



## Thinking Biblically on Socio-Cultural Issues\*

### **What the RH Bill Says and Doesn't Say**

*By Christopher Joseph L. Soriano, MD*

#### **Status of Maternal Health in the Philippines**

The Philippines is the 12th most populous country in the world at 94.3 Million and is among the 68 countries which contributed to 97% of maternal, neonatal and child health deaths worldwide ( State of the World's Children, UNICEF, 2009 note: always put space ). 3.4 Million Pregnancies occur every year, half of which are unintended. One-third end in abortions (Guttmacher Institute, 2009 ). Eleven Filipino women die every day due to pregnancy and childbirth related complications ( People Count, PLCPD Policy Brief, March 2010 ). What else? 2.6 million Filipino women would like to plan their families but lack information and access to do so ( FPS, 2006 ). The poorest Filipinas are still having an average of 6 children. Well, this is almost 3 times their desired number of children ( FPS, 2006 ). 54% of married women do not want an additional child but 49% of them are not using any form of family planning method ( NDHS, 2008 ). Inadequate family planning use leads to 54% unintended pregnancies which includes miscarriages, induced abortions, unwanted births, mistimed births ( Guttmacher Institute, 2009 ). Kapag walang ginagamit na family planning method it will translate to 85 pregnancies per 100 women. Yan ang status ng Pilipinas.



#### **International Treaties and Commitments**

The Philippines is a signatory to international conventions which were ratified by the Philippine Congress and Senate and therefore, the country is bound to implement and report progress in achieving them (PLCP Policy Brief, March 2010 ).

*1. International Covenant on Economic, Social and Cultural Rights ( ICESCR, 1974 ):*

- Right of everyone to attain the highest attainable standard of physical and mental health
- Right to control one's own health and body, including sexual and reproductive freedom, and be free from interference...
- Right to a system of health protection which provides equality of opportunity
- Right to enjoyment of a variety of facilities, goods, services and conditions necessary...

## 2. *Convention on the Elimination of All forms of Discrimination against Women (CEDAW, 1979)*

-Mandates State Parties to “take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.”

-Ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary.

-Prioritize the prevention of unwanted pregnancy through family planning and sex education and to reduce maternal mortality rates through safe motherhood services and prenatal assistance.

When the Philippines signed these conventions it became imperative for us to use the commitment as a framework for development. Ang latest is the Millenium Development Goals. Along with 191 UN member States, the Philippines has committed to fully support the 8 MDGs which includes MDG 5: improve maternal health. The Philippines made a commitment to reduce by 2/3 the maternal mortality rate: from 209 in 1993 to 52 by 2015. The latest MMR is pegged at 162/100,000 livebirths (FPS, 2006). *Aligaga na po ang lahat because ang dami namamatay and we cannot decrease it. Bumaba pero sobrang bagal.*

### **National Legal Bases**

The Philippine Constitution states that the separation of Church and State shall be inviolable ( Art. 2, Sec. 5 ). It prohibits any discrimination due to religion and beliefs. But the State shall provide a comprehensive and accessible healthcare program for every citizen. Access to full information on the benefits, risks and effectiveness of all methods of fertility regulations, in order that all decisions taken are made on the basis of full, free and informed consent is also articulated.

The Magna Carta of Women ( RA 9710 ) was ratified on August 15, 2009 and signed by PGMA. It is a comprehensive women’s human rights law that seeks to eliminate discrimination against women by recognizing, protecting, fulfilling and promoting the rights of Filipino women, especially those in the marginalized sectors. It provides for a comprehensive health services and health information and education. It also mandates access to maternal care, responsible, ethical, legal, safe and effective methods of family planning. Finally it also promotes equal rights in all matters relating to marriage and family relations which include the freedom to decide on the number and spacing of children. It also mandates access to information and services pertaining to women’s health.

