at $p < .001$

With regard to the other types of arguments, it will be noted that:

- Pro-choice stakeholders have largely anchored their advocacy for the population/reproductive health bills on the argument that reproductive health is a fundamental right of people, especially women. Thus, their most common argument is that the bills lead to the attainment of some widely-shared and valued goal. A substantial number of pro-life stakeholders have also linked the bills with broad goals, but in terms of how the bills undermine certain rights and freedoms.

- Arguments about noncost consequences are fairly common in the two groups of stakeholders, with the pro-choice camp emphasizing positive consequences (reduction of maternal mortality, promotion of sexual responsibility among the youth, more and better public services, etc.) and the pro-life group stressing negative ones (breakdown of moral values, hedonism, health risks, etc.).

- The inappropriateness of enacting legislation on population/reproductive health is another frequent argument of pro-life stakeholders, whose main claim is that the bills are unconstitutional. In response to this argument, pro-choice stakeholders have invoked the government's international commitments and, in a few instances, have also cited constitutional provisions that the bills are supposed to uphold.

- Issues of equity or discrimination, which are often cast in terms of costs accruing to nongovernmental actors, are more commonly cited by pro-life than pro-choice stakeholders. Along these lines, the pro-life group's main complaint is that the bills are unfair to Catholics, because the money they pay by way of taxes will be spent on something that violates their religious belief. On the other hand, the pro-choice group deals more with how the bills would especially benefit women and the poor – who are often marginalized when it comes to access to reproductive health information and services.

- Support or non-support by the public or some of its sectors is not a common argument among pro-choice and pro-life stakeholders alike. Comparatively, however, this type of argument is more common among the pro-choice stakeholders, who claim that several studies have shown strong public approval for population/reproductive health programs and/or policies.

The big similarities between pro-choice and pro-life stakeholders in terms of the types of arguments they use (although differing in slant) suggest that the two groups – to use another concept from Baumgartner et al. – actively engage each other in the debates, and employ this as another means of increasing the value of their linguistic products and/or undermining the value of their opponents' pronouncements. This is hardly surprising because there are several venues within the legislative arena in which engagement between stakeholders is inevitable (during the period of interpellation of the plenary sessions) or highly likely (during committee

hearings and technical working group meetings). Moreover, the population/reproductive health debate is clearly a protracted one, and it could not have lasted as long as it has if the protagonists have not been responding to each other's claims.

In contrast, Baumgartner and his colleagues found, within their sample of stakeholders, that: "Although there is often some form of loose engagement with rivals, it is much more common for each side to focus on its best arguments" (2009, p. 142). Again, the differences in the contexts of the former's research and the present study's could account for this difference in findings.

5.2.2.2. Engaging the 'enemy': science, rhetoric, and semantics

The use of scientific data as one of the foundations of the stakeholders' arguments has been discussed earlier. It is obvious why stakeholders would build most of their arguments in support of their position on scientific evidence. Legislation is supposed to proceed in a systematic, rational manner. Legislation cannot be the product of a whim; it must be based on facts. Pro-choice stakeholders cannot simply speak of development, human rights, the common good, etc. in abstract terms. Similarly, the pro-life group cannot argue its position in terms of broad moral arguments; the moral issues must also have empirical basis.

Given the importance accorded to scientific data, it is inevitable that the two camps not only use these data to strengthen their own arguments but also to engage, and weaken the position of, their opponents. All the documents reviewed are replete with instances of 'confrontation' between the two sides vis-à-vis some statistics or other scientific data that the other camp has cited. As has been pointed out, these exchanges have resulted in a cycle of evidence and counter-evidence, both of which are claimed to be based on scientific research. On balance, this strategy disadvantages the pro-choice group more than the pro-life group. A single attack on the credibility of the scientific data cited by supporters of the bill can substantially weaken the argument for its passage; the same attack, when directed against opponents of the bill, is not a compelling reason to abandon the status quo. And, unfortunately for policy change proponents, there are many ways to attack a given set of scientific data: presenting counter-data, questioning the research methodology, and giving a different interpretation of the same set of data. In fact, in the floor deliberations, it is with the use of scientific data that the pro-choice stakeholders have been most able to deploy the basic strategy of, as Baumgartner and

his colleagues called it, “going negative”. The following quotes illustrate how the pro-life stakeholders have used this strategy:

> Has the Sponsor considered studies in countries where contraceptives became available, and where there are educated, so-called, contraceptive users, unwanted pregnancies and abortions have, in fact, increased instead of decreased…? [In] the United States, contraceptive prevalence is over 90 percent. Yet, nearly half of all pregnancies are unintended. And four out of 10 of these are terminated with abortion. So 54 percent of women having abortions were using a contraceptive method during the month that they became pregnant. (del Mar, R. in House, 2008c, p. 133)

> Here are countries with a population growth rate lower than that of the Philippines: Zambia, 1.73; Ivory Coast, 1.63…; India, 1.55…. Uzbekistan… 1.43; Haiti, 1.43; Liberia, 1.37; Vietnam, 1.37; Central African Republic, 1.33; Indonesia, 1.26; and Kyrgyzstan, 1.22. / Now the thesis [according to the proponents of Reproductive Health is that when the population growth rate is low, maternal mortality and infant mortality rates will decrease]…. Zambia has a maternal mortality rate that is more than three times higher than ours. Ivory Coast has a maternal mortality rate of 690, three times more than ours. India’s is more than three times of ours. [Only Uzbekistan’s is lower…. So what is our distinguished Sponsor saying that when population growth rate is low, maternal mortality is also low?] (Golez, R. in House, 2009c, p. 491; bracketed items translated from Filipino)

It should be pointed out that on the whole, pro-choice stakeholders have been able to respond to the ‘counter-statistics’ raised by their opponents. But this only makes more evident the difficulty of anchoring one’s arguments on scientific data in issues as widely researched as population and reproductive health: each side can easily pull out a set of statistics – including outdated and dubious ones – to use in its argumentation. In the end, the debate arenas are swamped with information, giving rise to what Baumgartner and his colleagues called “an information-induced equilibrium” that benefits status quo holders more than the change advocates (2009, p. 250).

In the case of House Bill 5043, the 'stalemate' resulting from the series of interpellations anchored on the validity of statistics and other scientific data ended when the bill's main sponsor (Representative Edcel Lagman), after having disputed the statistics cited by Representative Roilo Golez in a previous interpellation, declared that:

> Mr. Speaker, I would serve notice that I would decline further interpellations from the distinguished Gentleman from Parañaque City because henceforth I could not give any premium or respect to the data he is going to present because he had already passed on unofficial data as official. / There is a maxim in law – *falsus in uno, falsus in omnibus*. (Lagman, E. in House, 2009b, p. 41)

This last example shows another strategy used by stakeholders in engaging their opponents – rhetoric. Like scientific data, rhetoric is an expected component of the stakeholders' discourses, especially in issues as controversial as population and reproductive health. While empty rhetoric will definitely not help the stakeholders' cause, a cold enumeration of facts will not achieve much, either. Moreover, when there is a stalemate on scientific evidence, rhetoric could be the only way to prevail over one's opponents.

Even as rhetoric is extensively used in the population and reproductive health debates, the present study's analysis focuses only on how stakeholders used rhetoric to engage their opponents – i.e. to "respond to the claims of their rivals" (Baumgartner et al., 2009, p. 141). Some of the previous quotes[97] already illustrate this strategy; a few more are listed in Table 6, to give a clearer idea of how rhetoric figures in the arguments of the various stakeholders. Focusing exclusively on the prose (and not on the other merits of the arguments), it will be noted that the pro-life group uses rhetoric to engage its opponent more compellingly than the pro-choice group does. In Bourdieu's terms, the pro-life group manifests better linguistic capital than the pro-choice group, at least in the context of engagement through rhetoric.

[97] Examples are the response of the CBCP and Senator Tatad to survey results showing high public approval of population/reproductive health programs and policies (p. 25), and the arguments of Representative Lagman, Senator Biazon and Senator Santiago about the moral weight of popular opinion (pp. 26 and 27)

Table 6. Examples of the use of rhetoric for engaging opponents

Pro-Choice	*Pro-Life*
General criticism of the Catholic Church's claims: [It seems we are going back to the time of the Spanish occupation, when the friars and a single church decided what can and cannot be done. What is scary] is the fact that it is no longer the Spaniards who are doing this to us but our countrymen, [our fellow Filipinos]. (Angsioco, E. in Senate, 2008b, p. III-3.3; bracketed items translated from Filipino)	*General criticism of the bills' claims:* It is my considered view that the bills are based on a flawed premise; that they are totally unnecessary; that they seek to give the State a power it does not possess; that they are patently unconstitutional; that they will destroy public morals and family values; that their enactment will only deepen the already frightening ignorance about the issues involved; and that the best thing the State can do is to support family planning without contraception or sterilization. (Tatad, F., 2008c)
Response to the claim that the two-child norm will be mandatory: No parent will be penalized for having more than two children. If there is any penalty, it would not come from the State but from extreme hardships parents with numerous children would undergo in rearing children they could ill afford to nourish, shelter, educate, medicate and safeguard. (Lagman, E. in House, 2005f, p. III-1)	*Response to the claim that the Catholic Church imposes its thinking and subjects pro-choice supporters to intimidation:* [The Catholic Church] respects the freedom of conscience of every human person. But it teaches the truth that there is only one human nature and there is only one human dignity irrespective of religious or non-religious belief. It can never intimidate and it does not intimidate, for the church has no power to intimidate. Its only weapon is the cross. (Imbong, J. in House, 2008k, p. XVII-4)
Criticism of the pro-life group's insistence on promoting natural family planning methods only: How can you give a choice of one…? You want informed choice [but] you do not want people to be informed…. You don't want all these bills which will inform our women not only on their biology but also on their duties. You wouldn't like to inform [them] but you would like [them] to have an [informed] choice. (Marcoleta, R. in House, 2005f, p. XIV-3)	*Criticism of the provision on mandatory RH and sexuality education:* [The bill] insults parents when it makes RH and sexuality education mandatory in public and private schools. As parents, we have these to say: We parents know our children's hearts; the School does not. We parents feel the pulse of our children, but the classroom cannot. We parents are sensitive to a fault for our children's good, but the co-educational classroom is not. We parents have infinite forbearance for our children's sensitivity, which the teacher has not. No classroom, no mentor, no peer counselor can handle with care the heart of the child we have nurtured in our womb body and soul. (Imbong, J. in House, 2008k, p. XVII-3)

Alongside rhetorical devices, both groups of stakeholders also use semantics to engage their opponents, specifically by 'appropriating' key concepts from the other side. On the whole, the pattern of appropriation aligns closely with each group's basic role in the debate: to defend and be positive, for the pro-choice group; to attack and go negative, for the pro-life group. For instance, in their criticisms of the pro-choice group's claims, the pro-life group declares that the population/reproductive health bills promote "reproductive harm" rather than reproductive health (mainly because artificial contraceptives have serious side effects); are not pro-poor but anti-poor (because the bills solution to poverty is "by eliminating the poor"); and are based on "misinformed choice" rather than informed choice (because women are not told of the harmful effects of contraceptives). On the other hand, among the concepts/ideas that the pro-

choice stakeholders 'borrowed' from their opponents, the most important ones are that the population/reproductive health bills are: pro-life (because they promote the health of women, men, and children); pro-family (because they seek to promote the rights of couples and the welfare of all family members), and moral (based on the principle of *vox populi, vox dei*).

The opposing camps were found to engage each other in almost all debate venues. Obviously, however, engagement between pro-choice and pro-life stakeholders is most crucial, and most vivid, in the floor deliberations, particularly during the period of interpellation. Short excerpts will not capture the intensity of the engagement between the bill sponsors and their interpellators; one has to read through the entire proceedings to get a feel of the sometimes-heated debates witnessed by a large group of supporters of each side,[98] and that often made front-page news the next day.

In the floor deliberations, facts, rhetoric and statistics come together in a manner that is in several ways similar to how they do in other debate venues. However, the rules governing floor deliberations are more formal, and the respective roles of change proponents as defendants and of status quo holders as 'detractors' come into sharp focus. Moreover, said rules can be used by either side as a means of increasing the value of their linguistic products.

5.2.2.3. Capitalizing on context: argumentation and the legislative process

This particular strategy for increasing the value of linguistic products focuses on the floor deliberations for House Bill 5043 in the Philippine House of Representatives because verbatim proceedings of floor deliberations are only available for this legislative proposal. The floor deliberations for Senate Bill 3122 were not recorded verbatim.

As mentioned, in the floor deliberations, the roles are clear: proponents of a bill should sponsor and defend their proposal, while interpellators should 'cross-examine the proponents. Interpellators can cross-examine favorably, in effect indirectly sponsoring or defending a bill. However, proponents cannot 'interpellate their interpellators'. The advantages of these protocols for status quo holders are obvious. Additionally, interpellators have the advantage of preparation – they can select in advance which particular arguments of bill proponents to

[98] At the start of each plenary session, guests of legislators are acknowledged; the lists of guests of legislators supporting and opposing legislators are equally long

focus on in their interpellation, and build their case accordingly. And in bills as controversial as the population/reproductive health legislative proposals, the rules of interpellation – and of the legislative process – can be used as a means for enhancing or undermining the credibility of the stakeholders' pronouncements. It must be noted that although the rules are potentially more advantageous to status quo defenders, change proponents can also invoke the rules to their advantage.

The following examples show how pro-choice legislators used the rules to enhance their arguments and/or diminish the value of their opponents' statements:

> Representative Edcel Lagman (Lagman): [May] I know when did we change our Rules, where we have placed a priori the *turno en contra* before the interpellation in the legislation of measures? Because it appears that this is now *turno en contra*. Have we amended our Rules, Mr. Speaker? (House, 2008g, p. 31)

> Lagman: [There] should be some parameters in our asking questions or interpellations. And the Rules are clear. The committee report could not be changed or amended…. [Members] of the committee are barred from questioning the results or even the measure if they have not filed the reservation to do so within seven days from the calendaring of a measure in the Business for the Day. (House, 2008f, p. 44)

> Lagman: Mr. Speaker, I hope the leadership could instruct the distinguished Gentleman not to mangle or distort my answers because it is unparliamentary to do that…. I am asking the Speaker to make that particular ruling that unparliamentary remarks should not be part of this interpellation…. (House, 2008a, p. 193)

For their part, the pro-life legislators invoked the rules to favor their arguments and/or undermine the bill proponents' statements in the following ways:

> Representative Raul del Mar (del Mar): [The] interpellator should not be directed by the Sponsor on which questions the interpellator will ask. I believe

> that the procedure is that the interpellator will ask the questions that he feels he wants to ask with no dictation on the part of anyone, especially the distinguished Sponsor. (House, 2008f, p. 42)

> Del Mar: [The] projection of [Representative Lagman's] PowerPoint presentation is out of order. This is normally used when a Member is delivering a privilege speech or a speech on a question of personal and collective privilege and he needs the aid of such tools. This is highly irregular and this is a mockery of the procedures of the House. (House, 2008e, p. 100)

> Del Mar: …President Gloria Macapagal-Arroyo… stated clearly that she was against this measure…. [If] the President really will be against this measure, why do we have to waste the precious time of this Chamber for debate and interpellation…? (House, 2008d, p. 109)

> Representative Roilo Golez: If our distinguished Sponsor is hurt by my [interpellation], then that is part of debate and argumentation. This session hall is not a session hall for those who are onion-skinned… who take offense so easily, who cannot defend his cause without turning his back on the one interpellating him, without threatening not to answer. I have been in this hall for so many years…. [It is only now that I have seen a sponsor who, when he does not like a question, sits down or threatens not to answer]. (House, 2008a, p. 194)

On the whole, the findings on the stakeholders' use of arguments to increase the value of their linguistic products align with some of the conclusions that Baumgartner and his colleagues arrived at in their own research. Specifically, the present study found that the change advocates (pro-choice) do use mostly positively-slanted arguments, while status quo defenders (pro-life) use mostly negatively-slanted arguments. Overall, too, the basic strategy of "going negative" manifested strongly in the pro-life group's argumentation. However, there are also findings that digress from what Baumgartner et al. have proposed. The first has to do with the tendency to engage opponents: Baumgartner et al. found, in their sample of stakeholders, only "some form of loose engagement with their rivals" (2009, p. 142); in contrast, a high degree of engagement was found among pro-choice and pro-life stakeholders. Secondly, whereas Baumgartner and his colleagues concluded that "that the most dramatic

arguments [are] used the least" in policy advocacy (p. 134), such arguments were quite prominent in the population/reproductive health debates, as borne out by some of the sample statements cited in earlier sections.

There is another argumentation strategy that stakeholders could use in their policy advocacy: reframing. The use of this strategy in the population/reproductive health debates is the focus of the next section.

5.2.3. Reframing as advocacy strategy

The earlier discussions on the themes and types of arguments that the stakeholders have used for their respective advocacies have shed light on the ways the population and reproductive health issues have been framed by the debate participants. Since the policy advocacy has been going on for several years now, it would be instructive to see if the frames used have remained stable over time, or if either or both pro-choice and pro-life groups have made attempts at reframing.

'Reframing' can be defined in a number of ways, but this study adopts Baumgartner et al.'s definition of reframing as "efforts aimed at more enduring change in the way an issue is perceived over the next policy-making cycle" (2009, p. 178). The crucial feature of reframing, as Baumgartner and his colleagues define it, has to do with its aim of changing "the terms of the debate" (p. 170). It is therefore different from "heresthetics" (Riker in Baumgartner et al., 2009) or the more popular term "spin", both of which are basically "strategic efforts" (p. 169) that stakeholders undertake to achieve their advocacy goals. Thus, heresthetics and spin work within existing arguments, only casting them in a new light, while reframing seeks to "reorient an argument" (p. 185).

Baumgartner and his colleagues assert that in policy advocacy, heresthetics and spin are frequently used (which is the case for politics in general), but reframing rarely occurs and if undertaken, is rarely successful. Several factors account for this, the most important ones of which are that a) particular frames of particular groups are often based on deep-seated ideological beliefs and therefore are not given up easily, and b) frames that are currently predominant are backed up by "large institutional investments" (p. 179), thus making

reframing costly not only in material terms but also in terms of stakeholders' credibility. Moreover, Baumgartner and his colleagues contend that when the debate does shift in focus, it is more a case of "attention shifting" (p. 187) than reframing, i.e., the so-called 'new frame' has actually been in the existing set of arguments but was not given prominence in the past. Taking this last point into consideration, the present study's analysis examines reframing alongside attention shifting.

Reframing and attention shifting are more likely to be attempted by change advocates than status quo holders, again because the risks of change are harder to 'sell' than the certainty of the status quo, however wanting it may be. But status quo stakeholders might also resort to these strategies should they find their position threatened. Thus, in the context of the population/reproductive health proposals, this study posits that the pro-choice side would manifest more instances of reframing and/or attention shifting than pro-life stakeholders. However, the pro-life stakeholders would engage in reframing/attention shifting in the latter years of its legislative advocacy, in response to the latest bills' more successful performance in Congress compared to the previous bills.

5.2.3.1. Methodological considerations

For the pro-choice group, there are two data sources for determining their reframing and attention shifting attempts: 1) the text of the population/reproductive health bills, and 2) the arguments presented by the stakeholders in support of these bills, as recorded in the Congress documents and the stakeholders' position papers. Understandably, for the pro-life group, only the latter serves as the source of data for the analysis.

a. The stakeholders

Not all of the 79 stakeholders were included in the analysis. Instead, only the principal stakeholders were considered. For the legislators, this means that only those who were in the population/reproductive health advocacy in at least the 13th and 14th Congresses were included. Since the legislative proposals only reached floor deliberations in the 14th Congress, the list of principal legislator-stakeholders does not include the opponents of the bills. For the bill proponents and supporters, the legislators included in the analysis are Representatives Ana Theresia Hontiveros-Baraquel, Janette Garin, and Edcel Lagman.

For the non-legislator stakeholders, the selection of the principal actors was based on their participation in the Congress committee hearings and technical working group meetings. Eight such meetings were held – five in the Senate and three[99] in the House of Representatives. The list of stakeholders present in these meetings was reconstructed in two ways: based on the attendance sheets (available for the Senate records but not for the House of Representatives) and based on the speakers/discussants identified in the proceedings (available for both chambers). A total of 62 stakeholders were identified to have participated in some or all of these meetings. Fifteen of these stakeholders were present in majority (50% + 1) of the meetings, 12 of whom were supportive of the bills and three were against. This 'long list' of principal stakeholders was trimmed down to the 'frontliners', based principally on how actively they have participated in advocacy activities for or against the bills, as assessed by the key informants of this study. The NGO stakeholders and some of the government agencies listed in Table 7 were included based on this criterion. The other consideration was how central the organization is in the implementation of the existing population/reproductive health program. This is the principal reason why the Commission on Population and the Department of Health are in the list, even as the other stakeholders consider them less forceful in their advocacy for the population/reproductive health bills (as compared to the other principal stakeholders). The final list of non-legislator stakeholders consists of 11 organizations: eight for, and three against, the bills (Table 7).

b. The bills

Previous discussions (in Chapter 4; see also list of bills in Annex 5) have already shown that the bills shifted in emphasis from population to reproductive health, but it still needs to be established just how far the shift has been. At the descriptive level, the aim is to ascertain whether the shifts constitute reframing or attention shifting. At the interpretive level, the aim is to examine the probable impact of these shifts to the overall legislative advocacy of the pro-choice stakeholders. For the descriptive analysis, the texts of the three consolidated bills from the 13th and 14th Congresses – House Bill 3773, House Bill 5043 and Senate Bill 3122 – are compared, along with one of the individual bills that was filed in the Senate during the 13th Congress (since the Senate was unable to come up with a consolidated

[99] There were actually seven meetings held by the House, but four were not included in the reckoning of the extent of the non-legislators' participation in the population/reproductive health deliberations because in these four meetings, only the legislators were present (three were Executive Meetings and one was a 'consultation' session with medical experts regarding contraception, abortion, and related issues).

population/reproductive health bill during this Congress). This bill is Senate Bill 1281, which was filed by Senator Rodolfo Biazon, who is also the main sponsor of Senate Bill 3122.

Table 7. List of non-legislator stakeholders present in majority of the Congress meetings

Organization	*Number of meetings attended*	*Stand on the legislative proposals*
Alliance for the Family Foundation Philippines Inc. (ALFI)	5	Against
Catholic Bishops' Conference of the Philippines (CBCP)	8	Against
Commission on Population (POPCOM)	6	For
Democratic Socialist Women of the Philippines (DSWP) and Reproductive Health Advocacy Network (RHAN)[100]	7	For
Department of Health (DOH)	7	For
Department of Social Welfare and Development (DSWD)	6	For
Linangan ng Kababaihan/Center for Women's Development (Likhaan)	8	For
Philippine Commission on Women (PCW)	6	For
Philippine Legislators' Committee on Population and Development (PLCPD)	7	For
Pro-Life Philippines (Pro-Life)	8	Against
University of the Philippines Population Institute (UPPI)	6	For

5.2.3.2. Shifting emphasis: the pro-choice and pro-life stakeholders compared

That the population/reproductive health legislative proposals have shifted emphasis has been established in the previous chapter. This can be inferred from the titles of the population/reproductive health bills from the 8th to the 14th Congress (see list of bills in Annex 5), and confirmed by several key informants of the study. Specifically, the legislative advocacy started with the strengthening of the Commission on Population, then shifted to the

[100] RHAN is a network of organizations, of which DSWP is a member. The two organizations are considered as one in the analysis because they have the same head.

institution of a population and development policy, then to the institution of a policy on RH, which is the current thrust of the advocacy.

The rationale for any shift, as Baumgartner et al. (2009) have pointed out, is to move the policy advocacy forward. This was clearly the case with the population/reproductive health bills, more specifically with respect to the shift from population and development (PopDev) to reproductive health. As one informant explained:

> [It is very hard to argue that population is really a very important factor when it comes to development…. The PopDev framework is difficult to grasp; it is very theoretical…. Because past bills, wherein PopDev and RH were combined, could not pass, PopDev was sidelined and RH was given focus. It is very hard to argue the connection between population and poverty. But with RH, legislators really listen when you tell them that many mothers are dying or having abortion, that many children are dying and falling sick because they are born one after another, that many mothers are in need of help. You get the lawmakers' attention, you can sell the idea…. Population and development makes sense in the technical committee, but it has no public impact]. (J. Cabigon, personal communication, 24 June 2009; translated from Filipino)

The 'selling power' of the reproductive health concept is more emphatically explained by Ramon San Pascual, Executive Director of the Philippine Legislators' Committee on Population and Development (PLCPD):

> When we first came to PLCPD, we saw that the PopDev view would not fly. One, it has a very weak constituency among women organizations. It is not sexy enough since it only talks mostly about strengthening or restructuring an already existing government organization, so it does not touch the lives of the ordinary people. And then, it was an easy target for the standard opposition; they would just simply look back to what they would call the Kissinger doctrine and therefore this PopDev view is all but a product of a grand plan by America to manage the world population…. [The] RH bill… has its inherent constituents [because] one is it talks about women's health. Therefore, right away, you know that you're talking to at least half of your population…. And then it talks about

> young people [who] later on would go to the stage of being parents…. And then it is a health care measure that links up to development, to gender, to many other social issues. So the bill is crafted in a manner that you know it will succeed. (R. San Pascual, personal communication, 23 June 2009)

San Pascual's prognosis was partly correct, in that the latest legislative proposals in both chambers of Congress hurdled committee-level deliberations and reached the period of interpellation. However, the bills did not progress beyond that; the 14th Congress ended without the bills being taken up again in the plenary sessions. This outcome could be attributed to a number of factors. Looking only at the use of arguments as advocacy strategy, this study concurs with Baumgartner and his colleagues' assertion that reframing rarely succeeds. Why this is so for the particular case of the population/reproductive health legislative proposals can be briefly explained as follows: although the pro-choice stakeholders were trying, to use Baumgartner et al.'s phrase, to "change the terms of the debate", the long-standing points of contention with the pro-life stakeholders – principally, the objection to artificial contraception – remained; thus, although the debate did move forward, it ultimately reached its usual 'dead end'.

A more detailed examination of the four bills filed in the Senate and House of Representatives during the 13th and 14th Congress (see Table 8) would show how, despite the purported change in focus – as declared by their supporters and as reflected in the their titles – the bills were essentially the same. The rationale for the bills has indeed changed, but the core concepts were similar – e.g., reproductive health and rights, responsible parenthood, informed choice, family planning, sustainable human development, and population and development. Thus, while the pro-choice stakeholders were hoping for a reframing, the most they achieved was attention shifting. Even in the legislators' speeches in support of the bills, no reframing can be seen. Their arguments were basically the same for the two Congresses, with some change in emphasis here and there.

An examination of the arguments of the principal non-legislator stakeholders revealed that among members of this group, the use of stable frames – and therefore, the lack of reframing and the limited practice of attention shifting – is strongly favored. For instance, the Commission on Population has basically phrased its support for the bills in terms of how these will benefit the population program and address the problems arising from population

pressure; the Philippine Commission on Women has consistently stressed the importance of the bills vis-à-vis women's empowerment and the government's compliance with its international commitments; and the University of the Philippines Population Institute has maintained the issue of poverty as one of the anchors of its argumentation. Some attention shifting can be seen in the case of the other stakeholders, but their support for the legislation is inevitably linked to their organizations' principal advocacy.

This tendency of stakeholders to stick to their usual frames should not be taken as an indication of their resistance to the reframing/attention shifting strategy. On the contrary, the interviews conducted revealed that the move is strongly supported by the pro-choice stakeholders whose main advocacy is on population and development rather than on reproductive health. All of them agreed that shifting to reproductive health is a good strategy to move the legislative proposal forward. Neither should the use of stable frames be taken as a criticism of the stakeholders; rather, it is a manifestation of their ideological orientations, which in the first place is the reason why they are supporting the bills.

Nonetheless, if the terms of the debate have not really changed despite a shift in the focus from population and development to reproductive health, it then becomes apparent why the debate would eventually reach the 'dead end' that it had ended up in, in the past. More concretely, this implies that the pro-life stakeholders do not need major changes in their arguments as well because they could, and were actually able to, bring back the debate to their main point of contention: the use of artificial contraceptives and the attendant issue of abortion. An examination of the key arguments of the two principal pro-life stakeholders – the Catholic Bishops Conference of the Philippines and Pro-Life Philippines – as well as the interpellations of the legislators opposed to the bills show that the pro-life group's arguments for both the 13th and 14th Congresses, and for both chambers, revolve around artificial contraception, abortion, the misconstrued population problem, and the unconstitutionality of the legislative proposals. Some attention shifting can be seen, to align the emphasis of the objection to the declared focus of the bills (from population and development to reproductive health), but no significantly new arguments were introduced over time.

These findings suggest, thus, that to some extent, arguments as advocacy strategy worked in favor of the pro-choice stakeholders. However, the limits of the strategy soon manifested themselves. But to reiterate Bourdieu's point, the power of language is not intrinsic, but

comes from factors external to it. Thus, the limits of the pro-choice group's argumentation strategy should be evaluated in terms of the larger context of the debate, which is the focus of the next chapters.

5.3. Evaluating the hypotheses on stakeholders' use of arguments

5.3.1. The first hypothesis: the nature of the arguments

When it comes to choice of arguments, the findings of this study lend partial support to the first hypothesis. To reiterate, the first hypothesis (H1) states that:

> *Those in favor of the legislative proposals will have more diverse reasons for their stand, and most of their reasons will be positively phrased (emphasizing benefits of the policy). Conversely, there will be fewer dimensions to the reasons of those against the proposals, and most of their reasons will be negatively phrased (emphasizing the risks of the policy).*

5.3.1.1. Contrary findings

To the extent that a) there are four themes that more often appear in the pro-life group's arguments as against only one theme that more frequently appears in the pro-choice group's discourse, b) pro-choice and pro-life groups are more similar than different in terms of the types of arguments they use, and c) for the single type of argument where they significantly differ, the pro-life group shows much higher incidence of use than the pro-choice group, H1 is not supported by the findings. The pro-life stakeholders, as the supporters of the status quo, are not behaving as expected, i.e. they are not "sitting it out" and instead are actively 'on the offensive' in pushing for their legislative agenda. This stance of the pro-life group seems even more puzzling when one considers that throughout the years, legislative proposals on population/reproductive health have not succeeded. There are several possible explanations for this:

Table 8. Comparison of the population/reproductive health bills filed in the 13th and 14th Congresses

Item	*House Bill 3773*	*Senate Bill 1281*	*House Bill 5043*	*Senate Bill 3122*
Title	An Act Providing for an Integrated and Comprehensive National Policy on Responsible Parenthood, Population Management and Human Development, Creating a Responsible Parenthood and Population Management Council, and for Other Purposes	An Act Establishing an Integrated Population and Development Policy, Strengthening its Implementing Mechanism and for Other Purposes	An Act Providing for a National Policy on Reproductive Health, Responsible Parenthood and Population Development, and for Other Purposes	An Act Providing for a National Policy on Reproductive Health and for Other Purposes
Declaration of Policy[101]	The State shall adopt an integrated and comprehensive national policy on responsible parenthood, effective population management and sustainable human development that values the dignity of every human person and affords full protection to people's rights. These rights include the right to equality and equity, the right to development, the right to reproductive health, the right to education, and the right to choose and make independent decisions on the number, spacing and timing of their children in accordance with one's religious convictions, cultural beliefs, and the demands of responsible parenthood.	The State shall promote a just and dynamic social order that shall ensure the prosperity of the country and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living and improved quality of life for all.	The State upholds and promotes responsible parenthood, informed choice, birth spacing and respect for life in conformity with internationally recognized human rights standards	It is hereby declared the policy of the State to recognize and guarantee: a) the human rights of all persons including the right to equality and equity, the right to sustainable human development, the right to health which includes reproductive health, the right to education and the right to choose and make decisions for themselves in accordance with their religious convictions, cultural beliefs, and the demands of responsible parenthood; and b) the promotion of gender equality, equity and women's empowerment as a health and human rights concern.

[101] First paragraph only

Table 8. Comparison of the population/reproductive health bills filed in the 13th and 14th Congresses (cont'n.)

Item	*House Bill 3773*	*Senate Bill 1281*	*House Bill 5043*	*Senate Bill 3122*
Key Terms[102]	Responsible parenthood Family planning Reproductive health Reproductive health rights Gender equality Gender equity Reproductive health care Adolescent sexuality Reproductive health and sexuality education Development Sustainable human development Population management	Gender equality Gender equity Responsible parenthood Sustainable development Human development Spatial distribution Migration	Responsible parenthood Family planning Reproductive health Reproductive health rights Gender equality Gender equity Reproductive health care Reproductive health education Male involvement and participation Reproductive tract infection Basic emergency obstetric care Comprehensive emergency obstetric care Maternal death review Skilled attendant Skilled attendance Development Sustainable human development Population development	Adolescence Adolescent sexuality Basic emergency obstetric care Comprehensive emergency obstetric care Employer Family planning Gender equality Gender equity Healthcare service providers Male involvement and participation Maternal death review Modern methods of family planning Reproductive health Reproductive health care Reproductive health care program Reproductive tract infection Reproductive health and sexuality education Reproductive rights Skilled attendant Skilled birth attendance Sustainable human development

[102] In the order listed in the bill

Table 8. Comparison of the population/reproductive health bills filed in the 13th and 14th Congresses (cont'n.)

