

1                   **Declaration of support for the Reproductive Health Bill’s**  
2                                   **immediate passage into law\***  
3                   **from individual faculty of the Ateneo de Manila University**  
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6           We, individual faculty of the Ateneo de Manila University, speaking for ourselves and  
7 not for the University, strongly support House Bill 5043 on “Reproductive Health and Population  
8 Development,” and call for its immediate passage in Congress. After studying the bill’s  
9 provisions in the light of the realities of Filipino women, poor families, and our youth, we have  
10 reached the conclusion that the Philippines urgently needs a national policy on reproductive  
11 health and population development, as provided by the RH Bill.  
12

13           A consistent, integrated, and comprehensive population framework guarantees budgetary  
14 support from the national government for reproductive health initiatives, and ensures their  
15 sustainability across local government units regardless of changes in national and local  
16 leadership. While curbing our rapid population growth rate of 2.04 percent will not, by itself,  
17 solve poverty in our country, addressing the population problem is crucial to overall economic  
18 growth and poverty reduction, along with asset redistribution, employment and livelihood  
19 opportunities, combating corruption, improving governance, and strengthening institutions.  
20

21           We further believe that it is possible for Catholics like ourselves to support HB 5043 in  
22 good conscience, even as we recognize, with some anguish, that our view contradicts the  
23 position held by some of our fellow Catholics, including our bishops. Those who oppose the RH  
24 Bill have denounced it as “pro-abortion,” “anti-life,” “anti-women,” “anti-poor,” and “immoral.”  
25 However, our reason, informed by our faith, has led us to believe and say otherwise.  
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27           The RH Bill is pro-life and pro-women. HB 5043 categorically rejects abortion, which it  
28 deems a “crime,” in consonance with the 1987 Constitution. What it, in fact, wants to do is  
29 prevent abortions by offering couples an array of “medically-safe, legal, affordable and quality”  
30 family planning methods, from which they can choose the one that will work best for them. In so  
31 doing, the RH Bill seeks to avert unwanted and mistimed pregnancies, which cause mostly poor  
32 and married women despairing over yet another pregnancy to seek an induced abortion. We are  
33 alarmed that an estimated 473,400 Filipino women went for an abortion in 2000, and that some  
34 79,000 of them wound up in hospitals for abortion complications. We consider it our guilt and  
35 our shame that so many of our women should be driven to such dire straits as to make abortion a  
36 family planning method, for want of information on and access to an effective means to prevent  
37 an unplanned pregnancy.

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\* This declaration of support is based on the 15 October 2008 position paper entitled “Catholics Can Support the RH Bill in Good Conscience” by individual faculty of the Ateneo de Manila University, namely Marita Castro Guevara (Department of Interdisciplinary Studies), Raymond B. Aguas (Department of Theology), Liane Peña Alampay (Department of Psychology), Fernando T. Aldaba (Department of Economics), Remmon E. Barbaza (Department of Philosophy), Manuel B. Dy, Jr. (Department of Philosophy), Elizabeth Uy Eviota (Department of Sociology-Anthropology), Roberto O. Guevara (Department of Theology), Anne Marie A. Karaos (Department of Sociology-Anthropology), Michael J. Liberatore (Department of Theology), Liza L. Lim (Department of Sociology-Anthropology), Cristina Jayme Montiel (Department of Psychology), Mary Racelis (Department of Sociology-Anthropology), and Agustin Martin G. Rodriguez (Department of Philosophy).

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39 We believe in the *sanctity and dignity of human life*, whether that life is the mother's or  
40 the unborn child's. It is for this reason that we support the RH Bill's intent to expand  
41 couples'—but especially women's—access to safe, legal, and reliable family planning methods,  
42 whether modern natural or modern artificial. The United Nations Population Fund (UNFPA)  
43 says that women's access to effective contraception would avert 30 percent of maternal deaths,  
44 90 percent of abortion-related deaths and disabilities, and 20 percent of child deaths. Thus, the  
45 RH Bill is not only pro-life (in that it aims to prevent the termination of an unborn child's life),  
46 but also pro-women, because it enables them to plan the number and spacing of their children so  
47 as to avoid frequent and closely-spaced pregnancies that imperil their health and lives. Moreover,  
48 given that our maternal mortality rate is a staggeringly high 162 maternal deaths per 100,000 live  
49 births, the RH Bill aims to improve maternal and infant health by enjoining cities and  
50 municipalities to provide an adequate number of skilled birth attendants and hospitals rendering  
51 comprehensive emergency obstetric care.

