

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila

THIRTEENTH CONGRESS  
FIRST REGULAR SESSION

**HOUSE BILL NO. 16**

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Introduced by **REPRESENTATIVE EDCEL C. LAGMAN**

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**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**

*Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:*

SECTION 1. **Short Title.** – This Act shall be known as the “Reproductive Health Act of 2004”.

SEC. 2. **Declaration of Policy.** – The State shall adopt an integrated and comprehensive policy on reproductive health in connection with sustainable human development and effective population management that values the dignity of every human person and affords full protection to people’s rights.

The State shall uphold the right of the people and their organizations to effective and reasonable participation in the formulation and implementation of the declared policy as its direct and ultimate beneficiaries.

This policy is anchored on the rationale that sustainable human development is better assured with a manageable population of healthy, educated and productive citizens.

The State likewise guarantees universal access to safe, affordable and quality reproductive health care services, methods and devices even as it prioritizes the needs of women and children, among other underprivileged sectors.

SEC. 3. **Guiding Principles.** – This Act declares the following as basic guiding principles:

- a. 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.
- b. The limited resources of the country cannot be suffered to be spread so thinly to service a burgeoning multitude that makes the allocations grossly inadequate and effectively meaningless.
- c. Freedom of choice, which is central to the exercise of any right, must be fully guaranteed by the State like the right itself.
- d. While the number and spacing of children are left to the sound judgment of parents and couples based on their personal conviction and religious beliefs, such concerned parents and couples, including unmarried individuals, should be afforded free and full access to relevant, adequate and enlightening information on reproductive health and human sexuality and should be guided by qualified State workers and professional private practitioners.
- e. Reproductive health must be the joint concern of the National Government and Local Government Units.
- f. Protection and promotion of gender equality and women's rights are essential to the fulfillment of reproductive health rights.
- g. Development is a multi-faceted process that calls for the coordination and integration of policies, plans, programs and projects that seek to uplift the quality of life of the people, more particularly the poor, the needy and the marginalized.
- h. Active participation by and thorough consultation with concerned nongovernment groups, communities and people's organizations are imperative to ensure that basic policies, plans, programs and projects address the priority needs of beneficiaries.
- i. Respect for, protection and fulfillment of reproductive health rights seek to promote not only the rights and welfare of adult individuals and couples but those of adolescents' and children's as well.
- j. While the full range of family planning methods, techniques and devices shall be made available to couples and adults of reproductive age, abortion shall remain to be penalized under the Revised Penal Code and relevant jurisprudence.

**SEC. 4. Definition of Terms.** – For purposes of this Act, the following terms shall be defined as follows:

a. Reproductive health - the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes.

b. Reproductive health rights - the rights of individuals and couples, subject to applicable laws, to decide freely and responsibly the number, spacing and timing of their children; to make other decisions concerning reproduction free of discrimination, coercion and violence; to have the information and means to carry out their decisions; and to attain the highest standard of sexual and reproductive health.

c. Gender equality - the absence of discrimination on the basis of a person's sex, in opportunities, allocation of resources and benefits, and access to services.

d. Gender equity - fairness and justice in the distribution of benefits and responsibilities between women and men, and often requires women-specific projects and programs to eliminate existing inequalities, inequities, policies and practices unfavorable to women.

e. Reproductive Health Care – availability and access to a full range of methods, techniques and services that contribute to reproductive and sexual health and well-being by preventing and solving reproductive health-related problems in order to achieve enhancement of life and personal relations. The elements of reproductive health care include:

1. Maternal, infant and child health and nutrition;
2. Family planning information and services;
3. Prevention of abortion and management of post-abortion complications;
4. Adolescent and youth health;
5. Prevention and management of reproductive tract infections (RTIs), HIV/AIDS and other sexually transmittable infections (STIs);
6. Elimination of violence against women;
7. Education and counseling on sexuality and sexual and reproductive health;
8. Treatment of breast and reproductive tract cancers and other gynecological conditions;
9. Male involvement and participation in reproductive health;
10. Prevention and treatment of infertility and sexual dysfunction;

f. Responsible parenting - the will and the ability to respond to the needs and aspirations of the family and children.

g. Family planning – a program which enables couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to carry out their decisions, and to have informed choice and access to a full range of safe and effective family planning methods, techniques and devices, excluding abortion which is a crime.

