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POPULATION, NUTRITION AND HEALTH

By

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A trite theme in recent writings on less developed countries is that the development process has been seriously hampered by population growth. This theme is once again brought to the fore by the World Bank report on population, nutrition and health. The report is made up of two chapters (10 and 11). One focuses on population growth and family planning, and the other on nutritional status and health standards.

The *Report* is essentially presentational and, on the whole, lacks an analytic character. It attempts to interpret and discuss the data presented but does not offer much in the way of new insights. Furthermore, it does not provide fresh recommendations for policy. The present review is, therefore, necessarily limited to clarifying some of the data presented and commenting on whatever discussion there is. To the extent that the function of the report is primarily presentational, a more accurate and complete picture should have been drawn.

The first chapter presents demographic facts and trends, which are well known because they appear in almost every writing that has something to do with Philippine population and development. Some of the data presented are not quite accurate, perhaps because they do not show the whole picture or they are taken from different sources and, hence, are not consistent. An example is the total fertility rate (TFR) which is reported to have remained at the same level of 6.3 between 1963-1967 and 1965-1970. For the first period TFR is taken from the 1968 National Demographic Survey (NDS), while for the second period it is taken from estimates of the National Census and Statistics Office (NCSO). Fertility estimates from NDS data are more generally accepted than those from NCSO data. If TFR from the 1968 NDS is combined with TFR from the 1973 NDS, a more

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complete picture emerges, which shows a TFR drop from 6.3 i 1963-1967 to 5.9 in 1968-1972.[1] Marital fertility rate (MFR), how ever, was higher and showed a less perceptible decline, 9.7 in th earlier period and 9.6 in the later period.[2]

Another statement that needs clarification is: "The national crud birth rate of 42 per 1,000 in 1972 was thus composed of a rural birt rate of 45 per 1,000 and an urban birth rate of 35 per 1,000" (243). From this one gets the impression that the metropolitan crud birth rate (CBR) of 36 per 1,000 is subsumed under the "urban CBR, when in fact it is not, and what is called "urban" really refe to *other* urban (i.e., excluding metropolitan which in 1970 a counted for one-third of total urban population).[3]

The section on demographic facts also reports that preferre family size was found to be 5.2 children on the basis of the 19 NDS. It does not report that, according to the 1973 NDS, preferre family size appears to have decreased to 4.1 children. Despite su decrease, the section is quite right in saying that "A program reduce fertility must therefore bring realized family size down desired size as well as change attitudes about the size of famili which is the more difficult task" (p. 244).

The next section on consequences of rapid population grow considers only four areas of concern: income, jobs, food, a schools. Housing, which is as critical, is not considered. In any ca these five areas have been dealt with at length and in depth earlier reports.[4] It would have been instructive if the section d

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[1] Mercedes B. Concepcion, "Changes in Period Fertility as Gleaned from 1973 NDS," Research Note No. 13, U.P. Population Institute, July 30, 19 Table 3.

[2] The report merely said that "The Marital fertility rate must have b greater" (p. 243), which is definitionally obvious, without giving the figu These figures are available in M.B. Concepcion, *op. cit.*, Table 4.

[3] See Peter C. Smith, "Fertility in Metropolitan, Other Urban, and Ru Areas: A Decomposition into Sources of Variation, 1968-1972," Research N No. 40, U.P. Population Institute, November 3, 1975.

[4] E.g., ILO, *Sharing in Development: A Program of Employment, Equity a Growth for the Philippines*, Geneva, 1974; and Mahar Mangahas (ed.), *Measur Philippine Development: Report of the Social Indicators Projects*, Man Development Academy of the Philippines, 1976.

cussed the effect of population growth on the country's external sector, especially external debt and borrowing capacity, a subject on which the World Bank has an obvious comparative advantage. That nothing whatsoever was mentioned in this regard is rather surprising.

Two alternative scenarios are illustrated on the basis of the medium (moderately successful family planning program) and the low (highly successful family planning program) population projections of the NCSO. The medium projection leads to a population of 65.0 million, while the low projection results in a population of 59.6 million in 1990.