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53 In sum, because reproductive health is central to women's overall health, fundamental  
54 aspects of women's wellbeing are compromised when reproductive health is ignored. The  
55 conditions under which choices are made are as important as the actual content of women's  
56 choices: the right to choose is meaningful only if women have real power to choose.

57

58 The RH Bill is pro-poor. Based on the Pulse Asia 2007 survey on family planning, an  
59 overwhelming majority (92%) of Filipinos believe that it is important to plan their family, and  
60 most (89%) say that the government should allocate funding for modern artificial methods of  
61 family planning, including the pill, intrauterine devices (IUDs), condoms, ligation, and  
62 vasectomy. And yet only 5 out of 10 married women (50.6%) use any family planning method,  
63 whether modern natural or modern artificial. This suggests a significant unmet need for  
64 reproductive health services.

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66 By treating contraceptives as “essential medicines,” HB 5043 makes contraceptives  
67 (including those requiring hospital services like tubal ligation, vasectomy, and IUD insertion)  
68 part of the National Drug Formulary, and therefore more accessible and cheaper for Filipinos.  
69 This is a decidedly pro-poor measure, considering that the majority (58.1%) of those who use  
70 modern artificial family planning methods rely on the government for their supply of  
71 contraceptives. Our Catholic faith calls on us to embrace the *preferential option for the poor and*  
72 *marginalized*. We therefore support the RH Bill, which we believe will be especially beneficial  
73 for our poorest 20 percent who cannot afford family planning services, and therefore have the  
74 highest unmet need for family planning (26.7%), and 2.5 children more than they desire.  
75 Furthermore, we uphold the principle of *integral human development*, which is why we want  
76 couples to be able to have only the number of children that they want and can adequately feed,  
77 clothe, care for, and send to school, so that they can attain their full potential as human beings,  
78 and contribute to the development of Philippine society.

79

80 The RH Bill is pro-youth. As teachers of our young people, we are deeply concerned that,  
81 over time, more of them are getting initiated into sex at increasingly younger ages. Based on the  
82 1994 and 2002 Young Adult Fertility and Sexuality surveys of the UP Population Institute, not  
83 only did the proportion of youth aged 15-24 who are engaged in premarital sex increase (from to

84 17.8% in 1994, to 23.4% in 2002), but the average age for their first sexual encounter declined  
85 (from 18 in 1994, to 17.5 in 2002). Even more worrisome is how their premarital sex act is often  
86 unprotected, with three in four of them (75.1%) admitting to not using any kind of contraceptive  
87 during their most recent premarital sex act, primarily because of lack of knowledge on  
88 contraception. Our young people's premarital and unprotected sex therefore places them at high  
89 risk for early pregnancies, and contracting HIV-AIDS and sexually-transmitted diseases.

90  
91 We favor the RH Bill's provision of mandatory age-appropriate reproductive health  
92 education, believing as we do that much of our youth's risky sexual behavior is linked to their  
93 lack of information and values formation on their reproductive and sexual health. We take  
94 exception to the opinion that teaching them about sex will make them prurient and promiscuous.  
95 Rather, we hold the view that by providing our young people the information and values they  
96 would need to take care of their reproductive health, and by creating opportunities for them to  
97 articulate and clarify their questions and feelings about sex, we are empowering them to make  
98 responsible decisions regarding their sexuality and sexual behavior, whether now or in the future.  
99 After all, Catholic social theology teaches us that the principle of human dignity requires us to  
100 uphold *human rights*, which include the *right to education and appropriate information*  
101 (*Gaudium et Spes*, 1965) and the *right to develop one's intelligence and freedom in seeking and*  
102 *knowing the truth* (*Centesimus Annus*, 1991).