### **RH Bill**

The policy proposal is filed in both houses of Congress that seeks to provide reproductive health services to all. House Bill 96: “The Reproductive Health and Population and Development Act of 2010” was filed by Hon. Edcel C. Lagman in the House of Representatives while Senate Bill 2378: “The Reproductive Health Act” was filed by Senator Miriam Defensor Santiago in the Senate. Yung Senate Bill at HB 96 halos pareho although hindi naman mirror image.

In a nutshell, the following are the primary objectives of the RH Bill:

1. Give parents the opportunity to exercise their right to freely and responsibly plan the number and spacing of their children.
2. Improve maternal, newborn and child health and nutrition and reduce maternal, infant and child mortality.

3. Give women more opportunities to finish their education and secure productive work by freeing them from unremitting pregnancies.
4. Reduce poverty and achieve sustainable human development.
5. Lower incidence of abortion by preventing unplanned, mistimed and unwanted pregnancies which are the ones usually terminated.
6. Generate savings for the government which could be channeled to education and other basic services.

Below are the salient features:

- The State will provide a national budget for reproductive health so that couples --- especially from the poorest communities --- can have access to family planning services, including contraceptives, to help them plan the birth spacing of their children. This includes promoting without bias all modern natural and artificial methods which are safe, legal and effective.
- Family planning information would be made available so that couples can choose the family planning method that is safest, most effective and most affordable for them. The family is enjoined to have only 2 children but no punitive action shall be imposed on parents having more than 2 children.
- Promote gender equality and women's empowerment.
- Age-appropriate RH and sexuality education will be provided with provision of age-appropriate scientific literature.
- Nothing in the act changes the law against abortion. It maintains that abortion is a crime.

### **Issues Regarding RH Bill**

Will the RH Bill seek to impose "population control"? No. It seeks to achieve population development, which aims to help couples achieve their desired family size while at the same time ensuring the health of the mother and child. Finally, it deters teenage pregnancies and enables government to achieve a balanced population distribution.

Will the RH Bill promote premarital sex and promiscuity among the youth? No. It is reported that young people who were taught about their sexuality become more cautious in matters concerning sex (UNAIDS ). Also, sex education delays the start of sexual activity and makes the young more conscious about protecting themselves once sexual activity begins ( Grunseit and Kippax ).

Will RH Bill legalize abortion? No. The Bill explicitly maintains abortion as a crime that is punishable by law. Also, it aims to ensure that women seeking care for post-abortion complications shall be treated and counseled in a humane, non-judgmental and compassionate manner.

Will the Bill promote the use of contraceptives that cause abortion? Contraceptives are designed to prevent unwanted pregnancies so that there will no longer be a need for abortion. All modern contraceptives are taken to prevent ovulation and inhibit fertilization to happen. Hence, there is no abortion if fertilization does not happen. All forms of contraceptives, if properly used, will deliver its maximum efficacy.

Why does it have to become a Law? First, there is a need to ensure continuity, transparency and accountability in the provision of accurate and timely reproductive health care information and services to

the people. “Programs” or “projects” initiated by one administration may not be implemented by the succeeding one. LGU officials are only in position for 3 years, after which a new official will take over.

First Reactor

### “But What Does the Bible Say?”

By Dr. Sally Vios, MD ( UP -Philippine General Hospital )

#### CLARIFYING THE ISSUES

**What the RH Bill is not.** It does not legalize abortion. Contrary to the claim especially of the Catholic church that the bill would eventually lead to abortion, it explicitly says that it is not so. Otherwise, it will contradict another law about the illegality and status of abortion as a crime. Hence, it is not against life.