Item	*House Bill 3773*	*Senate Bill 1281*	*House Bill 5043*	*Senate Bill 3122*
Sections[103]	Responsible Parenthood and Population Management Council Functions of the Council Secretariat Qualifications, Powers, Functions and Duties of the Executive Mobile Health Care Service Mandatory Reproductive Health and Sexuality Education Capability Building of Barangay Health Workers Ideal Family Size Employers' Responsibilities Private Practitioners' Support Multi-Media Campaign Prohibited Acts Penalties Implementing Rules and Regulations Bicameral Congressional Oversight Committee	Implementing Mechanism Implementing Rules and Regulations Reporting Requirements	The Commission on Population Midwives for Skilled Attendance Emergency Obstetric Care Maternal Death Review Hospital-Based Family Planning Contraceptives as Essential Medicines Mobile Health Care Service Mandatory Age-Appropriate Reproductive Health Education Additional Duty of Family Planning Office Certificate of Compliance Capability-Building of Community-Based Volunteer Workers Ideal Family Size Employers' Responsibilities Support of Private and Non-government Health Care Service Providers Multi-Media Campaign Reporting Requirements Prohibited Acts Penalties Appropriations Implementing Rules and Regulations	Midwives for Skilled Birth Attendance Emergency Obstetric Care Surgical Family Planning Maternal Death Review Family Planning Supplies as Essential Medicines Procurement and Distribution of Family Planning Supplies Mobile Health Care Service Mandatory Age-Appropriate Reproductive Health and Sexuality Education Capability Building of Barangay Health Workers Employers' Responsibilities Multi-Media Campaign Implementing Mechanisms Prohibited Acts Penalties Reporting Requirements Appropriations Implementing Rules and Regulations

[103] In addition to the 'mandatory sections' of Short Title, Declaration of Policy, Guiding Principles, Definition of Terms, Separability Clause, Repealing Clause, and Effectivity

1) Because the population/reproductive health legislation advocacy has managed to make some headway, albeit not enough for a population/reproductive health law to be enacted, the pro-life stakeholders have become more active in their advocacy against the legislative proposals. In other words, their current stance (at least in terms of the use of arguments to push their legislative agenda) is a response to a **threat** to their status quo position. In theoretical terms, the findings suggest that the first hypothesis (H1) probably applies more in the early stages of the policy advocacy, i.e. when the legislative proposals have just been filed. When the policy advocacy is just starting, those in favor of instituting the policy should endeavor to appeal to as many supporters as possible, hence the need for several 'justifications' for proposing a particular measure. In contrast, the population and reproductive health policy advocacy has been around for more than 20 years now (since 1988). Moreover, it is a high-profile advocacy that makes the news whenever bills are filed and deliberated on in Congress. As such, it is not only the pro-choice group that is pressured to come up with arguments in defense of their stand; the pro-life group is also subjected to the same pressure. And because the proposals seem to be gaining popularity – based not only on the fact that they have hurdled one major step in the legislative process but also on the number of supporters within and outside the legislature that they have gained – the pro-life group must have seen it fit to come up with more arguments against the proposals so as, like the pro-choice group, they would be able to get a broader support for their advocacy.

   Whether or not this explanation will hold can be empirically tested by doing a longitudinal comparison of the arguments used by pro-choice and pro-life stakeholders through the years that the population/reproductive health bills have been filed. However, this analysis is beyond the scope of the present study and could therefore be explored in future researches.

2) The pro-life legislative advocacy in the Philippines cannot be seen in isolation, but more properly, as part of the global advocacy that the Catholic Church and its supporters have been waging since decades ago. There are more countries/ societies where the Catholic Church has lost to, than won over, pro-choice stakeholders. The Philippines is one of the few countries where the Catholic Church has remained strong, and it is understandable that it would do everything it can to maintain this position. From its experiences in other countries, the Catholic Church knows only too well that its status quo advantage in the

Philippines cannot be left to chance, thus its aggressive advocacy in the Philippines. That this mindset could exist in the Philippine Catholic Church can be seen in the following exchange between Senator Pia Cayetano, chairperson of the Senate Committee on Health and Demography, and Mrs. Ma. Fenny Tatad, one of the Church's representatives in the Congress hearings on the population/RH bills (Senate, 2008b, p. V-2.1):

> Senator Cayetano: I am told… that reproductive health information and services are available [in other Catholic countries] precisely because of the separation of church and state. May I know CBCP's reaction to this?
> Mrs. Tatad: That is correct…. That is… because [those countries] have ceased to be Catholic… in practice…. [If] you analyze how… acceptance of abortion has become policy, it's because of the relaxation on teachings plus the pressure on government to institute policies to make abortion legal has made it possible for Catholics to practice what they should not…. So I guess CBCP is learning from other countries' experience and I believe they have become more watchful….

3) Vigilance is a core value of the Catholic faith, and is an integral part of its teachings, therefore, of its habitus. The Church takes a pro-active, instead of reactive, stance towards issues and concerns that it considers part of its mission. And the Church is particularly vigilant about population and reproductive health because they touch on concerns that directly affect its doctrines and in which its position is non-negotiable. The vigilance of the Catholic Church is explicit in the following quotes from two pro-life stakeholders:

> The first alarm bells on reproductive health came from the Holy See – the Holy See is always there, and the Holy See is always the last to leave in a conference table wherever you have something going on, whether it's security, poverty, education…. Whatever the issue is that's the concern of the Church, they're always there until the wee hours of the morning, if it has to be; the Holy See always remains in the negotiating table. (Tatad, M.F., personal communication, 24 July 2009)

> As early as the Congress committee hearings, we really watch out for what the other group is saying, what their rebuttals are, and who are supporting them and who are on our side. (Wasan, M., personal communication, 13 July 2009)

In connection with Wasan's point, pro-life stakeholders keep a record of what they call "anti-family bills" and their status in Congress,[104] as well as the names of legislators voting for and against these bills.[105]

5.3.1.2. Concordant findings

There are several aspects of the first hypothesis (H1) that find support in this study's findings. First, although the arguments of each member of the pro-choice group can be subsumed under one of the themes mentioned above, the specific ways by which each member delineates its position along these themes differ. This is because the pro-choice group has more members, and more diverse membership, than the pro-life group. In contrast, there is less variation on the pro-life side not only because there are fewer of them but more so because most of them are, in one way or another, affiliated with the Catholic Church. How the heterogeneity (in the case of the pro-choice group) and homogeneity (in the case of the pro-life group) of membership and arguments impacts on policy advocacy success is an important matter that needs consideration, and which is taken up in the succeeding chapters.

As regards the *slant* of the arguments – which, following H1, should be positive for the pro-choice group and negative for the pro-life group – the analysis of the arguments shows that the findings are very much consistent with the expected outcome. The findings show that indeed, the pro-choice stakeholders cast their arguments in an overwhelmingly positive manner. For example, they point out how the proposed measure *promotes* human rights, women's empowerment, freedom of choice, etc; *improves* people's health, well-being and/or quality of life; *responds* to the needs and clamor of the people; *strengthens* government efforts to protect people's health, achieve its development goals, etc.; and *provides* a strong framework for national and local health programs. Further, the positively-phrased arguments primarily talks about the benefits of enacting the proposed legislation.

Consistent also with H1, almost all of the pro-life group's arguments are negatively phrased: for example, that the proposed measure has a *flawed* premise, is *anti*-life and *anti*-family,

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[104] These are posted in the Web sites of Pro-Life (www.prolife.org.ph) and the Alliance for the Family Foundation Philippines (www.alfi.org.ph)

[105] An example is Mrs. Ma. Fenny Tatad's update on the deliberations on House Bill 5043, which can be found in, among others, this page: http://dindelightfull.multiply.com/journal/item/81/Im_standing_up_for_my_faith...how_about_you_The_life_of_our_future_depends_on_it

trivializes marriage and sex, is an *intrusion* into the rights of couples and families, and *fails* the test of constitutionality. It will be noted, however, that contrary to what H1 argues, these negative statements do not delve so much on the risks of the proposed policy; rather, they deal more with the intrinsic (at least from the pro-life group's perspective) weaknesses of the legislative proposals. One can argue that this specific form of negative argumentation shows the limits of the ideological basis of the pro-life group's opposition to the legislative proposals. Even as they insist that the Philippines is predominantly Catholic, pro-life stakeholders cannot put so much emphasis on the risks of the policy vis-à-vis Catholic beliefs because this would alienate other religious groups in the country. However, this argumentation approach also does give the pro-life group leverage, because it brings the debate to a 'philosophical' level that cannot be easily weakened by empirical data. In contrast, when pro-choice groups talk about the benefits of the proposed measure, they talk largely in terms of data. Unfortunately, there is also a wealth of counter-data and counter-findings to match their arguments.

Overall, thus, this study's findings give limited confirmation of the first hypothesis. It must be noted, however, that the propositions of Baumgartner and his colleagues were based on a longitudinal analysis of **several** policy advocacy issues, some of which were controversial and others were not, and some of which have been debated on for years while others were scarcely discussed. In contrast, the present study focuses on only one, and very controversial, issue that has been in the legislative agenda for years.

5.3.2. The second and third hypotheses: attempts at reframing and/or attention shifting

The study's second hypothesis (H2) states that pro-choice stakeholders would have more attempts at reframing and/or attention shifting than pro-life stakeholders do. The findings of the study support this hypothesis, in the sense that the pro-choice stakeholders did launch a conscious effort to change the terms of the population/reproductive health debate. To reiterate, the legislative proposals shifted in emphasis from the initial organizational focus (strengthening the Commission on Population), to population and development, and presently, to reproductive health. As the pro-choice stakeholders acknowledged, these shifts are part of their efforts to succeed in their legislative advocacy. Clearly, there was an attempt on their part to change the terms of the debate – i.e. to veer away from population and development

(partly because of its dubious origins and partly because it is hard to translate into a concrete issue) towards reproductive health (because it relates more easily to the day-to-day realities of people's lives). However, as was also shown, the pro-choice stakeholders' strategy is more appropriately labeled as attention shifting than reframing because the core concepts and underlying principles of their legislative proposals have not changed.

The third hypothesis (H3), which posits that pro-life stakeholders would engage in reframing/attention shifting in response to the 'success' of the bills in the 14th Congress, was not supported by the findings. The pro-life stakeholders hardly changed their arguments: through the years and whatever the debate venue, they have consistently objected to the bills principally because they run counter to the Catholic Church's doctrine; other arguments such as the neo-imperialist motives of the population agenda, the lack of convincing proof about the population-development link, the health risks of artificial contraceptives, and the unconstitutionality of the bills were repeatedly raised as well. This is not surprising because even as the pro-choice stakeholders had changed emphasis from population to reproductive health, the 'bone of contention' – artificial contraception and the attendant issues of abortion, trivialization of marriage and the family, etc. – has not disappeared from the legislative proposals. Moreover, it can be argued that because their arguments have helped the pro-life stakeholders 'win' in the past, it is but logical that they would use these arguments again. Further, it is perhaps too early to expect reframing or attention shifting from pro-life stakeholders, i.e., whatever changes in strategy that they might have as a reaction to the population/reproductive health bills' (limited) success in the 14th Congress, they could not do during the 14th Congress itself because of limited time. However, some attention shifting might happen in their future legislative advocacies, precisely because of 'lessons learned' from the 14th Congress. As with the pro-choice stakeholders, reframing can hardly be expected from the pro-life stakeholders since their principal objection to the population/reproductive health bills (on the promotion of artificial contraceptives) is non-negotiable. Only a change in the Church's official position on artificial contraception can create a major change in the pro-life group's stance, and the Church shows no signs of changing, or at least softening, its stand on this matter.

Chapter 6. Policy advocacy for population and reproductive health: Tactics and resources

Argumentation is at the core of policy lobbying. And as the analysis of the population/ stakeholders' arguments (discussed in the preceding chapter) had shown, the pro-choice and pro-life stakeholders exerted considerable effort in formulating and fine-tuning their arguments in order to succeed in their policy advocacy. But, as has also been pointed out in the previous chapter, the value of arguments (linguistic products) depends on factors external to the arguments themselves. As such, the other elements in the 'linguistic market' – i.e. the population/reproductive health policy-making arena – have to be considered and their impact on the stakeholders' policy advocacy analyzed. In this regard, this chapter looks at the tactics that the stakeholders have adopted to push their respective policy agenda, and the resources that they have at their disposal.

6.1. Tactics of policy advocacy

Baumgartner et al. (2009) defined tactics as the advocacy and lobbying strategies undertaken by stakeholders. Tactics are classified as either inside, outside or grassroots, depending on their target. Inside tactics are directed at legislators and other policy gatekeepers (e.g., the President). Outside and grassroots tactics are addressed to the wider public. The difference between the two is that outside tactics are information dissemination strategies while grassroots tactics are mobilization efforts.

For this phase of the analysis, only the non-legislator stakeholders are included since tactics, as defined and operationalized by Baumgartner and his colleagues, are activities of lobby groups. Further, only the primary stakeholders in the population/reproductive health legislative proposals are considered, namely, a) the Commission on Population (POPCOM), Democratic Socialist Women of the Philippines and Reproductive Health Advocacy Network (DSWP/RHAN), Department of Health (DOH), Department of Social Welfare and Development (DSWD), Likhaan Center for Women's Health (LIKHAAN), Philippine Commission on Women (PCW), Philippine Legislators' Committee on Population and

Development (PLCPD), and the University of the Philippines Population Institute (UPPI) for the pro-choice group, and b) Alliance for the Family Foundation Philippines, Inc. (ALFI), Catholic Bishops' Conference of the Philippines (CBCP), and Pro-Life Philippines (Pro-Life) for the pro-life group. The bases for selecting these groups were already explained in Chapter 5.

The list of specific tactics used in the analysis was adopted from Baumgartner et al. (2009) and slightly modified to suit the Philippine population/reproductive health debate context. To reiterate, the three major types of tactics that lobbyists could engage in are 1) lobbying with policy gatekeepers (legislators, other government officials, government agencies), 2) public awareness campaigns (using the mass media and/or the Internet), and 3) grassroots advocacy (aimed at mobilizing the support of members of the public for or against the bills). Table 9, which contains the data for the pro-choice stakeholders, shows the list of activities under each type of advocacy tactics that was drawn up based on Baumgartner et al.'s work.[106] All the 11 key stakeholders were requested to fill up this table, but only the pro-choice stakeholders accomplished the form. However, using other data sources, the researcher was able to come up with a list of the advocacy activities of the pro-life stakeholders (Tables 10-12). Needless to say, it is highly possible that the information provided would be different from the one that the pro-life stakeholders would have provided if they had filled up the aforementioned form. Moreover, the categories of advocacy activities of the pro-life groups do not completely match the ones contained in the form accomplished by the informants. Rather than 'force' a match, the researcher decided that it is more prudent to come up with new categories where appropriate, and match these new categories with the pre-determined ones only in the discussion. Finally, another limitation of the lists – for both the pro-choice and pro-life stakeholders – is that the information only indicates use or non-use of an advocacy strategy and not the extent to which a particular strategy is used by the stakeholders.

From the data gathered, it is evident that both pro-choice and pro-life stakeholders engage in legislative advocacy activities within and outside the legislature, and the range of activities that the two groups engage in is almost the same. On the whole, the three pro-life groups are actively into various types of legislative advocacy activities. For the pro-choice group, the

[106] The first three major categories – a) with policy gatekeepers, b) public awareness campaigns, and c) grassroots advocacy – were predetermined, and were taken from Baumgartner et al.'s work. The last category (other advocacy activities) contains the activities mentioned by the respondents themselves.

most active lobbyists are the DSWP/RHAN and the PLCPD, as they are equally very much involved in the population/reproductive health bills[107] as in other legislative proposals. Also very active in the population/reproductive health bill lobbying is the LIKHAAN, although it has not been involved in other legislative advocacies. In contrast, the DSWD has been relatively less active in the advocacy for the population/reproductive health bills as it has been for other legislative proposals. The least involved among the pro-choice stakeholders is the DOH, as it has not actively participated in the advocacy for the population/reproductive health bills and in legislative advocacy in general.

Having been identified as the key stakeholders in the population/reproductive health legislative proposals, the 11 organizations expectedly engage in a number of tactics aimed at legislators – from testifying in Congress hearings to submitting position papers, disseminating research reports and, more important, engaging legislators in face-to-face interactions. It is not clear from the data, however, how much access the stakeholders have to the key officers of Congress (e.g. Senate President, Speaker of the House, Majority and Minority Floor Leaders, etc.), the principal policy gatekeepers in the legislature. In any case, the two groups have their respective allies within Congress, whose access to the key Congress officers is just as crucial, if not more crucial, than the non-legislators' access to these officers.

The data also indicate that the two 'factions' have sought out the support of policy gatekeepers in government agencies. For the pro-choice group, this is to be expected, since there are several government agencies among its key stakeholders, namely, the DSWD, PCW, and POPCOM and its head agency, the DOH. The pro-life group, for its part, is not lacking in allies in the bureaucracy because the Catholic Church lobbies for people it feels should be appointed to key government posts. Moreover, in POPCOM, two pro-life advocates were appointed by President Arroyo as members of its Board of Commissioners: Jose Sandejas, a trustee of Pro-Life Philippines, and Geraldine Padilla, Chair of the Couples for Christ's (CFC) Committee on Women and wife of CFC founder Frank Padilla. Finally, both groups of stakeholders have also reached out to government officials. One pro-choice stakeholder that actively reaches out to the local government units is the PLCPD, as shown in the previous chapter. On the other side, this role is undertaken by the CBCP, through its Church's dioceses and parishes. With regard to lobbying with the most important government official of all, the

[107] It must be reiterated, however, that the women/feminist and health NGOs distance themselves from the population control agenda; their advocacy is focused on reproductive health.

President, it seems that in the Arroyo administration, the pro-life group had better access to the Executive Office than the pro-choice group. It has been brought up in the Congress deliberations and reported in the media that Arroyo was going to veto the reproductive health bill should it pass Congress deliberations because she abides by her Catholic faith and prefers natural family planning methods. However, the bill's proponents contended that because Arroyo had regard for the legislative process and popular opinion, her declaration could not be interpreted as a 'veto decision' for the population/reproductive health bill, should it pass Congress deliberations.[108]

Aside from 'insider advocacy' both pro-choice and pro-life groups launched aggressive advocacy with the wider public through various public awareness campaigns and mobilization activities, presumably to convince legislators that their stand on the population/reproductive health bills reflects the public's sentiments. Information campaigns using the various mass and online media, as well as venues like fora and other group interaction venues, have been used by both groups. Pay-for ads are less commonly used. On the pro-choice side, these have been done by the PLCPD and the DWSP. It appears that none of the three pro-life groups have used this tactic; however, one pro-life group that has used this strategy is the Couples for Christ Foundation for Family and Life (CFC-FFL).[109] Finally, mass mobilization activities have been launched by both sides. For example, both have online and community-based signature campaigns and both have held rallies and other high-profile events.

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[108] For media reports, see for example Esguerra & Cabacungan, 2008; Kabiling, 2009; and Vestil, 2009. In the floor deliberations held on 23 September 2008, Rep. Raul del Mar claimed that the reproductive health bill "is a costly exercise in futility [because the] President has stated in no uncertain terms, in her State-of-the Nation Address last July 28… that she is in favor of natural family planning. This is saying that she will not agree to a piece of legislation that advocates a massive promotion of contraceptives and other means of artificial birth control. Therefore, consistent therewith, she is expected to prevent the enactment of this bill into law by vetoing it in the remote possibility that it passes approval in this House and in the Senate" (House, 2008g, p. 31). Rep. Edcel Lagman refuted this claim, however, and argued that the President "never said anything against" the reproductive health bill and "only made a preference for the natural family planning method" (Ibid., p. 33). Lagman and one of his bill co-authors reiterated this point in a media interview (Dalangin-Fernandez, 2008a).

[109] The ads can be found in the CFC-FFL's website:
http://www.cfcffl.org/prolife/hb5043_articles/cfcffl_ad_hb5043_20080923.htm;
http://www.cfcffl.org/prolife/hb5043_articles/cfcffl_ad_hb5043_20080930.htm;
http://www.cfcffl.org/prolife/hb5043_articles/cfcffl_ad_hb5043_20081008.htm; and
http://www.cfcffl.org/prolife/hb5043_articles/cfcffl_europe_ad_hb5043_20081015-16.htm

6.1.1. Evaluation of the stakeholders' tactics

The assessment of the pro-choice and pro-life groups' legislative advocacy tactics is undertaken in two ways. First, the two sides are compared, with a view towards answering the relevant hypotheses of this study. Second, some issues about the advocacy tactics of the two groups are raised so as to surface additional insights that would then become inputs for answering the research problem.

It must be reiterated that the data on stakeholder tactics were gathered differently for the pro-choice and pro-life groups – the former supplied the information using a list provided by the researcher; for the latter, the researcher collated the information using various data sources. Finding relevant information for the pro-life groups was not that difficult since the deliberations on the population/reproductive health bills are recorded in the Congress journals, developments on the population/reproductive health debate are almost always top media stories, and the three pro-life groups maintain Web sites that are regularly updated. As such, despite the data limitations noted earlier, there is adequate information to make the comparison of the two groups' tactics tenable.

One expected similarity between the pro-choice and pro-life groups is their active use of inside advocacy tactics. It is because of their high involvement in the Congress deliberations on population/reproductive health that they were selected as the lead stakeholders in the legislative proposals. Another similarity is in the types/range of tactics that the two groups use – a finding that is consistent with Baumgartner et al.'s (2009) findings for their own research about the lobby groups in the US. The data also indicate that the two groups tend to 'match' each other's advocacy tactics – not necessarily as a reaction to the other side's initiatives but most probably because the two groups have a similar understanding of what tactics work best in the Philippine political context. For instance, the two groups both endeavor to maintain close contacts with legislators and other policy stakeholders, influence public opinion through public education/information campaigns using a variety of media, and mobilize supporters through signature campaigns and special events. In this regard, these findings completely support the first part of this study's fourth hypothesis but not the second part:

> *H4: Both those for and against policy change engage in the three types of advocacy tactics but those advocating policy change engage in these activities more intensively than those endorsing the status quo.*

In more specific terms, the inconsistent finding has to do with the pro-life stakeholders' active use of public awareness campaigns and grassroots advocacy tactics. According to Baumgartner and his colleagues, these "conflict-expanding strategies" (Baumgartner et al., 2009) are risky undertakings since one is never sure how the public and specific sectors would react to these efforts. As such, status quo supporters would not have much interest in using these tactics. In contrast, policy change advocates are likely to use these tactics anyway because they are "already in a more uncertain position than status quo defenders and therefore must accept additional risk in exchange for the possibility of building some momentum behind their policy objectives" (p. 156).

Baumgartner and his colleagues pointed out, however, that status quo advocates might resort to these tactics when they perceive a probable threat to their position. Herein lies part of the explanation to the pro-life groups' active use of the conflict-expanding strategies. In a narrower sense, the fact that the population/reproductive health proposals have stayed in Congress' agenda since the 1980s to the present, despite their repeated defeats in the legislature, can be taken as proof enough that these initiatives have their share of staunch supporters who could attract, and actually have attracted, more and more supporters through the years. Besides, even though the Church and its allies have managed to prevail at the national level, they are not as successful at the local level. As discussed in the next chapter, some local government units have put in place pro-choice population/reproductive health ordinances despite strong opposition from the Church.

In a broader sense, the Church acknowledges that its moral authority and its doctrines are seriously threatened by modernization and secular ideologies. The threats come from all fronts, and the population/reproductive health bills are just one manifestation of these threats. Therefore, the Church cannot take these bills lightly – or similar bills for that matter. For the Church, every proposed legislation can potentially be an avenue for further undermining its doctrines and therefore every bill must be scrutinized.[110] The threats are ever-present; hence, vigilance must be practiced regardless of past successes. This vigilance must be inculcated in all 'believers'; as such, they must be informed about these threats at all times.

[110] As mentioned in the previous chapter, the pro-life stakeholders keep a list of the bills that are for and against their advocacy. See ALFI's Web site, specifically <http://alfi.org.ph/home/index.php/2008/10/status-of-anti-family-bills-in-congress-and-senate>.

The last point provides another explanation to the Church's use of conflict-expanding strategies. One can say that for the Church, said strategies are not simply tactics of advocacy; they are a way of life, a disposition – thus, a component of its habitus – that guides the Church's every action, legislative advocacy included. For sure, many other groups adopt such a stance, but they do not have the same massive following and reach as the Catholic Church (approximately 85% of the Philippine population is Catholic, and the Church's formal organizational structure reaches all the way down to the villages). Moreover, the population/reproductive health debate and the Church's opposition to it have become 'staple' media stories such that any pronouncement from the Church – including, and especially, those delivered from the pulpit – are sure to make it to the news. In other words, the size of the Church's membership and its high-profile role in Philippine politics almost automatically render its pronouncements and mobilizations as conflict-expanding tactics, even if that might not have been its intention.

As Baumgartner and his colleagues (2009) pointed out, conflict-expanding tactics are risky undertakings and, in general, could be more advantageous for the policy change advocates than the status quo supporters. And indeed, the pro-choice stakeholders acknowledge that they have somehow benefited from the Church's vocal opposition to the population/reproductive health bills:

> The second element why [the reproductive health bill] has gained so much currency is, for one, the Church may be controversial but by the Church's own doing, [the bill] has [attracted] more curiosity across sectors. Therefore, as the years go by, the strength of the support for the bill has expanded and extended to the different universities, academic organizations, professional groups, business sector, workers, women's groups, young people, the media, local government officials, local executives and legislators. (R. San Pascual, personal communication, 23 June 2009)

> I have to credit also the Catholic Church for getting us that far [in our legislative advocacy. Because they were the first to make a noise. They issued a statement that they will deny communion to all pro-RH legislators. We used that to our advantage]. We rallied behind the Congress people who are pro-RH. (E.

> Angsioco, personal communication, 14 May 2010; bracketed items translated from Filipino)

But while the Church's outside advocacy tactics might have produced results that do not exactly favor the pro-life ideology, its inside advocacy with policy gatekeepers – not only with regard to the population/reproductive health bills but in the larger political arena as well – has created a dent in the pro-choice advocacy. Specifically, this has to do with the participation of the DOH and POPCOM in the debates, which can at best be described as 'middling'. POPCOM, an attached agency of the DOH, is mandated to take the lead role in the formulation of the country's population policies and programs. The DOH is the lead agency in the implementation of the country's health programs, including the reproductive health program. Together, these two agencies could have given the population/reproductive health bills a strong push in the legislature. Unfortunately, both chose to take a stance that might be described as one of 'passive support' if not one of indecisiveness.

This stance is evident in the position papers the two agencies submitted regarding the population/reproductive health bills. For example, when asked to comment on the various population/reproductive health bills filed in the Senate (14th Congress), the DOH declared that:

> The Department of Health (DOH) poses no objections to the initiatives that ascertain the operation of a relevant population management agenda that takes into account the four pillars of Family Planning: Respect for Life (absolutely "No" to any form of abortion), Informed Choice, Responsible Parenthood and Birth Spacing. It stands by its position on the various reproductive health (RH) bills and reiterates its call for an RH approach that is in harmony with Filipino culture, beliefs, values and convictions. It recognizes as well the positive impact of reproductive health on the over-all health of men, women and children. Like wise [sic], their right to information on existing reproductive health services as part of their reproductive rights and a healthy workplace that is gender sensitive particularly for women…. [It] will strongly support moves to strengthen the maternal and child health/reproductive health/family planning programs: those that focus on getting the right results for the Filipinos in the fastest way possible. (DOH, 2008)

The rest of the DOH's two-page position paper tackles its reservations regarding certain provisions of the proposed bills, specifically the creation of a Reproductive Health Management Council and the transfer of the POPCOM to the National Economic and Development Authority, both of which do not jive with the existing organizational setup of the DOH.

POPCOM's three-paragraph position paper on the same Senate bills has the same impassive tone as the DOH's statement:

> The Commission on Population (POPCOM) welcomes the issuance of these proposed measures. We commend the authors for crafting these bills that will strengthen the implementation of [the] population program, of which reproductive health is one of the major program components in order to address the country's current social and economic needs and population situation and RH program in the country. (POPCOM, 2008b)[111]

What is obviously lacking in the two agencies' positions papers is a clear stand on the issue of artificial contraception, the most contentious provision in the population/reproductive health bills. More specifically, the two agencies could be faulted for their inability/unwillingness to support this provision; after all, a pro-choice stance resonates with their mandates and their expression of support for the bills. Their carefully-worded statements reflect the difficult position that the two agencies are in, with regard to the population/reproductive health bills, as a consequence of two factors. First, the heads of these two agencies are appointed by, and serve at the pleasure of, the President. Therefore, they can be pressured – and interviews with informants from the DOH and POPCOM confirmed that they have been pressured – to follow the policy preferences of the Executive office which, in this case, is not supportive of the population/reproductive health legislative proposals. Second, both agencies have close links

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111 This is the same position paper that POPCOM presented in the public hearing conducted by the Committee on Health of the House of Representatives on 29 April 2008. In another public hearing conducted in connection with the population/RH bills filed in the House of Representatives during the 13th Congress, POPCOM was similarly clear about its support for the bills but evaded the issue of artificial contraception. In that public hearing, POPCOM Executive Director said that: "POPCOM supports bills and measures that will strengthen the Philippine Population Management Program and, definitely, programs on women's health. We believe that this Population Management Program should aim to contribute in improving the quality of life of all Filipinos through better reproductive health and I would like to stress that the term reproductive health should mean within the context of our Constitution and within the context of our national laws." (House, 2005e, p. IV-2)

with the pro-life group as much as they do with the pro-choice group – both have program partners and key officers who subscribe to the pro-life ideology.

In this situation, the organizations are only as good as their leadership, which has evidently decided to find the best compromise between mandate and politics. In DOH's case, the strategy was to keep a low profile in advocating for pro-choice at the national level, but push the advocacy at the local level, specifically with local government units (Z. Recidoro, personal communication, 7 May 2010). POPCOM, for its part, had to depend on the stand of its Board of Commissioners. Not surprisingly, the Board could not come up with a unified position on the legislative proposals, given that staunch pro-life supporters sit as members of the Board. Theoretically, the impasse could have been settled by the Chair of the Board (the DOH Secretary), but he opted not to have an agency (POPCOM) stand and instead left it to the individual member-agencies represented in the Board to voice their respective position on the legislative proposals.

While the two agencies' compromise strategy might have helped in maintaining the goodwill of their existing partners, it certainly has not helped the pro-choice legislative advocacy. As stakeholders in the population/reproductive health debates, DOH and POPCOM are not only lobbyists; they are, more importantly, also policy gatekeepers. If they could not be emphatic about policy issues that are within their turf, then it would be difficult to convince others about the soundness of relevant policy proposals. Or, to put the argument in Bourdieusian terms, **the impassive and non-committal position of DOH and POPCOM on artificial contraception (as well as other controversial provisions of the population/reproductive health bills) has rendered their linguistic products of little value in the linguistic market of the population policy-making arena.** As such, while being members of the group that espouses policy change, DOH and POPCOM have actually been of more help to the status quo supporters.

The importance of a strong bureaucracy in legislative advocacy is more sharply demonstrated in the case of the Magna Carta of Women. This measure was just as controversial as the population/reproductive health bills are, and was opposed by the Catholic Church as strongly as it had been opposing the population/reproductive health legislative proposals for basically

the same reasons – that the Magna Carta is anti-life, anti-family, and anti-Constitution.[112] Supporters of the measure came from basically the same sectors that support the population/reproductive health bills. But one big difference between these two measures is the presence of a stronger bureaucracy pushing for the Magna Carta, the Philippine Commission on Women (PCW). Reflecting on the success of the Magna Carta and PCW's other legislative advocacies, Mary Alice Rosero, Chief of PCW's Policy Analysis and Advocacy Division, sees the following as crucial to their successful legislative lobbying:

> First is the role of civil society: it is very important because if you're looking for passion, they've got it. But at the same time, civil society by itself cannot move the legislative process. It has to have a strong agency, or department, that will stake its mandate for that. For example, why did the Kasambahay Bill[113] not pass? Because a lot depended on the DOLE [Department of Labor and Employment] and the DOLE did not want to stand for it because it would mean additional work for the agency. How would it be able to monitor the condition of the household help when it is unable to monitor small enterprises? That is why the measure did not progress despite the strong support from civil society. But with the Magna Carta of Women, we staked ourselves on it. With RH, the DOH and POPCOM did not stake as much because the President has reprimanded them for supporting the RH bill. It's the civil society that's strongly pushing for the bill. It matters a lot in the legislative process that you have a strong civil society that pushes for the measure **and a government agency that will take the responsibility for its passage and implementation**. (M.A. Rosero, personal communication, 3 July 2009; emphasis added)

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112 The Church's other objections are the 1) use of the terms "gender" and "gender development", 2) use of the framework of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and 3) provision that religious belief cannot be used as a reason for not complying with the measure. (See CBCP, 2009). The Magna Carta was approved by Congress in July 2009 and signed into law by President Arroyo in August 2009. The Magna Carta is considered a landmark measure, but some women NGOs are not happy with the final version of the measure because of, among other things, the omission of the word "gender" in the provisions and the insertion of the word "ethical" in the provision on family planning services (Somera, 2009a).

113 *Kasambahay* refers to the household help (also called domestic helpers), and the bill seeks to promote and protect their rights and welfare.

The evaluation of the stakeholders' tactics has shown how closely intertwined tactics and arguments are. Tactics can help an argument gain momentum or can set it back; they could also have the unintended consequence of helping the opponent advance its arguments. But there is another point that the evaluation of the tactics has brought to the fore: the importance of resources – or capital – that the stakeholders have at their disposal for their legislative advocacy.

6.2. Stakeholder resources: economic, cultural, and social capital

Guided by Bourdieu's classification of capital, a checklist (see Annex 4) was formulated to aid the researcher in compiling the relevant information on the stakeholders' economic, cultural and social capital. Due to the sensitive nature of some of the needed data, the researcher deemed it more appropriate to rely on secondary data instead of sending the checklist to the relevant stakeholders.