h. Adolescent sexuality - refers to the reproductive system, gender identity, values or beliefs, emotions, relationships and sexual behavior of young people as social beings. Adolescence refers to a life stage and pertains to people between the ages of ten (10) and nineteen (19).

i. Reproductive health and sexuality education – is the process of acquiring complete, accurate and relevant information in all matters relating to the reproductive system, its functions and processes and human sexuality; and forming attitudes and beliefs about sex, sexual identity, interpersonal relationships, affection, intimacy and gender roles. It also includes developing the necessary skills to be able to distinguish between facts and myths on sex and sexuality; and critically evaluate and discuss the moral, religious, social and cultural dimensions of related sensitive issues such as contraception and abortion.

j. Development – is a multi-dimensional process involving major changes in social structures, popular attitudes, and national institutions as well as the acceleration of economic growth, the reduction of inequality and the eradication of widespread poverty.

k. Sustainable human development – the totality of the process of expanding human choices by enabling people to enjoy long, healthy and productive lives, affording them access to resources needed for a decent standard of living and assuring continuity and acceleration of development under the Population-Resource-Environment (PRE) framework which strikes a balance between population, adequate resources and healthy environment.

l. Population management – a program that aims to: (a) encourage the limitation of the number of children to an affordable level of two (2) children per family; (b) attain an optimum fertility rate vis-a-vis equitable allocation and utilization of resources; (c) realize a balanced spatial distribution of the population by discouraging migration to urban centers and decongesting thickly populated areas; (d) promote the effective partnership among the national government, local government units and the private sector in the design, implementation, coordination, integration, monitoring and evaluation of people-centered programs on population, development and environment; and (e) conduct studies on and provide incentives for the deceleration of population growth.

**SEC. 5. Reproductive Health and Population Management Council.** Pursuant to the herein declared policy, there is hereby constituted within thirty (30) days from the effectivity of this Act a multi-agency body to be known as the Reproductive Health and Population Management Council, hereinafter referred to as the Council. It shall be composed of eighteen (18) members with the Secretary of the Department of Health (DOH) and the Director General of the National Economic and Development Authority (NEDA) as Co-Chairpersons and the following as members:

- a. Secretary of the Department of Social Welfare and Development (DSWD)
- b. Secretary of the Department of Education (DepEd)

- c. Secretary of the Department of Labor (DOLE)
- d. Secretary of the Department of the Interior and Local Government (DILG)
- e. Executive Director of the Commission on Population (PopCom)
- f. Chairperson of the National Commission on the Role of Filipino Women (NCRFW)
- g. Chairperson of the National Youth Council (NYC)
- h. Chairperson of the Commission on Higher Education (CHED)
- i. Chairperson of the Housing and Urban Development Coordinating Council (HUDCC)
- j. Lead Convenor of the National Anti-Poverty Commission (NAPC)
- k. Three (3) representatives from the local government units nominated by the leagues of local government units and to be appointed by the President
- l. Three (3) representatives from nongovernment organizations: one (1) representative each from the women, youth and health sectors who have distinguished themselves in the promotion of reproductive health, human development and/or population management who shall be appointed by the President from a list of nominees independently selected by the concerned NGOs.

As much as practicable, the Secretaries of the departments and heads of agencies constituting the Council shall attend personally the meetings of the Council. Separate staffs on reproductive health, human development and population management in charge of the implementation of this Act shall be constituted by the member departments and offices within their respective agencies.

**SEC. 6. Functions of the Council.** – As the central advisory, planning and formulating body of the comprehensive and integrated policy on reproductive health relative to human development and population management, the Council shall have the following functions:

- a. To integrate on a continuing basis the interrelated reproductive health, human development and population management agenda into a national policy, taking into account regional and local concerns.
- b. To provide the mechanism to ensure active and full participation of the private sector and the citizenry through their organizations in the planning and implementation of reproductive health care, population and development programs and projects.
- c. To ensure people's access to quality and affordable reproductive health goods and services.
- d. To facilitate the involvement and participation of nongovernment organizations and the private sector in reproductive health care service delivery and in the production, distribution and delivery of quality reproductive health and family planning supplies and commodities.
- e. To fully implement the Reproductive Health Care Program with the following components:
  - 1.) Reproductive and sexual health education including but not limited to counseling on the full range of legal and medically-safe family planning methods.
  - 2.) Maternal, peri-natal and post-natal education, care and services.
  - 3.) Promotion of male involvement, participation and responsibility in reproductive health as well as other reproductive health concerns of men.
  - 4.) Prevention of abortion and management of post-abortion complications.