**What it is.** The RH Bill goes beyond family planning. It recognizes that socio-economic-political issues are interrelated with health issues & programs. It covers a full range of RH care services which includes: maternal and child health, promotion of breastfeeding, reproductive health education, male involvement and participation in reproductive health, prevention of abortion and management of post-abortion complications, prevention and management of gynecological conditions, fertility interventions and provision of information and services addressing the reproductive health needs of the marginalized sectors. *Marami sa ating mga poor ang hindi talaga maa-access ang secondary at tertiary hospitals. The only way they can access health care is through the barangay health centers and primary health care centers. DOH and DILG will have a program to empower local health centers to provide appropriate contraceptive methods according to the conscience of the patient and the doctor.*



Why is it disagreeable to some especially among the religious sector? It is perceived to encourage and promote abortion. Except for natural family planning ( NFP ), the Catholic Church views these family planning methods as artificial, against natural law and at worst, abortifacients. *Nandito yung issue ng when does life start? At time of fertilization, conception or implantation? Also, they think that the bill encourages promiscuity because contraceptions will be made available and accessible and there will be sex education in school as early as Grade 5.*

Yung history ng RH Bill hindi lang dahil sa need to address the population but because of other processes. It is the duty of the government to protect society and its citizens. Come to think of it limited talaga ang resources ng bawat bansa kung talagang ang population growth ay hindi na-check. *Yung isang pie paghahatian kapag maraming population siguro kakapirangot na lang ang share. Kung dumadami ang population paliit ng paliit ang share ng pie ng mga tao.*

Actually may provision naman na your choice is a matter of conscience. Dito papasok yung tinatawag sa Law and Ethics na ‘conscientious objection.’ Ibig sabihin the law provides that you can object and may not practice provided that you follow your belief and context.

## WHAT DOES THE BIBLE SAY?

What does the Bible say about these issues? Very common passage is “Be fruitful and multiply” in Genesis 1:28. But the context of the verse is that it was said to two people with the whole earth to populate. The earth now has 8 to 10 billion people. Is the verse still applicable to our context? Is this command a permanent standing order? There is also a concern for responsible parenthood. We need to balance faith and duty. *Kayamanan ang mga anak but then ilan ba ang kaya ng couple?* We need to balance our faith that God is sovereign and provides for all our needs, and our duty to take care of children.

Also, there is a rich message about sex and marriage in 1 Corinthians 7:8. For the Catholic Church, sex is for pro-creation. There must be no barrier except for natural family planning. But then sex is also an expression of marital love. This we can deduce from Genesis 2:18-25, “It is not good for man to be alone.” God created man and woman not merely for pro-creation but also for relationship. Married men and women should enjoy the gift of sex without the thought of pro-creation. When you get married, you no longer have sole ownership of your body. Your husband also owns your body as much as you own your husband’s body. 1 Corinthians 7 talks about fulfilling the couple’s marital duty to one another: “do not deprive (sex) each other except by mutual consent and for a time, so that you may devote yourselves to prayer.” Good sex without fear of pregnancy through the use of contraception. But which contraception can we advise?

In choosing a family planning method, there are three criteria. Is it reliable? Is it harmless in terms of possible damage to mother/child? Is it acceptable in terms of moral objection and ease of use?

Below is the summary of the commonly used family planning method:

METHOD	FAILURE RATE
No method	80-100%
Rhythm	26-40%
Withdrawal	10-18%
Condom	7-15%
IUD	1-2.5%
Pills/Depo	0.3%

The most effective will be the pills and the depo or injectables. Ang highest failure obviously yung no method. Of all these, ang IUD ang may potential to be abortifacient. Although, according to gynecologists there is still no definite proof that IUD causes abortion. But nevertheless, because it is questionable and because there is doubt you may choose not to use it. Yung pills it prevents ovulation, so walang problema. Kung walang egg, walang if-fertilize yung sperm so walang abortion. In conclusion, partners should discuss the pros and cons, take choice as a prayerful concern, consult a specialist and remember that as Christians we want to be pleasing to God in our actions.

Second Reactor:

**“Reproductive Health, Population Development, and the Truth—Three Different Things which Should Move Us to Think Differently about H.B. 96”**

*By Atty. James Imbong, KAPATIRAN Party*

When truth is called a lie, and a lie is called truth, what do you get? Well, if you are referring to some commercial item you purchased, only to find out that almost everything printed on the packaging is a lie because the truth is that nothing works on the product—you can get a replacement or a refund. If you want to exercise your rights further, you can report the false advertising to the trade department office—and get the moral satisfaction of preventing the seller from fooling other buyers.

