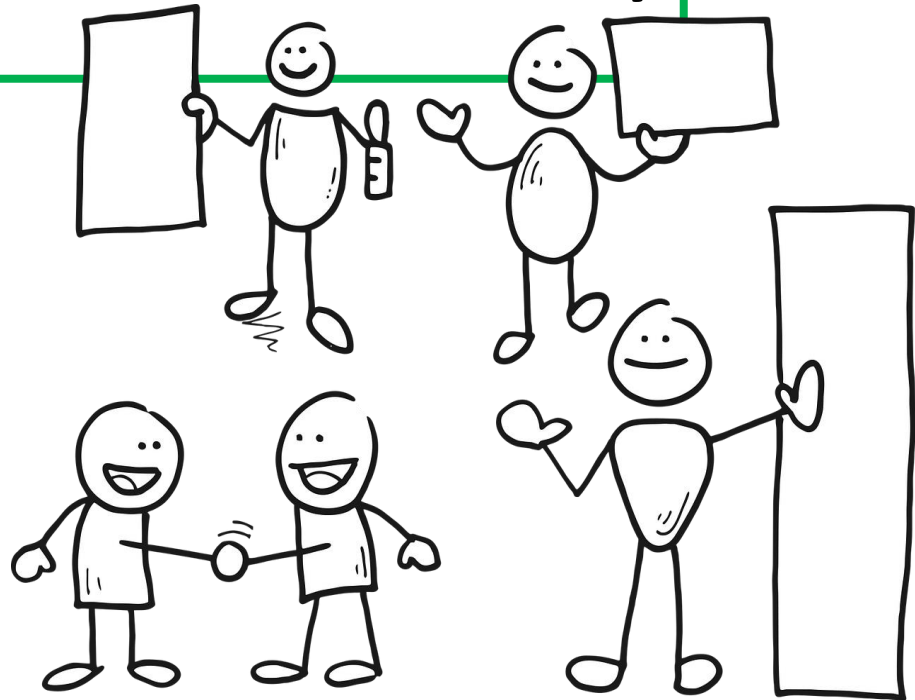


# ADVOKIT

## Reproductive Health Advocacy



Family Planning Organization of the Philippines, inc.

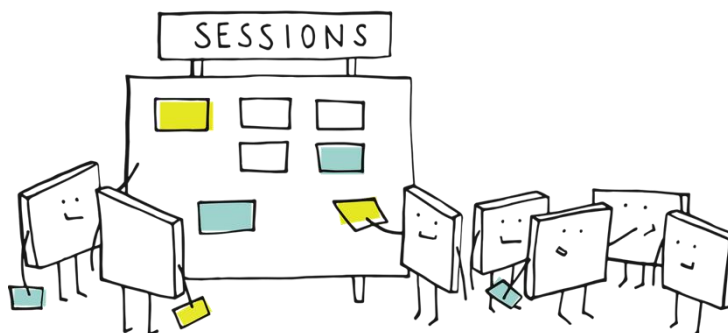
2021

## Why **Advokit**?

The **Advokit** is intended as a guidebook in reproductive health advocacy development work.

It is a compendium of fundamental RH elements, concepts, legal framework, and issues that you should know,

understand and fully appreciate if you want to be effective in the work you do.



The **Advokit** is expected to equip you with the knowledge that defines the work we do and provide an explanation as to why we are advocating for certain policy programs.

By arming you with this information, you will be empowered to take on the role of dynamic partners in reproductive health development and be able to make valuable contributions in your own way in the attainment of our shared objectives.

In doing so, you will also enlighten remaining segments of our society that continue to harbor misplaced perceptions about reproductive health and eventually, inspire these people to share our vision and help us promote our cause.

Users of this Advokit will be encouraged to utilize the monthly thematic guide presented below in their advocacy work and community engagement through various multi-media platforms. Each monthly theme is supported by the following materials:

- Orientation Paper,
- Frequently Asked Questions, and
- Talking Points

<b>MONTHS</b>	<b>SRHR ISSUES</b>	<b>WORKING TITLE</b>
January	RH Cancer	Winning over the Big C: Early Detection Could Lead to Successful Treatment
February	Sexuality	Sexuality and Gender Discrimination: Two Issues that are Intertwined
March	RH for Older Persons/Women	Pwede Pa Si Lola! (Pwede Pa Rin Si Lolo: Caring for Older Persons and Helping Them Live Productive and Healthy Lives
April	Quality of Care	Strengthening Quality of RH Care in the Philippines 'Doing things-right at the right time with the right attitude'
May	International Day of Action for Women's Health	Muling Hirit!: Government Action for Women's Reproductive Health
June	Male Involvement in RH	<i>Ang Maginoong Pinoy: Active and Responsible Male Involvement in Reproductive Health Care</i>
July	MCH/Nutrition	<i>Tanging Ina: Responding to Real Issues of Maternal and Child Health and Survival</i>
August	Family Planning	<i>Isa, Dalawa, Tatlo, Apat?: Healthy Choices for Responsible Parenthood and Family Planning</i>
September	Infertility/Sexual Dysfunction	<i>Nalilito! Nalilito! Infertility and Sexual Dysfunction: Can they really be prevented?</i>
October	Adolescent RH	<i>Oh Baby, My Baby! Responding to Issues of Adolescent Reproductive Health and Education</i>
November	Gender-based Violence	<i>Reforming Juan and Nena: Changing Mindsets Towards Ending Gender-Based Violence</i>
December	HIV/AIDS/Youth	<i>HIV/AIDS and the Filipino Youth: Their Sexual Behaviors Make them Vulnerable to HIV Infection</i>

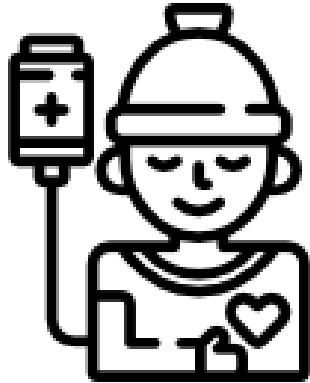
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## January - Winning Over the “Big C”

### Orientation Paper

#### Early detection could lead to successful treatment



In some upland and remote communities, a number of women have never heard of a Pap Smear. Others who did simply refused to submit themselves to test even if it were for free. They believe that if you are only faithful to your husband, there is really no need at all to submit to such “medical humiliation”. Only prostitutes or the promiscuous take the test, they say.