- 5.) Provision of information and services addressing the reproductive health needs of the poor, senior citizens, women in prostitution, differently-abled persons, and women and children in war crisis situations.
- f. To ensure that reproductive health services are delivered with a full range of supplies, facilities and equipment and that service providers are adequately trained for reproductive health care.
- g. To recommend the enactment of legislation and adoption of executive measures that will strengthen and enhance the integrated policy on reproductive health, population and development.
- h. To hire and appoint personnel of the Secretariat and the Executive Director.
- i. To perform such other functions necessary to attain the purposes of this Act.

SEC. 7. **Secretariat.** – The Council shall organize a Secretariat as its support and technical staff to be headed by an Executive Director, and shall determine their respective compensation, subject to applicable civil service laws, rules and regulations with a view to ensuring a competent and efficient secretariat: *Provided,* That nominees of nongovernment organizations shall be accorded preferential employment to ensure their active involvement and participation in all activities of the Council.

SEC. 8. **Qualifications, Powers, Functions and Duties of the Executive Director.** – The Executive Director of the Council shall have adequate experience in reproductive health, sustainable human development and population management and shall have the following powers, functions and duties:

- a. Execute, implement and enforce the policies, programs, projects, rules and regulations of the Council;
- b. Direct and supervise the operations and internal affairs of the Council;
- c. Establish the internal organization and administrative procedures of the Council, recommend to the Council the appointment of the necessary administrative and subordinate personnel; and
- d. Exercise such other powers and functions and perform such duties as are not specifically lodged in the Council.

SEC. 9. **Internal Revenue Allotment (IRA) for Reproductive Health.** – Fifty (50%) percent out of the 20% Internal Revenue Allotment (IRA) share of local government units (LGUs) which they are mandated to provide for local development projects under Section 287 of the “Local Government Code of 1991” (RA No. 7160) shall be appropriated by each LGU for reproductive health care services.

The appropriation for reproductive health care services shall be included in the annual budget of LGUs effective Fiscal Year 2005.

No local budget shall be approved without the requisite appropriation for reproductive health care services.

Copies of the development plans of local government units shall be furnished the Department of Interior and Local Government and the Council.

**SEC. 10. Mobile Health Care Service.** – Each Congressional District shall be provided with a van to be known as the Mobile Health Care Service (MHCS) to deliver health care goods and services to its constituents, more particularly to the poor and needy, as well as disseminate knowledge and information on reproductive health: *Provided*, That reproductive health and sexuality education shall be conducted by competent and adequately trained persons preferably reproductive health care providers: *Provided, further*, That a wide range of family planning methods, both natural/traditional and modern, shall be taught.

The operation and maintenance of the MHCS shall be funded from the Priority Development Assistance Fund (PDAF) of each Congressional District.

The MHCS shall be adequately equipped with a wide range of reproductive health care materials and information dissemination devices and equipment, the latter including but not limited to a television set for audio-visual presentation.

**SEC. 11. Mandatory Reproductive Health and Sexuality Education.** – Reproductive Health and Sexuality Education in an age-appropriate manner shall be taught by adequately trained teachers starting from Grade 5 up to Fourth Year High School. Reproductive Health and Sexuality Education shall commence at the start of the school year immediately following one year effectivity of this Act. The Council shall formulate the Sexuality Education curriculum, which shall be common to both public and private schools, based on the following subjects and standards:

- a. Reproductive health
- b. Reproductive health care and services
- c. Attitudes, beliefs and values on sexual development, sexual behavior and sexual health
- d. Proscription and hazards of abortion
- e. Family planning and the number and spacing of children
- f. Natural/traditional methods to prevent unwanted, unplanned and mistimed pregnancy
- g. Use of modern contraceptive devices

- h. Abstinence before marriage
- i. Prevention and treatment of HIV/AIDS and other STIs/STDs
- j. Safe sex

SEC. 12. **Capability Building of Barangay Health Workers.** – Barangay Health Workers shall undergo retraining on the delivery of reproductive health care services and shall receive a 10% increase in honoraria upon successful completion of training.

SEC. 13. **Ideal Family Size.** – In order to attain the desired population growth rate, the State shall encourage two (2) children as the ideal family size. Children from these families shall have preference in the grant of scholarships at the tertiary level.