But what if you were referring to a legislative enactment: a bill that will eventually become a law to be funded by congress with our hard-earned taxpayer’s money, and implemented by the executive branch with all its enforcement and prosecutorial powers? What if you were referring to the Reproductive Health and Population Development Bill ( H.B. 96 ) now pending before Congress, what will you get? What will WE get?



A simple reading of H.B. 96 will give us a clear idea what we will get when H.B. 96 becomes law. If we continue to pay taxes each year, we will be contributing to a general fund that will be used to educate our children and our children’s children ( from grade 5 to high school ) in all public and private schools. What will they be taught? They will be taught what is said in H.B. 96. They will be taught that: (1) Filipino women are giving birth to too many children, and if only Filipino families will maintain the “ideal size” of two children or less, the country will achieve “sustainable development”; (2) All Filipinos have a right to their reproductive health, and not only adults/couples have this right but all Filipino children as well; (3) Part of reproductive health is the right to know the kinds of family planning methods available; (4) Family planning methods include artificial methods such as the pill, IUD, injectables, condoms, ligation, and vasectomy; (5) All Filipinos have a right to access these family planning methods because they are safe, legal and effective; (6) The condom is not only good to use for family planning, but it also prevents the spread of diseases which we can get through unprotected sex; (7) Filipinos—adult, couples, adolescent and children from 5<sup>th</sup> grade onwards—have a right to access these methods because part of reproductive health is the right to enjoy safe and responsible sex.

That is just a glimpse of what H.B. 96 will do when it becomes law. The good thing about this issue is that someone else already “bought into” the “products” of this bill. Someone else already “tested” the policy solutions presented in H.B. 96. As we continue to debate whether reproductive health, contraception, and population control are the solution to maternal deaths, a burgeoning multitude and sexually transmitted diseases, it is reassuring to know that we have the benefit of looking at our “more experienced and technologically/scientifically advanced neighbors” as regards these “solutions” presented by H.B. 96. I am referring to the United States of America and much of Europe.

Now this is when H.B. 96 becomes a scary thought—enough to scare even those of us who have no children or do not plan to have any children. On the issue of population control as a solution to achieve development, our more experienced neighbors have shown that a sustained and natural growing

population is in fact the essential factor in their development—that because of their population control policies 25-35 years ago, they are now suffering from the lack of manpower which only that age range can fill in. But of course, they cannot just give birth to 25-35 year olds the next day. And so that explains why Filipinos are reaping the benefits of their population growth—the Filipino is everywhere and doing everything! That also explains why those countries admitted to their mistake and are now encouraging more births among their people. The only drawback is that it will take them another 25-35 years to reap the manpower benefits of their reverse policy. On the issue of artificial contraception, our more experienced neighbors have shown that pills, injectables, IUDs, even ligation and vasectomy have documented side-effects that are very serious and life-threatening—and to think that these medical studies were conducted by those countries themselves! On the issue of sex and reproductive health education to the youth, our more experienced neighbors have begun to understand its contribution to the unbelievable increase in: illegitimate births ( 457% ), child abuse cases ( 500% ), divorce ( 133% ), single parent families ( 214% ), cohabitation incidence ( 279% ), sexually-transmitted diseases ( 245% ), juvenile crime ( 295% ), teen suicide ( 214% ), and abortion cases ( 800% ). No less than a former Secretary of Education of the United States conducted that study.<sup>1</sup>

H.B. 96 does not inform us about these facts. They may be the experience of others, but no one can deny that their experiences are very relevant to the policies provided in the bill.

If freedom of informed choice is the foundation of the bill, then we must think a bit more critically about what H.B. 96 is telling us—or not telling us. That is a good start for us freedom-loving people of God!