Sadly, this misconception has led to the loss of many women’s lives due to cervical and other cancers of the reproductive tract. Many of them die because their cases have been diagnosed too late, not knowing that these cancers could have been successfully treated—even prevented—if diagnosed early.

<sup>1</sup> [https://www.who.int/health-topics/cervical-cancer#tab=tab\\_1](https://www.who.int/health-topics/cervical-cancer#tab=tab_1)

<sup>2</sup> [https://doh.gov.ph/sites/default/files/publications/2019PHS\\_Final\\_092121.pdf](https://doh.gov.ph/sites/default/files/publications/2019PHS_Final_092121.pdf)

How about men? They also fall victim to cancer—prostate cancer is an illness— many men are not aware of. Statistics on cancer in women are mind-blowing. Cervical cancer is the fourth most common cancer in women. In 2018, an estimated 570, 000 women were diagnosed with cervical cancer worldwide and about 311, 000 women died from the disease.<sup>1</sup>

In the Philippines, 38,242<sup>2</sup> die each year due to malignant neoplasms or cancer. This makes cancer the second leading cause of death among women next to ischemic heart diseases. Breast cancer accounts for 30 percent of all cancer cases among women. It is also estimated that three out of 100 Filipino women will develop breast cancer in their lifetime.<sup>3</sup>

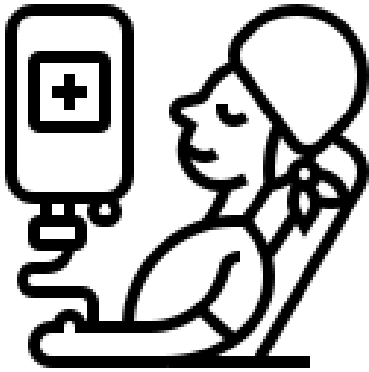
Records show the Philippines has the highest rate of breast cancer in Asia. On the other hand, an estimated 7,277 new cases of cervical cancer occur every year and 3,908 lives are lost to cervical cancer in the Philippines.<sup>4</sup>

Cancer mortality in women has grown over the years. Still, three-fourths of the patients die without understanding the disease. Cancer prevention, care and medication in developing countries like the Philippines remains scarce and expensive, leaving cancer treatment practically an option only for the rich.

<sup>3</sup> [https://www.philhealth.gov.ph/news/2019/cancer\\_aware.php](https://www.philhealth.gov.ph/news/2019/cancer_aware.php)

<sup>4</sup> [https://doh.gov.ph/sites/default/files/publications/2019PHS\\_Final\\_092121.pdf](https://doh.gov.ph/sites/default/files/publications/2019PHS_Final_092121.pdf)

## What Is RH cancer?



By Reproductive Health (RH) cancer, we mean either of the following: cancer of the breast, cancer of the cervix, or cancer of the uterus for women. For men, this pertains to prostate cancer. There are other cancers relating to the reproductive system but we will limit our discussion to those mentioned.

RH cancer is synonymous with hopelessness and helplessness for most poor women in the country. Even middle-class women dread the thought of going through what they think to be an arduous, painful and expensive cancer treatment, so much so that women experiencing early symptoms of a possible RH cancer tend to go through denial. They go to the doctor when they are already experiencing extreme pain or when changes in their health start to affect their work and general well-being.

Among men, prostate cancer is now the third leading cause of death. It is caused by a malignancy in the prostate glands found only in men. As early as 1989, nearly 2,000 cases were recorded in the Philippines, but there is a dearth of local studies on prostate cancer despite the fact that this is among the top 10 cancers in the country.

## RH cancer patients fear discrimination, social stigma and abandonment

Some women would rather suffer the early symptoms quietly and avoid medical screening for fear of being discriminated against in the workplace or in the community. Up to this very day, it is so hard to dispel the prevailing myths about our RH cancer.

Cervical cancer, for example, is equated with promiscuity and prostitution. In extreme cases, Woman who contracted the disease or forced to resign by employers while some are abandoned by their husbands both due to financial considerations and perceived sexual activity with other partners. While it is true that sexual intercourse with various partners may cause the disease, studies point to other causes such as obesity, hereditary factors and the use of hormone replacement therapy for menopausal women.

**Some women would rather suffer the early symptoms quietly and avoid medical screening for fear of being discriminated against in the workplace or in the community.**

Diagnosed patients should enjoy the right to seek affordable and continued medical services including surgery and radiation therapy as well as social support mechanisms to cope with their sickness such as counseling, equal opportunity for livelihood and pain control care.

Other issues such as exclusion of medical insurance coverage for RH-related diseases, lack of socialized medical services for screening and treatment, and lack of interest of the local government to fund education campaigns and expand medical services to cover cancers contribute to the rise of RH cancer cases.

## **Our advocacy: Prevention is key!**

While many women are predisposed to having RH cancer based on genetics, medical history, or lifestyle, there is still a lot that can be done in terms of preventing the disease and spreading the word about prevention. Mainstreaming cancer prevention in the realm of reproductive health care and as a vital component of public health care service in the Philippines should be the key message of our policy advocacy and health education campaign.

The target communities especially with high-risk groups should be equipped with the right information about the disease, its management and prevention.

Most women—and men—only seek doctor's advice when their cancers have reached a critical stage. There is an immediate need to encourage men and women to undergo regular cancer screening.

### **Policy shift and legislative agenda**

As part of our policy advocacy campaign, we will work towards institutionalizing certain

policy programs to ensure that RH cancer education, prevention and treatment is equally promoted along with all the RH elements under the Responsible Parenthood and Reproductive Health (RPRH) Law.

We will propose legislation that seeks additional appropriation for health education programs relating to RH cancer and enable patients to avail of socialized medical services. Additional funding may also be made to equip provincial and city government hospitals with the necessary facilities to conduct regular screening procedures such as Pap Smear, mammography, and pelvic and rectal examinations for high-risk groups, and the provision of adequate and continued treatment services for RH cancer patients who cannot afford treatment.

