“THE BENEFITS AND IMPORT OF THE REPRODUCTIVE HEALTH LAW TO CAPITAL AND LABOR”

Speech delivered by REP. EDCEL C. LAGMAN
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Capital and labor have inherent and traditional conflict of interest. Marxian theory stresses that these differences are rooted on “class antagonisms”. The adversarial positions of the “bourgeoisie” and the “proletariat” pervades up to the present.

The government as the third party in the new system of tripartism, mediates the conflict or harmonizes the relationship when it chooses to be an impartial referee. However, there are times when the government concedes to the pressure of the more dominant party.

It is truly auspicious that capital and labor have momentarily set aside their “class antagonisms” in jointly supporting the enactment of the Reproductive Health Bill, now enshrined in our statute books as Republic Act No. 10354.

Thus, during the height of the RH controversy, a news account datelined 06 August 2012 clearly reported that “Five of the country’s largest business groups have issued a unified statement calling on the Senate and the House of Representatives to pass into law without further delay the Responsible Parenthood, Reproductive Health and Population and Development Act of 2011 as embodied in House Bill No. 4244 and Senate Bill 2865.”

In their statement, the Employers Confederation of the Philippines (ECOP), Financial Executives Institute of the Philippines (FINEX), Makati Business Club (MBC), Management Association of the Philippines (MAP) and the Philippine Chamber of Commerce and Industry (PCCI) reiterated their statement of principles on reproductive health issued in October 2010.

This previous statement of principles manifested that:

1. Government must encourage responsible parenthood and family planning as a direct strategy for poverty reduction and maternal and child healthcare.

2. Parents ultimately have to make their own decisions given alternative choices.

3. Family planning policy must provide lowest-cost access for the very poor to the services and materials to implement their free and informed choice.
4. Unequivocal opposition to any measure that condones abortion in any way, limits free choice, and mandates the means to implement such choice.

The foregoing principles of business find affirmation in the language and spirit of the Reproductive Health Law.

Similarly, labor groups like the Bukluran ng Manggagawang Pilipino (BMP), Partido ng Manggagagwa (PM) and Trade Union Congress of the Philippines (TUCP) sought the immediate passage of the RH bill.

The common advocacy of capital and labor for the approval of the RH bill is an accurate assessment and firm realization that an RH law would be mutually beneficial to them.

Therefore, it behooves capital and labor to comply with the Reproductive Health Law and help monitor and oversee its accurate, faithful and speedy implementation.

But before I discuss the benefits and import of the RH law to capital and labor, allow me first to briefly review the salient provisions of this historic legislation which are consistent with its pristine formulation and original policy orientation constituting the rationale for its enactment.

1. The State is mandated to promote universal access to reproductive health and family planning services, supplies and information, including voluntary contraception, which are medically-safe, non-abortifacient, quality, effective, legal and affordable with priority to acceptors from poor and marginalized sectors who shall receive for free RH services and commodities (Section 2 on Declaration of Policy).

2. The hallmark of the RH law is freedom of informed choice which shall not be subject to any form of coercion or erosion (Section 3-a of the Guiding Principles for Implementation).

3. Massive nationwide information campaign on reproductive health and rights is mandated to truly afford potential beneficiaries and acceptors informed choice (Section 20 on Public Awareness).

4. The implementation of the Act shall be the joint responsibility of the national government and the local government units, with the national government extending
financial and technical support to needy local government units (LGUs) (Sections 5, 6, 8, 16 and 20).

5. The principal elements of RH are intact and enhanced (Section 4-q).

6. Improvement of services for pregnant women and safe motherhood is assured (Sections 5, 6 and 18).

7. Women suffering from post-abortion complications shall be “treated and counseled in a humane, non-judgmental and compassionate manner” (Section 3-j).

8. Inclusion in the Philippine National Drug Formulary of hormonal contraceptives, intrauterine devices, injectables and other safe, legal, non-abortifacient family planning products and supplies is mandated (Section 9).

9. Mandatory age and development-appropriate reproductive health education is assured for adolescents enrolled in public elementary and secondary schools with the curriculum prepared by the Department of Education adoptable by private schools (Section 14).

10. PhilHealth benefits for serious and life-threatening reproductive health conditions are granted (Section 12).

11. The provisions on prohibited acts and penalties have been retained to assure compliance with the law (Sections 23 and 24).

12 Private health facilities and hospitals are mandated to provide family planning services to paying patients with the option to grant free care and services to indigents (Section 7).

The foregoing principal provisions attest that the RH law is not a watered-down measure. We have rejected “killer amendments” which would diminish or destroy the essence of the RH advocacy.

And now, to the relevance of the RH law to businessmen and investors as well as to workers.