<sup>1</sup>Brian Clowes. *The Facts of Life: An Authoritative Guide to Life and Family Issues, 2nd Ed.*, (Virginia: Human Life International, 2001).

## **Mere Side-Issues**

*By Atty. Jeremiah Belgica*

I believe that yung mga free access for all information has already been provided for. The laws are sufficient already so the people are not left ignorant in the dark. Now my question is, will this RH bill, the implementation or the passage of this bill in becoming a law ensure proper information for people and its hope would actually reduce mortality rate of women?

The problem here is the question of the government actually funding it. DOH has allocated 17B for



essential medicines that this RH Bill is saying - contraceptives and condoms - which are actually available inside 7-11 stores. Okay yung sinasabi po natin na the bill empowers our women. Well, we have so many laws which empower women. Why then argue that we need to pass this bill because we need to empower women? Why not just focus on what the bill really wants? The bill really wants the government to provide freedom and subsidies for these so called contraceptives. However, the bill is not saying that contraceptives can also become abortifacients if they prevent implantation from the time when there was already the meeting of the egg and the sperm. In fact, there are organizations which have actually said that many people who use contraceptives more or less have actually committed abortion safely by preventing implantation after the egg and the sperm have already met. This is the bigger problem here.

The main issue is contraceptives. The mentality behind contraceptives is the same mentality and same arguments that we're going to use once we start to legalize abortion. Of course, not now. Not through the RH Bill. But we're saying we are heading towards the same arguments and mentality. All countries -- and this can be verified by proofs,-- before they legalize abortion, they first had a contraceptive mentality. And the same people, World Health Organization and others, they really do not delve into the moral issues of abortion. The only thing that they believe is if it's harmful for people na mag-abortion illegally, i-legalize na lang. Kasi healthy kapag ang abortion ay supervised. Again, this is not discussed in the bill. But what we're doing here, I believe, is we're creating a fertile ground for the next step for this generation. 30 years from now we will be 'lolos' and I don't want my grandchildren saying, "Lolo, I know how to use the condom, much more I had an abortion."

There is also a mind-set akin to what Exodus 1 has showed us in the Bible. When Egypt saw that Israel was growing in population, they were afraid that in terms of military might and economic might, the Israelites might topple the Egyptian government. Ang sinabi nila, "lets put hard taskmasters over them and essentially patayin yung mga bata." Well, the basic premise here is the mindset of preventing lives to be born on earth. In my personal conviction, as a Christian and as a believer in the word of God, I believe that all life comes from God.

*Wala naman kasi tayong problema sa sinasabi natin na gusto natin yung tao na nag-abort matulungan para maipagamot. Hindi yun ang problema.* Of course, everybody wants to help people who are suffering get medical attention. Pinapakinggan ko ang arguments ng RH Bill magaganda. Pero ang problema hindi yun ang point of contention. So pag-inisip talaga, all of this na pini-present po ng proponents ng bill are side issues. Women's rights, empowering the youth, empowering people -everybody can already do that but the problem is should we then empower the government to take the crutches from the people and do it themselves for the people? Why use the taxpayers' money for this? Mortality rate from maternal death is not even among the top 10 killers in this country. Why not yung 17 billion ilagay sa anti-dengue drive and education? The point of the matter is all of these things are side issues.

Masyadong maraming issues involved sa RH Bill. Pero let's concentrate kung ano talaga ang objectionable sa bill na ito. For me, the government should leave it to the public if the public wants to use contraceptions. Pero huwag nang pondohan pa ito. Hindi naman kailangan dahil wala naman oppression. Hindi naman pinipigilan kung gusto niyo mag-condom. Hindi naman kayo pinipigilan kung gusto niyo magpagamot. Kung ayaw kayo tanggapin ng ospital because of moral beliefs then go to the next hospital. Otherwise we will also be stepping on the rights of the people who are running the hospital.