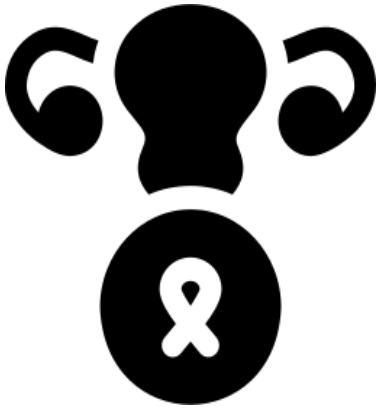
We will call for the active involvement of local government units in a nationwide campaign for a sustained RH Cancer prevention program such as Breast Self-Examination and a Pap Smear nationwide caravan.

#### **Key messages**

- **Raise awareness for RH cancer to a national level as a means of primary prevention**
- **Strengthen implementation of RH cancer prevention and treatment as a component of the government's reproductive health care program**
- **Work towards encouraging high-risk groups of men and women to undergo regular cancer screening**
- **Promote availability and access of medical services for the prevention and treatment of RH cancer as part of the government's primary health care program**

## ***Frequently Asked Questions (FAQS)*** **on cancer**

### **What causes cervical cancer? How often must we submit to Pap smear testing?**



The vast majority of cervical cancer cases are caused by human papillomavirus (HPV). A sexually-transmitted agent that infects the cells of the cervix and slowly causes cellular changes (*dysplasia*) that can result in cancer. While cervical cancer has the highest number of fatalities it is the most preventable among RH cancers. Prevention can be done through Pap Smear or pelvic examination to detect abnormal cervical tissue before it progresses to malignancy. The Pap Smear test detects signs of cervical cancer early, usually in time to treat it. The best way for women to reduce the risk of developing cancer of the cervix to have a Pap Smear test every two years.

A very cheap test, Direct Visual Examination of the cervix, after acetic acid wash, is another cost-effective examination now being done to detect cervical cancer.

*Hope in HPV Vaccines* – As early as 2013, the Department of Health has already issued a Department Order outlining the guidelines for the provision and procurement of vaccines against HPV. The HPV vaccines are already widely used in many countries with evidence showing cervical cancer prevention of more than 70percent. The World Health Organization (WHO) says that HPV vaccine given to adolescents (10-14 years old) will greatly reduce cervical cancer incidence in the country and prevent cancers caused by HPV in their adulthood.

### **Can women diagnosed with cervical cancer still engage in sexual activity?**

Women patients noted that there is pain felt during sexual intercourse since cancer treatment results in some hormonal changes, but sexual intercourse is not generally discouraged.

### **If a woman has a lump in the breast, does that automatically mean that she has breast cancer? What are some of the symptoms of breast cancer?**

Not all cyst found in the breasts are cancerous. It is advised that further screening, such as biopsy be made on the lump to find out if it is benign or malignant. In the very early stages, there might not be any symptoms of breast cancer. An unusual lump is often the first symptom, a lump can be found by a doctor during a clinical breast exam, through a mammogram, or by the affected woman herself by examining her own breasts. Other symptoms include a dimpling of the skin under breast, an inverted breast (pulled inward) nipple, or a rough skin texture similar to an orange peel. A very late stage of breast cancer could have symptoms such as an enlarged, swollen breasts, with a possibility of the tumor showing through the skin.

## ***FAQS*** on cancer

### **Are mammography tests painful? Are there other methods of breast cancer screening?**

Older methods of mammography in which pressure was applied to the breasts were in fact painful. Newer methods such as scintimammography now available in larger health institutions have already addressed the pain factor in testing. A mammogram can detect signs of a tumor before it becomes visible or palpable. If the doctor thinks the mammogram results are suspicious, he or she can suggest diagnostic exams such as an ultrasound or a biopsy. An ultrasound can often tell the difference between a fluid-filled cyst (usually not cancerous) and the solid tumor. A biopsy, which is when tissue from the tumor or cyst is removed and examined in a lab, can determine if the woman has a cancer or not.



### **What do I need to do to prepare for a mammogram?**

To prepare for your mammogram, you should schedule your appointment after your period when your breasts are least sensitive. You should not apply deodorant, powders or lotions to the breast and underarm area as they may show up on the film. If your breasts are very sensitive you may wish to take Tylenol/Ibuprofen about one hour prior to your appointment. Avoiding caffeine (coffee, tea, soda and chocolate) for several days prior to your appointment may also reduce the discomfort of the exam.

### **What happens if an ovarian cyst is found in a pregnant woman who has not reached full term?**

Generally, if the cyst is small and the patient is still within her first trimester, she will be put under observation. Only when the fetus has greater chances of survival would surgery be considered. But if the cyst is 5 cm or larger and there is danger of rupture, surgery is advised. A normal delivery can be done while removing the cyst.

What are the usual treatment options for cancer patients? Treatment options continue to get better. For women with an early stage of breast cancer, when the tumor is small and confined to the breast, treatment is normally a lumpectomy (surgical removal of the tumor), possibly followed by radiation or chemotherapy. Sometimes a lumpectomy alone is enough. If the cancer has spread to the lymph nodes under the arm, then those would be surgically removed as well. In later stages, a mastectomy (removal of the breast) may have to be performed. In these cases, the woman would have some form of chemotherapy and perhaps radiation. Radiation doses are now lower and more accurate, allowing most women under treatment to continue working and live a fairly normal and productive life. There are also the so-called non-traditional treatments, such as diet change and use of herbal medicines.

## ***FAQS*** on cancer

### **Do men get breast cancer too?**

It is possible, but statistics available on breast cancer show that chances of the disease occurring in men are very slim and this is mainly due to abnormal hormonal changes.

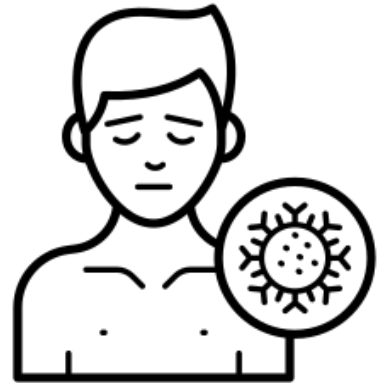
### **Where is the prostate gland located and what does it do?**

The prostate gland is found only in men. It is a heart-shaped gland located underneath the urinary bladder to prevent urinary tract infections and kidney problems in men. It's secretes fluid that acts as a filter. This fluid is transported out of the body during ejaculation.

### **Which type of doctor do I go to for treatment?**

The first medical professional that you would probably seek advice from is your family physician, or your community health worker. Normally, if screening results show you need treatment., they will refer you to doctors specializing in urology, uro surgery and oncology.