Some of the data needed were explicitly stated in the materials collated, while others were inferred from the available information. In a few instances, additional data were fortuitously available from the key informant interviews conducted. This 'indirect' data gathering approach meant that the researcher was not able to obtain data for every item listed in the checklist. However, for purposes of analyzing the link between resources and legislative advocacy outcomes, the data collated are already adequate.

Tables 13 and 14 present the data on the resources of the pro-choice and pro-life stakeholders, respectively. Overall, it is not surprising that both groups have considerable economic, cultural and/or social capital at their disposal. They would not have been able to play lead roles in the population/reproductive health advocacy if they did not have sufficient capital to do so. As Bourdieu had noted, the increasing professionalization of the political field has resulted in steep capital requirements for entry into this field; this truism applies to the specific arena of population/reproductive health policy-making as well.

6.2.1. Economic capital

To fund their programs and projects, the pro-choice stakeholders rely basically on two sources: the national government budget, which is allocated through the General Appropriations Act (for government agencies), and the international funding agencies (for government agencies and NGOs). For the pro-life stakeholders, the economic resources are linked with the Catholic Church (for CBCP) and donations from benefactors (for Pro-Life).[114] The crucial implication of the stakeholders' economic resources has less to do with whether or not they are able to launch an 'aggressive' advocacy campaign – both sides are able to do so, since they are both able to launch high-profile information campaigns and special events in connection with their population/reproductive health advocacy – but with how their (sources of) economic capital translate/s into cultural or social capital that can work for or against their advocacy.

For instance, the pro-choice stakeholders' funding ties with international donors have provided the pro-life groups with one 'ammunition' for attacking the former's advocacy. Specifically, the partnership with UN agencies is claimed as proof that the pro-choice groups' reproductive health agenda includes abortion (because, according to the pro-lifers, the international definition of reproductive health includes abortion[115]); therefore, the population/reproductive health legislative proposal is unconstitutional (because the Philippine Constitution explicitly prohibits abortion). Further, the link with the UN and US-based funding agencies (especially the USAID) is used to discredit the population management advocacy as part of the US strategy for protecting its political and strategic interests abroad.[116] The general accusation, therefore, is that the pro-choice stakeholders are not working for Filipino people's welfare and interests, but are being subservient to the preferences of their funding donors.

The opposite seems to be the case with the relationship between the pro-life group and its funding sources. Since funding donors are considered *benefactors*, i.e. people who give *to help a cause*, they are presumed to be supportive of the pro-life advocacy. Therefore, it is the

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114 No data for the economic capital of ALFI were obtained.

115 The 1994 International Conference on Population and Development declaration does not endorse abortion as a family planning method, but calls for medical and other assistance for women who have undergone an abortion (Kulczycki, 1999). Conservatives in the Catholic Church – in the Philippines and elsewhere – insist that the latter provision implies acceptance of abortion.

116 The basis for this claim is the *NSSM 200* mentioned in Chapter 4.

donors who become 'beholden' to the recipient. The giver becomes a spokesperson for the advocacy of the institution it is helping. In the case of the pro-choice stakeholders, the recipient is the spokesperson, for the donor's cause. These contrasting expectations are defined by the relationship between the Church and the faithful, on the one hand, and aid agencies and the recipient countries, on the other.

6.2.2. Cultural capital

With regard to cultural capital, closer examination of the profiles[117] of officers and members of the different stakeholders reveals that both sides are not wanting in their share of religious, medical and legal experts, as well as members from the critical sectors such as the legislature, bureaucracy, religion/faith, health, youth, local government, business, and academe. Members representing the women sector are much more visible in the pro-choice than the pro-life side, and indeed have been the most active lobbyists pushing for the passage of the population/reproductive health bills. As for the legislators advocating for and against the population/reproductive health bills, a comparison of professional qualifications is not appropriate since there are more legislators who actively supported the bills than those who opposed it; however, in terms of legislative experience, the principal authors of the bills (Representative Edcel Lagman and Senator Rodolfo Biazon) and their main opponents (Representatives Raul del Mar and Roilo Golez, and Senator Aquilino Pimentel) are all seasoned politicians with impressive political and professional credentials.[118] An additional credential that is seen to have helped push the reproductive health bill in the House of Representatives is Lagman's assumption of the position as Chair of the powerful Appropriations Committee of the House of Representatives.

This 'balance of qualifications' of the pro-choice and pro-life stakeholders has benefited the population/reproductive health debate itself in the sense of surfacing the most important issues – for and against – that should be addressed in relation to the establishment of a

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117 Due to space constraints, detailed information about the profiles of the officers and members of the stakeholders were omitted from Tables 13 and 14. Only some relevant basic information about the most important/most prominent members of the organizations were included.

118 Profiles of these legislators can be found in: http://www.edcellagman.com.ph/ for Rep. Lagman, http://www.biazon.net/ for Sen. Biazon, http://www.congress.gov.ph/download/cv/ 13th/delmarcv.pdf for Rep. del Mar, http://www.golez.com/ for Rep. Golez, and http://www.nenepimentel.org/v2/index.php for Sen. Pimentel.

population/reproductive health law. However, this has also led to what Baumgartner et al. (2009) called the "information-induced equilibrium" (p. 250) that is heightened by the fact that the population/reproductive health legislative advocacy has been around for almost three decades. Over time, so much information for and against the bills have been exchanged by the opposing sides, as a consequence of which they have become 'experts' in each other's perspectives. As such, there has formed, as Baumgartner and his colleagues put it, "common understandings of the shape, direction, and justification of public policy" (p. 250). Such a situation favors the status quo supporters more than the policy change advocates because:

> Individual policy makers may come and go. Presidential appointees may arrive with a mandate and an ideology that suggests dramatic changes to the status quo policy, and some of these proposals may succeed. In general, however, for most issues most of the time, the shared information and policy understanding that surround most public policies ensure that individual efforts to redefine an issue will be met with counterarguments and reminders of the dire consequences to many constituencies should that change be adopted. Because people are strongly motivated by threats as opposed to opportunities, it is easier for defenders of the status quo to mobilize opposition to proposed changes than it is for supporters of change to allay these fears. (Baumgartner et al. 2009, p. 250)

A review of the proceedings of the Congress deliberations on the population/reproductive health bills reveals that the pro-choice stakeholders have tried to 'capitalize' on the shared understandings of the population/reproductive health issues to reduce the time spent for deliberating on the bills so that they may go up the next step in the legislative process. The rules governing the legislative process work against this argument, however, because any bill that was not ratified by both chambers at the time the outgoing Congress is adjourned must go through the process all over again in the next Congress.

Finally, it must be noted that even as Philippine society has become more secular through the years, there is a level of religious fervor that has remained among Filipinos, which makes the Church still a relevant presence in their lives.[119] At the very least, it has allowed the Church's

[119] A discussion of the intricate role of religion and Christianity in Filipino culture is beyond the scope of this dissertation. The topic, however, has attracted the attention of many scholars. A comprehensive discussion on the topic can be found in Sapitula (2009). In connection with the argument that I make above, the following points from Sapitula's paper (pp. 23-24) are particularly relevant: "Christianity has been interpreted and reinterpreted by Filipinos in ways that make the religion more appealing and relevant to

voice to be heard across the country, even if people might eventually decide not to heed its words (as in the case of artificial contraception, for example, wherein studies have shown that many Catholic couples practice this method despite the Church's exhortations not to do so).[120] Moreover, as has been pointed out, the Church has managed to harness its moral authority into a political force – at least at the national political scene.[121] However, this political force has not evolved into a voting bloc.[122]

6.2.3. Social capital

Analysis of the population/reproductive health stakeholders' alliances indicates that there are three types of linkages that impact on the pro-choice and pro-life groups' respective advocacies, namely their linkages with the government, with like-minded interest groups, and with each other.

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their concerns. Adaptations of the cult and symbols of Catholicism and biblical teachings have resulted in a vast array of religious practices which, as Lin Yip aptly describes, 'leaves much of the Christian world scratching their heads'. While a number of commentators tend to dismiss such displays of popular devotion as irrational and naive, these forms of popular religious practice reveal much about how Filipinos view the sacred. The relevance of the cult of the Virgin Mary and the Santo Niño, flagellations and crucifixions on Good Friday, among others, are to be understood in terms of a worldview wherein the sacred is basically immanent and 'tangible' and power is existentially real (and note merely an abstract concept). Seen in this light, it becomes easier to understand why Filipinos cling firmly to their pious practices, and also gives us an insight about how Christian symbols become carriers of local meanings, thus becoming tools for coping with the exigencies of life or agents of transformation and renewal. In the words of John Leddy Phelan, Christianity was amply 'Philippinized' in such a way that it looked identical, but in reality largely different from its Western counterparts."

120 This 'disconnect' between religious devotion and adherence to the teachings of the institutional church is one of the intriguing dimensions of Christianity/Catholicism in the Philippines. But this disconnect can be taken as an illustration of the argument of Jose Mario Francisco, a Jesuit priest and currently head of the School of Theology of one of the leading Catholic schools in the Philippines, that it is important "to distinguish between the influence of the Catholic Church and that of Christian stories and symbols…. [The] reach of Christian stories and symbols is far greater [than the reach of the Catholic Church] because they have historically shaped Philippine culture to a great extent and politics to a lesser. Because of this wider reach of Christian stories and symbols, **the Catholic Church often forgets the limits of its own actual influence**. It always points to the 1986 EDSA Revolution [note: this is the bloodless People Power Revolution that overthrew the Marcos dictatorship] as witness. This is of course true in part; but this dramatic social moment came about also in part due to the fact that the Catholic Church provided a relatively safe umbrella for social critique, and in part **due to the imaginative power of Christian stories and symbols long part of Philippine culture**." (Francisco, n.d., p. 5; emphases added)

121 The next chapter looks at population policy-making dynamics at the local level, and examines the role of the Church in this political setting.

122 The most recent proof of this is the victory of Benigno Aquino III, who was elected Philippine president in the elections held last May 2010. Aquino is a supporter of the reproductive health bill. Further, the main sponsors of the reproductive health bills filed in the 14th Congress – Edcel Lagman and Rodolfo Biazon – got (re)elected as members of the House of Representatives.

In their research on lobbying and lobby groups in the US, Baumgartner and his colleagues (2009) found that the Executive branch has the strongest influence on the direction that a policy proposal would be taking. This seems to be the case with the population/reproductive health bills filed under the term of President Arroyo since, as mentioned earlier, her lack of support for these legislative proposals has certainly helped stall the Congress deliberations on these measures. Unfortunately, the opportunity to verify the claim that the President would veto the bill, should Congress pass it, never came up because the 14th Congress adjourned without taking up the bill again. But there is another way that the pro-life stakeholders have benefited from the sympathetic stance of President Arroyo: she appointed two staunch pro-life supporters in the POPCOM's Board of Commissioners.

Alliances with members of the Legislative branch (Congress) seem, so far, to have benefited the pro-life than the pro-choice stakeholders. For one, the pro-life legislators have taken advantage of various potential veto points in the legislative process to block the progress of the population/reproductive health bills.[123] Moreover, although the reproductive health bill filed in the 14th Congress (House Bill 5043) had many co-authors, this did not prove to be an advantage during floor deliberations. As the Congress journals bear out, the deliberations on House Bill 5043 had to be suspended several times for lack of a quorum. If all the co-authors of the bill showed up and stayed during the deliberations, then perhaps[124] the bill would have successfully hurdled the second reading. At the very least, their presence during the deliberations could have been proof that they were not merely nominal supporters of the bill, as some pro-life stakeholders accused them of being.

As regards alliances with the bureaucracy, it was earlier pointed out that the inability of the DOH and POPCOM – whose heads are both presidential appointees[125] – to play a lead role in the population/reproductive health advocacy is one of the weak points of the pro-choice legislative advocacy. On the other hand, it clearly worked to the pro-lifers' advantage that they have two members in the POPCOM Board: it led to a stalemate regarding what official position the Board would take on the population/reproductive health bills. As a compromise,

123 See the discussion on argumentation and the legislative process, Chapter 5 of this dissertation.

124 The opponents of the bill could, of course, have stretched the period of interpellation until the time that Congress goes into recess.

125 All cabinet secretaries and heads of government commissions are appointed by the President. One cabinet secretary of the Arroyo administration, Dr. Esperanza Cabral of the Department of Social Welfare and Development (DSWD), is openly supportive of the reproductive health bills. As she herself declared, she is not afraid of losing her job if that would be the consequence of her advocacy (E. Cabral, personal communication, 28 July 2009).

the member-agencies were allowed to take their individual stand on the matter (Z. Opiniano, personal communication, 7 July 2009).

Alliances with like-minded stakeholders have been a source of great strength for both groups. For the pro-choice group, significant gains were achieved when the emphasis shifted from population (management) to reproductive health which resulted in, among other things, a greater/stronger push from the women and reproductive health NGOs. But the alliance between the population and reproductive health stakeholders took some time to turn into the partnership that it is today because of ideological differences over the 'population control' framework. Economists and demographers, the principal proponents of this framework, were the 'brains' behind the early population bills. However, this framework did not sit well with women and feminist NGOs, as they are aware of its dubious roots in the US neo-colonial, neo-imperialist agenda; moreover, they equate it with coercive population policies, such as the one implemented in China.[126] Experiences in the past Congresses also showed that the population control/management framework "would not fly" (R. San Pascual, personal communication, 23 June 2009) so it was eventually downplayed in favor of the reproductive health framework. But it was only in the 14th Congress that the reproductive health framework really became the 'blueprint' for the legislative proposals (Austria, 2007), an approach fully endorsed by the supporters of the population framework (B. de Leon, personal communication, 19 June, 2009; J. Cabigon, personal communication, 24 June 2009; E. Pernia, personal communication, 30 July 2009).

For the pro-life group, the crucial factor was the support of the Catholic Bishops' Conference of the Philippines (CBCP). The Pro-Life organization itself has been in the advocacy for more than 35 years, and through the persistent lobbying of its founder, Sr. Mary Pilar Verzosa, RGS, the organization earned supporters within Congress. But it was CBCP's support that made pro-life a highly visible legislative advocacy (M. Wasan, personal communication, 13 July 2009). The pro-lifers' edge over the pro-choice stakeholders is their (pro-life) unified stand on the various issues within the population/reproductive health debate – there are no differences of opinion about abortion, the role of women and the family in society, sex education, artificial contraception, etc. This does not mean that every member of the Church ministry subscribes to its position regarding reproductive health, family planning and related

[126] This sentiment was confirmed by several pro-choice informants; see also Austria, 2007.

issues. However, those who favor more liberal views tend to keep their stand private, and do not openly challenge the official position of their institution.

Finally, the data tables do not highlight it, but there is also collaboration among the pro-choice and pro-life stakeholders on other advocacies. For example, Representative Edcel Lagman got strong support from the Church in his legislative proposals (which were enacted into law) calling for the abolition of capital punishment, provision of cheaper medicines, and implementation of a comprehensive agrarian reform program. The Philippine Commission on Women partnered with the Church in their lobbying for the passage of the laws on rape, human trafficking and violence against women. Women and feminist NGOs have also joined hands with the Church on many political issues. The ensuing dilemma is aptly captured in the following words of a leading feminist activist:

> In other political issues, the Church is our partner – when it comes to agrarian reform, when you talk of the environment and other issues, the Church is with us. But when it comes to women, we're relegated to the Middle Ages. And it has been difficult for me because before, I did not have to deal with the Church. But when I became president of the Freedom from Debt Coalition, the Church is our ally because they're supporting debt as an immoral issue, and I had to go with them. And then some legislators who are supporting the debt issue, they were my opponents in the earlier years because they're pro-life…. And I refused in the beginning to be seen in a press conference with [them]…. And so later on… on the issue of debt, ok, we're allies; on the issue of water, we're allies; but when it comes to women, we go our separate ways. That's the arrangement, and in a sense I had to accept that. If not… you'll never find a complete ally in Congress. So you just have to choose your issues. (M.A. Nemenzo, personal communication, 30 July 2009)

There is, thus, enough goodwill between the Church and many of the pro-choice stakeholders. This is probably one of the reasons why the proponents and supporters of the population/reproductive health bills still solicit, and give weight to, the participation of the Church in the deliberations on the legislative proposals, despite their protestations that the Church has been the main obstacle in the passage of the population/reproductive health bills.

But by keeping the Church 'in the loop' the pro-choice advocates have only made it difficult for their own advocacy to succeed.

6.2.4. The impact of resources on legislative advocacy: evaluating the research hypothesis

In explaining the possible impact of resources on policy advocacy success, this study has posited that pro-life stakeholders have been more successful than the pro-choice stakeholders because:

> *H5: Those against policy change have stronger social capital than those favoring policy change.*

The findings lend support to this hypothesis but in ways more complex than how Baumgartner and his colleagues (2009) have proposed it to be. In their research, they have found that the only critical alliance, as far as advocacy success is concerned, is the one formed with the Executive office. This study's findings confirm the importance of the position of the President, but also point to the importance of the (quality of) alliances within and between the two factions of the debate. More specifically, in applying Bourdieu's conceptualization of capital and its implications for participation and success in the political field, it was shown that:

- the pro-life group's alliances with a) its funding donors helped in gaining a broader support base for its advocacies, and b) pro-choice stakeholders, with whom it works side by side in other advocacies, has made it difficult for the pro-choice group to completely alienate the Church and its supporters from the population/reproductive health stakeholders; and
- the pro-choice group's 'solidarity' has not been as strong as that for the pro-life group because a) there are ideological differences among the different stakeholders within this group regarding population and reproductive health, and b) the lead government agencies in the population/reproductive health program have been unable to play a front-liner role in the legislative advocacy.

To further clarify the link between social capital and advocacy success, as well as the seeming power of the social capital of the Catholic Church, the next chapter looks at population policy dynamics at the sub-national level.

Table 9. Advocacy activities of pro-choice stakeholders[127]

Activity	*For legislative advocacy in general*	*For the population/reproductive health bills*
WITH POLICY GATEKEEPERS		
Personal contact with Congress officials or staff	DSWD, DSWP, PCW, PLCPD, POPCOM, UPPI	DSWP, LIKHAAN, PCW, PLCPD, POPCOM, UPPI
Personal contact with Congress committee/subcommittee leadership or staff	DSWD, DSWP, PCW, PLCPD, POPCOM, UPPI	DSWP, LIKHAAN, PCW, PLCPD, POPCOM, UPPI
Personal contact with Congress committee/subcommittee member or staff	DSWD, DSWP, PCW, PLCPD, POPCOM, UPPI	DSWP, LIKHAAN, PLCPD, POPCOM, UPPI
Personal contact with rank-and-file members of Congress or staff	DSWD, DSWP, PCW, PLCPD	DSWP, PLCPD, POPCOM
Draft bill/legislative language	DSWD, DSWP, PCW, PLCPD	DSWP, LIKHAAN, PLCPD, POPCOM
Testify at Congressional hearing	DSWD, DSWP, DOH, PCW, PLCPD, POPCOM, UPPI	DSWD, DSWP, DOH, LIKHAAN, PCW, PLCPD, POPCOM, UPPI
Submit written comments on bills to member of Congress or staff	DSWD, DSWP, DOH, PCW, PLCPD, POPCOM, UPPI	DSWD, DSWP, DOH, LIKHAAN, PCW, PLCPD, POPCOM, UPPI
Send letter/position paper to member of Congress or staff	DSWD, DSWP, PCW, PLCPD, POPCOM	DSWD, DSWP, LIKHAAN, PCW, PLCPD, POPCOM
Disseminate in-house research to policy gatekeepers	DSWD, DSWP, DOH, PLCPD, UPPI	DSWP, DOH, LIKHAAN, PLCPD, POPCOM, UPPI
Disseminate external research to policy gatekeepers	DSWD, DSWP, PLCPD, POPCOM, UPPI	DSWP, LIKHAAN, PLCPD, POPCOM, UPPI
Personal contact with government official	DSWD, DSWP, PCW, PLCPD, UPPI	DSWP, LIKHAAN, PLCPD, POPCOM, UPPI
Personal contact with government agency	DSWD, DSWP, PCW, PLCPD, UPPI	DSWP, LIKHAAN, PLCPD, POPCOM, UPPI
Coalition building	DSWD, DSWP, PCW, PLCPD, POPCOM, UPPI	DSWP, LIKHAAN, PLCPD, POPCOM, UPPI
Work with legislative allies in Congress	DSWD, DSWP, PCW, PLCPD, POPCOM, UPPI	DSWP, LIKHAAN, PCW, PLCPD, POPCOM, UPPI
Work with legislative allies in government	DSWD, DSWP, PCW, PLCPD, POPCOM, UPPI	DSWP, PCW, PLCPD, POPCOM, UPPI
Work with non-government legislative allies	DSWD, DSWP, PLCPD, POPCOM, UPPI	DSWP, PLCPD, POPCOM, UPPI
Hire consultants to help with lobbying	DSWD, DOH	DOH

[127] The meaning of the acronyms can be found at the beginning of this chapter

Table 9. Advocacy activities of pro-choice stakeholders (cont'n.)

Activity	*For legislative advocacy in general*	*For the population/reproductive health bills*
PUBLIC AWARENESS CAMPAIGNS		
Press conference/press releases	DSWD, DSWP, PCW, PLCPD, UPPI	DSWP, LIKHAAN, PCW, PLCPD, POPCOM, UPPI
Public education/relations campaign	DSWD, DSWP, PLCPD	DSWP, LIKHAAN, PLCPD
Op-ed opinion pieces	DSWP, PLCPD	DSWP, LIKHAAN, PLCPD
Pay for ads	DSWP, PLCPD	DSWP, PLCPD
Disseminate in-house research to the public	DSWP, PLCPD, UPPI	DSWP, LIKHAAN, PLCPD, POPCOM, UPPI
GRASSROOTS ADVOCACY		
Mobilize mass membership	DSWP, POPCOM	DSWP, LIKHAAN, POPCOM
Mobilize elite membership	DSWP	DSWP, LIKHAAN
Organize a lobby day	DSWP, PCW, PLCPD	DSWP, LIKHAAN, PCW, PLCPD
Mobilize general public	DSWP, PLCPD	DSWP, PLCPD
OTHER ADVOCACY ACTIVITIES		
Organize training workshops with legislative and committee staff	PLCPD	PLCPD
Conduct individual briefings/one-on-one meetings with legislators	PLCPD, POPCOM	PLCPD, POPCOM
Hold (bill) authors meetings	DSWP, PLCPD	DSWP, PLCPD
Submit policy analysis and policy memo to Congress members	PLCPD	PLCPD
Signature campaign	DSWP, POPCOM	DSWD, DSWP, POPCOM
Dissemination of Q&A	POPCOM	POPCOM
Organize high-profile events	DSWP	DSWP
Use social networking sites	DSWP	DSWP
TV/radio appearances	DSWP	DSWP
Advocacy through litigation	None	LIKHAAN

Table 10. Advocacy activities of the Alliance for the Family Foundation Philippines, Inc. (ALFI)

Advocacy activity	*For the population/ reproductive health bills*	*For other legislative advocacies*	*Sources*	*Remarks/Details*
WITH POLICY GATEKEEPERS				
Personal contact with Congress officials or staff	Yes	Yes	"Contact your Congressmen" at http://alfi.org.ph/home/	ALFI has a list of the names of the Congresspeople who are supportive and are against the reproductive health bill and their other advocacies. This indicates that they have a direct or indirect link with some of these legislators.
Testify at congressional hearing	Yes	Yes	(1) Congress journals – for the population/reproductive health bills (2) http://lagablab.wordpress.com/2006/08/11/senate-panel-no-reason-why-sbn-1738-should-not-be-approved/	(1) ALFI is one of the organizations that participated in the public hearings on the population/reproductive health bills. (2) It was mentioned in this article that a representative of the organization joined in the Senate hearing on Senate Bill 1738 (Anti-Gender Discrimination Act).
Submit written comments on bills to member of Congress or staff	Yes	No information	(1) Congress journals (2) ALFI's Key Comments on House Bill 5043 at http://alfi.org.ph/home/	
Send letter/ position paper to member of Congress or staff	Yes	No information	(1) Congress journals (2) http://www.pop.org/20050715664/population-controllers-target-one-of-the-last-pro-family-christian-nations	In the article "Population controllers target one of the last pro-family Christian nations", it was written that ALFI sent letters to Congress people to oppose House Bill 3770.

Table 10. Advocacy activities of the Alliance for the Family Foundation Philippines, Inc. (ALFI) (cont'n.)

Advocacy activity	*For the population/ reproductive health bills*	*For other legislative advocacies*	*Sources*	*Remarks/Details*
PUBLIC AWARENESS CAMPAIGNS				
Opinion pieces	Yes	Yes	http://alfi.org.ph/home/ - Media Watch section	The Media Watch section contains opinion articles on various social issues, as well as on bills filed in Congress that have implications for the organization's advocacy.
Disseminate research results to the public	Yes	No information	" The Reproductive Health Act Will Severely Injure Filipinos and Filipinas, Our Families and Society" at http://fightrhbill.blogspot.com/search/label/Alliance%20for%20the%20Family%20Foundation%20Philippines	This article seeks to inform the public about the long term disadvantages of adopting a reproductive health law by presenting cases in countries like the US, some EU states, Japan and China.
Write/disseminate position paper	Yes	Yes	(1) " 12 Reasons Why We Oppose HB 5043 and Why Catholics Must Oppose the Reproductive Health Act" at http://alfi.org.ph/home/index.php/2008/10/12-reasons-why-we-oppose-hb5043/ (2) http://alfi.org.ph/home/index.php/2008/10/why-catholics-must-oppose-the-reproductive-health-bill/	The organization publishes on its Web site its stand on various bills
GRASSROOTS ADVOCACY				
Mobilize mass membership	Yes	No information	(1) " What Can You Do to Stop the Reproductive Health Act" at http://alfi.org.ph/home/index.php/2008/10/what-you-can-do-to-stop-the-reproductive-health-act/ (2) http://www.petitiononline.com/xxhb5043/petition.html	The Web site lists 13 things that pro-life supporters can do to stop the passage of the population/reproductive health bills. There is also a link to an online signature campaign against said bills.

Table 10. Advocacy activities of the Alliance for the Family Foundation Philippines, Inc. (ALFI) (cont'n.)

Advocacy activity	*For the population/ reproductive health bills*	*For other legislative advocacies*	*Sources*	*Remarks/Details*
OTHER ADVOCACY ACTIVITIES				
Endorse political candidates who are pro-life	Yes	Yes	See "Being Pro Life Amidst the Poverty and Hunger of the People" from <http://laikopilipinas.livejournal.com> accessed on June 4, 2010	The article mentions that in the 2007 national elections, ALFI came up with a list of congressmen who are pro-life and the organization endorsed them.
Pressure schools to not include reproductive health studies in the curriculum	Yes	Not applicable	See " Ateneo Drop Population Management Course" in http://www.gmanews.tv/story/55902/PCIJ-Churchs-gain-in-population-policy-is-womens-losss, accessed on June 4, 2010	The organization protests the offering of the MBA program on Strategic Population Research Management in the Ateneo de Manila University, a Catholic university.

Table 11. Advocacy activities of the Catholic Bishops' Conference of the Philippines (CBCP)

Advocacy activity	*For the population/ reproductive health bills*	*For other legislative advocacies*	*Sources*	*Remarks/Details*
WITH POLICY GATEKEEPERS				
Testify at congressional hearings	Yes	Yes	Congress journals	It is part of CBCP's legislative advocacy to participate in Congress deliberations on bills and other measures
Dialogue with legislators	Yes	Yes	" Bishops to Coax pro-RH bill Lawmakers to Support their Advocacy" accessed from http://www.highbeam.com/doc/1G1-188400148.html	Although the article talks only about the reproductive health bill, it is also a known fact that the Church holds dialogues with legislators concerning its many legislative advocacies
Submit written comments on bills to member of Congress or staff	Yes	Yes	Congress journals	
Send letter/position paper to member of Congress or staff	Yes	Yes	Congress journals CBCP Web site http://www.cbcponline.net/	The various position papers prepared by the CBCP about bills and resolutions filed in Congress can be found in its Web site
Personal contact with government official/agency	Yes	Yes	(1) http://www.impactmagazine.net/v41n01/nfp.htm (2) http://www.gmanews.tv/story/141323/denrs-atienza-renews-partnership-offer-to-cbcp	The two articles talk about CBCP's dialogues with the DOH and POPCOM regarding natural family planning, and with the DENR regarding mining and logging
Coalition building	Yes	Yes	(1) "Bishops pledge continued support for pro-life advocacy" accessed from http://prolife.org.ph/home/uploads/fyi/Jul-Aug09.pdf (2) http://www.gmanews.tv/story/141323/denrs-atienza-renews-partnership-offer-to-cbcp	The articles talk about the partnership between the CBCP and Pro-Life Philippines in promoting the pro-life advocacy, and between CBCP and DENR in addressing the problems of irresponsible mining and logging

Table 11. Advocacy activities of the Catholic Bishops' Conference of the Philippines (CBCP) (cont'n.)

Advocacy activity	*For the population/ reproductive health bills*	*For other legislative advocacies*	*Sources*	*Remarks/Details*
PUBLIC AWARENESS CAMPAIGNS				
Issue pastoral letters/position papers/statements	Yes	Yes	http://www.cbcponline.net/documents/	In this link can be found the various pastoral letters and other statements that the CBCP has issued regarding the most pressing social issues in the Philippines
Billboard campaign	Yes	No information	"Catholic Church to protest 'Anti-Life' Bill" accessed from http://www.highbeam.com/doc/1G1-188823875.html	The Church will put up 150 billboards all over the country with the message "Yes to life, No to reproductive health (bill)"
Internet blogging	Yes	Yes	(1) " Reproductive Health Bill to ruin people's health, warns Archbishop Cruz" accessed from http://www.cbcpnews.com/?q=node/4635 (2) http://ovc.blogspot.com/	The blog of Archbishop Oscar Cruz (Director of CBCP Legal Office and Judicial Vicar of the CBCP National Tribunal of Appeals) tackles various social issues
Produce and disseminate educational DVDs	Yes	No information	http://www.gmanews.tv/story/117015/Church-to-push-defiance-of-reproductive-health-bill-if-passed-into-law	This news article talks about the DVD screening program of the CBCP on *The Subtle Attacks on Family*
GRASSROOTS ADVOCACY				
Mobilize general public	Yes	Yes	(1) http://www.gmanews.tv/story/109416/Thousands-attend-CBCP-led-pro-life-rally-at-UST (2) http://www.abs-cbnnews.com/nation/06/07/09/cbcp-head-urges-peaceful-con-ass-protest	These two articles report about the mass mobilizations led by the CBCP against the bills on a) reproductive health and b) constitutional change

Table 11. Advocacy activities of the Catholic Bishops' Conference of the Philippines (CBCP) (cont'n.)

Advocacy activity	*For the population reproductive health bills*	*For other legislative advocacies*	*Sources*	*Remarks/Details*
OTHER ADVOCACY ACTIVITIES				
Signature campaign	Yes	Yes	(1) http://www.cbcpnews.com/?q=node/4366 (2) http://www.gmanews.tv/story/80649/CBCP-AMRSP-to-hold-mass-signature-drive-for-truth	The two articles talk about CBCP's signature drive a) against the reproductive health bill and b) for the resolution of the controversy regarding the ZTE broadband network deal
Endorse pro-life candidates and ask voters to boycott those who are pro-choice	Yes	Yes	(1) "CBCP Eyes Support for Anti-Repro Health Bill Solons" accessed from http://www.malaya.com.ph/sep15/metro1.html (2) CBCP Says Its Stand on the RH Bill Remains" accessed from http://www.alternat1ve.com/biofuel/2009/05/18/cbcp-says-its-stand-on-the-reproductive-health-bill-remains/	

Table 12. Advocacy activities of Pro-Life Philippines

Advocacy activity	*For the population/ reproductive health bills*	*For other legislative advocacies*	*Sources*	*Remarks/Details*
WITH POLICY GATEKEEPERS				
Personal Contact with Congress officials or staff	Yes	Yes	http://prolife.org.ph/home/index.php/about-us/organizational-board	One of their Board Members is William Tieng, a member of the 14th Philippine Congress
Testify at congressional hearing	Yes	No information	Congress journals	
Submit written comments on bills to members of Congress or staff	Yes	Yes	Congress journals http://www.prolife.org.ph/news/index.php/2010/01/position-paper-on-house-bill-956/	Aside from the reproductive health bill, Pro-Life also lobbies against bills that run counter to its ideology; an example is House Bill 956 or the Anti-Gay Discrimination Act
Send letter/position paper to member of Congress or staff	Yes	Yes		
Personal contact with government officials	Yes	Yes		Joselito Atienza, a cabinet secretary, is Pro-Life Philippines' incumbent president
Coalition-building	Yes	No information	"Bishops pledge continued support for pro-life advocacy" accessed from http://prolife.org.ph/home/uploads/fyi/Jul-Aug09.pdf	This article talks about the partnership between Pro-Life and the CBCP in promoting the pro-life advocacy

Table 12. Advocacy activities of Pro-Life Philippines (cont'n.)