In addition to requisite capital and proficient management, what assures success in business, agriculture, commerce and industry is a healthy, skillful, qualified, competent,
reliable and productive workforce.

Capital cannot do it alone. Labor is an indispensable partner.

An inordinately huge population growth rate of 1.9% which translates to annual increase in population of approximately 2 million people, like in the Philippines, exacerbates unemployment and depresses wages. More entrants to the labor market which are untapped increase the unemployment rate, while the effort to accommodate more workers results to lower wages.

This is a fatal combination which menaces both capital and labor.

The reproductive health law creates the enabling environment to correct and finally obliterate the foregoing negative factors.

Among the beneficiaries of the RH Law are the marginalized workers who will be voluntary recipients of free reproductive health information and services, including family planning and contraception by choice.

On the other hand, employers are among the mandated providers of RH services and commodities. Section 134 of the Labor Code, which is intact, complements the enforcement of the RH law. The said provision reads:

“Establishments which are required by law to maintain a clinic or infirmary shall provide free family planning services to their employees which shall include, but not be limited to, the application or use of contraceptive pills and intrauterine devices.”

The following adverse statistics are the prevailing relevant data to capital and labor that the RH law will reverse and improve:

1. The total wanted fertility rate in the Philippines is 2.4 children, while the actual total fertility rate is 3.3 children or a difference of an additional child per woman of reproductive age on the average.

Much of the gap between desired and actual fertility in the Philippines is attributable to low contraceptive use (51%) and high levels of unmet need for contraception (22.8%).

This gap is alarmingly high in women in the poorest quintile. Poor women prefer less
children than what they actually have because according to the 2006 Family Planning Survey, an average of 44% of pregnancies in the poorest 10% of Filipino women are unwanted.

The National Demographic and Health Survey (NDHS) 2008 reveals that in the poorest quintile, the actual fertility rate is 5.2 children which approximates the actual total fertility rate of the country 40 years ago in the early 1970s. This may mock credence, but is unfortunately true.

These bleak statistics, which impact adversely on the workforce wherein close to 50% are women, is the result of the long absence of a national and comprehensive policy on reproductive health and family planning.

A study in Cebu entitled “Effect of Childbearing on Filipino Women’s Labor Force Participation and Earnings” (1997) concludes that there are “strong negative effects of additional live births on women’s total and hourly earnings, suggesting a strong potential for family planning, if it limits births, to affect women’s economic well-being.”

It also found that “earnings per unit of work time also decline with childbearing”, suggesting that “women shift to lower paying jobs that are more compatible with their reproductive roles.”

The study cited an allied research on “Women’s Work and Family Size in Thailand” (1990) which documents that “women in developing countries are faced with competing demands of reproductive and productive roles. It has been argued that by limiting family size, constraints to productive economic activities are reduced.”

Another study, “Healthier Mothers and Children Through Family Planning” (1984) reports that there “are significant health costs for women in developing countries of high levels of reproductive stress, particularly coupled with chronic under-nutrition and physically demanding work.”

“Repeated cycles of pregnancy and lactation can deplete maternal energy and nutrient stores” said a similar study on “Frequent Reproductive Cycling: Does It Lead To Nutritional Depletion of Mothers”, indicating adverse effects on productivity.

The inordinate frequency of pregnancy and childbirth of women in private employment alone is reflected in the grant of the 60-day maternity leave benefits by the Social Security System (SSS). The SSS reports that for the past three (3) years, a total of
P11.38 billion had been disbursed to 624,507 maternity leave claimants. This is disaggregated into P3.63-B in 2010 for 203,724 beneficiaries; P3.80-B in 2011 for 208,641 claimants; and P3.95-B in 2012 for 212,142 pregnant women. Note that the figures are escalating both in the amount of claims and the number of claimants every year.

These high aggregates are not mean figures which affect women workers’ productivity and the disruption of personnel placement in the workplace. Not included in the summaries are the paternity leave benefits of seven days with pay to which married male employees are entitled for the first four deliveries of their legitimate spouse. A reduction in the rates of pregnancy and childbirth would amount to considerable savings on the part of the SSS which could be channeled to low cost loans to members and productivity incentives for member-employees.

2. There is extremely low contraceptive use among poor women. On the whole, the contraceptive prevalence rate (CPR) of the Philippines is only 51%. This pales in comparison with the CPR in other Catholic countries like Brazil with 81%, Argentina with 78%, France with 71%, Portugal with 67%, Spain with 66%, Ireland with 64.8% and Italy with 60%

With higher CPR, the foregoing Catholic countries have much lower population growth rate than the Philippines’ 1.9%. Poland has 0.07%, Portugal 0.18%, Italy 0.3%, France 0.4%, Spain 0.6%, Argentina 0.9% and Brazil 1.01%.