SEC. 14. **Incentives for the Manufacture/Importation of Reproductive Health Care Commodities.** – Local manufacturers of family planning devices and related reproductive health commodities shall enjoy personal and corporate income tax exemptions for three (3) years from the start of their operation or for three (3) years from the effectivity of this Act. They shall have access to low interest bearing and concessionary capital loans from government banks. Importation of such devices and commodities, not locally manufactured, shall be levied reduced tariffs.

SEC. 15. **Employers' Responsibilities.** – Employers shall respect the reproductive health rights of their workers. Women shall not be discriminated against in the matter of hiring, regularization of employment status or selection for retrenchment.

All Collective Bargaining Agreements (CBAs) shall provide for the free delivery of reasonable reproductive health care services and devices to the workers, more particularly the women.

SEC. 16. **Private Practitioners' Support.** - Pursuant to Section 5 (b) hereof private reproductive health care service providers, including but not limited to gynecologists and obstetricians, shall endeavor to render such services free of charge or at reduced professional fee rates to indigent and low income patients.

SEC. 17. **Multi-Media Campaign.** The Council shall initiate and sustain a heightened nationwide multi-media campaign to raise the level of public awareness of the urgent need to protect and promote reproductive health care and rights relative to human development and population management.

SEC. 18. **Tax-Deductible Donations** – All donations to the Council for the implementation of this Act shall be deductible to its full amount from the net personal or corporate income due from the donor.

SEC. 19. **Prohibited Acts.** – The following acts are prohibited:

- a) Any health care service provider, whether public or private, who shall:
1. Knowingly withhold information, or restrict the dissemination thereof, and/or intentionally provide incorrect information regarding programs and services on reproductive health including the right to informed choice and access to a full range of legal, medically-safe and effective family planning methods;
  2. Refuse to perform voluntary sterilization and ligation and other legal and medically-safe reproductive health care services on any person of legal age on the ground of lack of third party consent or authorization: *Provided*, That in the case of abused minors as certified to by the Department of Social Welfare and Development, and pregnant minors, no prior parental consent shall be necessary;
  3. Fail or cause to fail deliberately, or through gross negligence, or inexcusable neglect, the delivery of reproductive health care services as mandated under this Act, the Local Government Code of 1991, the Labor Code, and Presidential Decree 79, as amended; and
  4. Refuse to extend quality health care services and information on account of the provider's marital status, gender or sexual orientation, age, religion, personal circumstances, and nature of work: *Provided*, That all conscientious objections of health care service providers based on ethical and religious grounds shall be respected: *Provided, however*, That the conscientious objector shall immediately refer the person seeking such care and services to another health care service provider within the same facility or one which is conveniently accessible: *Provided, finally*, That the person is not in an emergency condition or serious case as defined in RA 8344 penalizing the refusal of hospitals and medical clinics to administer appropriate initial medical treatment and support in emergency and serious cases.
- b) Any public official at both the national and local levels with power and authority over any subordinate who shall prohibit or intentionally restrict the delivery of legal and medically-safe reproductive health care services, including family planning.
- c) Any employer who shall require or cause a female applicant for employment or an employee to involuntarily submit herself to sterilization or any contraceptive method, including but not limited to injection of *depo provera* as a condition for employment or continued employment.
- d) Any person who shall engage in willful disinformation with respect to reproductive health care and rights or the provisions of this Act or cause such disinformation.

SEC. 20. **Penalties.** - Any violation of this Act shall be penalized by imprisonment ranging from one (1) month to six (6) months or a fine of Twenty Thousand Pesos (P20,000.00) or both such fine and imprisonment at the discretion of the proper court. If the offender is a juridical person, the penalty shall be imposed upon the President, Treasurer, Secretary or any person or officer responsible for the violation. If the offender is

an alien, he/she shall, after service of sentence, be deported immediately without further proceedings in the Bureau of Immigration. If the offender is a public officer or employee, the Court shall, in addition to the penalties hereinabove provided, order his/her dismissal from the government service.

SEC. 21. **Implementing Rules and Regulations.** – Within thirty (30) days from the effectivity of this Act, the Department of Health, National Economic and Development Authority and Commission on Population shall jointly promulgate, after thorough consultation with health and national multi-sectoral nongovernment organizations, the rules and regulations for the effective implementation of this Act and shall ensure the full dissemination of the same to the public.