The two opposing effects on GNP, increased growth of labor and reduced growth of capital leading to lower capital-labor ratio, are mentioned without documenting them with empirical estimates. GNP is projected to be about P122 billion by 1990, which would translate to P1,877 per capita with the medium population projection. Per capita GNP would be 9 percent higher at P2,047 with the low population projection. The beneficial effect of slow population growth on income distribution is also cited but not demonstrated.

Because the agricultural and industrial sectors have not been able to absorb the growth of the labor force, the service sector has been bearing the brunt of providing whatever employment opportunities are available. The *Report* states that service sector jobs are of inferior quality and productivity but that job seekers are likely to continue to resort to this type of employment. Everyone recognizes that this is one of the hard realities in developing countries, but it has potentials. The report does not suggest ways of exploiting these potentials.

The two other areas that are supposed to be unfavorably affected by rapid population growth are food and schools. Putting normal rice consumption at about 90 kilograms per capita per year, rice requirements in 1990 are expected to be 5.4 million metric tons with the low population projection but 6.0 million metric tons with the medium projection, without allowing for the possibility of increased consumption. The difference in rice requirements would be some 486,000 metric tons. Similar calculations with respect to schools indicate a need for 45,825 more classrooms with the medium projection as compared with the low projection. This translates to P815 million in monetary terms at current cost.

On the whole, the section on consequences of rapid population growth touches exclusively on the negative implications. A balanced

treatment should have at least mentioned some possible favorable effects. For example, it may be argued that a younger population tends to possess the favorable attitudes, the initiative and drive necessary for advancement. Thus, a rapidly growing population makes possible a rapid "quality replacement rate".[5] Additionally, it is argued that population growth may generate the pressure or motivation for work.[6] An instructive question is: to what extent do these positive effects offset the negative effects? The point is that a one-sided discussion of population growth overstates the obvious and tends to create a negativist attitude in the public mind. This does not seem to be a healthy way of educating the public.

The *Report* says "that government concern about the population problem came relatively late" (p. 248). But this is really true in virtually all developing countries. It adds: "In 1970, however, the government decided for the first time to adopt an active population policy" (p. 249). It should have said that the government started to adopt an active family planning program (FPP), which is really just *one* of the instruments of population policy. As is increasingly recognized, a true population policy ought to include measures on migration and mortality, especially infant and child mortality. Such policy should in turn be tied to the broader economic development policy. Undoubtedly, the authors recognize this point but they should have emphasized it for the edification of policy-makers and the public.

The number of family planning clinics is reported to have increased to 2,192 at the end of FY 1974 from only 300 in 1969. Two-thirds are rural health units (RHUs) of the Department of Health; the other third is made up of private clinics, located mainly in urban areas. One gets the impression that rural areas are adequately provided for with clinics. It should have been explained that most of these RHUs are located in town centers (*poblaciones* or urban areas, according to the Census definition) and are, therefore, far from

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[5] See, e.g., Richard A. Easterlin, "The Effects of Population Growth on the Economic Development of Developing Countries," in John D. Durand (ed.), *World Population*, Annals of the American Academy of Political and Social Science, Vol. 369, January 1967, pp. 98-108.

[6] See, e.g., Ester Boserup, *The Conditions of Agricultural Growth: The Economics of Agrarian Change Under Population Pressure*, Chicago: Aldine Publishing Co., 1965.

the reach of the rural majority.[7] Thus, while the FPP may have made some dent in urban centers, it has not made a pervasive and self-sustaining impact on the nation's population, despite the marked increase in its budget from P12 million in FY 1970 to P108 million in FY 1974. According to evaluation studies made by the University of the Philippines Population Institute (UPPI), the FPP seems to have quickly reached a point of diminishing returns.

The *Report* appears to attribute most, if not all, of the recent decline in fertility and population growth to FPP. It calls this "substantial progress" and "very creditable accomplishments" (pp. 252 and 253). But, at the same time, the report states that the FPP has fallen short of its targets. Does this not indicate that the program has not been successful, and whatever decline in fertility that may be observed is probably due more to processes exogenous to FPP, such as urbanization, changing nuptiality patterns, and general socio-economic development? To give special credit to FPP is misleading and can only create complacency on the part of those in charge of the program.