The low CPR of the Philippines results in a staggering 3.4-M annual pregnancies, more than half of which are unintended and 90% of these occur to women who either use no method or use a traditional one, according to the Guttmacher Institute.

In a study conducted in the Philippines in 2009, the Guttmacher Institute further said:

“Expanding access to contraception could result in 800,000 fewer unplanned births, 500,000 fewer induced abortions and 200,000 fewer miscarriages. What’s more, it could prevent as many as 2,100 maternal deaths each year – nearly half of all deaths from pregnancy-related causes. Better access to contraceptive services could also save 120,000 productive years of women’s lives, years that are currently lost to ill-health resulting from unintended pregnancies.

“Investing in contraceptive services not only enables women and their families to plan their births and avoid the serious
health complications that often accompany unintended pregnancies. It also saves money. Although the initial expense of providing contraception to all women in need may seem great, the cost associated with unintended pregnancies including treating the consequences of unsafe abortion are much higher."

Over 50% of the poorest 20% of women do not use any form of family planning not because they do not want to but because of lack of information and access to services and commodities according to the 2006 Family Planning Survey.

Results of the NDHS 2008 also show that of the 51% of married women availing of contraception, 34% use modern methods and 16.7% use traditional methods like withdrawal and calendar-rhythm which are simply not effective.

The bulk of women employed in various jobs come from the lower quintiles who are deprived of the requisite RH information and services. This results to unremitting pregnancies which reduce levels of productivity and earnings.

The Reproductive Health Law will empower women to exercise their reproductive health right to freely and responsibly determine the number and spacing of their children, thus mitigating, if not arresting, the ill-effects on productivity of the repeated cycles of pregnancy, childbirth and lactation.

3. Unemployment and underemployment rates are aggravated by an inordinately huge population growth rate. Inclusive growth is elusive because joblessness persists as more people enter the labor force annually without finding any visible and viable employment.

As more voluntary acceptors of family planning are convinced of the efficacy of planning the number and interval of births, eventually the pressure of unemployment would lessen and the economy will be liberated from joblessness.

4. The traditional backlogs in education – dearth of teachers, classrooms, books and instructional materials – are almost insoluble because of the escalating number of enrollees every school year. The enormity of these problems negates the constitutional prescription for quality education, deters skills development and aggravates the cohort survival or drop-out rate, all of which bloat the supply of unemployable, unskillful and unproductive manpower.
The RH law will ease the backlogs in education and will help promote quality education and adequate skills development, and eventually produce a qualified and productive reservoir of workers for capital and business.

5. A huge population growth rate makes multi-billion peso budgetary allocations for healthcare appear miniscule. “Dying without seeing a doctor” is as real and macabre as the graveyard. Unhealthy job seekers, who are hardly employable, invariably join the labor market.

With the RH law in place, the promotion of reproductive health and family planning will logically and eventually mitigate the population growth rate. With a leaner population and smaller families, both the government and parents can effectively invest in human capital, particularly on health and education.

Both capital and labor will benefit from this scenario as qualified workers are employed who will raise levels of productivity and output.

Dr. Ernesto M. Pernia, a noted economist from the UP School of Economics and an ardent RH advocate, sums up the advantages to capital and labor owing to the enactment of the RH law in this wise:

“The RH law capacitates parents to have the number of children they want and can afford. Hence, there will be better quality children in terms of parental care, health and education. Thus, when they join the labor market, they will be more able, skillful, employable and productive. Likewise, government’s budget savings from having to subsidize needlessly many children in public health services and education could be used for key infrastructure that also raises the economy’s productive potential and demand for labor, thereby absorbing labor force increases – a potential virtuous cycle.”

Relatedly, the Institute for Management Development noted that “the Philippines’ failure to improve labor productivity and infrastructure prevented it from improving its overall competitiveness ranking.”

It is said that there are “three factors that are co-related with the various measures of competitiveness, namely: productivity, infrastructure and employment growth.” The country’s employment growth is not matched by parallel growths in productivity and infrastructure. Reproductive health has great relevance to the acceleration of productivity
and infrastructure.

The RH law will propel the emergence of a healthy, educated, skillful, and competent workforce which would enhance productivity and output in the workplace. Government’s net savings from healthcare and education as the population growth rate is mitigated can be used to finance more infrastructure to enhance the investment climate.

But we have not legislated a magic wand. We must not expect instant benefits. However, the beneficent effects of the RH law are sure to come with the proper, expeditious and faithful implementation of this historic statute which has long range effects on our economy, the alleviation of mass poverty and the achievement of a sustainable human development.

Thank you.