SEC. 22. **Bicameral Congressional Oversight Committee.** – A Bicameral Congressional Oversight Committee is hereby created to regularly monitor and assess the implementation of this Act. The Committee shall be composed of six (6) members of the Senate and six (6) members of the House of Representatives who are active members of the Philippine Legislators' Committee on Population and Development (PLCPD) to be designated by the Senate President and the Speaker of the House of Representatives, respectively: *Provided*, That two (2) of the six (6) members coming from each Chamber shall represent the minority as designated by the respective minority leaders.

SEC. 23. **Appropriations.** – The amount of P100 million is initially appropriated to carry out the provisions this Act. Thereafter, such sums as may be necessary for the effective implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 24. **Separability Clause.** – If any part, section or provision of this Act is held invalid or unconstitutional, other provisions not affected thereby shall remain in full force and effect.

SEC. 25. **Repealing Clause.** – All other laws, decrees, orders, issuances, rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

SEC. 26. **Effectivity.** – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of national circulation.

Approved,



Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila

THIRTEENTH CONGRESS  
FIRST REGULAR SESSION

**HOUSE BILL NO. 16**

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Introduced by the **HONORABLE EDCEL C. LAGMAN**

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**EXPLANATORY NOTE**

Two of the overriding problems that bedevil the Philippines are an inordinately enormous debt service and an extremely huge population.

This bill addresses the second problem on an uncontained population escalation that aggravates the debt menace, hampers delivery of reproductive health care services and derails sustainable human development.

The present population of the country of 82.6 million has galloped from 60.7 million 14 years ago. This makes the Philippines the 12<sup>th</sup> most populous nation in the world today. The population growth rate is 2.36% and is among the highest in the world. The Filipino women's fertility rate of 3.7% is at the upper bracket of 206 countries. With four babies born every minute, the population is expected to balloon to an alarming 160 million in 2038.

Due to overpopulation, the current budget for education of P98 billion translates to a ratio of only P21.71 daily per student/pupil in elementary and high school or P4,558.00 per student/pupil nationwide on an annualized basis for a 10-month school year.

This education outlay pales in comparison with the appropriation for education of our Asian neighbors. Our government's appropriation for education is only 1/11<sup>th</sup> of that of Singapore; 1/5<sup>th</sup> of that of Malaysia and only 1/8<sup>th</sup> of Thailand's allocation for basic education.

This meager budget for education, which is further diminished to no small measure by our exceedingly large student population of 21.5 million in both public and private elementary and high schools, results in the current shortages of 40,000 classrooms and 50,000 teachers in public schools alone. The current textbook to student ratio is 1:2 at best with reports of a grim 1:4 in far-flung schools. This is far from the ideal of 1:1. The teacher-student ratio in public schools goes as high as 1:80 when the ideal ratio to maximize effective learning is 1:36.

These stark statistics do not even include the public sector outlay for tertiary education which, although sizeable, is still far from adequate.

Indeed, due to the inordinate number of enrollees, quality education remains a cherished dream and an unrealizable commitment.

The same is true with respect to the health budget of P10.723 billion for the current fiscal year. This amounts to a minuscule P0.35 per capita daily. This is scandalously low compared to the daily per capita outlay for health care services of our Asian neighbors: Japan, P343.94; Singapore, P103.96; Thailand, P17.17; Malaysia and Indonesia, P12.41.

A huge population is an albatross on limited resources which when spread out too thinly to "reach" the multitude becomes grossly inadequate and effectively meaningless. The number of Filipinos living below the poverty line has reached 40% of the total population. Compare this to poverty statistics of other Asian countries: Taiwan (1.0%), Malaysia (8.0%), Thailand (12.5%) and Indonesia (27%), and the country's poverty is indeed abysmal.

The internationally accepted indicators of well-being like access to potable water, sanitary toilets and meaningful employment rank the Philippines way below the ladder of development. The data show that 21.5% or 17.7 million Filipinos have no potable water; 19.15% or 15.8 million have no access to sanitary toilet facilities; 13.7% or 5 million are currently unemployed and 18.75 or 6.8 million are underemployed.