103  
104 The RH Bill is pro-informed choice. In seeking to promote both modern natural and  
105 modern artificial methods of family planning (with "no bias for either"), HB 5043 recognizes  
106 that couples, especially women, have the right to choose the family planning method that they  
107 consider to be the safest and most effective for them, provided that these are legally permissible.  
108 Although natural family planning (NFP) which the Catholic Church promotes offers many  
109 benefits, it is important to realize that pursuing an NFP-only population policy will be a  
110 disservice, if not a grave injustice, to women and couples for whom NFP simply cannot work.  
111 We are thinking of women who find it impossible to predict their infertile periods; or couples  
112 who see each other on an irregular basis; or women who are trapped in abusive relationships with  
113 men who demand sex anytime they want it. Why is it morally wrong for such women and  
114 couples—and even others not encompassed by the above situations—to use a modern artificial  
115 family planning method that has been pronounced safe and non-abortifacient by health  
116 authorities, if their discernment of their particular situation has led them to conclude that such a  
117 method will enable them to fulfill the demands of marital love and responsible parenthood?

118 Catholic social teachings recognize the *primacy of the well-formed conscience* over  
119 wooden compliance to directives from political and religious authorities. *Gaudium et Spes*  
120 (1965) tells us: "In the depths of his conscience, man detects a law which he does not impose  
121 upon himself, but which holds him to obedience. Always summoning him to love good and  
122 avoid evil, the voice of conscience when necessary speaks to his heart: do this, shun that. For  
123 man has in his heart a law written by God; to obey it is the very dignity of man; according to it  
124 he will be judged" (no. 16).

125 We respect the consciences of our bishops when they promote natural family planning as  
126 the only moral means of contraception, in adherence to the teachings of *Humanae Vitae* (1968).  
127 In turn, we ask our bishops to respect the one in three (35.6%) married Filipino women who, in

128 their “most secret core and sanctuary” or conscience, have decided that their and their family’s  
129 interests would best be served by using a modern artificial means of contraception. Is it not  
130 possible that these women and their spouses were obeying their well-informed and well-formed  
131 consciences when they opted to use an artificial contraceptive?

132 We therefore ask our bishops and fellow Catholics not to block the passage of HB 5043,  
133 which promotes women’s and couples’ access to the full range of safe, legal, and effective  
134 modern natural and modern artificial family planning methods, from which they can choose the  
135 one most suitable to their needs and personal and religious convictions. To campaign against the  
136 bill is to deny our people, especially our women, many other benefits, such as maternal and child  
137 health and nutrition; promotion of breastfeeding; adolescent and youth health; reproductive  
138 health education; prevention and management of gynecological conditions; and provision of  
139 information and services addressing the reproductive health needs of marginalized sectors,  
140 among others. In pursuit of the *common good*, or the “sum total of social conditions which allow  
141 people... to reach their fulfillment more fully and more easily” (*Gaudium et Spes* 1965, no. 26),  
142 we call on the Catholic Church to let the RH Bill pass in Congress, and to consider forging a  
143 principled collaboration with the government in the promotion of natural family planning which  
144 *Humanae Vitae* deems morally acceptable, and in the formation of consciences with emphasis on  
145 the value of responsible sex and parenthood.

146 To our fellow Catholics who, in good conscience, have come to conclude, as we have,  
147 that we need a reproductive health law: we ask you to declare your support for HB 5043.

148 Finally, we call on our legislators in Congress and in the Senate to pass the RH Bill.  
149 Doing so upholds the constitutional right of spouses to found a family in accordance with their  
150 religious convictions; honors our commitments to international covenants; and promotes the  
151 reproductive health and reproductive rights of Filipinos, especially of those who are most  
152 marginalized on this issue—our women, poor families, and youth.

154 We sign this declaration as individual faculty of the Ateneo de Manila University, and  
155 speak for ourselves and not on behalf of our colleagues nor the University.

157 15 October 2008

158 **Signatories (as of 15 October 2008)**

159  
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