On future demographic prospects, the *Report* points out the built-in momentum that will continue to generate considerable population growth. It goes on to say that "If World Bank projections of rural-urban migration are realized, the proportion of the Philippine population that is urban will increase from 29 percent in 1975 to about 33 percent in 1985" (p. 255). These estimates seem incorrect from the viewpoint of the Census Office because its data indicate the proportion urban already in 1970 to be in the order of 33 percent.[8] However, the estimates of proportion urban may be based on a narrower (more stringent) definition, which is probably more realistic. For, as mentioned earlier, many areas considered urban by the Census Office are in fact rural in character and function.

The *Report* maintains that the effect of urbanization on slowing the rate of population growth will be negligible, and "Therefore

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[7] The authors may, however, have in mind a narrower (more stringent) definition of urban than the Census Office. They are probably quite right in view of the fact that many areas which the Census considers urban are really rural in character and function.

[8] National Census and Statistics Office, "The Growth of Urban Population in the Philippines and Its Perspectives," Technical Paper No. 5.

primary reliance will have to be placed on the FPP to reduce the burdens imposed by the current demographic situation" (p. 255). This is another moot statement in the context of a developing country, as stressed in the World Population Plan of Action arrived at in Bucharest in late 1974. It is now widely appreciated that the principal problem the FPP faces is the demand side, which is intimately intertwined with the general conditions of income, employment, and education; in a word, socioeconomic development. To stress that FPP is the key to slowing down the rate of population growth is to return to the narrow view that the family planning program is the population policy.

Finally, the technical note on population projections is abstracted from the NCSO. The projections do not show the high projection, which is deemed unlikely, but includes a medium-low series which is simply the arithmetic mean of the medium and the low series. The labor force projections are World Bank estimates with assumptions based on NCSO data. A major shortcoming of the labor force projections is the assumption of a constant labor force participation rate (LFPR) of 49.4 per cent based on observations in recent years. To the extent that fertility is expected to diminish, some allowance should have been made for rising female LFPR. This points to the need for separate male and female labor force projections.

The chapter on nutrition and health is generally more informative because these are more recent concerns than population growth itself. The chapter reports that the current nutritional status of the Philippine population has not improved, or probably has even worsened, relative to the situation in 1950 which was comparable to that in Malaysia, Taiwan, and Japan. This can be attributed to greater income inequality, more rapid population growth, and shortfalls in food production compared with these neighboring countries. Three major nutritional problems in the Philippines are identified, namely, nutritional poverty, infant and child malnutrition, and vitamin and mineral deficiencies.

Nutritional poverty refers to inadequate caloric intake of an appreciable portion of the population owing to inadequate incomes in relation to food prices. The per capita availability of calories started to stagnate in 1963 and has declined some more in recent years because of faster population growth relative to food supply. The problem of malnutrition becomes more distinct when the national population is disaggregated into regions and income groups. Al-

though the *Report* suggests that the poorer regions tend to be worse off than the more developed ones, the pattern is not clear probably because of poor data quality. For example, Southern Luzon (including Manila), the most developed region, is shown to fare worse than Eastern Visayas, the least developed region. The *Report* explains this as follows: "Southern Luzon's rating is probably explained by the low caloric intake among the urban poor and the good diet quality among the middle classes in the Manila area" (p. 268). This explanation does not seem logical because one would expect the superior diet of the middle and upper classes of Manila to raise the regional mean, while the diet of the region's urban poor could not be any worse than that of Eastern Visayas' urban and rural poor.

The pattern among income groups is much clearer because of better data, not that it is "more severe than the uneven regional distribution of food" (p. 268). Caloric adequacy drops consistently from 125 per cent for the richest group to only 88 per cent for the poorest group. Protein intake is, however, adequate by WHO standards for all income groups, which lends credence to the view that "the Filipino diet provides enough protein if it provides enough calories and that there is no separable problem of protein deficiency" (p. 268). The World Bank has estimated from the 1971 Family Income and Expenditure Survey (FIES) that about 44 per cent of families could not afford a minimum adequate diet. This estimate is lower than that of the Philippine Social Indicators Project due to some adjustments made by the World Bank.