Advocacy activity	*For the population/ reproductive health bills*	*For other legislative advocacies*	*Sources*	*Remarks/Details*
PUBLIC AWARENESS CAMPAIGNS				
Public information campaign	Yes	No information	"Pro-Life Philippines to Conduct Forum on Pornography" < http://www.cbcpnews.com/?q=node/5682,accessed on May 25, 2010>	
Op-ed/opinion pieces	Yes	Yes	http://prolife.org.ph/home/index.php/magazines	The organization has its own publication wherein opinion articles on various social issues are published
Disseminate in-house research to public	Yes	No information	"Prolifers Prove More Filipinos Disagree with RH Bill Propositions" accessed from <http://www.prolife.org.ph/news/index.php/2010/01/prolifers-prove-more-filipinos-disagree-with-rh-bill-propositions/, accessed on May 25, 2010>	Pro-life released the results of their own survey, showing that contrary to what pro-choice groups say, more Filipinos oppose than approve the reproductive health bill
GRASSROOTS ADVOCACY				
Mobilize mass membership	Yes	Yes	Steven Ertelt, " Philippines pro-Life Youth Rally Sees 10,000 Teenagers Oppose Abortion) <accessed from http://www.lifenews.com/int196.html, accessed on May 26, 2010>	Approximately 10,000 youth attended the rally in Manila organized by Pro-life. The participants pledged to uphold the principles of Pro-Life and to lead a life according to the morals of the church.
Mobilize general public	Yes	Yes	Prolifers Muster Forces against Aquino" <accessed from ww.ucanews.com/2010/03/10/pro-lifers-muster-forces-against-aquino/, accessed on May 26, 2010>	Supporters of pro-Life and the CBCP gathered in a National Leaders Summit and declared support for presidential candidate Manuel Villar because he is against the reproductive health bill.

Table 13. Resources of pro-choice stakeholders

Organization	*General profile*	*Economic capital*	*Cultural capital*[128]	*Social capital*
DOH Department of Health http://www.doh.gov.ph	The DOH is the primary government agency responsible for health service delivery in the Philippines. Currently, the agency's program thrust is embodied in the *National Health Development Plan 2006-2010* better known as the *FOURmula ONE (F1) for Health*. The Plan provides for a "health sector reform implementation framework [that will] ensure access to and availability of essential health packages; assure the quality and affordability of health goods and services; secure more, better and sustained financing for health; and, improve performance of the health system within the medium term."[129]At present, the DOH is composed of 17 central offices, 16 Centers for Health Development located in the different regions of the country, 70 hospitals, and four attached agencies. More information about the DOH can be found in Chapter 3 of this dissertation.	▪ The DOH got the fourth biggest share of the 2009 national budget.[130] Its budget appropriation for 2009 was PhP23.67B. ▪ The agency receives funding assistance from various institutions. For instance, the WHO funds its anti-schistosomiasis project, the USAID provides funds for its reproductive health program, and the Asian Development Bank gives financial assistance for the Health Sector Development Project. The government of Netherlands has so far given the DOH around US$20.15M funding assistance.[131]	▪ Francisco Duque served as DOH Secretary in 2005-2010. He was formerly the head of the Philippine Health Insurance Corporation. ▪ The agency implements 44 health programs (See http://www.doh.gov.ph/program.html) ▪ In the past, the DOH was directly responsible for the delivery of primary health care services. Under the devolution scheme, it provides technical assistance to the local governments regarding health service delivery. ▪ In 2006, DOH was awarded as the number one government agency in the fight against corruption, and was named in a national survey as the number one government agency in terms of overall performance.	▪ The DOH Secretary is appointed by the President. This is the reason why its national-level RH advocacy is weak; the advocacy is stronger at the local government unit level.[132] ▪ POPCOM is an attached agency of the DOH; the DOH Secretary is the Chair of the POPCOM Board. ▪ Aside from its partnerships with other government agencies, local government units, and various funding institutions, the DOH has also collaborated with many private organizations and NGOs in the implementation of its programs and projects.

128 The key officers considered were the incumbent during the 14th Congress.

129 DOH, 2006, p. 5

130 Olea, R.V. (2008). Debts Payment 48% of Proposed 2009 Budget: Allotment for Services Measly. *Bulatlat.* Retrieved from http://www.bulatlat.com/main/2008/09/12/debt-payments-48-of-proposed-2009-budget-allotment-for-services-measly/, on 5 May 2010.

131 DOH. (2007 *Annual Report 2007*. Available from http://www.doh.gov.ph/files/doh_annualreport07.pdf; Z. Recidoro, personal communication, 7 May 2010

132 Z. Recidoro, personal communication, 7 May 2010

Organization	*General profile*	*Economic capital*	*Cultural capital*	*Social capital*
DSWD Department of Social Welfare & Development http://dswd.gov.ph	The DSWD is mandated to "provide assistance to local government units, non-government organizations, other national government agencies, people's organizations, and other members of civil society in effectively implementing programs, projects and services that will alleviate poverty and empower disadvantaged individuals, families and communities for an improved quality of life."[133] Its key functions are to 1) formulate policies and plans for the guidance of all involved in social welfare and development (SWD) services delivery, 2) formulate and enhance sector-specific SWD programs, 3) oversee the accreditation of various entities engaged in SWD work, 4) provide technical assistance to intermediaries in SWD work, and 5) provide social protection to the poor, vulnerable and disadvantaged sectors, as well as funding support to local government units in SWD service delivery.	▪ In 2010, the DSWD was allocated a budget of PhP15.3B by the government. ▪ Among the international agencies extending funding support to the agency are the: World Bank, for the anti-poverty project; Agencia Española de Cooperacíon para el Desarollo, which has funded 275 local-level projects worth PhP288M; UN World Food Programme, for the peace process and food security project in Mindanao; UNFPA, which released PhP2.4M in 2009 for local-level projects promoting the rights of women and girls; New Zealand Int'l. Aid and Development Agency, for Project Hope, an initiative for families in Mindanao; ILO, which released PhP2.5M for anti-human trafficking efforts; UNDP, for assistance for typhoon victims and for an anti-HIV/AIDS project; and UNICEF, which gives financial assistance for programs and services for the youth.	▪ Esperanza Cabral, a multi-awarded cardiologist, served as DSWD Secretary in 2006-2010. She has previously served as a Commissioner of the Philippine Commission on Women, and is a vocal advocate of the RH bill. ▪ The agency has 10 major programs and services geared towards poverty alleviation, livelihood and capability development, proper nutrition and food subsidy, shelter assistance, and provision of welfare services to Filipinos overseas. ▪ In 1991, DSWD's service delivery functions were devolved to the local government units; only the maintenance of centers and institutions providing follow-up assistance to discharged DSWD clients remained with the agency.	▪ The DSWD "provides assistance to other national government agencies (NGAs), local government units (LGUs), non-government organizations (NGOs), people's organizations (POs), and members of civil society in the implementation of programs, projects, and services that will alleviate poverty and empower disadvantaged individuals, families, and communities to improve their quality of life."[134] ▪ As earlier noted, the DSWD partners with various international funding agencies.

133 Retrieved from the DSWD Web site <http://www.dswd.gov.ph/index.php/about-us> on 13 May 2010

134 Retrieved from the Web site of the Department of Budget and Management, Republic of the Philippines <http://www.dbm.gov.ph/OPIF_2007/dswd.pdf> on 21 May 2010

Organization	*General profile*	*Economic capital*	*Cultural capital*	*Social capital*
DWSP and RHAN[135] Democratic Socialist Women of the Philippines and Reproductive Health Advocacy Network http://www.dswp.org.ph http://rhanphilippines.multiply.com	The DSWP, a partner organization of the Democratic Socialist Party of the Philippines, was founded in 1987.[136] It is a national federation of grassroots and community based women's organizations. Its members are mostly from marginalized communities. It has 98 accredited chapters scattered across nine regions of the Philippines.[137] DWSP does not believe in prescribing solutions because it does not regard women as beneficiaries "but as active players".[138] Thus, project implementation relies heavily on the participation and cooperation of the federation chapters. DSWP's thrusts are: fighting all forms of discrimination against women, promoting the recognition of women's role in development, enhancing women's self-confidence and economic independence, increasing women's participation in decision-making, and working with other organizations sharing DSWP's goals and objectives.	No documented information available. From queries with the organization, it was learned that one of the funding partners of DSWP is the Employers Confederation of the Philippines	▪ Elizabeth Angsioco, DSWP's National Chairperson, is a well-known feminist activist in the country ▪ Its core programs and strategies are the Organizing & Consolidation, Technical Assistance & Direct Service, Education & Training, Advocacy & Networking, and Organizational Sustainability programs. ▪ DSWP has successfully lobbied for more gender-sensitive legislations and policies. At the national level, these include the laws on daycare centers, party list, paternity leave, sexual harassment and rape. At the local level, examples are resolutions and ordinances providing bonuses for daycare workers and health workers; securing comprehensive assistance for women victims of violence, and obtaining livelihood projects.	DSWP has formed alliances with seven women's networks: SIBOL, a coalition of 11 women NGOs active in legislative and policy advocacy for women; NOVA, composed of 15 organizations whose main advocacy is migration; KK, composed of more than 30 organizations focused on ending violence against women and poverty; 3RG and Task Force May 28, two groups advocating for women's sexual and reproductive health and rights; CATW, an international coalition working against women trafficking; and BABAYI, a national alliance of grassroots women's organizations working for women's political participation. DSWP is an active member of four networks working on political reforms.[139]

135 DWSP and RHAN are two distinct organizations. DWSP is a member of RHAN and the head of DSWP is the Secretary-General of RHAN; hence, the two groups are merged in the discussion. However, the profile herein presented applies more to the DSWP than the RHAN.

136 Retrieved from the Friedrich Ebert Stiftung Web site <http://library.fes.de/fulltext/iez/01109005.htm> on 5 May 2010

137 Cunanan-Angsioco, 2000

138 Ibid.

139 Ibid.

Organization	*General profile*	*Economic capital*	*Cultural capital*	*Social capital*
LIKHAAN Likhaan Center for Women's Health http://www.likhaan.net	LIKHAAN is an organization of grassroots women and men, health advocates and professionals committed to women's health and reproductive rights.[140] Its advocacies include: women's empowerment, universal access to the highest attainable standard of health, primary health care, maternal mortality, contraception; unsafe abortion, and patient's rights.[141] The organization aims for pro-women health policies and programs based on the values of social justice, equity and human rights.	The organization's financial resources come mainly from foreign funding institutions. Their biggest donors are the David and Lucille Packard Foundation and the Inter Pares Canada. Other funding donors are the Guttmacher Institute, Australian Agency for International Development, and UNFPA.	▪ LIKHAAN's Board of Trustees include well-known feminists and women activists in the country (Sylvia Claudio, Junice Melgar, Rina David, and Elizabeth Pangalangan), and two former DOH Secretaries (Jaime Galvez-Tan and Alberto Romuladez). ▪ It presently serves as the Secretariat of the Reproductive Health Advocacy Network, a coalition of 40 NGOs championing RH rights and gender-based policies. ▪ Its core competencies are provision of primary health care services to women, community organizing and education, feminist counseling, production of IEC materials on its advocacies, and research geared towards improving health care services.[142]	LIKHAAN's alliances include: ▪ Cut the Cost Cut the Cost Network, composed of civil society organizations whose main goal is to lower the cost of medicines and make health care accessible to all. ▪ Universal Health Care Group, a US-based company whose main objective is to provide health plan to its members. ▪ Women's Global Network for Reproductive Rights, a network of more than 1,000 organizations working for reproductive and health rights. ▪ Asia-Pacific Research and Resource Center for Women, a regional organization advocating for a gender perspective in policies and plans affecting women. ▪ International Consortium for Medical Abortion, an international organization that promotes medical abortion in the context of safeguarding women's health. ▪ International Initiative for Maternal Mortality and Human Rights, composed of national, regional and international NGOsworking for a comprehensive approach to the reduction of maternal mortality.

140 Retrieved from the Likhaan Web Site <http://likhaancenterforwomenshealth.blogspot.com/2009/08/about-us.html> on 27 April 2010

141 Retrieved from the Likhaan Web site <http://likhaan.net/content/about-likhaan> on 27 April 2010

142 Retrieved from Wikipedia <http://www.en.wikipedia.org/wiki/Likhaan> on 4 May 2010; see also the Likhaan Web site <http://likhaan.net/content/about-likhaan>

Organization	*General profile*	*Economic capital*	*Cultural capital*	*Social capital*
PCW Philippine Commission on Women http://www.ncrfw.gov.ph	Formerly known as the National Commission on the Role of Filipino Women, the PCW is the government machinery on women and gender equality. Its mandate is to ""review, evaluate, and recommend measures, including priorities to ensure the full integration of women for economic, social and cultural development at national, regional and international levels, and to ensure further equality between men and women."[143] The Commission's *Philippine Plan for Gender-Responsive Development (1995-2025)* serves as its framework for meeting its mandate. At present, PCW's work is geared towards three themes: women's economic empowerment, women's human rights, and gender-responsive governance.	▪ In 2010, PCW's share of the national budget was PhP63.8M. ▪ Many short-term projects of the Commission are funded by UN agencies such as the UNDP, UNIFEM, and UNFPA. The International Labour Organization also funds some its activities and short-term projects. ▪ The UNFPA is the Commission's partner for the Project on Strengthening Government Mechanism in Mainstreaming Gender in the Reproductive Health, Population and Anti-Violence against Women Programs while the Canadian International Development Agency is its partner for the Great Women Project (promoting women's entrepreneurship).[144]	▪ Myrna Yao, a prominent businesswoman, was appointed Chairperson of the PCW in 2004. ▪ Former Senator Leticia Shahani and Aurora de Dios, a prominent women's rights activist, also served as Chairpersons of PCW. ▪ The major programs and projects, focusing on gender and development, of PCW include: 1) policy advisory services to the President and the cabinet, and legislative advocacy; monitoring implementation of laws and international commitments; technical assistance to national and sub-national agencies; strengthening information resource systems. ▪ The Commission played a leading role in the passage of the following laws: Women in Development and Nation-Building Act, Anti-Sexual Harassment Act, Anti-Rape Law, Anti-Trafficking in Persons Act, Anti-Violence aganst Women and Children Act, and the Magna Carta of Women.	▪ The heads of the following government agencies sit in the PCW's Board: Labor and Employment, Economic and Development Authority, Social Welfare and Development, Agriculture, Education, Health, Foreign Affairs, Interior and Local Government, Trade and Industry, and Budget and Management. ▪ Commissioners from NGOs represent the following sectors: labor, business and industry, science and health, education, indigenous people, urban poor, peasants and fisherfolk, elderly and disabled, media and arts, culture, youth, and women. The Commission has in its network hundreds of NGOs working primarily on women and social development. ▪ Leading international organizations collaborate with the PCW on gender and development initiatives.

143 Retrieved from the PCW Web site <http://www.ncrfw.gov.ph/index.php/ncrfw-profile> on 27 May 2010

144 Retrieved from the PCW Web site <http://www.ncrfw.gov.ph/index.php/ncrfw-profile/ncrfw-organizational-structure> on 27 May 2010

Organization	*General profile*	*Economic capital*	*Cultural capital*	*Social capital*
PLCPD Philippine Legislators' Committee on Population and Development http://plcpd.org.ph	PLCPD is "a non-stock, non-profit foundation dedicated to the formulation of viable public policies requiring legislation on population management and socio-economic development."[145] In this regard, PLCPD works with national and sub-national legislative bodies, on the one hand, and with the civil society, on the other, thereby acting as a "conduit" between these two sectors.[146] PLCPD's main advocacy is with members of the Philippine Congress, and its main legislative agenda are on health, population and development, and on reproductive health. It collaborates with other advocates on legislation for education, environment, governance and fiscal reforms, human rights, jobs and livelihood, rural development, women and children, trade and investments, and health.	PLCPD's projects are funded by international organizations, namely, the UNFPA, David and Lucile Packard Foundation, and Interchurch Organisation for Development Cooperation (ICCO).[147] Packard and ICCO each release PhP7-8M yearly, while UNFPA's annual funding is PhP3M.	▪ PLCPD's membership is composed of incumbent members of Congress.[148] ▪ It has been recognized as an advocacy institution that brings in the public's perspective into legislation, an empowering institution for people's participation in legislation, a building institution that forms close collaboration with legislators.[149] ▪ It provides various types of technical assistance to members of Congress (e.g. drafting bills, resolutions and position papers; training of legislative staff; facilitating networking with civil society, media, and legislators in other countries); advocacy assistance to other stakeholders; and technical assistance to local-level legislators (e.g., policy dialogues, budget advocacy, conducting advocacy campaigns, study tours).[150]	Aside from members of Congress and its funding donors, PLCPD is also partners with 115 civil society groups.[151] It manages the Secretariat of the Population, Health and Environment (PHE) Network, whose other members are the Balay Rehabilitation International, POPCOM, Save the Children, Family Planning Organization of the Philippines, Forum for Family Planning and Development, Employers Confederation of the Philippines, Path Foundation, Philippine Rural Reconstruction Movement, Oxfam International, Philippine Business for Social Progress, RHAN, Population Reference Bureau, and Conservation International.[152]

145 Retrieved from the PLCPD Web site <http://www.nonprofitpages.com/plcpd> on 15 April 2010

146 Retrieved from the PLCPD Web site <http://plcpd.org.ph/AboutUs.aspx> on 15 April 2010

147 GMANews.TV, 2008b; Esguerra, 2008b

148 For the 14th Congress, about 30% of the legislators are members of PLCPD (Source: Australian All Party Parliamentary Group on Population and Development. (2003). Report of the Philippines study tour, July 2003. Available from http://www.pgpd.asn.au/documents/Philippines%20Report.pdf

149 POPCOM, 2008a

150 Retrieved from the PLCPD Web site <http://plcpd.org.ph/Products.aspx> on 15 April 2010; Noble, 2008

151 Retrieved from http://eliteshow.biz/Newsletters/Issue_Aug_Sept%2701/Aug-Sept-01.htm on 15 April 2010

Organization	*General profile*	*Economic capital*	*Cultural capital*	*Social capital*
POPCOM Commission on Population http://www.popcom.gov.ph	POPCOM serves as "the central coordinating and policy making body of the government in the field of population."[153] A comprehensive profile of POPCOM is presented in Chapter 3 of this dissertation.	▪ Currently, the bulk of POPCOM's budget comes from the national government. From 2000 to 2007, POPCOM's budget was around PhP110M. In 2008, there was a tremendous increase (227%) in its budget – PhP392.5M – in line with the government's decision to launch a program for the promotion of natural family planning. POPCOM's budget for 2009 was PhP402.8M and for 2010, PhP274.1M.[154] ▪ POPCOM has received project grants from the UNFPA, USAID, The Futures Group, and Johns Hopkins University, Ford Foundation, World Bank, Asian Development Bank, AusAID, and GTZ.[155] However, it has not been getting much foreign funding in the past years. [156]	▪ The DOH Secretary is the Chairperson of the Board of Commissioners. The other government agencies represented in the Board are: Economic and Development Authority, Interior and Local Government, Labor and Employment, Agriculture, Agrarian Reform, Education, Trade and Industry, Social Welfare and Development, Public Works and Highways, and the University of the Philippines Population Institute. ▪ There are three NGO representatives in the Board. As of April 2010, they are internationally-renowned population expert Mercedes Concepcion, and pro-life supporters Geraldine Padilla and Jose Sandejas.[157] ▪ POPCOM's core competencies are as "lead formulator of the population policy and strategic directional plans; technical resource agency on population concerns; [and] population and development integration and advocacy in national, regional and local planning processes."[158]	▪ POPCOM has regional offices that serve as its liaison with the local governments. ▪ The agency partners with other government agencies, as well as pro-choice and pro-life groups, in the implementation of its programs and projects. ▪ It is a member of the PHE Network (see PLCPD profile for details about this network)

152 De Souza, 2008
153 Retrieved from the POPCOM Web site <http://www.popcom.gov.ph/about_us/mandate.html> on 15 April 2010
154 Z. Opiniano, personal communication, 26 April 2010; Lacsamana, 2007
155 Retrieved from the POPCOM Web site <http://www.popcom.gov.ph/programs_projects/foreign_2000.html#proj01> and <http://www.popcom.gov.ph/programs_projects/foreign_2000.html#proj18> on 15 April 2010
156 Z. Opiniano, personal communication, 26 April 2010
157 Ibid.
158 Lacsamana, 2007, p. 8

Organization	*General profile*	*Economic capital*	*Cultural capital*	*Social capital*
UPPI University of the Philippines Population Institute http://web.kssp.upd.edu.ph/popinst/inst.htm	UPPI is an academic unit of the University of the Philippines (UP), the country's state university. Its main objectives are: "To prepare students for professional careers as demographers in research and teaching posts; To pursue a program of research on population that gives emphasis both to emerging technical development in Demography and to research areas significant for planning and program management purposes; To provide technical assistance to GOs and NGOs working on population and reproductive health."[159] For research, training and similar involvements, UPPI set up the Demographic Research and Development Foundation (DRDF).	▪ As an academic unit, UPPI has its share of the budget allocated for UP by the national government. ▪ The Institute has received funding assistance from the Ford Foundation, UNFPA, David and Lucille Packard Foundation, East-West Center, USAID, Path Foundation, Population Council, Philippine Population Association, Alan Guttmacher Institute, and The Futures Group.[160]	▪ UPPI's founding director is Prof. Mercedes Concepcion, internationally-renowned population expert. ▪ It is the only academic institution in the Philippines offering graduate-level training in demography and population studies.[161] ▪ It is a council member of Committee for International Co-operation in National Research in Demography (CICRED).[162] ▪ DRDF: "Conducts regular trainings for practitioners in government and non-governmental agencies in the integration of demographic issues in development planning; Conducts researches and studies significant for policy development and program management purposes; [and] Serves as a focal point for the dissemination of knowledge in the population field.[163] ▪ DRDF has conducted large-scale nationwide studies on adolescent reproductive health, the elderly, HIV-AIDS, and demographic and health surveys.[164]	▪ As shown in the preceding columns, the UPPI has extensive national and international linkages with academic institutions, government agencies, funding agencies, and NGOs working on population and related issues. ▪ Through the PopArchive project, a compilation of datasets on Philippine studies on population and reproductive health, it provides service to the population/reproductive health research community.

159 Retrieved from the UPPI Web site <http://web.kssp.upd.edu.ph/popinst/inst.htm> on 16 April 2010
160 Retrieved from the UPPI Web site <http://web.kssp.upd.edu.ph/popinst/drdf.htm> on 16 April 2010
161 Retrieved from the UPPI Web site <http://web.kssp.upd.edu.ph/popinst/inst.htm> on 16 April 2010
162 Ibid.
163 Retrieved from the UPPI Web site <http://web.kssp.upd.edu.ph/popinst/drdf.htm> on 16 April 2010
164 Ibid.

Table 14. Resources of pro-life stakeholders

Organization	*General profile*	*Economic capital*	*Cultural capital*	*Social capital*
ALFI Alliance for the Family Foundation Philippines, Inc. http://alfi.org.ph/home	ALFI is a multi-sectoral organization committed to protecting the Filipino family as an institution. It seeks to promote awareness on the negative consequences of legislations, projects and programs that are deemed adverse to human life, marriage and the family. Its mission is "to undertake all kinds of initiatives in order to foster and defend the sanctity of marriage, to promote family solidarity, and to protect life at all stages of development." [165]	No data	▪ ALFI monitors bills filed in Congress "and supports those that are good for the family and expresses concern if they are not."[166] ▪ ALFI successfully pressured the Ateneo de Manila University to scrap its course offering on MBA in Health, whose emphasis is on strategic population research management.[167]	Pro-life stakeholders have a close working relationship with each other. Further, links in ALFI's Web site suggest possible collaboration with the following groups, or the influence of these groups on ALFI's advocacy: ▪ Several US-based pro-life organizations such as the American Life League, Catholic Family and Human Rights Institute, Culture of Life Foundation, Human Life International, Life Decisions International, and National Committee for Human Life Amendment. Many of these organizations are, like ALFI, involved in legislative advocacy. ▪ World Youth Alliance, a pro-life global coalition of young people. ▪ Courage, an apostolate of the Catholic Church that addresses homosexuality issues. ▪ Y-FAM (Youth for the Family), "pro-life and pro-family organization of young women committed to responding to the many issues threatening and affecting the Filipino family".[168]

[165] Retrieved from the ALFI Web site <http://www.alfi.org.ph> on 18 May 2010

[166] ALFI Powerpoint presentation on HB 5043. Retrieved from <http://images.youth4life.multiply.multiplycontent.com/attachment/0/SahvogoKCF8AAD48S7Q1/MCSN-TALK-UA&P.ppt?nmid=213313755> on 4 July 2010

[167] PCIJ, 2007a

[168] Retrieved from the Youth for the Family Web site <http://y-fam.org/aboutus.html> on 4 July 2010

Organization	*General profile*	*Economic capital*	*Cultural capital*	*Social capital*
CBCP Catholic Bishops' Conference of the Philippines http://www.cbcponline.net	The CBCP was formally established in 1968 to serve as the mechanism through which the Catholic Church's apostolate in the Philippines could become more responsive and relevant to changing societal needs. Its Constitution spells out, among others, the following roles for the CBCP: "promote solidarity in the Philippine Church, formulate joint pastoral policies and programs, … assume the responsibilities as evangelizer in relation to all the people and the civil authority in particular…"[169]	No information was obtained about the economic capital of the CBCP itself. However, the Catholic Church is acknowledged as one of the wealthiest institutions in the Philippines. Its privileged position during the Spanish colonization allowed it to acquire large tracts of land throughout the country. It also owns several prestigious schools and hospitals.	▪ The CBCP is the official organization of the Catholic Church in the Philippines. It has jurisdiction over 86 "ecclesiastical territories" (archdioceses, dioceses, vicariates, prelatures and military ordinariate) in the country.[170] ▪ More than 80% of Filipinos are Roman Catholic. ▪ The CBCP has played a critical role in the political milestones of Philippine history. ▪ The CBCP is one of the major news sources in the country.	▪ Being the official voice of the Catholic Church in the Philippines, it has at its disposal, the extensive network of Catholic churches and parishes in the country. ▪ It has partnered with many GOs and NGOs for the implementation of the latter's programs and projects.

169 Retrieved from the CBCP Web site <http://www.cbcponline.net/gen_info/history.html> on 4 July 2010
170 Retrieved from the CBCP Web site <http://www.cbcponline.net/jurisdictions/> on 4 July 2010

Organization	*General profile*	*Economic capital*	*Cultural capital*	*Social capital*
PRO-LIFE Pro-Life Philippines Foundation, Inc. http://www.prolife.org.ph	Pro-Life is national organization that seeks to build a nation that respects, defends, and cares for human life. To achieve this goal, it works closely with the Catholic Church and other like-minded organizations. Its founder, Sr. Mary Pilar Verzosa, organized in 1974 a core group whose main activity was conducting trainings and lectures in schools, organizations and parishes about the pro-life agenda. [171] Today, the work and services of Pro-Life has expanded to research and advocacy; networking, education and training; and developing community-based programs. Pro-Life has also become a strong lobby group opposing policies and legislations that are deemed anti-family and anti-life.	Pro-Life "depends largely upon the charity of its benefactors to fuel its existing projects."[172] It organizes fundraising activities and solicits subscription/membership donations.[173] Institutions that have given donations to Pro-Life are Human Life International, True Love Waits Philippines, Philippine Charity Sweepstakes Office, United Laboratories, Caritas Manila, and Couples for Christ for Family and Life. Prominent government officials, politicians, businessmen, professionals, and religious leaders have also contributed to the organization. [174]	▪ Lito Atienza, Pro-Life president, was former Manila City mayor and Secretary of the Department of Environment and Natural Resources. Its Chairman, Antonio Kosca, is the CEO and Vice-President of the Meralco Foundation, a science foundation affiliated with the biggest distributor of electrical power in the Philippines. ▪ Programs and services of the organization include spiritual counseling for people undergoing crisis, education and training on pro-life issues, youth congress, archiving of campaign materials, and lobbying and advocacy against anti-life and anti-family bills.	▪ Pro-Life has established a strong partnership with other organizations with similar thrust. It is the CBCP's main partner in pro-life legislative advocacy. ▪ As mentioned, it has linkages with prominent personalities in Philippine politics, government, business, and professional sectors.

171 Retrieved from the Pro-Life Web site <http://prolife.org.ph/home/index.php/about-us/brief-history> on 6 May 2010

172 "Benefit banquet for Pro-Life Philippines exceeds expectations." Retrieved from the Pro-Life Web site <http://prolife.org.ph/home/uploads/fyi/Mar-Apl09.pdf> on 4 July 2010

173 Retrieved from the Pro-Life Web site <http://prolife.org.ph/home/index.php/donate> on 4 July 2010

174 FYI: For Your Info. Official publication of Pro-Life Philippines. May-June 2009 and March-April 2009 issues. Retrieved from the Pro-Life Web site <http://prolife.org.ph/home/uploads/fyi/May-Jun09.pdf and http://prolife.org.ph/home/uploads/fyi/Mar-Apl09.pdf> on 4 July 2010

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Chapter 7. Population policy-making dynamics in the local government units

Occupying a central position in the Philippines' highly contentious population policy-making arena are the local government units which, under the 1991 Local Government Code, acquired a significant degree of autonomy in policy formulation and/or implementation. Thus, one is led to ask: With the lack of clear directives from the national government, and given the presence of interest groups that have different and sometimes conflicting views on what the country's population policy should be, how have the local government units dealt with the challenge of population policy-making at their level? Even more interesting, for purposes of understanding population policy-making dynamics, are those local government units that have population or reproductive health programs and/or ordinances with a 'pro-choice orientation' – i.e. they include the provision of the full range of family planning services. How were these local government units able to achieve what could not be achieved at the national level? Are there differences in the national and local level population policy-making dynamics? If so, what are these differences? More importantly, can these local government units' experiences provide some 'lessons' for national-level population policy advocates?

To find answers to these questions, this chapter looks at the population and/or reproductive health initiatives of selected local government units with the goal of 1) ascertaining the extent to which the local government units have implemented said initiatives and 2) analyzing the political dynamics in local government units that have pro-choice population initiatives. Included in the analysis are policies that refer to fertility reduction, family planning, and the use of artificial contraceptives. These three issues may be addressed directly in connection with the broader issue of population management, or maybe discussed in the context of reproductive health. In addition to policies, other types of initiatives – such as projects, programs and other commitments that pertain to the same three issues – have also been included in the analysis. This is because not all local government units have 'formal' population policies, even as they engage in population-related initiatives. From these initiatives, it is often possible to infer what the local government units' stance is regarding population and its component concerns.

The first goal – ascertaining the extent to which the local government units have implemented population-related initiatives – is essentially a descriptive research task that is meant to give an idea of the general response of the local government units to the lack of a national policy on population/reproductive health. Thus, the first analytical task aims at identifying and describing what population policies – called ordinances – the different local government units have passed, and/or what other population-related initiatives they have pursued. Hence this phase of the analysis addresses the question: *What kinds of population ordinances and other population-related initiatives have the local government units in the Philippines put in place in their respective constituencies?*

The second goal – explicating the political dynamics underlying the implementation of a pro-choice population initiative – has the main aim of understanding how the selected local government units were able to implement a pro-choice population initiative. This means inquiring into the role of "policy actors, processes and contextual factors" (Lee et al., 1998) in the formulation and implementation of population policies. To this end, the main question to be answered is: *What factors account for the implementation of pro-choice population-related initiatives in the selected local government units?*

Against the backdrop of the Catholic Church's strong opposition to a pro-choice population/reproductive health policy, the role of the Church in the local-level population initiatives needs to be closely examined. Ever vigilant with its pro-life advocacy, the Church could not have let the pro-choice policies/programs be implemented without the slightest protest from its end. As such, in answering the second question, this chapter pays particular attention to the Church's involvement in the deliberations about the pro-choice population initiatives. In so doing, the study hopes to gather some insights about why the Church is able to dominate the debates on the national-level Philippine population policy. Because the selected local government units were able to implement their pro-choice population initiatives, it is envisioned that their experiences would be able to shed some light on the conditions wherein the Church may not be able to prevail in the population/reproductive health advocacy.

7.1. Devolution in the Philippines: Overview

In 1991, the Philippines enacted into law the Local Government Code. This Code provides for the devolution, from the national to the local governments, of the responsibilities for the provision of services concerning the following: agriculture extension, forest management, health, barangay[175] (village) roads, and social welfare.

There are four classifications of local government units in the Philippines. In hierarchical order, from the lowest to the highest, they are the barangay, municipality, city, and province.[176] As of December 2008, the country had 42,008 barangays, 1,495 municipalities, 136 cities, and 81 provinces (NSCB, 2008). Under the devolution setup, each one of them has legislative powers in relation to the aforementioned areas of concern. As stated in pertinent sections of the Local Government Code,[177] a local government council "shall enact ordinances as may be necessary to discharge the responsibilities conferred upon it by law or ordinance and to promote the general welfare of the inhabitants therein." Moreover, because service delivery requires huge financial outlays, the Local Government Code has also extended to the local government units the power to raise revenues so that they may be able to effectively carry out their new mandate. Additionally, they are entitled to the Internal Revenue Allotment, which is the local government units' share of national internal revenue taxes.[178]

Because family planning – the most debated component of the population policy – is currently considered by the Philippine government as a health intervention, of particular relevance to the analysis is the devolution arrangement with regard to health service delivery. Before devolution, this was the responsibility of the Department of Health. In the current setup, the Department of Health still has a role in local-level health service delivery in that it has been tasked with providing the latter whatever technical assistance related to health service delivery they may need, and with putting in place "programs and strategies that will ensure the highest achievable standards of quality healthcare, health promotion, and health

175 The barangay is the smallest political unit in the Philippines.

176 Barangays are under the jurisdiction of a municipality or city local government unit, and municipalities and component cities are under the jurisdiction of a provincial local government unit. Some cities are not under any province, i.e. they are self-governing.