Oncology is the study and diagnosis and treatment of masses found in the body. A medical oncologist is trained in the use of chemotherapy to treat cancer and often works with surgical and radiation oncologists. Surgical oncologists are trained to use surgical procedures to remove tumors, both benign and malignant.



**FACT: Cancers of the breast, cervix and prostate were listed as early as the 1980s as among the top ten cancer cases prevalent among Filipinos.**

Source: DOH, Philippine Cancer Control Program

## The Department of Health's Philippine Cancer Control Program



**Republic Act No. 11215 otherwise known as the National Integrated Cancer Control Act (NICCA)** was enacted on February 14, 2019. The NICCA ensures the provision of quality health services and financial risk protection to cancer patients. The NICCA emphasizes cancer prevention and improvement of cancer survivorship by strengthening essential programs and increasing investments for the entire cancer care continuum. It aims to make cancer services and care more accessible to all Filipinos.

The new law also aims to expand PhilHealth packages for Filipinos diagnosed with cancer and mandates the establishment of the Philippine Cancer Center to ensure access to cancer care services and medicines. The Philippine Cancer Center shall also develop a National Integrated Cancer Control Council to steward policy formulation and programming. Cancer Assistance Fund shall also be created to complement the implementation of the Universal Health Care Act.

Source: <https://doh.gov.ph/press-release/implementing-rules-for-cancer-act-signed>

The planning for a national cancer control program began in May 1987 but the operations of the government's Philippine Cancer Control Program were formalized only on May 10, 1990. Since then, the government and other sectoral partners work together in developing the country's strategic program for cancer prevention, treatment, care and support.

The National Cancer Prevention and Control Action Plan 2015-2020 shall cover the following key areas of concern:

1. Policy and Standards Development
  - a. Development of *"National Policy on the Integration of Palliative and Hospice Care into the Philippine Health Care System"*
  - b. Development and Operationalization of National Cancer Prevention and Control Website and Social Media Sites
  - c. Development of *"Comprehensive National Policy on Cancer Prevention and Control"*
  - d. Establishment of National Cancer Center and Strategic Satellite Cancer Centers
  - e. Expansion of PhilHealth Z Benefit Package Coverage to Other Cancers
    - o PhilHealth Z-Benefit Package for catastrophic diseases (breast, prostate, cervical cancers and childhood acute lymphocytic leukemia) is

an in-patient package which includes mandatory diagnostics, operating room expenses, doctor/professional fees, room and board, and medicines.

## 2.) Advocacy and Promotions

### Case Study: Thailand's mobile unit program for cervical cancer screening

#### Lessons learned

To reduce cervical cancer morbidity and mortality, experience shows that, at a minimum, programs with limited resources should strive to:

- ❖ Increase awareness of cervical cancer and preventive health-seeking behavior among high-risk women, 30-50 is a reasonable target age group with no cervical cancer control programs with limited resources.
- ❖ Screen all women aged 30 to 50 at least once before expanding services to other age groups or decreasing the interval between screening.
- ❖ Treat women with high-grade *dysplasia* and provide palliative care for women with advanced cancer.
- ❖ Collect service delivery statistics that will facilitate ongoing monitoring and evaluation of program activities and outputs.

**FACT: Treating pre-cancerous lesions detected during Pap Smear tests can bring down cases of cervical cancer in most countries by 90 percent.**

Source: Reproductive Health Outlook

#### RH Cancer: High-risk groups

WOMEN		
Cervical Cancer	Breast Cancer	Ovarian Cancer
30-40 years	30 and above	35 years and above
With family history of cancer	With family history of cancer	Those who never had children
Those who had multiple sexual partners	Those who have taken Hormone Replacement Therapy	With family history of cancer
Obese	Those prone to cysts in the breast area	Highly-abnormal menstrual cycle





## **PROSTATE CANCER: FACTS and FIGURES**

- ❖ About 60% of all diagnosed prostate cancers are found in men aged 65 years or older according a 2015 study by the Philippine Cancer Society.
- ❖ Prostate cancer is the 3<sup>rd</sup> leading cause of cancer deaths among Filipino males
- ❖ The prostate gland is found only in men. It is a heart-shaped gland underneath the urinary bladder and protects men from urinary tract infection in kidney problems. According to the Department of Health, prostate is the 5<sup>th</sup> leading cancer site among Filipinos.
- ❖ When caught and addressed in the early stage, survival rate for prostate cancer is between 95 to 100 percent according to Johns Hopkins School of Medicine.

## **Existing RH cancer prevention and control programs of the DOH**

1. Cervix Cancer Control Program: Secondary prevention by early detection through Pap Smear.
2. School-based HPV Vaccination in Public Schools led by the DOH and LGU
3. Breast Cancer Control Program: Secondary prevention by early detection through breast self-examination (BSE) and health worker breast examination (HWBE).
4. Prostate Cancer Control Program: Annual Rectal Examination beginning age 40.
5. Population-based Cancer Registries: Establish such registries in geographic areas wherein the site-specific control programs will be implemented, to evaluate the impact of the cancer control program on incidence and mortality.
6. Hospital Tumor Registries: Establish an effective and efficient uniform nationwide system, to determine clinical stage, and the nature of utilization of diagnostic and therapeutic services.
7. Pain Control and Palliative Care Program.

## **Proposed IEC campaigns in target communities**

-  RH cancer prevention roadshows in provincial high schools
-  Lobby for airtime in government radio stations to promote RH cancer
-  Adapt localized health campaigns with consideration and cultural beliefs and practices and translate campaign materials or slogans into native languages, if possible
-  Explore person-to-person campaign in identified high-risk populations through home visits.

## **Sources:**

1. Philippine Cancer Control Program, Department of Health
2. Reproductive Health Outlook website: [www.rho.org](http://www.rho.org)
3. A. Bishop, et.al *Cervical Cancer: Evolving Prevention Strategies for Developing Countries*
4. D.M Parkin et.al Prevention of Cervical Cancer in Developing Countries, Thai Journal of Obstetrics and Gynecology
5. Sherlaw- Johnson et.al International Journal of Cancer
6. Swaddiwardipong et.al International Journal of Epidemiology
7. Philippine Cancer Society Journals
8. Johns Hopkins School of Medicine: [www.hopkinsmedicine.org](http://www.hopkinsmedicine.org)

# February - Sexuality and Gender Discrimination Orientation Paper

## Two issues that are intertwined

Sexuality is an open-ended topic for discussion that should always be approached with care. Definitely, February being the "love month" gives us varied reasons to view sexuality from its most popular, though not necessarily proper context. The popular notion about sexuality, especially for most people, is that it is only about intimacy and sex.

