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Health, Population Growth and Development

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THE Tokyo Conference took up several topics of interest to the Church, among which is: "Health, National Development and Population Growth — Possible Roles for Churches." A working paper was prepared for the conference by Dr. John H. Bryant. The group which discussed this topic included Protestants and Roman Catholics; physicians and laymen; men and women; educators, a businessman, a sociologist, a social worker, and a theologian. The discussion focused on three major areas:

- (1) the relation of health to the development process;
- (2) the role of the Church in health and development;
- (3) the problem of population growth and the reasons for urgency.

Health and Development

Development is indispensable to the attainment of peace, prosperity and happiness for all. However, development must not be directed only toward the attainment of technological and economic goals, but should also, and perhaps more importantly, include the development of man by enriching the quality of his total life. An exclusive or predominant emphasis on concepts directed towards maximizing economic growth carries with it the serious risk of neglecting the programs necessary for improving the quality of life for the people of a nation. We must

not miss the point that man is the center of our endeavors for development, just as we should not neglect the fact that the economy is a vital factor in national development. And although the economic aspects of development should be explained in economic terms, we must equally stress that health is vital to socio-economic development as it is, in turn, affected by socio-economic factors.

It was Gunnar Myrdal, among other scholars and economists, who pointed out that health should not be considered in isolation from other elements in the development process. The attainment of health is part of development. Health must be viewed within the general context of planning for total development. Thus, it is equally important for health that agricultural production is increased, education is improved, and even more generally, that the masses be lifted out of poverty.

It is sad to note that the emphasis placed by many countries of the world, more particularly in Asia, has been on the attainment of high GNP's almost to the exclusion of health. One usually finds that resources allotted to health development are very small compared to those allotted to other national efforts. We find that conditions in the world today offer us a challenge, more particularly to the economists who function at the level of national planning to develop economic theories and criteria for equitable resource allocations that will keep the development of individuals and the development of nations in better balance than has been the case to date. In so far as the church is concerned, we believe that its central effort should be directed toward the development of individual men and families. And as part of this larger effort, we suggest that attention be focused on the inter-relation of human values with regard to health and population growth in bringing about technological and economic progress and the enrichment of human life.

Role of the Church in Health and Development

There is a general awareness on the part of the Church of its responsibility of bringing about a better life for all. This should be the case since the Church has been founded on the

teachings and the commandments of the Great Physician. Historical accounts reveal that many and varied healing ministries were undertaken by early missionaries. In fact, it is known that medical work was started by religious orders. Even as government and civic groups started to develop health work programs, missionary efforts continued in the remote areas and urban communities. In many cities in the Philippines, churches have built hospitals and clinics. Today, these institutions of healing are also community health centers. They have become part of the development of these cities.

Much more can be said about this work of the Church as it attempts to provide health care programs for the communities and for the people. But are all these efforts directed to the improvement of life necessary for national development? Do the health programs that the Church continue to administer provide the guidance for actual life where men make decisions as a nation? We must be reminded that health is not only the absence of disease or infirmity, but it also connotes our social and moral well-being.

We have put up good prestigious hospitals and clinics, built our reputation for quality service performance, but can it be said that these advances have helped to change the pattern of diseases in our country? Apparently not! Communicable diseases are still rampant, malnutrition prevails in many areas, the birth rate is alarmingly high.

As we consider the role of the Church in its responsibility, we also have to evaluate the efficiency with which this ministry is being carried out.

There is the problem of operating under a traditional structure. Here, the Church limits its service to individuals who go to the hospitals when they are in need of help but not for those who do not come. The health care program is set up as an institutional program, thus limiting its reach into the community. Whereas if the Church goes out to the people in the community, the health workers will also find themselves not only performing a healing mission but they will also be involving themselves in social action.

Consider also the inefficiencies created by isolating health care programs of the Church from the program of evangelism, Christian education, agriculture, etc. It has been observed that church-related health care programs are separated or distantly related to the life of the Church and its congregation. Worse yet, the church health care program is an unfamiliar set-up from the government's program. The community could be mobilized to organize itself so as to participate with church leadership in determining and implementing health programs they need. The church program should be coordinated with that of the government or of other civic agencies. By this cooperative effort, wasteful duplication and destructive competition can be minimized if not avoided.

What the Church must consider now is that it should play important roles as an innovator, motivator and demonstrator. As an innovator, for example, health care projects can be organized in the community within the easy access of the neighborhood and the families. The Church can incite community spirit, also, for individual action of something new, bold and different. It can set the example for operating cooperatives, experimental farms, cottage industries, and other programs that will enrich the human life. By these activities, the Church witnesses through its secular life.

We must also recognize the potentials of the congregations, where Christians can help one another in matters of health and responsible parenthood. The Church has great unused potential in these individuals who are not professionals.

But to fulfill these functions, the vital task of the Church is of developing man. The Church should guide its members as they get involved in secular affairs and there exemplify and demonstrate Christian witness. This means working in government offices, for example, which have in recent years been plagued with venalities and irregularities, there creating an atmosphere of sincerity, honesty and industry.

*The Problems of Population Growth
and the Reasons for Urgency*

Ponder also upon the effect of uncontrolled population growth in national development. Health care does play an important role in the problem of population growth. But the health care programs that are effective are those which will help reduce the birth rate. Dr. Walsh McDermott of Cornell University has described a fertility-mortality cycle in which high fertility (high rate of pregnancy) leads to large number of children, often crowded into a setting of poverty and ignorance with a resulting high childhood mortality, which in turn sustains high fertility. Reducing the death rate among small children is a necessary condition for reducing fertility since couples are unlikely to limit the numbers of their children until they have some assurance that their children will survive. This concept is supported by international experience: fertility and infant mortality have always been highly correlated, and increasing evidence indicates that a lowered infant mortality must antedate lowered fertility. As we relate the population growth to health care we must ever emphasize the fact that our motivation is for quality of life.

When the population grows rapidly, the social services intended for the population decreases. We can learn from the example of Thailand where the number of classrooms has been increasing steadily in recent years, but the percentage of school age children has been dropping because the population has been growing more rapidly than the number of classrooms. The same is probably true in the Philippines.

Rapid population growth and poorly spaced children affect the life of the nation and the individuals, too. For the nation, it means crippled citizens; for the family, it causes the death and disability of children and the mother. The quality of life is threatened by poor health and limited social and economic resources.

The churches must recognize the urgency of the problem of uncontrolled population growth with all its serious inhibitory effects on national development and its tragic effects on the

quality of life and the integrity of the family. It is essential that the churches move toward an early frank, open and vigorous search for effective and realistic ways of coping with the problem.

Conclusion

I therefore endorse the resolution spelled out at the Conference:

Health is a basic human right; it is among the gifts of God to men. Health is important in the attainment of a full quality of life for individuals and families, and therefore is necessary for the economic development of communities and nations. Therefore, health care should be recognized as an essential element in any effort directed toward national development.

Because of limitations of resources, the churches of Asia should be encouraged to modify their structural relationships so as to facilitate creative involvement in health care programs such as hospitals, health centers, social welfare agencies (preventive and curative) and in the communities where the challenge is to galvanize individuals to participate with church leadership in determining and implementing health programs. The churches should likewise be encouraged to become involved actively in a health care delivery system that is relevant to the conditions existing in the communities where they serve.

With the overwhelming evidence that rapid population growth has inhibitory effects on national development and tragic effects on the quality of life and the integrity of the family, it is recommended that the churches, individually or jointly, engage in frank, open and vigorous search for effective and realistic ways of coping with the problem, taking into account the human as well as the theological and economic issues.