## **Technicality and Practicality**

*By Ptr. Ronald Molmisa, PCEC National Youth Commission*

Dalawang laban ito: teknikalidad at practicality ng mga bagay-bagay. Well, I would not speak as an academic but as a youth minister. Kapag nasa ground na kayo hindi niyo na pag-uusapan iyang mga technicalities. Ito ba paano mabubuo? Ano ba ang conception? Kasi hindi iyan ang concern ng bata. The main intention of the bill I would say is really good . We are so victimized by the lack of knowledge. I would say, based on UNESCO statistics ngayong 2010, teaching sex education would not really promote promiscuity. We are not talking Philippine case lang dito but globally.

As a youth minister I would say I will go for those provisions that will really empower the young people. *Kasi kapag kayo nakakita na sa ground palagay ko yung mga teknikalidad na yan di niyo na maiisip.*



## **Integration**

*Mr. Caloy Dino, Fellow on Media*

Napakaganda nung pagsummarize ni Dr. Soriano na “no woman should die giving life.” Isang napakaimportanteng issue on the ground ay may mga kababaihan na namamatay on a daily basis dahil lamang sa issues ng maternal health. *Kapag pinag-usapan na ang personal experiences, ang hirap nang makipag-argue. Nangyayari kasi siya. It is a fact. At kapag hindi lang isang tao ang naka-experience nito at nangyayari din ito sa mas marami pa sa mahabang panahon at kapag wala tayong gagawin ay patuloy na mangyayari, yung impact niyan hindi lang statistics. Merong “brute force of reality”. Pero hindi siya dapat nangyayari. We should be doing everything possible to make sure that things like these never happen.*

*May matitibay na panindigan si Dr. Vios sa mga dapat gawin patungkol sa pagbibigay ng serbisyo sa mga kababaihan. Binanggit niya, “the way the Bill seems to be framed, it allows for conscience, it allows for people making choices.” Tiningnan niya ang relationship ng mag-asawa. Being Christians yung foundation ng ating mga marriages ay biblical. Hindi mo na mahihawalay yung particular decisions sa relationship ng mag-asawa. At dito nagkakaroon ng complications when making decisions about using contraceptions. Apparently, nagkakaroon ng conflict yung relationship ng mag-asawa sa personal right ng mga kababaihan to make sound choices.*

Very engaging yung discussion ng medical issues pero pagdating kay Atty. James hinatak niya tayo into the philosophical aspect. Biglang naging issue na may Conspiracy Theory sa likod ng RH Bill. *Hindi talaga natin maaalis na may mga grupo with certain agendas. Pinag-usapan na yung Malthusean doctrine at mukha ngang yung perspective ng population control is really ideological. Merong agenda na parang ang pananaw magkukulang talaga yung resources ng mundo kung hindi natin pipigilan yung population at mukhang i-responsible yung mga nasa Third World kaya dapat dun natin dalhin yung control ng population. Hindi mo maaalis na may katotohanan din ito at nandiyan talaga ang perspective na ganito. Siguro dapat maintindihan din natin yung ganitong mga perspective. Dapat ingatan din natin kasi na may mga ideas na maaaring ma-implant sa ating mga batas pagka hindi natin binabantayan ang lalim ng mga implications nito sa society.*

Yung Law of Unintended Consequences- *totoo yan. Nag-decline yung birth rate sa mga 1st world countries. Hindi intentional pero ngayon nahhirapan sila na isupport yung kanilang society dahil sa birth control. Sa Pilipinas kung mangyari din ang ganito, maaaring may magandang intentions yung mga batas na ating gagawin pero pwede rin nating pag-isipan yung unintended consequences at baka magsisipi din tayo sa huli. So dapat hindi natin ito kinakalimutan at binibigyan din natin ng pansin.*