177 Section 391 for the Sangguniang Barangay (Barangay Council), Section 447 for the Sangguniang Bayan (Municipal Council), Section 458 for the Sangguniang Panglungsod (City Council), and Section 468 for the Sangguniang Panlalawigan (Provincial Council)

178 For details on how the Internal Revenue Allotment is computed, please see http://www.newsbreak.com.ph/index.php?option=com_content&task=view&id=3764&Itemid=88889066.

protection" (Magno, 2001, p.35) which the local government units and other health stakeholders can use as a basis for formulating their own health programs and strategies. Still, with the legislative powers granted to them by the Local Government Code, the local government units have a lot of leeway in interpreting national-level polices that do not have the force of law. And indeed, a cursory review of the population and/or reproductive health programs implemented at the local level shows interesting differences in the population/reproductive health programs and policies among local government units. More significantly, some local government units have succeeded in implementing what, at the national level, has proven to be elusive: a 'pro-choice' policy or program on population/reproductive health.

7.2. Data sources

For the first research question, the data came from the analysis of relevant documents on the local-level population policies and initiatives. These documents include:

- Actual population ordinances of relevant local government units,
- Technical papers on the local government units' population programs/projects such as program plans, project proposals, and program/project reports,
- Development plans/agenda, vision and mission, and other statements from heads of local government units (i.e., provincial governors and city or municipality mayors,
- Media reports on the population-related efforts of local government units, and
- Research reports.

All documents were sourced through online research. The documents came mainly from the Web sites of the local government units, donor agencies, media agencies, and various organizations involved in population advocacy. The analysis made use of a sample of local government units selected through systematic random sampling using Wikipedia's lists of provinces and cities in the Philippines.[179] For both groups, 10% of the total number of local

[179] http://en.wikipedia.org/wiki/Provinces_of_the_Philippines and http://en.wikipedia.org/wiki/List_of_cities_in_the_Philippines, respectively

government units was selected, equivalent to 16 provincial local government units and 27 city local government units.

One limitation of relying on Internet documents is that many of the Web sites are not updated and contain only the most basic information about the priorities, plans and programs of the local government units. Also, there are many other relevant documents that are not available online. However, the data still provide a good basis for obtaining a general picture of local-level population initiatives because the local government units that put importance on such initiatives are expected to highlight information about them online. Still, it is more appropriate to consider the findings as inputs for a more systematic study on the general patterns of population/reproductive health policy-making and programming among Philippine local government units.

For the second research question, the data came primarily from key informant interviews with pro-choice local-level population/reproductive health stakeholders. The four local government units selected are: 1) Quezon City, 2) La Union Province, 3) the municipality of Sulat (Eastern Samar), and 4) Davao City. These areas come from the different major geographical divisions of the country: Quezon City is in Metro Manila, La Union is in Luzon, Sulat is in Visayas, and Davao City is in Mindanao. Moreover, although their programs have a common pro-choice focus, the circumstances surrounding the formulation and implementation of their initiatives have important differences, as can be seen in the discussion of the case study findings. As such, in these four areas, there is sufficient diversity in geographical location and policy dynamics that would help in eliciting useful insights about the localization of the population policy in the Philippines.

For Quezon City, the main proponent of the Reproductive Health Ordinance, Councilor Joseph Emile Juico, was interviewed. Additional data came from the minutes of the Quezon City Council's deliberations on the Reproductive Health Ordinance and from media reports.[180] For La Union, two key personnel of the Provincial Population Office were interviewed, while for Sulat, the informants were two of the three team leaders of the UNFPA-sponsored project being implemented as part of the 6th Country Programme of

[180] The enactment of the Quezon City Reproductive Health Ordinance was a high-profile media story.

Assistance in the Philippines. For Davao City, the informants included a city councilor and personnel of the City Health Office.

No informants from the pro-life side were interviewed. Unfortunately, the data gathering period was limited, and it was difficult securing appointments for interview with pro-life stakeholders. However, it is safe to assume that the stand of local-level pro-life stakeholders is consistent with the stand of their counterparts at the national, and even international, level; information about these two debate contexts are presented in the previous chapters

7.3. Typologies of population ordinances and population-related initiatives

From the initial analysis of the local government units' population-related initiatives based on information contained in their homepages (see Annexes 6 and 7 for the data), it can be seen that most local government units have included population-related initiatives in their programs and services. Interesting differences in the way they have positioned these programs and services within their respective administrations can be gleaned from the data, however. For instance, while many appear to have followed the national government's lead and included population-related initiatives, especially family planning programs/services, in their health programs, a significant number of local government units placed these initiatives under social welfare services. A few even have population management/population and development initiatives distinct from family planning services. It is not always possible to infer, however, whether the local government units' population-related initiatives have a pro-choice or pro-life orientation.

It will also be noted that the importance given to the population-related initiatives differ, with some local government units featuring them prominently in their plans, agenda, or accomplishments, and with others giving the initiatives only a passing mention in their list of programs and services. It will be noted, too, that the link between population dynamics and development seems to be hardly used as a guiding framework among the local government units. Although it is acknowledged that Web site information are limited and often are not updated, it can also be argued that what are highlighted in the their homepages are those that the local government units consider important. Thus, assuming that population-development dynamics somehow figure in their analysis of the situation in their communities, the fact that

these are not emphasized in the Web sites indicate that said issues are not considered crucial in development planning. Exceptions are the local government units of Aklan Province, which reported significant achievements in the institutionalization of integrated population and development programs; La Union Province, which has a package of programs on population management; and San Fernando City (La Union), which has programs on population and development.

None of the local government units selected for the preliminary analysis appears to have passed population-related ordinances. Two local government units, however, have legislations that are linked to population issues. These local government units are Davao City[181], which has a Women's Code, and Makati City, which has a Gender and Development Code. Davao City's Code has clear provisions for promoting women's reproductive rights (which suggests that the City government might be open to fertility reduction and artificial contraception services), but Makati City's Gender and Development Code does not tackle this matter explicitly.

In the second stage of the analysis, which involved a purposive search for local government units that were featured in online reports for their population-related initiatives, the following local government units and population-related initiatives were identified, each of which is described in the succeeding sections:

Local government units	*Population-related initiative*
Manila (city) and Laguna (province) under past administrations	Ordinance banning artificial contraceptives, for religious reasons
Surigao del Sur and Sorsogon (provinces) in 2004	World Bank-funded project on Safe Motherhood, for indigenous groups
Provincial, city and municipal local government units affiliated with 3LPHED[182]	Reproductive health ordinance that includes population targets and promotion of artificial contraceptives; funding assistance from UNFPA
Muslim communities	National fatwah (issued on April 2008) allowing all methods of contraception except vasectomy and tubal ligation
Pangasinan (province)	Population control program since 1975

[181] At the time the local government units' Web sites were accessed (2009), Davao City had not yet passed its reproductive health ordinance. As will be seen in the latter sections of this chapter, however, Davao City now has the said ordinance, which was passed in January 2010.

[182] Local Legislators' League on Population, Health, Environment and Development

7. 3. 1. Manila and Laguna local government units: Toeing the line of the Catholic Church

Jose (Lito) Atienza, Jr. , who served as mayor of the city of Manila from 1998 to 2007, and Jose (Joey) Lina, Jr., who served as governor of Laguna province from 1992 to 2001, are among the staunchest supporters of the Catholic Church's stand on population and family planning. During their terms of office, both implemented 'pro-life' family planning policies and banned the promotion and provision of artificial contraceptives. Based on media reports collated, these policies appeared to have worked against the welfare of the two officials' constituents, as they had expressed desire to have easy access to artificial contraceptives. For Manila, in particular, a group of the city's poorest residents, with support from women and reproductive rights NGOs, filed a petition before the Court of Appeals to declare as unconstitutional Atienza's ordinance banning artificial contraceptives in the city's health facilities. The case is still pending (Jimeno, 2005a; AFP, 2007; Gonzales, 2007; de Vera, 2008; Rauhala, 2008; Torres, 2008; Somera, 2009b).

7.3.2. Sorsogon and Surigao del Sur: Safe motherhood project for indigenous groups

The "Second Women's Health and Safe Motherhood Project" (WHSMP 2) is a World Bank-funded project that aims to showcase "an affordable model of delivering health services [to] vulnerable and disadvantaged women of reproductive age" (WHSMP 2, 2004b). Among these women are those who belong to indigenous groups. For the initial phase of the project, two provinces with indigenous peoples were identified: Sorsogon and Surigao del Sur.

According to the World Bank, WHSMP 2 follows a strategy that ensures "that the affected indigenous peoples (IPs) are informed, meaningfully consulted and mobilized to participate in the various stages of project design and implementation as they are seen as an important stakeholder" (WHSMP 2, 2004a). Moreover, the project's guiding principles aim to ensure, among others, that

> the IPs does [sic] not suffer adverse effects during and after project implementation and that they receive social and economic benefits that are compatible with their cultural practices and tradition [and] that the implementation of the project fosters full respect for IPs' dignity, human rights and cultural uniqueness. (WHSMP 2, 2004a)

Unfortunately, the online search did not yield any documents that evaluated the impact of the project on its intended beneficiaries. However, an examination of the Indigenous People's Development Plan (IPDP) formulated for the two project sites reveal the possibility that the health standards were donor-defined rather than elicited from the indigenous peoples. The IPDPs for Sorsogon and Surigao del Sur had the same objectives, as follows (WHSMP 2, 2004b & 2004c):

a) Attain 100% PhilHealth[183] coverage of IP women in the province;
b) Double the number of births by IP women in a health facility;
c) Have 80% of births by IP women delivered by skilled attendant (health professional), either in a facility or at home; and
d) Improve awareness and acceptance among IP women of reproductive age on birth planning, and family planning services.

Even the strategies identified to encourage the indigenous people's participation in the project, and the set of development activities listed for each province, are the same. While there are, undoubtedly, some merits in the objectives, strategies, and activities identified, one would expect that a project that purports to endeavor to be 'culturally sensitive' will not have exactly the same approach for two different groups of indigenous people, especially if they are geographically distant from each other.[184]

7.3.3. The local government units in the Local Legislators' League on Population, Health, Environment and Development: Pro-choice advocates

The Local Legislators' League on Population, Health, Environment and Development, otherwise known as the 3LPHED, is an initiative of the Philippine Legislators' Committee on Population and Development (PLCPD) with funding support from the UNFPA 6th Country Programme of Assistance. The PLCPD is "a non-stock, nonprofit, membership-type organization of legislators from the [Philippine] Senate and House of Representatives"

183 PhilHealth is the Philippine government's health financing program.
184 The Philippines, an archipelago, has three major geographical divisions: Luzon, Visayas, and Mindanao. Sorsogon is in Luzon while Surigao del Sur is in Mindanao.

(PLCPD, n.d.)[185] whose main thrust is policy advocacy in the area of population and development. PLCPD launched the 3LPHED in 2006 to serve as a networking venue for local government officials committed to crafting "appropriate and sustainable responses to population, health, environment and development issues affecting Philippine society" (Tubeza, 2006). The 3LPHED's initial membership consisted of 70 local officials coming from 25 provinces, and has gained additional members through the years.[186] Several of its member-local government units have already passed ordinances on population/reproductive health.[187]

Members of the 3LPHED subscribe strongly to the population and development framework, i.e. to the argument that population management is a key factor for achieving sustainable development. As such, they advocate a population program that treats family planning as a fertility reduction measure and promotes the use of artificial contraceptives. Not surprisingly, they are strongly critical of the Catholic Church's position about family planning and artificial contraception. In fact, one of the principal ways by which members of the 3LPHED define their position on population and related issues is by contrasting it with the stand of the Catholic Church. The legislators take the juxtaposition one step further by asserting that they have 'defied' the Catholic Church because they want to implement a population program that is responsive to the needs of the people (PLCPD, 2008b).

If one were to go by the results of studies that have shown public approval for a 'pro-choice' population/family planning policy and the presence of an unmet need for family planning among a significant proportion of married women, then the 3LPHED's stance is indeed responsive to the needs of the community. However, these are national-level studies emphasizing national-level trends. While it is not wrong for local legislators to draw upon these studies for guidance regarding the broad directions of their programs and policies, their decisions must, ultimately, be grounded on the specific needs of their constituents.

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185 Philippine Legislators' Committee on Population and Development (PLCPD). (n.d.). Profile. Retrieved from http://plcpd.org.ph/about.asp on 14 March 2009.

186 The online search did not yield data on the exact number of members of the 3LPHED, however.

187 These include four city local government units – Quezon City, Antipolo, Olongapo, and General Santos; five provincial local government units – Aurora, Ifugao, Mt. Province, Sulu, and Lanao del Sur; and 11 municipal local government units – Tinoc, Sagada, Lagawe, Asipulo, Bontoc, Paracelis, Talibon, Ubay, Carmen (Bohol), Lebak, and Kapatagan (PLCPD, 2008b).

The PLCPD argues that such is the case with the local government units that have joined the 3LPHED. It claims that local legislators are more open to a 'progressive' policy on population and reproductive health because they witness first-hand the problems of the people – the reality of poverty and competition for limited resources is more tangible to them than it is to national-level legislators. Thus, according to the PLCPD, "[with] the evident and undeniable link between having large families and finding resources to adequately provide for each and every member's shelter, food, clothing, and educational needs, the urgent need for a local policy on reproductive health and family planning has been solidly justified" (Llorin, n.d.).

These arguments notwithstanding, local legislators stand to make more informed decisions if their constituents are involved in policy/program formulation. The most common way this is achieved is through the conduct of public consultations. Among the 3LPHED member-local government units featured in online reports, only one – Ifugao Province – reported that public consultations were undertaken in the course of formulating its population/reproductive health ordinance. In the absence of public consultations, it can be surmised that the local government units crafted their ordinances guided primarily by the personal convictions of their local officials and/or by the framework of the UNFPA, 3LPHED's funding agency.

7.3.4. The Muslim communities: A national fatwah on population

Although not strictly a local-level initiative, the Islam fatwah (religious decree) on family planning was included in this study because it exclusively applies to Muslim communities in the Philippines. Issued in 2004, the National Fatwah on Reproductive Health and Family Planning is "a religious edict seeking to generate consensus and galvanize support for reproductive health and family planning in Muslim communities" (PIA, 2004). The fatwah seeks to assure Filipino Muslims that family planning is acceptable to Islam if it is practiced "for the welfare of the mother and the child and for the couple to raise children who are pious, healthy, educated, useful and well-behaved citizens" (Mendoza, 2004). The fatwah accepts all methods of contraception except tubal ligation and vasectomy, which are considered forms of body mutilation.

The fatwah is the result of years of collaboration between Muslim religious leaders and the U.S. Agency for International Development (USAID) through the latter's *The Social Acceptance Project – Family Planning*. Other organizations involved in this collaboration are the Philippines' Commission on Population, the UNFPA, and the US-based NGO Academy for Educational Development. Prior to the launching of the fatwah, several activities were undertaken to ensure that the decree would have the support of stakeholders and be acceptable to the Muslim community. These activities included a regional health congress aimed at formulating a reproductive health agenda for the Muslim population in the Philippines, a meeting of Philippine Muslim religious leaders to discuss family planning and Islam, and a trip to Egypt to discuss the draft fatwah with Imams[188] and with Sheikh Ali Gomaa, the Grand Mufti[189] of Egypt (GHC, n.d.; USAID, n.d.). The final version of the fatwah incorporates the inputs of the Egyptian Imams and Sheikh Gomaa. Still, when the fatwah came out, there were mixed reactions from the Filipino Muslims, with some approving of it, and others saying it runs counter to the teachings of Islam (Mendoza, 2004). Interviews conducted by the researcher, in July 2009, with the Regional Director of the Commission on Population Region XI and with personnel from the Davao City Health Office confirm that local Islam religious leaders do not approve of the fatwah. And because the lines of authority in the Islam religion are not as hierarchical as those in the Catholic Church, the local Islam religious leaders are free to ignore the fatwah.

7.3.5. Pangasinan local government unit: A long-term population program

Pangasinan, located in northern Philippines, is the country's largest province in terms of land area and its third largest province in terms of population. But it holds another distinction – that of having a sustained population program widely regarded as a model for other local government units to emulate.

Several things make Pangasinan's population program notable. First, it has been in place since 1975, which was also the year the province's population office was established. Second, it has consistently subscribed to the population-and-development framework and incorporated a fertility reduction goal, despite the changing political temperaments in the national-level

[188] Islam spiritual leaders
[189] The highest official of religious law in Sunni Muslim

administration and the strong lobbying of the Catholic Church and its allies against a 'progressive' population program. Third, even as its framework and goals have remained relatively unchanged through the years, the program has experimented with various strategies of implementation, to be better able to respond to changing circumstances. In 1992 for instance, then Pangasinan governor Aguedo Agbayani, drawing from the expanded autonomy granted to the local government units by the newly-implemented Local Government Code, "[re-launched] an aggressive campaign for family planning" in his province (Cagahastian, 2003). In 1998, the next governor, Aguedo's son Victor, forged a partnership with the province's Catholic Church leaders for the promotion of natural family planning methods. The partnership did not last long, but it enabled the government to reach more people and educate them about family planning (Jimeno, 2005b). Moreover, this agreement was considered a breakthrough, given the long-standing animosity between the Catholic Church and the government in the matter of population policy. For this initiative, Agbayani and the Pangasinan local government unit received the UNFPA-sponsored Rafael M. Salas Population and Development Award in 2000 (Cagahastian, 2003).

In 2003, the province received another Rafael Salas award for its initiative towards contraceptive self-reliance. This initiative was prompted by the USAID's announcement in 2002 that it will gradually phase out, and completely stop by 2007 or 2008, funding support for family planning programs in the Philippines. Agbayani took steps to ensure that the Pangasinan local government unit would be able to provide for the family planning needs of its constituents even without external funding support; thus the province's contraceptive self-reliance program (CSRP) was born. The main aim of this program is "to promote the ability of local government units (from provincial to barangay levels) to sustain the provision of good quality and affordable family planning services and commodities within the context of high unmet family planning needs and reduction in the donated commodity assistance" (Cleofe, 2008).

The program involved a series of dialogues and consultations with various stakeholders at the provincial, municipal, and barangay levels. Taking the lead in its implementation are the Provincial Population Office and the Provincial Health Office of Pangasinan. Providing critical support is ABLE-Pangasinan (Advocates for Better Living in Pangasinan), a network of 24 local NGOs advocating for women's health. Through their "persistent and unified advocacy" (RH Supplies, n.d.) the CSRP implementers were able to convince several

municipal and city mayors in the province – 39 municipal and city local government units as of 2008 – to include, in their budgets, funds for procurement of contraceptive supplies. Aside from the local government units, the program was also able to solicit strong participation from the private sector. Since the program was implemented, more pharmacies and drug stores were selling contraceptives. Several business establishments also pledged to provide family planning services in their workplaces. The partnership with the Catholic Church for the promotion of natural family planning methods was also revived. Also, community-level activities aimed at married women and the general public – such as information campaigns, meetings, and household visits – were undertaken to increase awareness and acceptance of family planning.

There is a consensus among its implementers and supporters that the CSRP owes its success to the fact that it is a multi-level, multi-sectoral, and community-based initiative; hence, it was able to draw in a wide range of stakeholders from different levels of governance (village, town, city, and province). Most of all, it had the commitment and support of the province's highest public office, underscoring the importance of political will in the success of what is widely regarded as a controversial undertaking (Cagahastian, 2003; Jimeno, 2005b; Pangasinan Star, 2005; Cleofe, 2008; RH Supplies, n.d.).[190]

Overall, the data gathered suggest that pro-choice population initiatives can be found in a significant number of local government units. However, it must be reiterated that the data gathered cannot be used to gauge whether pro-choice programs outnumber the pro-life ones among the local government units. Nevertheless, from the findings of the preliminary analyses, it can be gleaned that among the important actors in the formulation of population-related initiatives are the local executives (in the case of Laguna, Pangasinan and Manila), donor agencies (in the case of Sorsogon, Surigao del Norte, the local government units in the 3LPHED, and the Muslim communities), local NGOs (for the 3LPHED participants), and religious leaders (for the Muslim communities). What is not clear from the data that have been gathered is if, and to what extent, the Catholic Church has been directly involved in the population/reproductive health debates at the local level. But as previously mentioned, it is hard to imagine that the Church would not get involved, in one way or another, in local-level

[190] In 2007, Amado Espino, Jr, replaced Victor Agbayani as governor of Pangasinan. Agbayani's wife ran for the post but lost. Espino was reelected as Pangasinan governor in the 2010 elections, winning against Victor Agbayani. It is said that during his first term as governor, Espino did not give the same support to the province's population program as Agbayani did.

debates, especially if the policy being pushed has a pro-choice orientation. How the Church and its pro-life stance are positioned vis-à-vis pro-choice actors and perspectives in local-level decision-making regarding population and reproductive health are examined in detail in four local government units with pro-choice policies/programs on population and/or reproductive health.

7.4. Pro-choice population ordinances/initiatives: The case of four local government units

To reiterate, the four areas chosen for the case studies are Quezon City, the province of La Union, the municipality of Sulat in Eastern Samar, and Davao City. Except for La Union, these local government units' initiatives are more oriented towards reproductive health than population. Additionally, La Union has not launched a legislative initiative for a population or a reproductive health ordinance. Quezon City had already passed its reproductive health ordinance, while Davao City and Sulat were still deliberating on their proposed reproductive health ordinances at the time of the data gathering (the Davao City ordinance was approved by its City Council on 12 January 2010). But La Union was included in the case studies precisely because of these differences from the other local government units; moreover, it is one of the local government units whose population program structure has retained most of the features of the 1970s population policy of the Marcos regime.

7.4.1. Quezon City[191]

The *Quezon City Population and Reproductive Health Management Policy* (City Ordinance No. SP-1829 Series of 2008) was the brainchild of the Quezon City Anti-Poverty Integration Task Force created in 2005 by Mayor Feliciano Belmonte. The Task Force's convener at the time the ordinance was drafted was Dr. La Rainne Sarmiento, whose main advocacies include poverty alleviation, gender and development, and local governance. Councilor Joseph Emile Juico served as the ordinance's main sponsor when it was filed in the City Council in August

[191] Quezon City official seal taken from http://www.manilatd.com/images_logos/ quezon_city_logo.gif

2007. After about six months of intense deliberations closely followed by the national media, the ordinance was almost unanimously passed[192] by the City Council, and signed by Mayor Belmonte, in February 2008.

It is not surprising that the ordinance attracted a lot of media attention. For one, it was filed at the same time that a debate was raging about the population/reproductive health bills proposed in the Philippine Congress. Moreover, many stakeholders involved in the national-level population/reproductive health advocacy are Quezon City residents; as such, they also participated in the deliberations on the city ordinance. But what really made the ordinance a good media copy was the tension between Councilor Juico and the local Catholic Church. One could actually argue that Juico would be a good 'poster boy' for the pro-choice advocacy. He comes from a politically prominent family that has close ties with former President Corazon Aquino,[193] who strongly supported the Church's pro-life advocacy. Moreover, Juico has a solid Catholic education: from pre-school up to his university years, he attended one of the most prominent Catholic schools in the country. Juico himself describes his family as "very close to the Catholic community" – his parents were good friends of the late Jaime Cardinal Sin, a leading figure not only in the Church but also the country's politics; his father has a radio program for the El Shaddai, the biggest Catholic charismatic group in the Philippines; and his family is part of a Catholic charismatic community (J.E. Juico, personal communication, 13 July 2009). All these make his decision to sponsor the reproductive health ordinance almost 'heretical'. The intense pressure he was subjected to by the Catholic Church could only make the story even more interesting. And indeed, what were highlighted in the media reports[194] were the ways in which the Church tried to force Juico to withdraw his sponsorship of the ordinance – from name-calling to threats of denying him communion, filing a lawsuit, and losing 'the Catholic vote' in the next elections.[195] Juico could not hear Mass in Quezon City because of the attacks, and he could not implement projects in some parishes even if the residents asked him

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192 According to Councilor Juico, only one of the 25 city councilors did not support the ordinance, but all of them signed it after it passed the final reading (J.E. Juico, personal communication, 13 July 2009).

193 Juico's father was a member of the Aquino cabinet while his mother served as Aquino's Appointments Secretary.

194 See for example Jimenez-David, 2007; Antiporda, 2007; Delfin, 2008; Esguerra et al., 2008; Torrevillas, 2008; Dizon, 2009; Brillon, 2010

195 Juico was re-elected as councilor in the last May 2010 elections.

to do so (J.E. Juico, personal communication, 13 July 2009). Still, he did not back down on his support for the ordinance because, as he explained:

> I may quite understand where the Church is coming from, but being a legislator, I have to understand what the people are looking for and asking for. One is, it's ironic that the people who have nothing or almost nothing to eat are the ones with the most number of children. And when I ask them why, it's simply because of lack of education…. So that is what we want to do – just to give them information, and then let them decide. (J.E. Juico, personal communication, 13 July 2009)

Needless to say, the success of the Quezon City ordinance was a big triumph for the pro-choice movement. The way the debate was unfolding in the Quezon City council was, in many ways, similar to how it was unfolding in the Philippine Congress. As can be gleaned from the City Council's journals of the public consultations held for the ordinance,[196] the same set of arguments were presented in the deliberations as those presented in Congress, the same types of stakeholders were involved (although only Quezon City residents could participate in the deliberations on the ordinance), and almost the same process of deliberations was followed (although the city-level process is obviously simpler than the Congress process). More importantly, the same intense lobbying from the Church was observed, and perhaps the pressure was greater at the local level because the criticisms were directed at a 'parishioner'. As such, if the pro-choice needed an example of 'the power of political will', the case of the Quezon City ordinance is one strong example.

Indeed, political will had a lot to do with the passage of the ordinance, not only for Juico but for the other councilors as well. According to Juico, his colleagues were apprehensive about the ordinance at first because they were afraid of the "political backlash" from the Catholic Church. But in the end, they decided to support the ordinance because from their consultations with their constituents, it was evident that the ordinance was needed. However, Juico is also quick to acknowledge that the ordinance's success also stems from its being "an executive ordinance", meaning that Mayor Belmonte himself believes that Quezon City

[196] Three such consultations were held – a dialogue with the supporters of the ordinance, a dialogue with its opponents (held on 23 November 2007), and a public hearing (held on 18 December 2007). Only the last two journals (QC-OCS 2007a & 2007b) were retrieved by the researcher. In May 2009, a fire broke out in the Quezon City Hall, in which hundreds of records were destroyed.

would benefit from such policy. The support of the women NGOs and other pro-choice stakeholders also provided a big push for said measure (J.E. Juico, personal communication, 13 July 2009).

7.4.2. La Union Province[197]

As mentioned, La Union is one of the local government units whose population pro gram has remained in place since the time the Marcos government adopted a national population policy in the 1970s. One can say, thus, that the La Union population program has weathered the organizational changes, shifts in the population framework, and the politicking that has plagued population policy-making at the national level and in some local government units.

More specifically, La Union is implementing a Population Development Program spearheaded by its Provincial Population Office. The program has three components: population management, responsible parenthood, and family planning. Operationally, the Provincial Population Office's activities are grouped into five clusters, namely, family planning and reproductive health, gender equity and women's empowerment, adolescent health and youth development, population and development integration, and resource management and mobilization.[198] However, the Provincial Population Office's lead program is the motivation of family planning acceptors. All programs are in place in all the province's municipalities, and all municipal local government units are providing counterpart funds for the implementation of the programs in their respective areas. The Provincial Population Office's main role is to coordinate the implementation of the various activities. It is also noteworthy that apart from the municipal local government units, the Provincial Population Office considers no other important partner in the implementation of the province's population program (M. Gamboa & A. Serrano, personal communication, 20 July 2009).

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197 La Union Province official seal taken from http://tmp.kiwix.org:4201/I/140px_Ph_seal_la_union.png

198 Information taken from the PPO's 2009 *Functional statements, objectives and expected results*; the list of activities slightly differs from the one found in the La Union local government unit Web site (http://launion.gov.ph/e107_files/government/government_programs.php).

Through the years, the Provincial Population Office's program has undergone some modifications but family planning has remained its primary thrust, and the promotion of artificial methods of contraception – especially tubal ligation – has been a principal component of that thrust. However, when the national government launched the Responsible Parenthood and Natural Family Planning Program in 2008, La Union was selected as one of the pilot areas. This meant that the Provincial Population Office had to give more emphasis to natural than artificial contraceptive methods in its family planning motivation campaigns. According to the informants, this shift has been quite difficult for the Provincial Population Office because people have gotten used to artificial methods which, compared to natural methods, are more practical and convenient to use. The way the Provincial Population Office personnel see it, it is too late to push for natural methods because people will not be receptive to methods that are difficult to learn and carry out. And as of 2009, the numbers have not been very encouraging: for the whole province, there were only about 50 acceptors for the symptothermal method and about 100 acceptors for the standard days method (Ibid.).

Notwithstanding the national government's preference for natural family planning methods, the Provincial Population Office has continued to promote artificial methods (primarily tubal ligation, depo-provera, and pills[199]) in the province. For this pro-choice stance, the Provincial Population Office and the local government in general have been attacked by the local Catholic Church. The Provincial Population Office personnel seem unfazed by these criticisms, and in fact are quite dismissive of the Church because "it is unable to offer a better alternative" for solving poverty and other problems aggravated by a large family size (Ibid.).

When asked about the factors behind the strength of La Union's population program, the Provincial Population Office informants give a lot of credit to their political leaders – the Ortega family, who have been in power since the 1970s and are thus considered a 'political dynasty'. As the informants pointed out, one big benefit of the Ortegas' monopoly of political power in the province is that the continuity of the province's various programs is assured. Still, the population program would not have been as stable and as accomplished as it has been all these years were it not for strong pool of population workers and the organizational structure that reaches down to the grassroots level. As the informants explained:

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199 These methods are listed in the Provincial Population Office's 2009 *Functional statements, objectives and expected results*; alongside natural family planning methods.

> Our population workers have been in the program for so long that they can insist on what they want, regardless of what the priest or the bishop says. Moreover, they know their constituents very well – they've been in the program for 20, 30 years so they have become synonymous with the program, they have gained credibility, and therefore it is fairly easy to implement the programs. We always tell our workers to keep on pushing our advocacy – keep on knocking, talking, saying your piece, whether or not people get upset with you, because the important thing is to get your message across…. And our organizational structure is complete. We have an office in every municipality, and for each village in a municipality, there is a volunteer worker to assist the municipal office personnel…. So the structure provides a lot of help. If we in the province cannot go to the grassroots, someone else will. (Ibid.; translated from Filipino)

Such is the confidence of the Provincial Population Office in the province's population program that they do not see the need for a population ordinance. The informants feel that the present set-up is sufficient for purposes of meeting the program's goal. Launching an initiative for a population ordinance might even prove to be counter-productive because it would most probably attract undue attention to the program and the Provincial Population Office, which could get in the way of efficient program implementation.

7.4.3. Sulat, Eastern Samar[200]

Sulat is a rural municipality located in Eastern Samar, one of the 44 poorest provinces in the Philippines.[201] It must be pointed out, however, that Eastern Samar has had significant achievements in poverty alleviation: in 2000, it ranked 17th among the Philippines' poorest provinces; in 2003, it ranked 39th (Alejandro, 2007). This impressive performance would not have been possible without the hard work and commitment of the province's local government units to make lives better for their constituents. However, it cannot also be denied that the province's achievements are linked with the high presence of international donor agencies that have been funding most of the development projects in the province (Ibid.).

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200 Map of Sulat taken from http://www.enotes.com/w/images/e/e1/ Ph_locator_eastern_samar_sulat.png

201 Source: http://www.nscb.gov.ph/poverty/2000/44_poorestprov.asp

One such foreign-funded project is the UNFPA's 6th Country Programme of Assistance aimed at "[improving] the reproductive health status of the Filipino people through better population management and sustainable human development" (UNFPA, n.d.$_a$). The Programme was implemented in 2005-2009 in 10 provinces (one of which was Eastern Samar) and one city. Within Eastern Samar, the municipalities of Sulat, Maydolong and Llorente were chosen as the specific project sites. Under this assistance, the UNFPA has provided the three municipalities with "maternal care equipment and skills training for service providers… on life saving skills, basic emergency obstetrics and newborn care (BemoNc), family planning, and pregnancy monitoring" (UNFPA, n.d.$_b$). The Sulat Sangguniang Bayan (Municipal Council) formally endorsed the project in a resolution passed on 17 April 2006 (MS-OSB, 2006a). A Municipal IEC[202] Advocacy Team was formed to spearhead the advocacy activities for the project, and in 2007, a Local Youth Development Council was created to oversee the formulation and implementation of the youth-oriented activities of the project (MS-OSB, 2007).

An important component of the project was geared towards creating a favorable policy environment for reproductive health and gender sensitivity. In line with this, the beneficiary-municipalities are expected to enact reproductive health and gender ordinances. Sulat passed its Gender and Development Code (Municipal Ordinance No. 04 Series of 2008) in May 2008. At the time of the data gathering (July 2009), the Sulat Sangguniang Bayan was still deliberating on the Reproductive Health and Responsible Parenthood Ordinance.[203] The Municipal IEC Advocacy Team acted as the principal lobbyist for the passage of these ordinances.

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202 Information, Education and Communication

203 The author tried to get updates on the status of the proposed ordinance but did not receive any communication from the local government personnel contacted.