Our role now as advocates of reproductive and sexual health is to communicate the right meaning that sexuality deserves in this day and age. We should view and talk about sexuality in terms that go beyond the popular beliefs and what society and cultural norms have taught us.

Sexuality is about...

Sexuality is a combination of sexual development, reproductive health, inter-personal relationships, affection, intimacy and gender roles. More so, sexuality involves a great deal of values formation, behavior shaping and decision-making.

Sexuality education

Studies have shown that for a largely Catholic country like the Philippines,

sexuality education that starts in the family comes late or almost never. Teens learn about sex largely through media (mainstream and online), their peers and what society tells them.

But ideally, our early orientation to sexuality should begin at home. We have to break free from stereotypes and labels that our past upbringing, influenced by religion and cultural norms, developed in us a prejudice towards other people and their ways. Like labelling same sex couples as "immoral" or a pregnant teen mom as promiscuous.

Parents should start an honest conversation with their children about puberty, sex and what it means to have different sexual orientations. They must try to explain why sexual abuse, prostitution, abortion and AIDS are happening and why people become victims or were led to these so easily.

Education in a school set-up should also include sexuality issues presented in the right context and provide an environment for open and honest discussion, not just advocacy for sexual abstinence.

Sexuality is such an inexhaustible issue during discussions that parents, teachers and social development workers should be prepared to answer questions involving matters, one might consider awkward or embarrassing such as same sex marriages, pedophilia, breast augmentation, petting, among others.

### **Sexual discrimination and role playing**

There are indirect means of developing misplaced notions about sexuality and essentially the issue of gender role-playing comes to fore. In most cultures, the father should not be seen doing the laundry because domestic concerns are traditionally responsibilities of a woman. On the other hand, women are not encouraged to hold positions of power in society or business or pursue highly sophisticated disciplines known to be for "men only" such as engineering, nuclear physics, or military science.

Prevailing norms on lesbians, gays, bisexuals, transgender, queer, intersex (LGBTQI) people and women prevent them from assuming serious roles in society even if they are educated, talented and potential achievers.

It must be clear that while a woman performs tender, delicate roles similar to child-rearing and home management, she must not be deprived of the right to lead the country or be part of the military organization if she is fit to fulfill that role. More so, she should not be



portrayed in a purely sexual context as peddled now in media and entertainment industry. Even in sex, she has the right to demand pleasure and satisfaction from her partner and not just only give it.

### **Broadening awareness about sexuality**

Invoking the rights enshrined in the United Nations Conventions on the Protection of the Rights of Children, we are pushing for local government units (LGUs) to strengthen its youth education program on sexuality issues by coming up with ordinances or local policies supporting these. These rights are also upheld by our Constitution and our Responsible Parenthood and Reproductive Health (RPRH) Law.

We urge local governments to come up with ordinances that address sexual exploitation and abuse of minors, child/women trafficking and forced marriages.

In the same manner, we propose that local laws passed providing social support services such as counseling, legal assistance and medical services to victims of violence and sexual abuse be sustainable with adequate funding and human resource complement.



Apart from the UN Convention on the Rights of the Child and the RPRH Law, we recognize the right to education, principles of gender equality and women empowerment in addressing sexuality issues as promulgated in the International Conference on Population and Development (ICPD) and the Beijing Women’s Conference to which we profess full support.

### **Right to Liberty and Security**

We strongly adhere to the principle that all persons have the right to enjoy and control their sexual and reproductive life, and be free from sexual abuse, torture and harassment.

Thus, we condemn sexual abuses such as rape, sexual harassment, pedophilia, prostitution and women and child trafficking and promise to take an active role in stopping these inhuman acts.

In the same way, we commit to focus our development efforts to eliminate biased sexual labels imputed on each and every individual that impairs the development of a person and prevent the attainment of a healthy sexual life and relationships.

Media, culture, and political and religious leadership play a great role in perpetuating sexual labels and prejudice must be challenged. Advertisements that peddle the physical attributes of women as form of entertainment should be stopped. Television programs and other social media platforms that project LGBTQI (lesbian, gay, bi-sexual, transgender, Queer and Intersex) in demeaning, stereotyped portrayals or performances should not be tolerated and patronized.

## Migration and Sexual Exploitation

Forced migration takes place when one has to leave his home or place of birth not by choice but forcibly due to war, persecution, violence, natural or man-made disasters, or search for better economic prospects to an unequal distribution of wealth. Strictly though, you may still be considered a refugee if you are kept in your home and not allowed to be productive due to war or armed conflict in your community.

According to the International Organization for Migration (IOM), there are 281 million international migrants in the world in 2020. This equates to 3.6 percent of the global population. Migrants come to their new countries to work, study, join family members, or escape persecution or violence in their home countries. Data on migration also reflect an increase or remittances in the last decade from US\$126B in 2000 to US\$702B in 2020. The Philippines according the report is the 4<sup>th</sup> largest recipient of remittances in the world next to India, China and Mexico.

In many cases around the world, people have fled their place of birth due to economic and social deprivation and discrimination, as well as abuses of their civil and political rights. In the local setting, internal migrants come from poor provinces who are forced to leave their homes to try to make a living in the city. Many of them, especially women and children, end up in prostitution joints or become victims of physical and sexual abuse.

### Sources:

Interactive Population Center (internet): *Reproductive Health and Education, The Mutual Relationship*

Interactive Population Center: *Women Empowerment and Reproductive Health: Adolescence and the Transition to Adulthood*

Sexuality Education and Information Council of the US, Fact Sheet on Sexuality Education

International Organization on Migration, World Migration Report 2020

International Organization on Migration Interactive Report 2022

International Catholic Migration Commission, NGO report submitted to UNHCR Global Consultations on International Protection, Geneva, 2001

UNESCO, Bangkok (internet) on Sexual Education for the Youth

## ***Frequently Asked Questions (FAQS)*** **on sexuality and how to respond** **to these misconceptions**

### **Is sex not a good topic to discuss at home?**

Ideally, a person's initiation to information about sexuality should come from a parent and thus, begins at home. Nobody should discourage parents from introducing the idea of sex to their children as they grow up and ask about it. A lot of parents are hesitant to discuss sexuality with their children, or worse, treat the topic as taboo, denying the children the right to be informed about an important aspect of their personal development. Every parent should be able to discuss with the changes that children undergo in puberty and the feelings or emotions that go with these changes, and entertain questions about sex or sexual identity-related problems even before the child experiences these.