The state of health of a nation's children is often indicative of the kind of society in which they live. Filipino children (0-18 years) comprise 45% of the entire population and the statistics culled on their state of health and well-being is bone-chilling. Consider the following:

- The Food and Nutrition Research Institute has estimated that 3.7 million pre-school children are underweight (acute or present malnutrition), 3.8 million are stunted (growth failure) and 0.7 million are wasted (enfeebled state);
- 49% of the total population of infants and 26% of the total population of children with ages ranging from 1-6 years old suffer from iron-deficiency anemia;
- There are about five million child laborers and more than 1.5 million street children in the country; and
- There are 60,000 prostituted children and their numbers increase by 3,266 annually making the Philippines the fourth country with the most number of prostituted children.

The following statistics specifically on reproductive health in the Philippines are similarly ominous:

- An infant mortality rate of 36 for every 1,000 live births;
- Maternal mortality rate of 172 for every 100,000 live births;
- 10 women die every 24 hours from causes related to pregnancy and childbirth;
- Out of every 100 children who die before reaching the age of five, 38 deaths are due to curable diseases; and
- Approximately 280,000 teenaged girls every year end up becoming mothers before they reach the age of 20.

According to studies conducted by the National Statistics Office, the current national contraceptive unmet need of poor women is 26.4% and for non-poor, the rate is 17.0%. The level and scope of unmet need in the country is clearly indicated by the high levels of unplanned births (18.2% in 1998) due to lack of access to family planning services (National Demographic and Health Survey 2000). The difference between actual total fertility rate of 3.7 children versus the real number of desired children which is 2.7 also validates the unmet need for family planning assistance (National Demographic and Health Survey 2000).

These dismal statistics are due to the lack of access to adequate information on reproductive health and regular and timely dispensation of reproductive health care services.

In a survey conducted by Pulse Asia in February 2004, 97% of the respondents believed that it was important to have the freedom to decide the size of one's family and another 71% regarded a fast-growing population as a hindrance to economic development.

Moreover, 82% believed that candidates for elective positions who supported the “free use of couples as to family planning methods” should be elected.

While majority of women of reproductive age are receptive to the use of safe contraceptive methods, techniques and devices, family planning services and supplies are lamentably inaccessible. This results in the prevalence of induced abortions which the UP Population Institute estimates to be close to 400,000 annually. It is estimated that 100,000 women each year are hospitalized because of serious post-abortion complications.

This bill continues to proscribe abortion which is a crime under the Revised Penal Code. However, when abortion is resorted to, despite the prohibition, there is a need to manage post-abortion complications in a humane and compassionate manner. The patient should not be suffered to die due to her desperation.

As a preventive measure against abortion this bill provides for timely, complete and accurate information and education on reproductive health as well as ready access to safe, adequate and affordable reproductive health care services. Thus, it guarantees freedom of choice of individuals and couples on the number and spacing of their children, even as this bill considers two (2) children as the ideal family size.

An effective reproductive health education does not only instill consciousness of freedom of choice but responsible exercise of one's rights. According to the United Nations Population Fund: “It has been repeatedly shown that reproductive health education leads to responsible behavior, higher levels of abstinence, later initiation of sexuality, higher use of contraception, and fewer sexual partners. These good effects are even greater when parents can talk honestly with their children about sexual and reproductive matters.”

It is imperative that reproductive health and sexuality education should start early among the young people. It has to be initiated by parents and adult members of the family who are considered role models by their children.

Reproductive health and sexuality education at home should be sustained and complemented by formal education in schools.

Reproductive health and sexuality education seeks to assist young people in understanding a positive view of the reproductive system and human sexuality, provide them with information and skills about taking care of their reproductive and sexual health, and help them make sound decisions now and in the future.

Comprehensive reproductive health and sexuality education programs have four main goals:

- To provide complete, accurate and relevant information on the reproductive system and its functions and processes and human sexuality;
- To provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality;
- To help young people develop relationships and interpersonal skills; and
- To help young people exercise responsibility regarding sexual relationships, including addressing abstinence, pressures to engage prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures

“Research Findings on Programs to Reduce Teen Pregnancy”, a report released by The National Campaign to Prevent Teen Pregnancy in 2001, concluded that:

- Sexuality and HIV education do not hasten sexual activity;

- Education about abstinence and contraception are compatible rather than in conflict with each other; and
- Making condoms available does not increase sexual behavior

The tragic scenario cited above is principally rooted in overpopulation and the lack of an integrated national policy on reproductive health in connection with population management and sustainable human development. This bill addresses these urgent concerns.

Verily, passage of this bill is earnestly sought.

**EDCEL C. LAGMAN**