Two members of the team served as informants for this study. According to them, it was not easy lobbying for the reproductive health ordinance:

> We started lobbying for the ordinance in February 2008. At first, we were ignored. But every time the Municipal Council had a session, we would pass notes asking the council to approve the ordinance. It took a long time before they gave attention to us, but our persistence paid off. We at the UNFPA team were at odds with the parish priest, and many of the council members are religious people. But we persisted on lobbying, until such time that the chairperson of the Committee on Health called us to a meeting to inform us that the council would be holding a public hearing on the ordinance. (Sulat Municipal IEC Advocacy Team members, personal communication, 28 July 2009; translated from Filipino)

Once again, the pressure coming from the Catholic Church was identified as a major obstacle to the passage of the pro-choice policy. However, the informants do not regard the local Church's opposition as much of a threat. First, they are confident that the UNFPA project goals – "reducing maternal mortality, infant mortality, and ultimately, reducing poverty" – are well-appreciated by the local officials and the general public. Second, they are aware that the ordinance has to be passed because the reproductive health ordinance, along with the ordinance on gender and development, is part of their "project deliverables" (Ibid.). And because the UNFPA assistance also covers the provincial local government unit, the Sulat Municipal IEC Advocacy Team is assured that said office would pose no objection to the ordinance. In fact, a similar ordinance for the province of Eastern Samar has been filed at the Sangguniang Panlalawigan (Provincial Council), and it is envisioned that other municipalities in the province (aside from UNFPA's three pilot municipalities) would have their respective reproductive health ordinances in the future (H. Afable, personal communication, 27 July 2009).

7.4.4. Davao City[204]

Davao City is Mindanao's largest city in terms of land area and population size, and is also its business and financial center. The Davao City local government unit boasts of many accomplishments, among which is its commitment to gender and development. The city government has been at the forefront of gender mainstreaming since the 1990s. In 1997, it passed the Women and Development Code, the first local government unit to do so in the country. It has received many citations for its programs on gender and development and on violence against women. It is also acknowledged as one of the local government units with very strong and active women's groups, who have been a major moving force behind many of the city's achievements in gender and development.

Further, in April 2008, the City Council passed the Local Development Plan for Children (2007-2010), amid strong opposition from the Catholic Church and other pro-life stakeholders. The Plan, which calls for the provision of reproductive health services for the city's youth, was criticized by the Church for "[failing] to incorporate proper moral orientation" (CBCP, 2008e). The Church threatened to withhold communion and other sacraments from the Plan's supporters. However, the Plan was firmly supported by then City Mayor Rodrigo Duterte, who called the Church's position on population and reproductive health "antiquated and archaic" (Balanza, 2008; Sun Star Davao, 2008a; Sun Star Davao, 2008b).

The passage of the Women and Development Code and the Local Development Plan for Children could be said to have paved the way for the passage of the city's reproductive health ordinance, the *Women's Health Care Clinic Ordinance of Davao City*. Councilor Angela Librado-Trinidad, the main sponsor of the reproductive health ordinance (and also the main proponent of the Local Development Plan for Children), acknowledged that without those two measures, securing approval for the reproductive health ordinance "would have been more difficult". When faced with opposition from her colleagues in the city council, Librado-Trinidad kept telling them that the reproductive health ordinance was merely a part of the law

[204] Davao City official seal taken from http://pauliqueladao.blogsome.com/2007/02/21/what-makes-davao-a-unique-city/

that has already been approved in the past (A. Librado-Trinidad, personal communication, 24 July 2009).

Despite the presence of legislative precedents, however, the passage of the reproductive health ordinance did not come easy for its proponents. It took almost three years of deliberations, from 2007 to January 2010, before the ordinance could be passed. As expected, the Catholic Church and its allies in the pro-life movement (which include some city councilors) lobbied hard against the measure – from the pulpit and in the council session hall, and even after the ordinance was passed (Sun Star CDO, 2008; Sun Star Davao, 2009; Tupas & Acac, 2010). But the ordinance also faced opposition from a Muslim councilor, who contended that Islam opposes contraception. Eventually, however, the councilor gave her support for the ordinance after consultations with Muslim religious leaders (Basa, 2010; Sun Star Davao, 2010).[205]

When asked how she deals with pressure from the Church, Librado-Trinidad emphasized that her position has always been that: "we respect the Church's opinion but we should [also] respect that the government has a job to do and it must do it well." In this regard, Librado-Trinidad has the support of the city's top local executives. Moreover, she claims that many local officials are supportive of the pro-choice advocacy as well: "We asked the barangay [village] captain, the Sangguniang Kabataan [Youth Council], and we are surprised that they are very supportive [of the reproductive health ordinance] despite the claims of the Church that people at the grassroots are not supporting this measure…. With due respect to the Church, the way we see it, the apprehension and the supposed opposition are more imagined than real. They have no basis." Librado-Trinidad and her colleagues in women's advocacy are also unfazed by threats of excommunication: "We say, if promoting women's health and children's health will bring us to that risk, then we are willing to take that risk because for the longest time we have been waiting for the Catholic Church to make their contribution, but none has been coming." (all quotes in this paragraph are from A. Librado-Trinidad, personal communication, 24 July 2009)

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205 The Muslim councilor's (initial) opposition to the ordinance reflects the 'disconnect' between the intent of the fatwah issued in 2004 (discussed in an earlier section of this paper) and the views of the local Muslim religious leaders. As noted by the Commission on Population's Regional Director for Region XI: "In terms of dogma, Islam is supportive. But in terms of practice, culture… while the religious leaders have endorsed family planning and reproductive health, in terms of people's beliefs and views, family planning is still quite unacceptable" (M. Damsani, personal communication, 23 July 2009). This local-level resistance to family planning, specifically the artificial methods of contraception, was corroborated by the informant from Davao City's Health Office (J.Y. Fuentes, personal communication, 23 July 2009)

It seems that the population and health workers in Davao City have similar 'pragmatic' views about religious opposition to reproductive health, as can be gleaned from the following statements:

> For me, the Church opposition is not a barrier; it's a given. You have to work with that. And while at the national level they can influence senators and congressmen, at the local level the mayor would say, "Oh, Father is my drinking buddy". And the advice is, don't talk, just do it…. The bishops are guided by the CBCP and the Vatican, and no amount of dialogue with the Church would change things. What is important is that we can work with the pastors. (M. Damsani, personal communication, 23 July 2009)

> We coordinate with the ulamas, the Muslim brothers, the Badjao tribe, the Family Apostolate, the Couples for Christ, and then we come to an agreement that we are for the general well-being of the community, so maybe we can just look at our commonalities and set aside our differences…. Those who are quite liberal, we deal with them. But those who are fundamentalists… the strategy of the RH network in Davao City is that we already stopped giving time to the fundamentalists because we cannot convince them anymore. It's futile to work with those people. (J.Y. Fuentes, personal communication, 23 July 2009)

All in all, the Davao City informants were unanimous in saying that the success of the pro-choice advocacy in Davao City can be credited to a number of factors. First of these is the local government, specifically, the strong support of the local executive and the presence of equally strong advocates in the legislature. Also critical in the advocacy's success is the push from the NGOs, especially those working on women's issues. Finally, there is close coordination and good relationship among the local government units, NGOs, and the business community in general, and in relation to reproductive health programs in particular.

7.5. Population policy-making at the local level: Some insights

In the face of the Philippine national government's haphazard approach to population policy-making, it behooves stakeholders to look at how local government units have taken on the challenge of implementing population – and reproductive health – initiatives in their areas of jurisdiction. As the findings of the preliminary analysis based on data culled from online sources show, there is considerable variation in degree of importance that the local government units have placed on population/reproductive health initiatives, and in the types of population and reproductive health initiatives that they have implemented. Some local government units were guided by religious doctrines in their choice of population/reproductive health initiatives, others looked to the framework of donor agencies, a number were in close coordination with NGOs, and some had gone through a process of consultation with their constituents.

Notwithstanding the diversity, it is evident that basically the same types of stakeholders and perspectives found in the population/reproductive health debates in other venues, national or international, are involved in local-level population/reproductive health initiatives. However, the degree of visibility of particular stakeholders differs from one local government unit to another. Moreover, their ability to push their respective agenda differs. Of particular interest to this study is why in certain local government units, pro-choice advocates were able to prevail over the Catholic Church, the main proponent of the pro-life advocacy. Given the protracted battle between pro-choice and pro-life advocates involved in national-level population/reproductive health policy-making, an analysis of the political dynamics in local government units with pro-choice population/reproductive health initiatives sheds light on why the Church dominates the national-level debates and yet could not be as successful at the local level.

In this regard, the following points need to be emphasized:

- The national-level Catholic Church should be distinguished from the local-level Church. In other words, one has to disabuse oneself of the idea that the Catholic Church is one monolithic structure that exerts the same strength of influence in the entire Philippine society. Power at the national level and power at the local level are not synonymous.

- As a participant in the population/reproductive health debate, the Church should be analyzed as a political actor and not as a moral institution, even as the basic motivation for its political participation is its 'moral agenda'. As such, the Church should be seen as *just one* of the many actors/stakeholders participating in the policy-making arena. In this regard, Kulczycki's (1999) argument that "the strength and influence of the Catholic Church … is largely dependent upon its strength relative to existing state and societal institutions" (p. 147) is especially crucial. As such, to assess the Church's victories and defeats, it should be compared with the other stakeholders in the population/reproductive health debate. One important point of comparison is in terms of the capital that the actors bring into their 'game' in the population/reproductive health policy-making field. In this regard, the key argument that this study proffers, which is discussed in detail in Chapter 8, is that in local government units where the pro-life advocacy was 'defeated' a critical factor is the Church's lack of capital that would allow it better access to the veto points in the local legislative process.

- In explaining the policy success of the pro-choice advocacy at the local level, comparisons between the national and local level political fields must also be undertaken. Here, the study's main argument is that in local government units where the pro-choice advocates succeeded in pushing their agenda, the political field is configured differently from that of the national government. Concomitantly, the local Church is also not configured similarly as the national Church.

Examining the role of the Church in the population/reproductive health debates from a 'secular lens' helps in clarifying why the Church is powerful nationally but not always locally. The results of the analysis of the local government units' population-related initiatives indicate that it is not the Church's moral authority per se that accounts for its 'success' in the population/reproductive health debates. Rather, it is its ability to acquire the necessary capital and/or to translate whatever capital it possesses into a political capital that will give it access to key veto points in the policy-making process. But the Church does not successfully achieve these tasks unilaterally; rather, its ability to acquire and translate the capital is closely linked with the corresponding inability of their 'opponents' to do the same. National-level pro-choice advocates could learn from the experiences of the local government

units on how they could achieve more success in their cause. In the same manner, pro-life advocates could pick up a few ‘lessons’ on how they may have more success at the local level. As mentioned, these points are discussed in detail in the next chapter.

Chapter 8. Capital, structure, and context: Towards an understanding of the politics of population policy making in the Philippines

This study endeavored to clarify the enigma of population policy-making in the Philippines, one of the most enduring, most contentious and most high profile policy advocacies in the Philippines. Population policy advocacy has been around since the mid-1980s. That it has managed to stay in the policy agenda for almost three decades now can be credited to the pro-choice stakeholders, who have persisted in their advocacy despite repeatedly encountering setbacks. Initially crafted within the population and development (PopDev) framework, the policy advocacy was, in the earlier years, led by economists and demographers who argued that population management and demographic targets are essential components of development efforts. Through the years, the advocacy gradually incorporated the reproductive health framework, evolving into its current form wherein reproductive health has become its core principle. As such, women/feminist and health NGOs have become more visible in the advocacy than they have been in the past. PopDev advocates have remained important partners in the advocacy, however. This partnership notwithstanding, it must again be emphasized that many reproductive health advocates do not want to be identified with the PopDev agenda, because of the latter's association with the neo-imperialist, neo-colonial population control program of the US. What binds the PopDev and reproductive health advocates together are the issues of family planning and use of artificial contraceptives, which are seen as a means for fertility reduction and population management by the former and as 'non-negotiable' components of reproductive health by the latter. Thus, although this study uses the term 'population policy' to refer to both PopDev and reproductive health policy advocacies, it is doing so to accommodate the evolution and change in the policy advocacy over time; in no way should it be taken as an indication that the two frameworks/perspectives are being taken as identical and interchangeable.

It is not an overstatement to say that the pro-choice stakeholders are up against a formidable opponent in the pro-life advocates, at whose helm is one of the most deeply-entrenched institutions in Philippine society, the Catholic Church. The competition between the two groups takes place in various policy arenas at the local and national levels and on the whole, neither group has been able to completely dominate the different policy arenas. As such, at

the local level for example, some local government units have aligned their population-related initiatives with the pro-life agenda while some have followed the pro-choice framework (see Chapter 7 for details). Further, at the national level bureaucracy, the population policy thrust has varied from one administration to another, and even within an administration, as was discussed in several preceding chapters. These uneven results are testimony to the non-stop advocacy and lobbying that pro-choice and pro-life stakeholders carry out, and proof that between the two, whoever has the upper hand at a given point in time is not assured of a permanent victory.

There is one policy arena, however, in which the pro-life advocates have been consistently 'winning' over the pro-choice group through the years: the national legislature or the Congress. This is the most important policy arena of all because whatever measure Congress passes becomes a law (unless it is vetoed by the President). Understandably, thus, the national legislature is the site of a fierce competition between the pro-choice and pro-life groups. The consistent victory of the pro-life stakeholders in this arena is explained by scholars and policy analysts in terms of the strong influence of the Catholic Church in Philippine society in general and in Philippine politics in particular. While this may be a valid argument, how the Church has managed to prevail in the population debates needs to be clarified because the pro-choice advocacy has many strong and committed supporters, and enjoys high public approval, in the Philippines.

In this chapter, the present study addresses this puzzle by undertaking deeper interpretive reading of the study's findings through a more intensive examination of the interconnections among population policy actors, institutions and context, guided by concepts taken from Bourdieu and Baumgartner et al. and supplemented by some concepts taken from relevant literature. As discussed in Chapter 2 (Theoretical Framework), the interpretive reading revolves around a reiteration and further explication of the study's findings regarding: 1) the comparative strengths and weaknesses of the pro-choice and pro-life groups vis-à-vis their advocacy arguments, tactics and resources, 2) the role of relevant national and international institutions in population policy advocacy, and 3) the strengths and weaknesses of the Catholic Church as a stakeholder in population policy advocacy. The chapter concludes with a prognosis for population advocacy in the Philippines, given the current political context in the country.

8.1. Arguments, tactics, and resources: A synthesis of the research findings

Focusing first on the actors (i.e. the policy stakeholders) in the legislative advocacy, this study examined the arguments, tactics, and resources that the pro-choice and pro-life stakeholders have harnessed/deployed to push their respective agenda.

Analysis of the stakeholders' *arguments* indicates that overall, the use of arguments as advocacy strategy has (so far) favored the pro-life group more than the pro-choice group, for a number of reasons.

First, because the population/reproductive health bills have already been around since the 1980s, there has been a substantial exchange of arguments and counter-arguments between the pro-choice and pro-life camps, a surfeit of arguments as it were, that has resulted in what Baumgartner et al. (2009) called an information-induced equilibrium. This equilibrium can only work to the benefit of the status quo (pro-life) advocates.

Second, the reframing attempts of the pro-choice stakeholders did not lead to a change in the terms of the debate. In shifting from population management/demographic targets to reproductive health, the pro-choice stakeholders have managed to a) resolve the criticisms about the underlying neo-imperialist/neo-colonialist agenda of the legislative proposals and b) make a more convincing link between the proposed legislation and human rights, women's welfare/empowerment, and people's well-being in general. And indeed, the 'paradigm shift' is a major factor behind the achievements of the pro-choice advocacy. However, it did not resolve the contentious issue of artificial contraception and attendant issues such as sexuality education and the threats to family, values and morals that the pro-lifers have repeatedly brought up; as such, the pro-life stakeholders did not have to make drastic adjustments in their arguments and have remained firmly opposed to the bills.

Third, using scientific evidence as the backbone of their arguments may have helped the pro-choice stakeholders establish the validity and credibility of their policy advocacy; however, the pro-life advocates were largely able to match the pro-choice group's science-based claims with their own set of research findings. Aside from contributing to the information-induced equilibrium mentioned earlier, this situation disadvantages the pro-choice advocates in another way: as Baumgartner et al. (2009) pointed out, a single attack on the credibility of

policy change advocates' claims can seriously set back their advocacy. In contrast, an attack directed towards status quo supporters does not constitute a substantial justification for changing the existing setup.

Fourth, as regards the use of rhetoric and semantics, the exemplars given in Chapter 5 show that the pro-life stakeholders have used these devices more compellingly than the pro-choice group. This does not come as much of a surprise, given that rhetoric is very much a part of the praxis of the Church. Rhetoric alone would not go a long way in pushing a policy agenda, but it adds force and persuasiveness to factual arguments.

Arguments are disseminated to relevant publics through different advocacy *tactics*: as earlier pointed out, tactics can help an argument gain momentum or can set it back. Hence, the analysis of tactics further clarified why the pro-life group has been more successful than the pro-choice stakeholders in pushing its population/reproductive health legislative agenda. Specifically, in the crucial area of inside (i.e. aimed at policy gatekeepers) advocacy, the pro-choice group is hampered by the middling participation of the very two government agencies (the Commission on Population and the Department of Health) that should be taking the front-runner role in the population/reproductive health advocacy. Instead of taking up an unequivocal stand on the contentious issues surrounding the population/reproductive health bills, these two agencies adopted a compromise position, apparently in an effort to minimize the risks of offending the Office of the President and their pro-life partners without countering their own mandates and alienating their pro-choice partners. The two agencies have been active in outside (aimed at the wider public) advocacy activities in support of the population/reproductive health bills, but these are not the critical venues for deciding on the fate of the bills.

The pro-choice stakeholders were, however, able to make significant headway in their inside advocacy with members of the 14th Congress. First, in both chambers, the bills reached second reading, a first in the history of the population/reproductive health legislative proposals. Second, in the House of Representatives, around 100 legislators signed up as co-authors of House Bill 5043. Unfortunately, though, 'having the numbers' did not seem to be of much help because said co-authors did not actively speak out in support of the bill in and outside Congress. Worse, they were not always present in the floor deliberations; if they had been, there would have been no reason to suspend the deliberations for lack of quorum.

Moreover, the achievements in inside advocacy were not sufficient for the bills to pass deliberations in Congress. On balance, thus, the inside advocacy of the pro-life group can be said to have been more effective. However, their success is also partly the result of weaknesses in the inside advocacy of the pro-choice camp.

But if the pro-life group has benefited from the weaknesses in their opponents' inside advocacy tactics, the pro-choice camp has also gained from the pro-life stakeholders' active use of outsider and grassroots tactics. As explained in Chapter 6, outside and grassroots tactics are, according to Baumgartner et al. (2009), "conflict-expanding strategies" that are, by and large, more advantageous for those advocating policy change than those seeking to preserve the status quo. In actively engaging in these tactics, the pro-life group has actually helped generate interest in and support for the pro-choice advocacy. One of the most significant manifestations of the 'counter-productive' outcome of the pro-lifers' use of said advocacy tactics is the media's high-profile coverage of the population/reproductive health debates that, more often than not, favors the pro-choice advocacy. Arguably, this coverage has helped in mobilizing the pro-choice supporters and in instilling or reinforcing public opinion that is sympathetic to the pro-choice policy agenda.

The choice of arguments and tactics is strongly influenced by the *resources* – i.e. capital – available/accessible to policy stakeholders. With regard to cultural capital, it was found that the pro-choice and pro-life groups have their respective pool of experts and spokespersons, and this 'balance' of cultural capital is a key factor in the existence of an information-induced equilibrium that was discussed earlier. For economic capital, a direct comparison of the two groups of stakeholders could not be made; however, since the two camps are equally able to engage in various advocacy tactics that almost always entail expenses to implement, it can be surmised that they both have sufficient economic capital for their legislative advocacy. What is noteworthy is how the sources of economic capital translate into different expectations for the two advocacy groups. As explained in Chapter 6, the pro-choice stakeholders, whose primary funding sources are the government and/or international organizations, are basically expected to support the policy agenda of said funding agencies. The reverse expectation is true for the pro-life stakeholders – i.e. their donors and benefactors are assumed to be supporters of their policy agenda. Thus, one can say that the economic capital is transformed into opposing forms of social capital for the pro-choice and pro-life groups, with the latter being in a more advantageous position than the former.

Social capital has benefited the pro-life group in other ways as well. Although outnumbered by the pro-choice stakeholders, the pro-life group has enough well-placed allies in the bureaucracy and the legislature to challenge the advances made by the pro-choice advocates in their legislative advocacy. These alliances are the reason why the Commission on Population and the Department of Health have been unable to take a leading role in the population/reproductive health advocacy and why the veto points in the legislature worked in favor of the pro-life group. Besides these alliances, the pro-life group has also found a supporter in President Arroyo: she had made known her disapproval of the population/reproductive health bills and her administration aggressively promoted natural family planning methods. Even more important is the alliance that the pro-life advocates have formed with members of the pro-choice faction in connection with their other policy advocacies, as a result of their common goals of promoting public welfare and serving as watchdogs for good governance. Given this symbiotic relationship, neither side can fully alienate the other. Unfortunately, seeking a compromise may work in other policy issues but it is not possible vis-à-vis the contentious provisions of the population/reproductive health bills.

Arguments, tactics and resources per se cannot fully explain the dominance of the pro-life group in the population/reproductive health policy arena. Rather, the strength of these factors arises from their interaction with institutional and contextual factors, thereby creating a particular kind of policy dynamics that have so far favored the pro-life advocacy.

8.2. Institutional and contextual factors underlying the success of the pro-life legislative advocacy

Bourdieu had pointed out that linguistic products (utterances or, in the case of policy advocacy, arguments) do not have intrinsic power and value but are always appraised according to the context (linguistic market) within which they are produced. The same can be said of tactics – their value and effectiveness depend a great deal on the features of the policy arena wherein they are being deployed. In the case of the population/reproductive health legislative proposals, the most important policy arena is the legislature because it is here where the fate of the bills is decided. As discussed in Chapter 4, the legislative process has

several steps and each step is a potential veto point that could spell the end for a legislative proposal. The legislative process was deliberately constructed in this manner – in a democracy, a good system of checks and balances is important and this is particularly crucial for legislation to make sure that whatever is enacted into law will actually benefit citizens. Rightly or wrongly, one can tap into these veto points to block the progress of a legislative proposal.

Findings have shown that in the population/reproductive health debates the pro-life stakeholders, through their allies in the legislature, were able to stall the progress of the population/reproductive health bills through the veto points in the legislative process. Their inside advocacy is the main reason why almost all of the population/reproductive health bills were never tabled for committee deliberations and why those that hurdled committee-level screening were not among list of priority bills for floor deliberations. In the 14th Congress, wherein the population/reproductive health bills reached floor deliberations (second reading), the opponents of the bills used the period of interpellation to their advantage. Although the number of legislators openly opposing the population/reproductive health bills is far smaller than the number vocally supporting the bills, around 22 of the anti-bill legislators signed up to interpellate the bills' proponents. Each interpellator can take as many sessions as s/he wants; in the end, only two of the 22 interpellators actually got to 'cross-examine' the bills' sponsors before Congress went into recess. The population/reproductive health bills were never taken up again when Congress resumed sessions until its adjournment.[206]

The protocols of the legislature present another important benefit for status quo stakeholders: in the floor deliberations, they are the interpellators. In this role, they have the advantage of preparation (they can choose in advance which provisions of a bill they would 'attack' and how they would attack them) and immunity from counter-interpellation (sponsors or defenders of a bill cannot interpellate their interpellators). As such, in the hands of a skilled interpellator, the floor deliberations can be used as a venue for killing a legislative proposal through legitimate criticisms and/or through the more devious strategy of filibustering. As the Congress journals bear out, floor deliberations on the population/reproductive health bills

[206] The 14th Congress officially ended on 29 June 2010. As early as February 2010, however, House Speaker Prospero Nograles has announced that Congress will not anymore tackle the reproductive health bill because it would be counter-productive to do so. Being a controversial measure, the reproductive health bill would only take up time that is better devoted to discussing measures that have a better chance of hurdling Congress deliberations (Fonbuena, 2010; Sisante, 2010).

during the 14th Congress had all the drama of an interpellation characteristic of any highly controversial measure.

The interpellations – as well as the argumentations raised against the population/reproductive health legislative proposals in other debate venues – exemplify the strategy of "going negative" that in turn underlies Baumgartner et al.'s (2009) key argument about why it is difficult to achieve policy change: the tenacity of the status quo. More often than not, proposals for policy change are resisted because the risks that go with change are perceived to be greater than the inconveniences experienced in the current setup, and the population/reproductive health bills are no exception. The pro-life stakeholders have found many ways to cast doubts on the merits of these bills. They have invoked not only the moral and religious issues but also health/medical, legal/constitutional, and human rights concerns. To some extent, they also brought up practical issues such as where the funding for the implementation of the proposed measure, should it become a law, would come from, and whether the agencies identified to take the lead role in the implementation of the proposed law are actually capable of meeting the challenge. The latter concern is particularly important because it points to another institutional factor that works against the population/reproductive health advocacy: the weak bureaucracy for the population program (see Chapter 4 for details).

One consequence of this weak bureaucracy, as discussed earlier, is the inability of the Commission on Population and the Department of Health to play a prominent role in the pro-choice group's legislative advocacy. More seriously, the problematic bureaucratic setup is actually one of the 'stumbling blocks' in the deliberations on the population/reproductive health bills. Even within the pro-choice faction, there is disagreement regarding which agency should be mainly responsible for the implementation of the proposed population/reproductive health measure – some believe that it should be the Commission on Population, others opt for the Department of Health, while still others propose the creation of a new council. Another important issue is what the relationship between the national-level agency and the local government units would be vis-à-vis the implementation of the proposed law. Although these concerns have been tackled in committee-level deliberations, they remain as issues that can potentially derail the floor (plenary) deliberations. Currently, the debates are focused more on the substantive issues (validity of the reproductive health framework, constitutionality of the proposed measure, repercussions of the measure on society, etc.) but it is very likely that in the future, when discussions on the substantive issues have been exhausted, these

organizational matters would then be the subject of intense debates. In this regard, the shift in the legislative proposals' focus from population to reproductive health seems to be a propitious move because the existing organizational structure for the implementation of the government's health programs, with the Department of Health at the helm, is more stable than the one for the population program (the Commission on Population).

The shift from population to reproductive health has brought about another benefit for the pro-choice advocacy: it strengthened the coalition of its stakeholders and put the women/feminist NGOs, well known for their passionate commitment to their advocacies and strong grassroots linkages, at the forefront of the population/reproductive health legislative advocacy. If the shift from population to reproductive health has made the policy issues more concrete and closer to people's day-to-day lives, the strengthened pro-choice coalition and greater visibility of the women/feminist groups have added fire to the legislative advocacy, bringing with it the possibility of breaking the pro-lifers' dominance in the population/reproductive health debates. However, there are still disagreements among the women/feminist NGOs – for example, over the provision of abortion, wherein some groups take a hard-line approach and insist that it should be provided even as the Philippine Constitution explicitly forbids it. In contrast, the various pro-life stakeholders are united in their stand about population and reproductive health matters; thus, no matter the venue and who they are talking to, their arguments are consistent.

The solid stance of the pro-life advocates and the divergences in the views of their pro-choice counterparts are not surprising when one considers the broader – i.e. international – context of the population/reproductive health debates within which the debates in the Philippines are embedded. The Philippine experience in population/reproductive health policy advocacy can be described as a microcosm of what is happening internationally and in other countries that have ventured into this highly controversial policy area. The Catholic Church, as the leading voice of the pro-life advocacy, has always been the 'guiding voice' of the pro-life stakeholders in the Philippines, and the Church has not significantly deviated from its stance about abortion, artificial contraception and related issues as they were articulated by Pope Paul VI in the *Humanae Vitae* in 1968. In contrast, the pro-choice advocacy has been marked by 'paradigm shifts' – exactly the same shifts that have been observed in the Philippines – and the international women's/feminist movement has the same divergences as those found in the

national-level movement.[207] Moreover, the nature and extent of political involvement that the Catholic Church has shown in the Philippines is the same as its involvement elsewhere. The same can be said for the other pro-life international organizations as well as the international-level pro-choice groups that are directly or indirectly participating in the population/reproductive health debates in the Philippines.

In this regard, again, the local pro-life advocates have an advantage over the pro-choice stakeholders. No one questions the involvement of the Vatican and its international allies in the local advocacy, obviously because the Philippines is overwhelmingly Catholic and has long recognized (or misrecognized, in Bourdieu's terms) the hierarchical authority of the Church. On the other hand, the pro-choice advocates are constantly criticized for their linkages with international pro-choice organizations, particularly the funding agencies, with thinly-veiled accusations that they (the local advocates) are merely paid mercenaries of international pro-choice groups.[208] Nevertheless, the long history of deference to the Catholic Church obviously cannot fully account for its ability to dominate the population/reproductive health debate in the Philippines. There are other dynamics at play, which are discussed in the next section.

8.3. The dominance of the Catholic Church in the population/reproductive health debate: national- and local-level policy dynamics compared

To reiterate, the success of the pro-life agenda in the population/reproductive health legislative advocacy in the Philippines can be attributed to institutional and contextual factors that include the 1) inherent advantage of holding the status quo position, 2) international-level dynamics of the population/reproductive health debates, 3) legislative process, specifically its protocols and veto points, 4) more stable coalition of pro-life stakeholders (as compared to that of pro-choice advocates), and 5) weak population bureaucracy. Evidently, these factors

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207 Even the local initiatives to form stronger linkages with faith-based organizations as part of the population/reproductive health advocacy is an offshoot of international-level counterpart efforts, a prominent example of which is the UNFPA's program on "Partnering with Faith-based Organizations" (UNFPA, 2009).

208 In fact, opponents of the House Bill 5043 tried to discredit this legislative proposal by claiming that because the PLCPD (the lead NGO in the population/reproductive health policy advocacy, which assisted in the drafting of various population/reproductive health bills) receives foreign funding, it is a foreign organization and therefore cannot participate in Philippine politics *(*House, 2008f).

did not result from the advocacy but actually preceded it. How they led to the specific outcomes for the population/reproductive health legislative advocacy is a function of the arguments and tactics deployed by the stakeholders, which are in turn shaped by the resources (capital) at the stakeholders' disposal. A closer look at the capital of the Catholic Church, which is the focus of this section, will further clarify why the Church has been successful in pushing its pro-life advocacy in the Philippine political arena.

The 'blueprint' of this analysis has been laid down in Chapter 7, and two important points from that chapter must be reiterated here. The first point pertains to the main premise of the analysis, which is that the Church's power is relative and therefore there is a difference in the Church's ability to influence population/reproductive health policy-making at the national and local government levels. The explication of the Church's relative power is undertaken in this study through a comparison of the capital of the national- and local-level Church. The second point pertains to the key argument that this study proffers as an answer to the puzzle of the success of the Church's policy advocacy in the population/reproductive health policy-making arena, which is that the Catholic Church is able to prevail in the national population/reproductive health legislative arena because it is able to acquire the political capital, or translate whatever capital it has at its disposal into political capital, that then allows it to tap into the veto points in the policy-making process. This key argument will be elaborated on in the succeeding paragraphs primarily by comparing the performance and position of the Church at, on the one hand, the national level and, on the other, in local government units that adopted pro-choice population/reproductive health policies and/or programs (see Chapter 7 for details about said local government units).

The links between the national Church's advocacy success and the specific forms of cultural and social capital that it possesses have been brought up in several preceding chapters. Reiterated briefly, the national-level Church has been successful in 'exploiting' the veto points of the legislative process because of two interrelated factors.

First, because of its cultural capital, the Church is recognized as one of the most important voices in Philippine politics. This cultural capital emanates primarily from "the imaginative power of Christian stories and symbols long part Philippine culture" (Francisco, n.d., 5) that was earlier pointed out (see Chapter 6). This cultural capital has been 'enriched' by two phenomena: the Church's critical role in the overthrow of the Marcos regime, and the low

credibility of the national government among the populace. In connection with the latter, there is at present[209] a vacuum in the country's political system that has been created because the government – depending on how one views the problem – is weak, inefficient, or corrupt. This has led to a crisis of "secular morality" for which the "moral vision" of the Catholic Church (M.V. Sapitula, personal communication, 18 September 2010) has been a 'panacea' for Filipinos long frustrated with the unfulfilled promises of their government leaders.

Second, the Church has sufficient linkages (social capital) that allow it to, at the very least, neutralize the strength of the pro-choice advocates. As mentioned earlier, the first such linkage is with the legislators and the Office of the President. But also important is the linkage and goodwill that it has established with the pro-choice advocates who, while being their opponents in the population/reproductive health advocacy, are their allies in other advocacies.

Obviously, social and cultural capital reinforce one another: the more cultural capital the Church accumulates the more social capital it acquires, and vice-versa. The Church's cultural capital gives it the symbolic power that makes the legislators and politicians wary of the backlash that displeasing the Church might bring to them. At the same time, the Church's social capital prevents several pro-choice stakeholders from aggressively opposing it. Instead, they try to find points of compromise with the Church, seemingly oblivious to the fact that while they can find many common grounds with the pro-life advocates, they will ultimately reach a dead end on the issue of artificial contraception.

In the local government units where the pro-choice advocacy prevailed, close examination would reveal that the local Church (and its allies in the pro-life advocacy) lacks the cultural and social capital to undermine the pro-choice advocacy. There is no credibility vacuum that confronts the local government and if there were, the local Church would be unable to fill the vacuum, for reasons that will be explained later. Moreover, the principal lobbyists for the pro-choice advocacy – i.e. the NGOs and/or members of the local bureaucracy – do not partner with the local Church the way that their counterparts at the national level do, which most probably explains why they have no qualms about dismissing the criticisms and threats of their priests or bishops.

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209 A new administration headed by President Benigno Aquino III took over the leadership of the country in July 2010 and many sectors are hopeful that this new government would be able to restore the public's trust and confidence in the government.