### **Does sexuality education only involve the sexual act, intimacy and romantic aspects?**

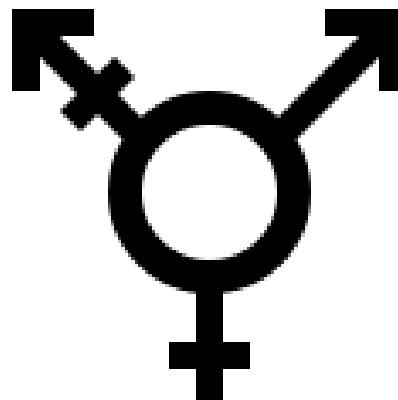
Sexuality goes beyond the sexual act and romantic attraction. It is about gender identity, one's perception of how it is to be a man or a woman, and one's sexual preferences and beliefs that eventually affect a lot of one's choices in life. Wrong perceptions about sexuality also lead to acts of violence and injustices to women and LGBTQI.

### **Is sexuality education intended only to introduce to the young the use of contraception and thus, promote early initiation to sex?**

Safe sex and use of contraception are two things that young people will know and must know as they learn about sex in school or from their parents. But that's not all there is to learn about sexuality. Good sexuality education must teach young people to take control of their emotions and how to say "No" to risky sexual invitations, to delay sexual activities that could result in pregnancy or contracting sexually transmitted diseases, and learn how to come to terms with their sexuality. All these should also be part of the government's health program in such a way that even rural health workers are able to respond to sexuality issues.

**on sexuality and how to respond to these misconceptions****What is sexual health?**

Sexual Health means that people should be able to have satisfying sex lives. Gender relations should be equal, responsible in mutually respectful. It aims at the enhancement of life and personal relations, and provision of appropriate sexual health services not limited to counseling and care.

**What are sexual rights?**

Sexual Right includes the human right of every person to have control over, and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

**Sexual and Reproductive Rights upheld in the Philippines**

1. The Right to Life
2. The Right to Liberty and Security of the Person
3. The Right to Equality, and to be free from all Forms of Discrimination
4. The Right to Privacy
5. The Right to Freedom of Thought
6. The Right to Information and Education
7. The Right to Choose Whether or Not to Marry and to Found and Plan a Family
8. The Right to Decide Whether or When to Have Children
9. The Right to Health Care and Health Protection
10. The Right to the Benefits of Scientific Progress
11. The Right to Freedom of Assembly and Political Participation
12. The Right to be Free From Torture and Ill-Treatment
13. The Right to Development

Source: Department of Health - <https://doh.gov.ph/node/1377>

# Talking Points

## Communicating sexuality with adolescents

Good communication and counseling about sexuality requires:

- Knowing the adolescent's age and range of sexual experience
- Showing patience and understanding of the difficulty adolescents go through in talking about sex
- Assuring privacy and confidentiality
- Respecting the adolescent's feelings, choices and decisions
- Ensuring a comfort level for the adolescent to ask questions and communicate needs and concerns
- Responding to expressed needs for information in understandable and honest ways
- Exploring feelings as well as facts
- Encouraging the adolescent to identify possible alternatives
- Leading an analytical discussion of consequences, advantages and disadvantages of options
- Assisting the client to make an informed decision
- Helping the adolescents plan how to implement their choice

**Adolescents must make significant decisions on the following sexual or reproductive health matters:**

- How to discourage and prevent unwanted sexual advances
- Whether or when to engage in sexual relations
- How to prevent pregnancy and STD/HIV
- Whether or when to conceive a child
- How to deal with sexual abuse and/ or violence

### Word Watch

- Sexual Orientation – physical and sexual attraction towards another person. How one thinks of oneself in terms of being significantly attracted to members of the same gender. This is similar to sexual preference.
- Gender Identity – one's innermost concept of self as man, woman or other gender.

#### **SOGIESC – Sexual Orientation and Gender Identity and Expression and Sex Characteristics**

Everyone has SOGIESC. But the LGBTQI are often discriminated because of their SOGIESC

ONLY YOU can determine your SOGIESC and you can not disclose another person's SOGIESC without that person's consent.

## ***Talking Points***

### **communicating sexuality with adolescents**

- Gender expression – the way one expresses oneself including physical appearance (clothing, accessories) and behavior.  
Classification: Masculine, Feminine, Androgenous
- Sex Assigned at Birth: is in reference to the external genitalia or the sex that one was born in.
- Heterosexual: one who has sexual attraction only to members of the opposite gender.
- Gay man and Lesbian woman: one who has attraction to members of the same gender. Its clinical, and formal term is *homosexual*.
- Bisexual: one who is attracted to more than one gender
- Asexual: one who experience little to no attraction towards other people
- Queer: gender identity describing someone whose SOGIESC does not conform with heterosexual norms. They also don't classify themselves as male or female, masculine or feminine. But this is different from being Bi-sexual because bi-sexuality is a sexual orientation or preference.
- Transgender: someone whose gender identity is different from the one assigned to them at birth. Ex. born male but gender identity is woman (Transwoman); born female but gender identity is man (Transman); born male or female and gender identity is Queer (non-binary).
- Cisgender: one whose gender identity is the same as the sex assigned at birth.

#### **Relevant Laws and International Conventions on Sexuality and Migration Issues**

- Republic Act 7877 or the Sexual Harassment Act
- Republic Act 9208 - Anti-Trafficking of Persons Act of 2003
- Republic Act 11313 – Safe Streets and Public Spaces Act of 2017
- UN Convention on the Protection of the Rights of Children
- World Health Organization's ICPD Program of Action
- 1951 Geneva Refugee Convention

## **Orientation Paper**

### **Caring for Older Persons and Helping Them Live Productive and Healthy Lives**

Wisdom comes with age, so they say. And if it is indeed true, the Philippines is fortunate to have an estimated 12.34 million wise men and women in the country today.