*Tiningnan ko lahat ng ito. Napakahirap iintegrate dahil maraming levels. Sa isang level napaka-personal at pinaguusapan yung mga karapatan: karapatan sa buhay, karapatan na yung dami ng anak ko ay ako ang magde-determine, karapatan ko na meron akong health care, karapatan ko sa impormasyon, etc. May mga kanya-kanyang mga karapatan ang bawat isa lalo na yung mga dumadanas ng mga issues. Siguro hindi din natin dapat ialis na ang tao may karapatang gumawa ng mga desisyon kahit na ito ay mali. At dahil may karapatan kang gumawa ng maling desisyon at hindi ka pini-prevent na gumawa ng*

*maling desisyon, kinakailangan handa mong harapin ang mga consequences ng mga desiyong ito. Ang tao binigyan ng Diyos ng karapatang mag-isip ng tama at mali. Huwag din nating pangahasan na mag-legislate na i-prevent natin yung tao na pumili ng tama at mali.*

*On a personal level ng mga health professionals na nakakakita ng mga pangyayaring ito, may limitations ang mga kaya nilang gawin. Nangangailangan sila ng tulong para magawa nila yung mga dapat nilang gawin at para matulungan yung mga dumadaan sa mga problemang tinutugunan ng RH Bill. Maganda yung hangarin ng mga health professionals na iniisip yung kapakanan ng kanilang mga pinaglilingkuran. Kahit pa sa kasalanan dumaan yung tao, hindi mo titingnan kung kasalanan o hindi ang pinagmulan ng karamdaman o problema sa kalusugan pero iyong responsibilidad na tumulong sa tao.*

*Mas lalong lumawak yung problema kung ilalagay mo siya sa social level. Magiging ideological na yung discussion. Ano ba talaga yung dapat nating tingnan? Dapat ba nating bigyan ng puwang ang ating lipunan para matulungan ang ating mga mamamayan? Dapat pinapalago natin ang ating ekonomiya at mas pinapalawak yung pagdistribute ng benepisyo sa mga tao. Dapat ang focus ng gobyerno nasa mga serbisyo na dapat mapunta sa mga tao. Yun ba ang dapat bigyan ng focus rather than legislating, sa pananaw ng mga anti-RH Bill, the control of the population? Dapat bang ginagamit yung resources ng government para sa paglimita ng paglaki ng populasyon?*

*Ina-argue ng mga doktor na kasama natin na hindi naman iyon ang focus ng Bill. Pero sa kabilang ibayo ng argumento, naka-implant yung seeds of population control in the RH Bill given the premises sa panukalang batas patungkol sa paglago ng population. Nagiging disagreeable siya sa ilan. Yung mga provisions per se magdudulot ng malaking benepisyo sa mga dumadanas ng malaking problema sa maternal health issues. Pero sa mga premises din ng panukalang batas, maitatanong natin, “Oo nga naman, bakit ba issue ang population?” Yun ba yung dapat i-address na problema? Di’ba ang issue is development. Ang issue is economic development and the distribution of the benefits of that development. If masyadong malaki yung population natin aba’y dapat mas maraming benepisyo ang ibigay sa mga tao.*

*Ang problema lang talaga, kung bakit napakalaki ng problema ng diskusyon na ito sa reproductive health ay sapagkat napakahirap ng ating bansa. Yung population natin eh mas maliit kaysa sa US. Maliit kaysa sa European Union. Mas maliit kaysa sa China. Sa mga bansang mahihirap magiging malaking issue ang RH Bill dahil nga hindi natin nabibigyan ng tamang serbisyo ang mga tao.*

*In the end, babalik tayo dun sa pananaw ng Diyos. Ano nga ba ang tingin ng Diyos dito? Dapat ba nating pigilan ang populasyon? Palagay ko hindi. Kasi sabi naman ng Diyos merong hangganan ang history na ito. At the same time, sa pananaw ng Diyos, ang buhay ng bawat isa ay mahalaga kaya dapat nating alagaan ang bawat isa. Sa puntong ito, wala tayong diskusyon, wala tayong problema.*

*\*These perspectives were insights gleaned from the ISACC Fellows’ Gathering held September 25, 2010.*