Infant and child malnutrition is considered a special problem not only because they are more serious but also because of their long-run consequences. Caloric intake of toddlers (ages 1 to 3) is reported by the Food and Nutrition Research Center (FNRC) to be only 64 per cent of the adequate level and that of older children (ages 4 to 9) 69 per cent of adequacy. Additionally, pregnant women are said to attain only 64 per cent of caloric adequacy and lactating women only 46 per cent of adequacy. According to the findings of Operation "Timbang" (Weighing) as of September 1975, up to 77 per cent of 1.5 million preschool children are underweight and undernourished. The World Bank Report interprets the more extensive malnutrition among infants and children than among family units as a problem of food distribution *within* families. Infants and children are thought to be at a disadvantage in reaching for the food at table. This is probably not an accurate picture because the younger children in typical Filipino families are usually given priority over the older members of

the family, who tend to sacrifice for the younger ones. It is more likely a result of the improper diet given to children because of poor nutritional knowledge on the part of adults. Moreover, one would expect improper diet to be more injurious to children than to adults. Other causes of infant and child malnourishment are improper methods of weaning and child-spacing, as pointed out by the report.

The third nutritional problem is that of dietary imbalance leading to vitamin and mineral deficiencies. Information on this problem comes from FNRC surveys. Calcium and riboflavin consumption is reported to be one-third of the standard, vitamin A one-half, and thiamine two-thirds. Niacine and iron intake, however, is considered adequate. Nonetheless, hemoglobin was found to be low in 51 per cent of the subjects. All these deficiencies are believed to be due to low consumption of leafy green and yellow vegetables, only 26.5 per cent of FNRC recommended allowances.

The National Nutrition Council (NNC) was set up in 1974 to take charge of nutrition policy. To involve the local governments in nutrition program, a Municipal Nutrition Committee is supposed to be organized in each municipality, and a Barangay Nutrition Committee in each barangay. No specific programs are addressed to general caloric inadequacy because this has something to do with the more general problems of income distribution and food production. On infant and child malnutrition, programs include nutrition education, supplementary feeding, curative treatment for severe cases, and the development of low-cost weaning foods. On vitamin and mineral deficiencies, two programs are identified, namely, nutrition education and the promotion of vegetable growing on school, home, and community plots. In addition, the report recommends the fortification of cereals with vitamins and minerals, for which a relatively inexpensive technology already exists.

Understandably, it is too soon to assess the effects of these various nutrition programs. But the World Bank Report could have made some critical evaluation of the programs vis-a-vis their objectives.

The last section of the report, on major health problems, cites pneumonia, tuberculosis, and gastrointestinal infections as the leading causes of death; influenza, bronchitis, gastrointestinal infections, tuberculosis, and pneumonia are the leading illnesses. A special problem is the high rate of infant and child mortality. Infant mortality rate is estimated at 68 per thousand, but it may actually be as high as

80 per thousand. Of the total deaths in the country, 23 per cent is accounted for by infants, 17 per cent by children aged one to four, and 4 per cent by children aged five to nine.

Health services are deficient overall, with the ratio of physicians and hospital beds to population at about one-third and one-fifth, respectively, of those in developed countries. This deficiency becomes more serious when regional and rural/urban imbalances are taken into account. Not only are health services concentrated in the metropolitan area but the so-called Rural Health Units (RHUs) of the Department of Health (DOH) are really located in town centers.[9] Moreover, the majority of these RHUs are in poor physical condition and are not adequately staffed. DOH's tiny share of the national budget has steadily decreased since 1970. The Report believes that it should be possible to increase the budget share for an expanded health program.

Finally, the *Report* gives the DOH estimates that only 39 percent of the population has access to potable water and merely 32 percent has access to sanitary toilet facilities, with the situation worse in rural areas than in urban areas. Schistosomiasis and malaria are two environmentally related diseases which are supposed to be attended to by special programs. Schistosomiasis is believed to affect about 500,000 people, mainly in Mindanao and Leyte. Malaria, on the other hand, is found in Cagayan Valley, Palawan, Sulu, and other parts of Mindanao where approximately 4.6 million people live.

In summary, the World Bank report on population, nutrition and health is worthwhile reading, perhaps more useful for some than for others. To the more informed audience, the deficiencies of the report are probably transparent. One would have wanted to see a discussion that is not necessarily rigorously analytic but that lends fresh insights and useful policy recommendations.

[9] See footnote 7.