As of May 2020, there 12,336,355 Filipinos aged 60 years old and over living in the country according to the Philippine Statistics Authority. Senior citizens make up 11.31 percent of the country's 109,035,343 population based on the 2020 Census of Population and Housing.

Population projections for this sector show that by 2025, Filipinos 60 years old and above will make up at least 10 percent of the country's population. This constant increase in their population is partly due to increasing life expectancy of Filipinos. The average life expectancy of Filipinos is 70-72 years for females and 67 years for males. A rise in life expectancy means people are living well beyond their reproductive years.

#### **Lola's and Lolo's reproductive health**

Older persons do have reproductive health needs that government should address. For women, the physiological changes start with the onset of menopause. The changes



include narrowing of blood vessels, the loss of elasticity in the genital and urinary muscles and the accompanying psychological problems that could affect their quality of life. But life, during and after menopause, can still be fulfilling. Hence, counseling and information dissemination on the facts related to menopause and other health problems could help women adapt easily to the physiological changes they undergo.

Men, too, need to have information about their reproductive health as they grow older. Although men could still father a child even after 60, there are physiological changes that may affect the way they lead their lives. For instance, they could experience the symptoms of andropause, the male version of menopause. Andropause is caused by a decline in hormones, primarily testosterone.

***Many older persons are retired by law, giving the impression of unproductiveness and uselessness. This should not be the case.***

### **Right to equality**

Senior citizens are important part of our nation and they are entitled to the same rights and privileges enjoyed by younger people. Human Rights are equal rights.

It is sad to note that older persons are often isolated and marginalized. Like when their grown-up children have left their homes or if living with their children and their families, they are left alone as their children leave for work and grandchildren are in school. Many older persons are retired by law but they are private citizens with experience and expertise that can contribute to national development efforts if encouraged and given the opportunity.

### **Policy Talk for older persons**

The Philippines made great strides in addressing the needs of older persons through new policies and laws. These laws include: Republic Act (RA) 7432, an "Act Maximizing the Contribution of Senior Citizens Granting Benefits and Special Privileges and for Other Purposes"; RA 7876, an "Act Establishing a Senior Citizens Center in all Cities and Municipalities of the Philippines and Appropriating Funds Thereof"; RA 9994 also known as "Expanded Senior Citizens Act of 2010"; RA 11350 of 2019 – "An Act creating the

National Commission of Senior Citizens"; and RA 11223 or the "Universal Health Care Law".

RA 7432 is considered a milestone in advancing the welfare of the older persons. It covers a wide range of concerns, including the creation of the Office of Senior Citizens Affairs, contributions of the elderly to the community, privileges and benefits of senior citizens and government services for the senior citizens.

RA 7876 emphasizes the establishment of Senior Citizens Centers where senior citizens can get together to meet their mutual needs. The Department of Social Welfare and Development (DSWD) in coordination with the Department of Health, other national government agencies and local government units (LGUs) are responsible for the effective implementation of this law and for providing the necessary support services.

RA 9994 entitles senior citizens to a 20% discount on the purchase of medicines, food, and other expenditure items. The law also exempts senior citizens from paying value-added tax (VAT) and automatically enrolls them to the National Health Insurance Program. The law also expands the Philippine Health Insurance System (PhilHealth) coverage to include free medical consultations and laboratory tests.

Senior citizens of the country are ensured of equitable access to quality and affordable healthcare services under RA 11223 or the "Universal Health Care Law".

## Organizing older persons

The DOH, through its Philippine Plan of Action for Older Persons (PPAOP), has been addressing issues and concerns of older persons. Barangay Health Workers have been trained to give lectures on the Sandosenang "S" *Iwas* to help older people age in a healthy way. Part of the program is establishment of community-based older persons' organizations throughout the country with a national umbrella organization known as the Federation of Senior Citizens' Association of the Philippines, Inc.

Through these organizations, older persons get the chance to socialize with others in the community, to avoid feeling useless and stop wallowing in self-pity. To help older persons gain that feeling that they still

belong, the PPAOP also offers residential care under substitute family care services. This is a social welfare approach where senior citizens who have been abandoned or neglected, or are unattached or homeless, experience "group living" in a residential facility or center.

## Services and programs for older persons

Two hospitals in Quezon City offer services for older persons. The St. Luke's Hospital offers specialized geriatric services including tests for activities of daily living, creative balance and emotional disorders. East Avenue Medical Center, on the other hand, has an Adult Center which is a haven for the elderly where they can go for relaxation and recreation and experience camaraderie and fellowship. Other medical centers in the provinces also offer geriatric services and lifestyle programs for older persons.

### Unmet Need for Health Care for Older Persons

One in five older person in the Philippines cannot afford medical care. The 2018 Longitudinal Study on Ageing in the Philippines reveal that about 3 in 10 of all Older Persons in the Philippines "reported that they felt ill in the past 12 months and thought of going to the doctor but did not." Lack of financial means to seek health or medical treatment is the most common reason given for not seeking help. This, according to the study is "indicative of a high level of unmet need for medical attention due to financial constraints.

Source:

<https://www.eria.org/publications/ageing-and-health-in-the-philippines/> (Longitudinal Study on Ageing in the Philippines Full Report page 92)

## *Frequently Asked Questions (FAQS)*

### by older persons

#### **Is there sex after 60?**

Although it is true that sex drive diminishes with age, and performing the sex act may take longer and need more stimulation, this does not mean that having sex was also go on retirement when one reaches retirement age. Dr. Margarita Holmes, a popular sex therapist and clinical psychologist, stresses that "the sex life of older people does not, and should not, pale in comparison with that of younger persons".

#### **What is menopause? What is andropause?**

Menopause is the period of natural cessation of menstruation occurring to women usually between the ages of 45 and 50. Women's capacity to produce eggs, which are needed to reproduce, usually ends at menopause. Although there are cases of women conceiving during or after menopause and giving birth to what people call "menopausal babies." Andropause is the male version of menopause. Men, however, can still produce sperm even beyond age 60.

#### **Why do women need to have Pap Smear tests?**

Pap smear is a cancer detection test of the cervix. It is recommended that Pap Smear tests be done annually not only for older women, but also for every sexually active female.

#### **Why should men undergo digital rectal examination?**

This procedure is the counterpart of the Pap Smear test among women. It can detect cancer of the prostate. It is recommended that all men should have annual digital rectal examinations beginning at age 40.