Particular attention should be given to the local executives because as Baumgartner et al. (2009) pointed out, in policy change, the position of the executive is crucial since s/he is the final potential veto point in the policy-making process. Why were the pro-choice groups in the local government units where their advocacy prevailed able to tap into this potential veto point better than the pro-life group? Stated in another way, why are the politicians in these local government units not as fearful of the Catholic Church as the national politicians are? I argue that one significant reason is that at the local level, there are more effective ways of gaining the constituents' support and vote than projecting moral uprightness (which is the main cultural capital that politicians risk losing if they do not support the pro-life advocacy). One of the most important alternatives is implementing projects and services that meet the constituents' needs. International and private donors are important sources of funds (economic capital) for health-related initiatives,[210] while the local bureaucracy and the NGOs provide the expertise and manpower for the formulation and implementation of these initiatives. Therefore, the views and sentiments of these sectors are important to the local executives. In contrast, the local Church does not have the economic capital to fund the initiatives of the local government, and appears not to be an important partner in their implementation. As such, the local Church is less able to harness this crucial veto point to its advantage.

The local government council – the counterpart of the national legislature – is another key veto point in the policy-making process. The pro-choice and the pro-life advocates have their respective allies in the local councils. Again, the question is why the pro-choice advocates succeeded in circumventing the veto potentials of the councils. Undoubtedly, the close links between the executive and legislative branches of government partly account for this: the legislators (council members) naturally take the executive's position into consideration when deciding on policy issues. Nevertheless, the success of the pro-choice advocacy cannot be attributed to the support of the executive alone. The personal convictions of the pro-choice legislators and their willingness to risk the political backlash of their pro-choice stance are also huge factors in the passage of the population/reproductive health ordinances. Similar to the local executives, it can be argued that to a great extent, the backlash and other threats from the Church did not deter the pro-choice council members because the weight of the Church's

[210] As mentioned, in the Philippines, family planning services are considered part of the health service delivery program. The latter has become the direct responsibility of the local government units under the devolution scheme.

endorsement has lesser impact on their political careers than it does for the national legislators. Because of the greater role that government workers and NGOs (compared to the local Church) play in local political life, these groups matter more for the council members than the local Church. This does not mean, however, that pro-choice politicians are 'utilitarians' exclusively and uniformly making decisions based on a cold calculation of the risks and benefits that taking a pro-choice (and for that matter, a pro-life) stance would bring to their political plans. Indeed, there are some politicians who are acting out of the strength of their own convictions, guided by their sincere desire to provide what is best for their constituents. Without undermining the sincerity of the politicians' intentions, this public service orientation is an important factor for gaining the support of the constituents.

In the local government units studied (see Chapter 7) the political field is configured in such a manner that the local Church is unable to position itself as a major stakeholder in population/reproductive health policy-making and in politics in general.[211] Concomitantly, the local Church is also not configured similarly as the national Church. The voice of one parish priest or one bishop is not the same as the voice of the Church's national organization, the CBCP (Catholic Bishops' Conference of the Philippines). The resources of one parish or one diocese – whether economic, cultural or social – is not on the same scale as the resources of the CBCP (see Table 15). There is greater proximity between the local Church officials and the local government than there is between the CBCP and the national government, making it easier for local politicians to demystify the power of the Church and to discount the claimed political backlash of ignoring its pro-life advocacy.

While all these points might seem to contradict the earlier arguments that the Catholic Church occupies an important position in Philippine society, they actually do not. Instead, the success of the pro-choice advocacy in the selected local government units can be taken as a "reality check" about the "limits of the [Church's] actual influence"[212] (Francisco, n.d., p. 5) and, more importantly, that when "options for a moral vision [can be found] in the public sphere, the Church [will find] its privileged status challenged" (M.V. Sapitula, personal

211 Specifically, in La Union, the political leaders during the Marcos administration (in whose time the population program flourished) have remained in power. These political leaders have kept the population program structure that the Marcos government put in place largely intact. In the other local government units, the Church is a marginal player in the political field because the resources that the local governments need – whether funds or manpower – to perform their functions more effectively are better provided by the pro-choice organizations than the pro-life advocates.

212 Other examples of these limits of influence are the Church's unsuccessful legislative advocacies cited in Chapter 1 of this dissertation and the Church's inability to translate its political clout into a voting bloc.

communication, 18 September 2010). The population policy-making dynamics in the local government units that have been able to 'defy' the Church can thus be seen as a 'wake-up' call for both the Catholic Church and the Philippine government, especially its national leadership.

Table 15. Comparison of the capital of the national- and local-level Catholic Church

National Church	*Local Church*[213]
Strong cultural capital • Key role in political change • Low credibility of national government • CBCP (highest officials)	Weak cultural capital • Not a key player in local politics • Cannnot ‚replace' local government • Diocese or parish
Strong social capital • Strong access to Executive • Supporters in key government posts • Collaboration with pro-choice groups in other advocacies	Moderate social capital • Weak access to Executive • Supporters in key government posts • Limited collaboration with pro-choice groups
Strong economic capital • Able to tap linkages for funding support (due to social capital)	Weak economic capital • Not a crucial source of funding support

While taking on a Church-centered perspective, the preceding discussion has also pointed to the factors that have helped strengthen the position of the local-level pro-choice stakeholders, notably their close ties with the local executive. The devolution has also definitely helped because it allowed pro-choice international funding agencies to work directly with local governments, even as (and because) it has become difficult to collaborate with the national government on population, reproductive health, and related programs.

The question that naturally arises is: can the local governments provide the much-needed impetus for the implementation of a national-level policy on population/reproductive health? Despite the great success of the pro-choice advocacy in some local government units, the prospects of this translating into a national force are low. First, if the stand of the League of Cities on the population/reproductive health bills (see Chapter 4) is to be used as a basis, the local government units as a collective cannot be expected to come up with an official position on these measures since some local government units are pro-life supporters while others side with the pro-choice advocacy. Moreover, some of the informants from the local government

213 Refers only to the local government units selected for the case study (see Chapter 7)

units interviewed for this study feel that it is in their best interest to distance themselves from the national-level debates; they are concerned that should they get involved, their own work would come under fire. Third, even if some pro-choice local executives have eventually made it to the national legislature, they have not been very visible in the population/reproductive health advocacy. This is understandable because as neophytes in Congress, they do not have the skills (cultural capital) to effectively engage in floor deliberations. The basic issues might be the same but there are certainly differences in how these issues play out at the national and local levels. More important, the protocols of Congress are more complex than those for the local councils and an inexperienced legislator can easily lose to a veteran on technical grounds alone. Not surprisingly, it is almost always the 'seasoned' legislators who act as the main sponsors and interpellators of a legislative proposal.

If the successes of the pro-choice advocacy in the local government units could not be counted on so much to help boost the national-level advocacy, what then are the prospects for the population/reproductive health legislative proposals, should they be filed in future Congresses? This question is the focus of the next section.

8.4. The prospects for a national law on population/reproductive health: a not-so-fearless forecast

The population/reproductive health legislative advocacy in the Philippines has been around for almost 30 years now and is not likely to be dropped by its stakeholders despite their past failures. In fact, soon after the 15th Congress opened on 30 June 2010, Congressmen Edcel Lagman re-filed (on 1 July 2010) the reproductive health bill that he has sponsored in the past two Congresses as House Bill 96 (An Act Providing for a National Policy on Reproductive Health, Responsible Parenthood and Population and Development, and for Other Purposes). Lagman and other pro-choice legislators are very optimistic that this time around, the reproductive health bill will pass into law for several reasons, the principal ones being that a) the new Speaker of the House, Feliciano Belmonte, is a known pro-choice advocate (it was under his term as Quezon City mayor that the controversial reproductive health ordinance of said city was passed), b) several co-authors of the 14th Congress reproductive health bill were re-elected into the new Congress, and c) the new Department of Health Secretary has vowed

to support the bill. The pro-choice legislators are also hopeful of the new President's (Benigno Aquino III) support because, even though he did not co-author the population/reproductive health bills during his terms in Congress,[214] he is in favor of responsible parenthood (Dalangin-Fernandez, 2010; Legaspi, 2010; Ramos-Araneta, 2010).

As Baumgartner and his colleagues (2009) have pointed out, elections can be a trigger for policy change because they can change the balance of power in government. And indeed, in the case of the population/reproductive health legislative proposals, this seems to be the most feasible source of policy change at the moment. Outside of the executive and legislative branches of government, everything will remain essentially the same in the field of the population/reproductive health policy arena. The Catholic Church will be as vigilant as before and may become even more vigilant in the 15th Congress, the various pro-choice NGOs but particularly the women/feminist and health NGOs will still be outspoken and persistent in their advocacy, the population program bureaucracy will still be saddled with its weaknesses, and the general public will remain supportive of family planning and artificial contraception but will not really demand that the government provide for these services.

The first factor that can tip the balance in favor of the pro-choice stakeholders is the new President himself. Can he be expected to strongly support a measure that he did not actively support (but did not openly oppose, either) while he was a member of Congress? Perhaps not, but it is highly possible that he will not block the measure as aggressively as his predecessor did. That is, he will leave it to the legislature to decide on the measure and he will respect whatever decision they reach.

The role of the Speaker of the House is crucial; as Representative Lagman had noted, part of the reason that the reproductive health bill failed in the 14th Congress is the "faltering commitment of the House leadership" (Legaspi, 2010). In Belmonte, the new Speaker of the House, the pro-choice stakeholders are more or less assured of support. But it remains to be seen how and how much he will use his position to push for the reproductive health measure. Moreover, staunch critics of the past bills like Representatives Roilo Golez and Hermilando Mandanas are members of the 15th Congress, as well as the former President Gloria

[214] Aquino was a member of the House of Representatives for three terms (1998-2007) and was a member of the Senate from 2007 until his election as Philippine president in 2010.

Arroyo.[215] As past experiences have shown, even a few oppositionists can put a measure at risk, given the protocols of and veto points in the legislature. Also, in the initial political mapping conducted by the Philippine Legislators' Committee on Population and Development (PLCPD), the lead NGO in the population/reproductive health advocacy, only about one-fifth (65 out of 286 members) have been identified as supporters of the bill and 84% of the first-termers have unclear position on this issue (Dalangin-Fernandez, 2010). One can expect, thus, a competition between pro-choice and pro-life legislators in 'recruiting' and mobilizing the rest of the members of Congress. This can be a tedious process because, as mentioned, the Philippines operates on a multi-party system and parties have no clear ideological differences among them. In this situation, individual talks with Congress members appear to be the most effective strategy, and this is something that both pro-choice and pro-life lobbyists have extensive experience in.

While the scenario in the House of Representatives for the 15th Congress maybe rosier for the pro-choice stakeholders than it had been in the past Congresses, the same may not apply for the Senate. Although PLCPD's initial mapping revealed that 15 of the 24 members of the Senate are supportive of the bill (Dalangin-Fernandez, 2010), the new Senate President, Juan Ponce Enrile, is a known pro-life supporter (Bordadora and Avendaño, 2009). Thus, if he wishes to do so, he can use his position to block the progress of the reproductive health bill.

Outside of the legislature, there is one major development that could well be a gauge of how the re-filed reproductive health bill will fare in the 15th Congress: the raging controversy over the Department of Education's pilot-testing of sex-education classes in 159 selected public elementary and high schools across the country. As expected, the Catholic Church has vehemently opposed this program and through the Catholic Bishops' Conference of the Philippines (CBCP) has spearheaded a class suit against Department of Education.[216] The officials of the Department, for their part, have refused to yield to pressures from the Church, insisting that the teaching materials and approach used are "designed to be scientific and informative" and not to "titillate prurient interests" (Gutierrez, 2010). It is too early to tell what the resolution to this controversy would be, but clearly, if the new Department of Education Secretary and the court (assuming CBCP proceeds with its lawsuit) uphold the

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215 In an unprecedented move, Arroyo ran for a seat in the 15th Congress.

216 As of 3 August 2010, the class suit was (temporarily) withdrawn; the CBCP is awaiting the Department of Education Secretary's decision on the program before making its next move (Tubeza, 2010).

implementation of the program, pro-choice stakeholders have a reason to be optimistic for the reproductive health bill.

Another development, ironically with a pro-choice agenda, might not bode well for the reproductive health legislative advocacy: the recent call by some RH advocates for Congress to pass a law allowing safe and legal abortion (Faustino, 2010). Although family planning and artificial contraception are widely accepted in the country, and although the proposed reproductive health measure enjoys high public approval, abortion is still widely regarded as a taboo, morally-charged topic. This is the reason why proponents and supporters of the population/reproductive health legislative proposals have consistently taken pains to clarify that their bills do not support abortion. For their part, the pro-life advocates have always insisted on linking the population/reproductive health bills with abortion. This recent call by some of the reproductive health advocates might very well have provided the pro-life group with 'ammunition' to prove that the proposed reproductive health measures indeed endorse abortion, which might adversely affect the current bill's acceptability among the public and its chances of passing Congress deliberations.

Finally, with regard to dealing with the Catholic Church, the local government units that have successfully implemented a pro-choice program or ordinance have shown that the only 'maneuver' for pro-choice advocates is to forge ahead and give up on efforts to find points of agreement with the Church because ultimately, there is no compromise on the issue of artificial contraception. The Church and its allies will always block any bill that allows artificial contraception, no matter how good the other provisions are. However, a population/reproductive health bill that does not include the promotion of artificial contraception is a meaningless bill, as far as the pro-choice stakeholders are concerned. But, as pointed out in Chapter 7, forging ahead has been quite easy for local-level pro-choice stakeholders because they hardly collaborate with the Church on their advocacies. In contrast, their counterparts at the national level partner with the Church in their pursuit of other advocacy goals.

Overall, thus, the major hurdles that have confronted past population/reproductive health bills will also confront the current reproductive health bill. Arguably, the change in government has led to some changes in the balance of power that augur well for the pro-choice stakeholders. However, there are still several 'wild cards' – both within the legislature and

outside of it – that make it difficult to present a more definite prognosis regarding the success or failure of the present population/reproductive health legislative efforts. Nonetheless, the prospects for its success – in the long term – are still there, given the persistent, never-say-die advocacy of the pro-choice NGOs and the fact that the current weaknesses in the pro-choice advocacy, although not always easy to address, are not insurmountable. Moreover, there is always the hope that there would soon be enough number of legislators and other government leaders who would decide in the best interest of their constituents, even if that would mean putting their political ambitions at risk.

Chapter 9. Conclusion

In democratic polities legitimised by popular sovereignty,the 'people' are the ultimate principal, although it is not always clearwho the 'people' are.
(Papadopoulos, 2003, p. 481)

This study was undertaken with two goals in mind: 1) to delineate the factors that have shaped the form and direction of population legislation in the Philippines, the immediate goal; and 2) to apprehend the dynamics underlying the consistent dominance of the pro-life advocacy in the population policy-making arena, the broader goal. The analysis focused on the legislative proposals (bills) on population and/or reproductive health that were filed in the 13th and 14th Congresses of the Philippines, whilst taking into consideration the larger national and international contexts within which the legislative debates are situated. The principal findings of this study are summarized in Chapter 8; a few points need more explication, however, so as to surface some practical, theoretical and research implications that can be inferred from the research results.

9.1. Practical implications: Further thoughts on the population/reproductive health legislative advocacy

Going back to the oft-quoted argument that the Catholic Church is the main reason why population and reproductive health advocacy – more specifically, the pro-choice advocacy – has not moved forward in the Philippines, the findings have shown that indeed, the Church is a major stumbling block in said advocacy. But it would be short-sighted to say that the Church **should be blamed** for the continued failure of the pro-choice advocacy. In the first place, the Church cannot be faulted for taking an active role in the population/reproductive health advocacy: like any other stakeholder, it is simply taking steps to protect those interests.[216] Further, the Church is not behaving any differently from other political stakeholders – when it sees fit, it takes advantage of an opportunity for pushing its agenda.[217]

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216 Some critics of the Church invoke the principle of the separation of the church and state in arguing that the Church should stay out of politics. But pro-life supporters have their own interpretation of the principle – that the government should stay out of the affairs of the church and hence should not enact laws that violate the doctrines of Catholic Church, or other religions for that matter.

217 As accounts of the global population and reproductive health debates bear out (see for example Connelly, 2008 and Goldberg, 2009), the Church is a savvy political player.

Most of all, the Philippines' political system has evolved in a way that has given the Catholic Church an important role in it; it would thus be wrong to expect the Church to speak out against injustice, corruption, etc. but not against issues that strike at the heart of its doctrines.

What the Church can be faulted for (if one were to take the pro-choice view) is its obstinate stand on artificial contraception and its attendant issues. But this unbending stance is not the factor that blocks the success of the pro-choice advocacy – obstinacy, by itself, does not translate to power. Instead, as argued in the previous chapters, the Church's power is relative; it is not intrinsic to the institution but is the result of dynamics within and outside the population policy-making arena. The obvious 'lesson' for the pro-choice faction therefore is for it to address its own weaknesses, in particular the middling participation in the legislative advocacy of the principal government agencies for the population and reproductive health programs, the passive support of the bills' co-authors, and the fragile ties (brought about by differences in perspectives about population and reproductive health) that bind its members together.

Nonetheless, it must also be acknowledged that the pro-choice stakeholders can only do so much because the Church's power is also the consequence of deep-seated problems and weaknesses in Philippine government and politics. As discussed in the previous chapters, the Filipinos, lacking trust in the government, have turned to the one institution that they believe can steer them through times of (political and all other forms of) adversity: the Catholic Church. However, as also pointed out, this act of turning to the Church is not so much because of people's faith in the institutional Church itself as it is because of a deep-seated and complex form of religious fervor shaped by historical and social factors. It is this religious fervor that has enabled the Church to offer to the people what the government, so far, cannot: hope. One can very well argue that this is a case of misrecognition of the power of the Church and religion, but as a last resort, hope is always better than desperation.

Placing the power of the Church in the proper perspective means seeing the pro-life advocacy success in its proper context as well. Since the Church's power is relative, it cannot always prevail. Indeed, this has been the case with the Church's other advocacies, and can very well be the case with its population/reproductive health legislative advocacy in the future. Depending on the circumstances, the Church's views would be given weight or would be dismissed.

In this regard, this question from Jose Mario Francisco, S.J.[218] is worth raising: "If Catholicism played such an extensive role in Philippine society, why is Philippine politics practically as a whole, and its culture to some extent, as damaged as they are?" (Francisco, n.d., p. 4) If the Church had such extensive political powers, then it should take the blame for the country's political malaise. A more sober – and realistic – view is thus that the Church as a stakeholder is as vulnerable to exploitation and as expendable as any other stakeholders are in the political arena. As an experienced political 'player', the Church knows this only too well and perhaps does not need to be reminded about it. The more appropriate focus of this reminder, it seems, are the legislators, especially those who keep blaming the Church for the impasse on the population/reproductive health debate. Because in the final analysis, if one should be compelled to pinpoint who should be held 'accountable' for the failure of the pro-choice legislative advocacy (and conversely, be 'credited' for the success of the pro-life legislative agenda), it would be the legislators, some of whom may have decided (whether for or against the bills) out of their sincere belief that they were making the best choice for their constituents and some (or many) of whom only had their personal interests in mind.

The 'litmus test' therefore against which the population/reproductive health debate should be evaluated is the question: *Does the Philippines need a population/reproductive health law?* It is best to tackle this question in two levels.

The first level has to do with access to population (i.e. family planning) and reproductive health services itself: should Filipinos be given access to the full range of family planning and reproductive health services or not? So much has been said for and against family planning and other reproductive health services but on balance, the benefits of giving people full access outweigh the disadvantages – both from a health perspective and a human rights/freedoms perspective.

The second level has to do with the **necessity** of enacting a law that (theoretically) would ensure people's access to said services. This issue is much harder to settle than the first question because it requires evaluating what role the government should play in the provision of population/reproductive health services. One interesting insight along this line comes from Steven W. Sinding, a prominent population expert who served as Chief of the Population,

[218] Director of the East Asian Pastoral Institute of Manila and president of Ateneo de Manila University's Loyola School of Theology

Health and Nutrition Office of USAID Philippines in the 1970s, who said that it was wrong in the first place to give the population program to the government precisely because it forced the Catholic Church to speak up against it.[219] But the deed has been done and the Church-state antagonism over the population – and now, reproductive health – issue is here to stay. Instituting a population/reproductive health law would only aggravate the animosity, but that is not the issue that should resolve the question of whether or not said law is needed.

Some critics of the population/reproductive health bills have argued that a law is not needed because contraceptive information and services are already available in the country and people are not restricted, by the Church or any other institution, from accessing those information and services. Supporters of the bill say that this is not actually true because some local government units have, in fact, instituted ordinances prohibiting the provision of artificial contraceptives. But an even more serious barrier to access to these services is poverty – i.e., many women and families are not able to get the services that they need simply because they do not have the resources to do so. The local government units, which are directly responsible for health service delivery to the grassroots, should help poor women and families in this regard. But not all of them are able and/or willing to provide this assistance. Turning over the full responsibility for delivering these reproductive health services to the private sector is very likely to increase the risks that these services are going to become even more inaccessible to the poor and marginalized members of society. All things considered, therefore, enacting a national law on population/reproductive health is justifiable because it will help address a very important public need and redress an existing inequality of access to basic services.

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219 Reflecting on his experiences as USAID officer, Sinding said that "shifting the resources and the responsibility [for the population program] from the private to the public sector… would have been the right thing to do [in a lot of Asian countries] but in the Philippines it was the wrong thing to do because it really incurred the wrath of the Roman Catholic Church. It became a matter of public policy and public programs that the church felt that it had to oppose it, and it did but with increasing vigor over the whole period of the Marcos regime. So that by the time I got there in 1980, the dialogue between the church and the government was at fairly high decibel level and Marcos had already begun to back away. This became a discarded enthusiasm, and the government was on the defensive." (ADST, 2001, p. 28)

9.2. Theoretical and research implications: Policy advocacy and the political field

This study undertook an analysis of the political field from the perspective of lobbying and policy advocacy, which obviously differs from the perspective of electoral politics that Bourdieu adopted when he formulated his critique of the political field. As such, it is the researcher's hope that from this study, readers would gain new and/or additional insights regarding a) power dynamics in the political field, b) the way field, habitus and capital are interlinked, c) the way different forms of capital reinforce each other, and d) the role of language in politics. For the most part, the new/additional insights emerged as a result of incorporating propositions from Baumgartner et al. in the analysis of the political field. But merging the two analytical approaches has yielded interesting insights about Baumgartner and his colleagues' propositions about lobbying and policy change as well. Principally, this is because Bourdieu's theory and concepts have allowed the researcher to make a more-or-less 'seamless connection' between the policy-making arena (Baumgartner et. al's focus) and the larger political context and beyond. For instance, this study's findings about the population/reproductive health stakeholders' arguments and tactics were explicated vis-à-vis Bourdieu's treatise on language and symbolic power, and on field and capital, respectively. Also, with the help of concepts from Bourdieu, this study was able to analyze why lobbying and policy advocacy can succeed in one arena (the local government context) and fail in another (the national government context). There are, of course, other possible explanations for the contrasting results of the policy advocacy, but the researcher believes that the explanation provided in this study is a robust one.

In applying Baumgartner et al.'s propositions on lobbying and policy change in the Philippine context and on only one policy advocacy (to reiterate, Baumgartner et al. conducted a longitudinal study of several policy advocacies in the US), this study confirmed some of the former's arguments, specifically that a) stakeholders advocating policy change will manifest more adjustments and more reframing attempts (as compared to status quo advocates) in their argumentations, and b) among the different kinds of capital/resources one can harness for policy advocacy, social capital is the most crucial for advocacy success.

Some of Baumgartner et al.'s propositions were only partially corroborated in the present research. First, Baumgartner and his colleagues pointed out that policy change advocates, in comparison again to status quo supporters, will have more diverse and more positively-

phrased arguments to support their policy position. In the present study it was found that the pro-choice arguments were indeed more positively phrased than the pro-life arguments; however, the negative arguments of the pro-lifers did not focus on the risks of adopting the proposed policy (as Baumgartner et al. had contended) but on the intrinsic weaknesses of the legislative proposals. Second, while Baumgartner and his colleagues argued that status quo supporters are likely to sit it out and make their move only when there is a real threat to their position, findings of this study have shown that the pro-life group has been taking the 'offensive' stance in its campaign against the population/reproductive health legislative proposals.

Finally, the contention that policy change advocates will engage in advocacy tactics more intensively than those endorsing the status quo was not supported by the study's findings. This is because the pro-lifers have been engaging in advocacy tactics as actively as the pro-choice stakeholders have been.

The confirmatory and non-confirmatory results have been elaborated on in the previous chapters. What only needs to be reiterated is that the mixed results are not surprising, given the differences in context between the present study and Baumgartner et al.'s research. Nonetheless, it is perhaps safe to say that the present research is one of the first studies to have subjected Baumgartner et al.'s propositions to further research (their work was published only in 2009) and therefore has made some important contributions towards validating said authors' propositions.

Using Baumgartner et al.'s propositions proved to be feasible and productive for this study, which is probably to be expected because there are many similarities between the legislative systems of the US and the Philippines.[220] But admittedly, a more thorough research – i.e. one that involves several policy advocacies over an extended time period – is needed to arrive at more definitive conclusions regarding the validity and applicability of Baumgartner et al.'s propositions to other political contexts.

[220] Although the US is federal system and the Philippines is a unitary system, the latter patterned its basic political structure after the US (see Chapter 4 for more details).

Finally, this study's use of postulates and concepts from Bourdieu and Baumgartner et al. has successfully surfaced governance dynamics, taking governance in the broad sense of "steering and coordination of interdependent (usually collective) actors based on institutionalised rule systems" (Benz in Treib et al., 2007, p. 3). More specifically, the study has shed light on power relations between public and private actors: why one actor is more powerful than another and what factors account for the relative power positions of the different actors. Beyond these research insights, it is hoped that this study's analysis of governance dynamics has also been able to show what could be done to change those power relations to bring legislation and policy-making closer to their professed goal of promoting people's welfare.

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Annex 1. Interview Guide (Core Questions)

I. On Advocacy

1) Who are the priority sectors of your advocacy and why did you chose to prioritize them?
   - *If advocacy is both national and local:* Would you say that your networking is stronger at the national level, stronger at the local level, or equally strong in both levels?
2) Who would you consider your most important partners and why?
   - Are you part of a formal network, or is your networking informal?
3) Which organizations would you say are playing the lead role in population policy advocacy in the country? Are there organizations that you think still need to be tapped for population policy advocacy?
   - How central is your organization in population advocacy?
4) Who would you consider are strongest advocates on the other side of the population debate?

II. On the Legislative Proposals

1) The previous legislative proposals on population and reproductive health did not make it beyond the first reading. Only House Bill 5043 made it to the second reading. What do you think are the factors behind this "success" of House Bill 5043?

   For supporters of the bill:
   - What is the greatest hurdle for the bill?
   - What will be the key to its passage?
2) What are the prospects that the bill will pass the third reading?
   - What will you do if the bill passes/does not pass third reading?
   - *For supporters of the bill:* How does it tie up with the companion bill in the Senate/House of Representatives?
3) Did you participate in the public hearings and other deliberations on these proposals? In what specific ways?

4) In the media reports about the debates surrounding the legislative proposals, the issues that are highlighted are those on the link between population and development, for the supporters' side, and the religious and moral issues, for the opponents' side. Are these really the main issues at stake, or other issues – for or against the bills – that the media have overlooked?

III. On the Catholic Church and Other Stakeholders

1. The dominant argument as to why efforts to come up with national policy on population and reproductive health is because of the influence of the Catholic Church. Why is the Church particularly strong in population advocacy?
   - Is the moral argument valid, or are there other reasons behind the failure of the population legislative proposals?
   - Why could the Catholic Church prevail in the population debate, and fail in the other issues?
   - Is the Catholic Church really the critical player here, or is it another actor/institution?
2. Dr. Alejandro Herrin argues that there are possible areas of collaboration with the Church. Do you agree with him?

IV. General Questions

1. Drawing from your long years of involvement in population advocacy, what would you say are the strong points of population advocacy work in the country? What are its weak points?
2. Are there any "lessons" that you learned from the advocacy work of the anti/pro-reproductive health bill groups?
3. *For supporters of the bill:* The current legislative proposals emphasize reproductive health only; what are the prospects for having legislative proposals on population and development in the future?
4. *For opponents of the bill:* There are two issues in the debate – reproductive health and population and development. Are these two issues equally problematic for you?

Annex 2. Content Analysis Form – Reasons and Arguments

1. Type of document:
   ( ) Media article
   ( ) Position paper
   ( ) Senate public hearing/technical working group meeting
   ( ) House of Representatives public hearing/technical working group meeting
   ( ) Local government unit public hearing
   ( ) Other (specify): _____

2. Specific legislative proposal referred to: _____

3. Name of organization: _____
   a. Name of representative and position: _____

4. Stand on the legislative proposal:
   ( ) In favor
   ( ) Against
   ( ) Non-committal

5. Main reason for stand – write down specific reason cited:
   ( ) Substantive: _____
   _____
   ( ) Practical: _____
   _____
   ( ) Political: _____
   _____
   ( ) Other: _____
   _____

6. Focus of arguments:
   ( ) On reproductive health only
   ( ) On population only
   ( ) Both reproductive health and population

7. Issues raised in arguments (include exemplars):
   ( ) Religious/moral: _____
   _____
   ( ) Legal/constitutional: _____
   _____
   ( ) Human rights/women's rights: _____
   _____
   ( ) Economic: _____
   _____

( ) Medical: _____
_____

( ) Political: _____
_____

( ) Bureaucracy-related: _____
_____

( ) Other: _____
_____

Annex 3. Checklist of Advocacy Activities

Name of agency/organization: _____

Which of the following activities have you done in your advocacy work *(check all that apply)…*

Activity	… for legislative advocacy in general?	… for the population/ reproductive health bills?
With policy gatekeepers		
Personal contact with Congress officials or staff		
Personal contact with Congress committee/ subcommittee leadership or staff		
Personal contact with Congress committee/ subcommittee member or staff		
Personal contact with rank-and-file members of Congress or staff		
Draft bill/ legislative language		
Testify at congressional hearing		
Submit written comments on bills to member of Congress or staff		
Send letter/ position paper to member of Congress or staff		
Disseminate in-house research to policy gatekeepers		
Disseminate external research to policy gatekeepers		
Personal contact with government official		
Personal contact with government agency		
Coalition building		
Work with legislative allies in Congress		
Work with legislative allies in government		
Work with non-government legislative allies		
Hire consultants to help with lobbying		

Annex 3. Checklist of Advocacy Activities (cont'n.)

Activity	… for legislative advocacy in general?	… for the population/ reproductive health bills?
Public awareness campaigns		
Press conference/ press releases		
Public opinion/ relations campaign		
Op-ed/opinion pieces		
Pay for ads		
Disseminate in-house research to the public		
Grassroots advocacy		
Mobilize mass membership		
Mobilize elite membership		
Organize a lobby day		
Mobilize general public		
Other advocacy activities (please list below)		

Annex 4. Checklist of Advocacy Resources

ECONOMIC CAPITAL The material and financial assets of the agency/organization	1. What is the annual budget of the agency/organization?
	2. What are the main sources of funds of the agency/organization? For each type, specify amount if possible (indicate whether actual or estimated amount) • Government appropriations • Project grants from international organizations (list organizations) • Project grants from local organizations (list organizations) • Donations from private entities (list donors) • Business and/or other income-generating endeavors (specify) • Other sources (specify)
	3. Does the agency/organization have other assets (e.g. real estate properties)? If yes, list what these are.
	4. Does the agency/organization have a separate budget for population/reproductive health programs or activities (whether service delivery, training, materials production, advocacy, etc.)? 4.1. If yes, how much? 4.2. If no, where does the funding for population/reproductive health programs/ activities of the agency/organization come from? What proportion of the total budget goes to population/reproductive health programs?
CULTURAL CAPITAL Skills and titles of key figures in the agency/ organization; areas of expertise of the organization; major achievements of the organization	1. Who are the officers and key members of the agency/organization? What are their relevant professional qualifications?
	2. What are the major programs and services of the agency/organization?
	3. Has the agency/organization or any of its officers and key members received any awards or been cited for their achievements? If yes, list these awards and citations, and identify whether it is for the agency/organization or for one of its officers/key members.
	4. Other indicators of the prestige of the organization (e.g. high media visibility of officers/key members; the recognized authority on population/reproductive health, economic issues, women's advocacy, etc. in the country; past officers/key members who are well-known)

Annex 4. Checklist of Advocacy Resources (cont'n.)

SOCIAL CAPITAL Resources (economic and/or cultural) accrued by virtue of membership in a group	1. Is the agency/organization a member of any network or coalition? If yes: 1.1. Identify the network or coalition it is a member of 1.2. Briefly describe the nature of this network/coalition 1.3. Is the agency/organization a major 'player' in the network/coalition? If yes, briefly explain why.
	2. Who are the major partners of the agency/organization in its work in general? Give a brief profile of these partners.
	3. Who are the major partners of the agency/organization in connection with its population/reproductive health programs/activities? Give a brief profile of these partners.

Annex 5. List of legislative proposals on population and reproductive health, 8th to 14th Congresses, Philippines[221]

Congress	*Bill No.*[222]	*Bill Title*	*Proponent/s (date filed)*	*Remarks*
8th	HB 5626	An Act Granting Benefits to Low-Income Married Couples who only Have Two Children	Jorge Nuñez (1988)	Referred to the Committee on Family Relations and Population
	HB 7281	An Act Providing for a More Effective Policy on Population Control, Amending for the Purpose Presidential Decree No. 79, Otherwise Known as the Revised Population Act	Cornelio Maskariño (1988)	Referred to the Committee on Economic Affairs
	HB 7442	An Act Providing Benefits for Families Having only Two Children within Ten Years of Marriage, Appropriating Funds, and Providing Penalties Therefor	Rufino Javier (1988)	Referred to the Committee on Family Relations and Population
	HB 14600	Family Planning Incentives Act of 1988	Eduardo Joson, Jr. (1988)	Referred to the Committee on Family Relations and Population
	HB 15771	An Act Creating the Department of Population Control, Defining Its Functions and Powers, and Appropriating Funds Therefor	Roger Mercado (1988)	Referred to the Committee on Government Reorganization
	HB 15835	An Act Requiring All Secondary Schools to Include in their Curriculum the Teaching of Family Planning	Lorna Yap (1988)	Referred to the Committee on Education and Culture
	HB 17748	An Act Amending Section 3 of P.D. 79, Transferring the Commission on Population from the Office of the President to the National Economic and Development Authority, and for Other Purposes	Lorna Yap (1988)	Referred to the Committee on Government Reorganization
	HB 24349	An Act Institutionalizing the City/Provincial Population and Family Planning Office, and Appropriating Funds Therefor	Jose Carlos Lacson (1989)	Referred to the Committee on Government Reorganization
	HB 24376	An Act Constituting the Population Office as a Regular Office of City and Provincial Governments, Amending for the Purpose Batas Pambansa Blg.337 Otherwise Known as the Local Government Code[223]	Rodolfo del Rosario (1989)	Referred to the Committee on Government Reorganization
	HB 24986		Antonio Abaya (1989)	
	HB 25503		Lally Trinidad (1989)	Referred to the Committee on Local Government

221 Unless otherwise indicated, all information came from the Web sites of the Philippine Senate and House of Representatives

222 SB stands for Senate bills, while HB stands for House bills

223 This is the title of HBs 24986 and 25503 ; the title of HB 24376 varies slightly but has the same intent

Annex 5. List of legislative proposals on population and reproductive health… (cont'n.)

Congress	*Bill No.*	*Bill Title*	*Proponent/s (date filed)*	*Remarks*
9th	SB 1321	Data not available; information available states that the bill seeks to reestablish a new population policy and strengthen the Commission on Population[224]	Leticia Shahani (1994)	No information available about the bill's legislative history
	HB 2541	An Act Establishing Family Planning Centers in the Municipalities, Including Urban Areas, of the Republic of the Philippines, and Appropriating Funds Therefor	Antonio Diaz (1992)	Referred to the Committee on Population and Family Relations
	HB 2920 and HB 10784[225]	An Act Directing the Department of Education, Culture and Sports to Include in the Curriculum of All Secondary and Collegiate Schools and Universities in the Country the Teaching of Population and Environmental Development and for Other Purposes	Jaime Lopez (1992, 1993)	Referred to the Committee on Education and Culture
	HB 9894 and HB 13946	An Act Strengthening the Population Commission for the Purpose of Establishing a New Population Policy	Venice Agana (1993, 1994)	HB 9894 referred to the Committee on Population & Family Relations; HB 13946 reached 2nd reading (period of sponsorship)
	HB 10590	An Act Amending Art. 18, Sec. 488 of the Local Government Code, Making Mandatory the Appointment of a Population Officer in Every Local Government Unit	Luz Cleta Bakunawa (1993)	Referred to the Committee on Local Government
	HB 11992	An Act Mandating Local Government Units to Appropriate Not Less Than Five Percent of the Estimated Revenue from Regular Sources as an Annual Lump Sum Budget to Finance Family Planning and Population Related Programs and Projects, Amending for the Purpose Sec. 324 of R.A. 7169 Otherwise Known as the Local Government Code of 1990 and for Other Purposes	Rodolfo Albano, Jr. (1994)	Referred to the Committee on Local Government
	HB 11997	An Act Establishing the Population and Family Planning Development Fund, Providing Funds Therefor, and for Other Purposes	Teresa Oreta (1994)	Referred to the Committee on Population and Family Relations

[224] Source: http://news.google.com/newspapers?nid=1370&dat=19940126&id=UJcVAAAAIBAJ&sjid=CwsEAAAAIBAJ&pg=4236,3779660. Retrieved on 18 February 2010

[225] The two bills have almost the same title

Annex 5. List of legislative proposals on population and reproductive health… (cont'n.)

Congress	*Bill No.*	*Bill Title*	*Proponent/s (date filed)*	*Remarks*
10th	HB 21	An Act Directing the Department of Education, Culture and Sports to Include in the Curriculum of All Secondary and Collegiate Schools and Universities in the Country the Teaching of Population and Development, and for Other Purposes[226]	Jaime Lopez (1995)	Referred to the Committee on Education and Culture
	HB 2519		Carmencita Reyes (1995)	
	HB 120 and HB 2136	An Act Strengthening the Population Commission for the Purpose of Establishing a New Population Policy, and for Related Purposes[227]	Socorro Acosta (both in 1995)	Substituted by HB 9409
	HB 1601	An Act Mandating Local Government Units to Appropriate not Less Than Five Percent of the Estimated Revenue from Regular Sources as an Annual Lump Sum Budget to Finance Family Planning and Population Related Programs and Projects, Amending for the Purpose Sec. 324 of R.A. 7160 Known as the Local Government Code of 1990, and Other Purposes	Rodolfo Albano, Jr. (1995)	Referred to the Committee on Local Government
	HB 3740	An Act Regulating the Showing of Artificial Birth Control Advertisements in the Television, and Providing Penalties Thereof	Michael Defensor (1995)	Referred to the Committee on Public Information
	HB 6323	An Act Providing for the Establishment of a Population Office in All Local Government Units and Transferring the Control and Supervision over Existing Local Population Offices to the Commission on Population	Narciso Monfort (1996)	Referred to the Committee on Population and Family Relations
	SB 554	An Act Establishing a New Population Policy, Strengthening the Commission on Population	Leticia Shahani (1996)	Public hearing conducted on 12 September and 24 October 1996
	HB 9409	An Act Establishing a New Population Policy, Strengthening the Commission on Population, and for other Purposes	Socorro Acosta (1997)	Reached 2nd reading (period of sponsorship)
	SB 2141	An Act to Protect the Right of the People to Information about Reproductive Health Care Services	Miriam Santiago (n.d.)	Referred to the committee

[226] This is the title of HB 21; HB 2519 has a slightly different title

[227] This is the title of HB 120; HB 2136 is titled „An Act Establishing a New Population Policy, Strengthening the Population Commission, and for Other Purposes"

Annex 5. List of legislative proposals on population and reproductive health… (cont'n.)

Congress	*Bill No.*	*Bill Title*	*Proponent/s (date filed)*	*Remarks*
11th	HB 144	An Act Providing for the Establishment of a Population Office in All Local Government Units and Transferring the Control and Supervision over Existing Local Population Offices to the Commission on Population	Narciso Monfort (1998)	Referred to the Committee on Population and Family Relations
	HB 173	An Act Establishing a New Population Policy, Strengthening the Commission on Population, and for Other Purposes	Heherson Alvarez (1998)	Referred to the Committee on Population and Family Relations
	HB 840	An Act Amending Sec. 488 of R.A. 7160, Otherwise Known as the Local Government Code of 1991, Making Mandatory the Appointment of a Population Officer in the Provincial, City and Municipal Governments	Leandro Verceles, Jr. (1998)	Referred to the Committee on Local Government
	HB 8110	An Act Establishing an Integrated Population and Development Policy, Strengthening its Implementing Structures, and Appropriating Funds Therefor	Luwalhati Antonino (1999)	Referred to the Committee on Population and Family Relations
	HB 9740	An Act Amending P.D. 166 Dated March 31, 1973 Entitled 'Amending the Revised Population Act of 1971'	Rodolfo Fariñas (2000)	Referred to the Committee on Revision of Laws
	HB 9655	An Act Amending P.D. 79 Dated December 16, 1972 Entitled 'Revising the Population Act of 1971'		
	HB 10462	An Act Re-enacting P.D. 966 Dated July 20, 1976 Entitled 'A Decree Requiring Applicants for Marriage License to Receive Instructions on Family Planning and Responsible Parenthood		
	HB 10341	An Act Re-enacting P.D. 803 Dated September 25, 1975 Entitled 'Further Amending Certain Sections of P.D. 79 as Amended, Otherwise Known as the Revised Population Act of the Philippines'		
	HB 10990	An Act Re-enacting P.D. 1204 Dated September 29, 1977 Entitled 'Amending Certain Sections of P.D. 79, as Amended, Otherwise Known as the Revised Population Act of the Philippines		
	HB 11293	An Act Re-enacting P.D. 1410 Dated June 9, 1978 Entitled 'Creating the Population/Family Planning Office in the Department of Labor'		
	SB 671	An Act to Protect the Right of the People to Information about Reproductive Health Care Services	Miriam Santiago (n.d.)	Referred to the committee

Annex 5. List of legislative proposals on population and reproductive health… (cont'n.)

Congress	*Bill No.*	*Bill Title*	*Proponent/s (date filed)*	*Remarks*
12th	HB 31	An Act Establishing an Integrated Population and Development Policy, Strengthening its Implementing Structures and Appropriating Funds Therefor	Bellaflor Castillo (2001)	Substituted by HB 6123
	HB 1662		Darlene Custodio (2001)	
	HB 6123		Bellaflor Castillo (2003)	Committee report submitted
	HB 412	An Act Directing the Department of Education, Culture and Sports to Include in the Curriculum of All Secondary and Collegiate Schools and Universities in the Country the Teaching of Population and Environmental Development and for Other Purposes	Jaime Lopez (2001)	Substituted by HR[228] 1097
	HB 29	An Act to Protect the Right of the People to Information about Reproductive Health Care Services	Bellaflor Castillo (2001)	Referred to the Committee on Public Information
	HB 2660	An Act Creating the Position of Barangay Population Worker, Granting Benefits Thereto, Amending for the Purpose the Local Government Code of 1991 as Amended, and Appropriating Funds Therefor	Jose Carlos Lacson (2001)	Referred to the Committee on Local Government
	HB 4110	An Act Establishing a Reproductive Health Care Act, Strengthening its Implementing Structures, Appropriating Funds Therefor, and for Other Purposes	Bellaflor Castillo (2001)	Referred to the Committee on Health
	HB 4529	An Act Providing for the Establishment of a Population Office in All Local Government Units and Transferring the Control and Supervision over Existing Local Population Offices to the Commission on Population	Narciso Monfort (2002)	Referred to the Committee on Population and Family Relations
	SB 2325	An Act Establishing a Reproductive Health Policy, Appropriating Funds Therefor and for Other Purposes	Rodolfo Biazon (n.d.)	Referred to the committee
	SB 1250	An Act to Protect the Right of the People to Information about Reproductive Health Care Services	Luisa Estrada (n.d.)	Referred to the committee
	SB 791	An Act Establishing an Integrated Population and Development Policy, Strengthening its Implementing Structure and Appropriating Funds Therefor	Rodolfo Biazon (n.d.)	Referred to the committee

[228] House Resolution

Annex 5. List of legislative proposals on population and reproductive health… (cont'n.)

Congress	*Bill No.*	*Bill Title*	*Proponent/s (date filed)*	*Remarks*
13th	SB 81	An Act to Protect the Right of the People to Information about Reproductive Health Care Services	Luisa Estrada (2004)	Referred to the Committee on Health and Demography
	SB 1480		Miriam Santiago (2004)	
	SB 1280	An Act Providing for Reproductive Health Care Structures and Appropriating Funds Therefor	Rodolfo Biazon (2004)	Referred to the Committee on Health and Demography
	HB 2029		Josefina Joson (2004)	Substituted by HB 3773
	SB 1281	An Act Establishing an Integrated Population and Development Policy, Strengthening its Implementing Mechanism, and for Other Purposes	Rodolfo Biazon (2004)	Referred to the Committee on Health and Demography
	HB 1808		Nereus Acosta, Jr. (2004)	Referred to the Committee on Population and Family Relations
	SB 1546	An Act Creating a Reproductive Health and Population Management Council for the Implementation of an Integrated Policy on Reproductive Health Relative to Sustainable Human Development and Population Management, and for Other Purposes	Panfilo Lacson (2004)	Referred to the Committee on Health and Demography
	HB 16		Edcel Lagman (2004)	Substituted by HB 3773
	HB 2042	An Act Promulgating a Comprehensive Policy on Birth Control and for This Matter Creating a Bureau of Population Management under the Department of Health and Renaming the Department as the Department of Health and Population Management and Appropriating Funds Therefor	Ferjenel Biron (2004)	
	HB 2550	An Act Promoting Responsible Parenthood by Providing Incentives to Couples/Individuals who Practice Surgical Family Planning Methods, Providing Funds Therefor and for Other Purposes	Eduardo Roquero (2004)	
	HB 3773	An Act Providing for an Integrated and Comprehensive National Policy on Responsible Parenthood, Population Management and Human Development, Creating a Responsible Parenthood and Population Management Council, and for Other Purposes	Josefina Joson, Edcel Lagman, Ferjenel Biron, Eduardo Roquero (2005)	Reached 2nd reading (period of sponsorship)
	HB 424	An Act Creating the Position of Barangay Population Worker, Granting Benefits Thereto, Amending for the Purpose the Local Government Code of 1991 as Amended, and Appropriating Funds Therefor	Jose Carlos Lacson (2004)	Referred to the Committee on Local Government

Annex 5. List of legislative proposals on population and reproductive health… (cont'n.)

Congress	*Bill No.*	*Bill Title*	*Proponent/s (date filed)*	*Remarks*
13th (cont'n)	HB 1495	An Act Directing the Department of Education, Culture and Sports to Include in the Curriculum of All Secondary and Collegiate Schools and Universities in the Country the Teaching of Population and Environmental Development and for Other Purposes	Jaime Lopez (2004)	Referred to the Committee on Basic Education and Culture
	HB 3422	An Act Establishing a Program on Family Life and Responsible Parenthood for Helping Families Achieve their Desired Family Size and Enhance their Family Life, and for Other Purposes	Rodolfo Agbayani (2004)	Referred to the Committee on Population and Family Relations
	HB 5028	An Act Prohibiting Discrimination against Any Doctor, Nurse, Health Professional, Worker, Employee or Student, Public Official or Employer who Refuses to Provide Artificial Birth Control, Abortion, Sterilization, Ligation, Artificial Insemination, Assisted Reproduction, Human Cloning, Euthanasia, Human Embryonic Stem Cell Research, Fetal Experimentation, and Physician-Assisted Suicide or Information on Such Services Based on His or Her Right of Conscience, and Providing Penalties for Such Discrimination	Hermilando Mandanas (2006)	Referred to the Committee on Health
	HB 5719	An Act to Promote and Support Breastfeeding as an Essential Component of Family Planning and Responsible Parenthood, and for Other Purposes	Anna York Bondoc (2006)	Referred to the Committee on Health
14th	SB 40	An Act Providing for Reproductive Health Care Structures and Appropriating Funds Therefor	Rodolfo Biazon (2007)	Substituted by SB 3122
	SB 43	An Act Creating a Reproductive Health and Population Management Council for the Implementation of an Integrated Policy on Reproductive Health Relative to Sustainable Human Development and Population Management, and for Other Purposes	Panfilo Lacson (2007)	
	SB 187	An Act Establishing an Integrated Population and Development Policy, Strengthening its Implementing Policy, and for Other Purposes	Rodolfo Biazon (2007)	
	SB 622	An Act to Protect the Right of the People to Information about Reproductive Health Care Services	Jinggoy Estrada (2007)	
	SB 1299		Miriam Santiago (2007)	

Annex 5. List of legislative proposals on population and reproductive health… (cont'n.)

Congress	*Bill No.*	*Bill Title*	*Proponent/s (date filed)*	*Remarks*
14th (cont'n)	SB 3122	An Act Providing for a National Policy on Reproductive Health and for Other Purposes	Rodolfo Biazon	Reached 2nd reading (period of interpellation)
	HB 17	An Act Providing for a National Policy on Reproductive Health, Responsible Parenthood and Population Development, and for Other Purposes	Edcel Lagman (2007)	Substituted by HB 5043
	HB 812	An Act Providing for Reproductive Health Care Structures and Appropriating Funds Therefor	Janette Garin (2007)	
	HB 3970		Ana T. Baraquel (2008)	
	HB 2753	An Act to Protect the Right of the People to Information about Reproductive Health Care Services	Narciso Santiago III (2007)	
	HB 5043	An Act Providing for a National Policy on Reproductive Health, Responsible Parenthood and Population Development, and for Other Purposes	Edcel Lagman, Janette Garin, Narciso Santiago, Mark L. Mendoza, Ana T. Baraquel, Eleandro J. Madromna (2008)	Reached 2nd reading (period of interpellation)
	HB 39	An Act Creating the Position of Barangay Population Worker, Granting Benefits Thereto, Amending for the Purpose the Local Government Code of 1991 as Amended, and Appropriating Funds Therefor	Jose Carlos Lacson (2007)	Referred to the Committee on Local Government
	HB 419	An Act Providing Tax Credits to Assist the Private Sector in Establishing Nationwide Pregnancy Care Centers that Will Provide Counseling, Care and Information Related to Alternatives to Abortion and Artificial Contraception	Eduardo Zialcita (2007)	Referred to the Committee on Ways and Means
	HB 1427	An Act to Promote and Support Breastfeeding as an Essential Component of Family Planning and Responsible Parenthood, and for Other Purposes	Anna York Bondoc (2007)	Referred to the Committee on Health
	HB 2649	An Act to Establish a National Program that Will Provide Pregnant Women with Alternatives to Abortion	Rufus Rodriguez (2007)	Referred to the Committee on Health
	HB 3225	An Act to Provide for Parental Notification of Family Planning Services for Minors	Eduardo Zialcita (2007)	Referred to the Committee on Population and Family Relations

Annex 6. Population-related initiatives[229] of provincial local government units[230]

LGU[231] *and Web site*[232]	*Population-related initiatives*
La Union http://www.launion.gov.ph	Has family planning as one of its programs under public health Has a package of programs on population management (http://www.launion.gov.ph/e107_files/government/government_programs.php); no details about the programs are available online
Nueva Vizcaya http://www.nvizcaya.gov.ph	No population-related initiatives included in the plans and programs featured in the official Web site
Nueva Ecija http://www.nuevaecija.gov.ph	No population-related initiatives included in the plans and programs featured in the official Web site
Cavite http://www.cavite.gov.ph	In the LGU's 12-point agenda, family planning is listed as one of the regular programs under Health Care Services Improvement (http://cavite.gov.ph/main/index.php?option=com_content&task= view&id=71&Itemid=71#3), but there are no details about the program
Marinduque http://www.marinduque.gov.ph	Population-related initiatives are not mentioned in strategic environmental management plan and in the list of basic services
Camarines Norte http://www.camarinesnorte.gov.ph	No information on programs and services
Aklan http://www.aklan.gov.ph	The 2008 State of the Province Address (http://www.aklan.gov.ph/gov/gov_sopa.php) highlights the LGU's achievements in the institutionalization of integrated population and development programs. The specific thrust of the programs is not discussed, however.

229 These refer to initiatives related to fertility reduction, family planning, promotion of artificial contraceptives; these could be discussed in the context of population management or reproductive health

230 Based on data available in the local government units' Web sites

231 Local government unit

232 All Web sites were accessed between 23 and 26 March 2009

Annex 6. Population-related initiatives of provincial local government units (cont'n.)

LGU and Web site	*Population-related initiatives*
Negros Occidental http://www.negros-occ.gov.ph	No information on programs and services
Biliran http://www.biliran.gov.ph	No mention of population-related initiatives in the 2003 State of the Province Address
Southern Leyte	The Provincial Physical Framework Plan sets as one of its objectives the minimization of population pressure on lands but there are no details on how this will be achieved
Camiguin http://www.camiguin.gov.ph	Population-related initiatives are not mentioned in the development highlights but the section on partnership initiatives mentions family planning among the health services offered under the 1999 USAID-funded Local Performance Program for Health Services (http://www.camiguin.gov.ph/partners.html)
Davao del Norte http://www.davaonorte.gov.ph/	The LGU's Provincial Health Office, in an undated report, states that its Family Planning Program distributes family planning supplies and purchases family planning commodities
Sarangani http://www.sarangani.gov.ph	Population-related initiatives not mentioned in the LGU's programs
Benguet http://www.benguet.gov.ph	Population-related initiatives are not included in the LGU's development thrusts and guiding principles
Basilan http://www.basilan.gov.ph	Population-related initiatives were not mentioned in the LGU's 1999-2001 development updates
North Cotabato http://www.cotabatoprov.gov.ph	Population-related initiatives not included in the LGU programs featured online

Annex 7. Population-related initiatives of city local government units

LGU and Web site	*Population-related initiatives*
Caloocan http://www.caloocancity.gov.ph	Family planning included in the list of frontline social welfare services but no details available
Manila http://www.manila.gov.ph/	In the LGU's 11-point agenda (http://www.manila.gov.ph/11point.htm) a program for "responsible parenthood" is included in the programs within the health agenda
Pasay http://www.pasay.gov.ph/	Population-related initiatives are not featured in the LGU's Web site
Valenzuela http://www.valenzuela.gov.ph	Population-related initiatives not highlighted in the list of services
Tabaco http://www.tabacocity.gov.ph/	Population-related initiatives not listed among services and programs featured online
Baguio http://www.baguio.gov.ph/	The City Health Office is tasked with Population Program Management, but no details about this are available online
Meycauayan http://www.meycauayan.gov.ph/	Programs and services are not featured in the Web site
Naga http://www.naga.gov.ph/	The LGU has a City Population and Nutrition Office (http://www.naga.gov.ph/cityhall/city_ depts.html#13) that takes charge of providing family planning services
Cebu http://www.cebucity.gov.ph/	The City Health Department is in charge of the Family Planning Program but no details are available
Toledo http://www.toledocity.gov.ph/	In the list of social welfare services, there is a Population Management Program included in the cluster of services within the Child and Youth Welfare Program (http://www.toledocity.gov.ph/ services/ services/social_welfare_services) but no details are available
Davao http://www.davaocity.gov.ph/	In 1998, the LGU passed the Women's Code; among its provisions is granting women full reproductive rights (http://www.davaocity.gov.ph/Files/Women'sCode2.doc)

Annex 7. Population-related initiatives of city local government units (cont'n.)

LGU and Web site	*Population-related initiatives*
San Fernando, La Union http://www.sanfernandocity.gov.ph/	Under social services, there are several programs listed under the component "Population and Development" (http://www.sanfernandocity.gov.ph/services/basic/social.php#population)
Santa Rosa http://arlenearcillasnazareno.com/	In the Mayor's "four pillars of development" population-related concerns are not highlighted
Ormoc http://www.ormoc.gov.ph/	Population-related initiatives not included in the list of services featured in the Web site
Oroquieta http://www.oroquietacity.gov.ph/	Population-related initiatives not specified in the LGU's major objectives and goals
Bacolod http://www.bacolodcity.gov.ph/	Family planning is listed as one of the services of the City Health Office; in the details of the family planning service provided (http://www.bacolodcity.gov.ph/bacolod_city.htm), the emphasis is on counseling and not on use of methods.
Sagay http://www.sagay-city.com.ph/	Population-related initiatives are not in the list of programs featured in the Web site
Sipalay http://www.sipalaycity.gov.ph/	The discussion of facilities and services deal mainly with pertinent statistics and not with specific programs or activities
Gapan http://www.gapancity.org/	No information on the city's programs and services featured in the Web site
San Jose, Nueva Ecija http://www.sanjosecity-ne.gov.ph/	Population-related initiatives are not highlighted in the LGU's City Development Strategy (http://www.sanjosecity-ne.gov.ph/?page=cds)
Alaminos http://www.alaminoscity.gov.ph/	Population and family planning services are included in the package of health services offered. Details given in the Web site (http://www.alaminoscity.gov.ph/cityservices/cityservices.aspx?id=27&serviceid=7) mention family planning counseling and provision of family planning supplies among the specific assistance extended. There is no mention of whether family planning supplies include all forms of contraceptives.

Annex 7. Population-related initiatives of city local government units (cont'n.)

LGU and Web site	*Population-related initiatives*
Antipolo http://antipolo.gov.ph/	Health services emphasized do not include population-related initiatives. In the working links (there are some dead links in the Web site), there are no explicit references to population-related initiatives
Koronadal http://www.koronadal.gov.ph/	Population-related initiatives are not highlighted in the LGU's goals and objectives
Surigao http://www.surigaocity.gov.ph/	Family planning program is listed as one of the health services; population-related initiatives are not included in the LGU's development directions (http://www.surigaocity.gov.ph/index.php? option=com_ content&task= view&id=19&Itemid=31)
Makati http://www.makati.gov.ph	The city has a Gender and Development Code (http://www.makati.gov.ph/portal/contents/ city_gov/dev_mngt_partners/GAD/Ordinance%202006-20.pdf) but it does not highlight women's reproductive rights. Population-related initiatives are not highlighted in the development agenda.
Muntinlupa http://www.muntinlupacity.gov.ph/v2/	Family planning services include some artificial contraceptives (http://www.muntinlupacity.gov.ph/ index.php? target=citygov&params=request_._resord#)
Quezon City http://www.quezoncity.gov.ph/	Population-related initiatives are not highlighted in the list of services and accomplishments

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EDUCATION

Vienna School of Governance, University of Vienna, Austria
Ph.D. in Political Science (Candidate); with concentration on governance studies
Dissertation: "The politics of population policy-making in the Philippines: insights from the population and reproductive health legislative proposals"
Supervisor: Mag. DDr. Werner Zips ao. Univ.-Prof.

School of Communication and Information, Nanyang Technological University, Singapore
Master of Mass Communication (2000)
Thesis: "Expatriates in touch: a uses and gratifications study of Philippine online media among Filipinos in Singapore"

Population Institute, University of the Philippines
M.A. in Demography (1999)
Thesis: "The family antecedents of premarital sexual intercourse among Filipino young adults: male-female differentials"

College of Mass Communication, University of the Philippines
B.A. in Communication Research (1979, *cum laude*)
Thesis: "The awareness and knowledge, usefulness and credibility of radio agricultural programs among farmers in Naujan, Oriental Mindoro"

RESEARCH PROJECTS

Research grants

University of the Philippines: Dissertation research grant (2009)

International Organization for Migration: Data Collection Methodology on Human Trafficking in the Philippines (2006)

Commission on Higher Education, Philippines (under the Center of Excellence grant): Content Analysis of the Coverage of ICT Issues in Print Media (2005)

Demographic Research and Development Foundation, Philippines: A Qualitative Study on Parent-Teenager Communication on Reproductive Health (2004)

Occupational Safety and Health Center, Department of Labor and Employment, Philippines: Basic Occupational Safety and Health (BOSH) Tracer Survey (2001)

Kabalikat ng Pamilyang Pilipino Foundation, Inc., Philippines: Study on the Youth Outreach Program for Adolescent Reproductive Health Services (2001 and 2003)

Commission on Higher Education, Philippines (under the Center of Excellence grant): Study on Approaches to the Teaching of Communication Theory and Research in Philippine Colleges and Universities (2000)

Other research involvements *(2005 onwards)*

Filipino rationalities: Exploring the gap between knowledge and practice in family planning and contraceptive use (Senior facilitator, May–August 2007)

Comprehensive review of the University of the Philippines Diliman rules on student conduct and discipline, and student organizations (Research coordinator, June 2006–March 2007)

Qualitative analysis of TV viewing behavior of Filipino families (Research coordinator, September–October 2006)

New media, new options: Profiling the online and purchasing behaviors of the Filipino gay community (Project leader, January–April 2006)

Content analysis of Philippine Health Insurance Corporation (PhilHealth) publications (Research coordinator, June 2004–July 2005)

TEACHING EXPERIENCE

Member of the Faculty of Communication Research of the University of the Philippines College of Mass Communication since 1985. Initially appointed as part-time lecturer, then as full-time Instructor and currently, as Assistant Professor

Additional teaching experience

Visiting Staff (Fall Term 2008), Department of East Asian Studies, University of Vienna, Austria – taught the course "Economy and society of Southeast Asia: gender issues"

OTHER ACADEMIC APPOINTMENTS (selected)

- Member, University of the Philippines (UP) University Council Committee on Academic Policies, 2006–2007
- Chairperson, UP Department of Communication Research, 1 March 2005–31 October 2006
- Project Development Associate, Office of the UP Vice-President for Academic Affairs, September 2005–May 2006
- Project Development Associate, Office of the UP Diliman Chancellor, August 2002–July 2003
- Member, UP University Council Committee on Student Admission, Progress, and Graduation, 2001–2006
- College Secretary, UP College of Mass Communication, 1 July 2000–31 March 2004

OTHER PROFESSIONAL INVOLVEMENTS (2000 onwards, selected)

Referee for *Plaridel: A Philippine Journal of Communication, Media, and Society*, 2007, 2009 and 2010

Resource person on "Data analysis in social science research" for the National Research Council of the Philippines' Lecture Series on *Research in the Social Sciences* held on 20 October 2007 in Bulacan, Philippines

Editor of the UP Population Institute's Technical Papers on the Young Adult Fertility Study (YAFS3), August–December 2007

Resource person on "Quantitative Approaches to Communication Research" for the Communication Research Series IV held on 28 January 2007 at the Polytechnic University of the Philippines

Resource person on "Communication Research Design" for the Communication Arts Lecture Series held on 4 March 2005 at the University of the East Caloocan, Philippines

Trainer for the *Training Program on Content Analysis Principles and Methodologies* held on 29 November–3 December 2004 and organized by the Globe International, Mongolia National University and Zorig Foundation, Ulaanbaatar, Mongolia

Editor of the Philippines National Commission on the Role of Filipino Women's *Case studies on gender mainstreaming in the LGUs*, April–September 2004

Overall coordinator of the 2004 and 2005 Summer Internship Program for the Communication Students of Bicol University (Philippines) organized by the UP College of Mass Communication Foundation

Secretariat Coordinator of the Sangandaan 2003 International Conference on *Arts and Media in Philippine-American Relations, 1899–2002* sponsored by the University of the Philippines, the Cultural Center of the Philippines, and the San Francisco State University

Project Associate for the project on the *Development of Training Modules on Reproductive Health Behavior Change Communication for Community Workers* of the UNFPA and NPCFP Hanoi, Vietnam, January–June 2002

Workshop Program Coordinator of the *2000 International Workshop on Communication Research Agenda-Setting for the Asia-Pacific Region* sponsored by the University of the Philippines and UNESCO-ORBICOM

PROFESSIONAL AFFILIATIONS

- Associate member, National Research Council of the Philippines
- Regular fellow, Social Weather Stations
- Member, International Sociological Association
- Member, International Union for the Scientific Study of Population
- Member, Philippine Migration Research Network
- Member, Population Association of America

AWARDS AND RECOGNITION

- University of Vienna Ph.D. fellowship under the Initiativkolleg Vienna School of Governance, October 2007–September 2010
- University of the Philippines (UP) System (Gerry Gil) Professorial Chair Award, July 2006–June 2007
- UP System International Publication Award, December 2006
- Accepted as associate member of the National Research Council of the Philippines, 2006
- Accepted as regular fellow of the Social Weather Stations, 2005
- UP System (Jimmy Go Puan Seng) Professorial Chair Award, July 2002–June 2003
- ASEAN postgraduate fellowship from the Singapore government, January–December 1999
- UP Diamond Jubilee Faculty Grant, 1992
- Cum laude honors, UP, 1979

PUBLICATIONS

Book chapters

Umali, V.A. & Bañez, E.S. (forthcoming). Evolving democracy: A memetic analysis of the latest proposal for constitutional change in the Philippines. In K. Gouliamos, A. Theocharous, B. Newman & S. Hennenberg (Eds.), *Political Marketing: Cultural Issues and Current Trends*. NY: Haworth Press.

Umali, V.A. & Pagaduan, A.J.P. (2008). ICT-readiness among small and medium enterprises in rural Philippines: The case of Oriental Mindoro. In I. Banerjee & M. Rao, M. (Eds.), *Media and Development in Asia: Regional Perspectives*. Singapore: Asian Media Information and Communication Centre.

Umali, V.A. & Paragas, F.D. (2006). The Philippines. In K. Karan (Ed.), *Cyber Communities in Rural Asia: A Study of Seven Countries*. Singapore: Asian Media Information and Communication Centre.

Umali, V.A. & Portus, L.M. (2002). Synergizing skills and scholarship: Communication education in the Philippines. In U. Khattab & F. Ibrahim (Eds.), *Communication and Media Studies in ASEAN: Bridge to New Frontiers*. Malaysia: School of Media and Communication Studies, UKM.

Journals and journal articles *(refereed)*

Paragas, F.D. & Umali, V.A. (Issue editors). (2008). *Plaridel: A Journal of Philippine Communication, Media and Society*, vol. 5 no. 1. February 2008.

Umali, V.A. (2005). The cybertrafficking of Filipino girl children: Weaknesses of Philippine policies. In *Asian Women* 2005, vol. 20, pp. 175–206.

Tiongson, N.G. & Umali, V.A. (Issue Editors). (2004). *Plaridel: A Journal of Philippine Communication, Media and Society*, vol. 1 no. 1. February 2004.

Other publications

Umali, V.A., Laguna, E.P., Bañez, E.S., & Javelosa, M.U. (2007). Country study: The Philippines. In *ASEAN and Trafficking in Persons: Using Data as a Tool to Combat Trafficking in Persons*. Geneva: International Organization for Migration.

Umali, V.A. (1992). Images of Japan in the test videotapes. In *Images of Japan in the Philippine Media*. Japan: International Television Flow Project.

Umali, V.A. (1991). Exploring community resources for effective communication. In V. Valbuena (Ed.), *Modules in Public Education and Social Marketin*g. Singapore: Asian Media Information and Communication Centre.

PAPER PRESENTATIONS

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