#### **Why do older women feel pain when having intercourse with their husbands?**

After menopause, there is no more production of estrogen and the vagina shrinks, resulting in reduced personal lubrication. This may bring about such sexual pain disorders as dyspareunia and vaginismus. But the diminishing vaginal mucosa may be substituted with artificial lubricants.

#### **Can unmarried women or those who never had any children be afflicted with cancers of the reproductive system?**

Any woman, unmarried or married and with or without a child, can have cancer of the reproductive system, including breast cancer.

## ***Frequently Asked Questions (FAQS)*** **by older persons**

### **Why do bones become brittle among older persons?**

Bones becoming brittle comes with age. Starting at age 35, the body exhibits a natural tendency to gain fat and lose bone and muscle mass. Osteoporosis or "brittle-bone condition" usually starts in mid-life and women are more commonly affected, that is why it is often called "postmenopausal or senile osteoporosis." Inactivity, lack of estrogen, chronic low calcium intake, malabsorption and deficient production of vitamin D are the principal causes of osteoporosis.

### **Can drinking milk regularly before or after menopause prevent osteoporosis?**

Milk should be taken at all ages. It is a good source of calcium, and good for the bones. If an older person's diet has been deficient in calcium in his/her earlier years, regular intake of milk right before and after menopause is no guarantee against osteoporosis.

### **What really is the cause of Alzheimer's disease? Is it more prevalent among men or among women?**

Senile dementia, first described by Alzheimer in 1907, is a progressive disease predominant in women and fairly rare before the age of 65. The cause is still unknown although several theories have been proposed such as brain tissue hypoperfusion secondary to atherosclerosis and viral infection. However, investigators agree that genetic factors are involved in the progression of Alzheimer's disease.

### **Do older persons experience depression?**

Mental health is also an element of reproductive health. The 2018 Longitudinal Study on Ageing in the Philippines led by the University of the Philippines Population Institute (UPPI) shows that Filipino older persons record a mean depression score of 5 from a range of between 0-22. Women have a slightly higher depression score than men. Some triggers of depression include loss of loved ones, isolation and reduction of physical activities. Depression among older persons also increases with age.

## ***Frequently Asked Questions (FAQS)*** **by older persons**

### **Does erectile dysfunction come naturally with age?**

No, that is a misconception. According to Dr. Margarita Holmes, "It is a fact that it may take more time, more direct stimulation of the penis for a man to get an erection as he gets older, but it is a myth that erectile difficulties are a must as a man gets older. That is definitely not true." Staying fit mentally and physically—eating a balanced diet coupled with regular exercise—could help prevent erectile difficulties.

### **Sources:**

Philippine Statistics Authority 2020 Census of Population and Housing (CPH)

*Healthy Ageing: To Add Life to the Years that have Been Added to Life*, People and Development Challenges, IPPF ESEAOR Publication, Vol.6 No.11 May 1999

*Older Women as Community Gerontologist in the Philippines*, Arrows for Change, September 1999

*Catching Up with Age*, Medical Observer, Volume 9 No.1, January 2000

*Move More to Live More: Workout Programs for the Elderly*, Dr. Lydia Evangelista Buendia, LEB Productions, 2000

Various Documents from the Department of Health (DOH) - Compilation of Policies and Accompanying Papers for Older Persons

# *Talking Points*

## understanding older persons

### **Ageing Population of the Philippines**

1995	- 3.7 M
2000	- 4.3 M
2010	- 6.6 M
2020	- 12.3 M
2030	- 14.5M

### **Specific health problems among older persons**

Nutrition and related problems  
Water and electrolyte disorders  
Fall fractures and gait disorders  
Acute confusional states  
Dementia  
Behavior and Psychiatric problems  
Sleep disorders  
Cancer  
Pain  
Pressure sore  
Urinary incontinence

### **Leading Causes of Mortality**

Heart disease (69%)  
Diseases of the vascular system (55.8%)  
Pneumonia (53.2%)  
Malignant tumors (37.9%)  
All forms of tuberculosis (36%)

### **Personal Prevention Services for male/female older persons**

For all older persons  
Vision, Hearing, Teeth and Denture check  
Foot Check by Podiatric (especially for diabetics)  
Bone density test every five years  
Blood sugar tests  
Blood pressure monitoring  
Cholesterol tests  
Fecal blood test

#### **Who are the Older Persons?**

Older persons - that segment of the population 60 years old and over (United Nations [UN]definition)

#### **What are the sub-groups of older persons, as defined by the World Health Organization (WHO)?**

The WHO has categorized older persons into three categories:

- (a) Young old – ages 65 to 74, with the least health care needs
- (b) Old-old – old age 75 to 84, beginning functional decline
- (c) Oldest old or frail - 86 and above, with the greatest need for health care and higher prevalence of disability

#### **Difference between geriatrics and gerontology**

**Geriatrics** is the study of health and diseases of old age while **Gerontology** is the study of biological, psychological and social aspects of aging

#### **Programs for the elderly**

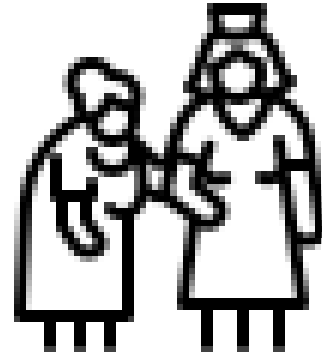
PPAOP  
St. Luke's Medical Services  
East Avenue Medical Center's Adult Center

### **For female older persons**

Monthly breast self-examination; by doctor every two years

Mammogram as necessary

Pap Smear test:       Every two years  
                              Every three years if results are normal  
                              Yearly for high risk



### **For male older persons**

Digital rectal examination

### **National laws and international local issuances**

- Republic Act 9994-Expanded Senior Citizens Act of 2010
- Republic Act 11350 of 2019 – An Act creating the National Commission of Senior Citizens
- Republic Act 11223 Universal Health Care Law, which guarantees equitable access to quality and affordable healthcare services for all Filipinos.
- DOH Department Order No. 2018-0357 allotting funds to set up geriatric health facilities in selected DOH hospitals and to build the capability of medical and nursing staff in the proposed geriatric centers.
- DOH Administrative Order No. 2011-0018 – providing free immunization against pneumonia and influenza for older adults
- DOH Administrative Order No. 2016-0014 - free medicines for two highly prevalent chronic conditions in the older population: hypertension and diabetes
- RA 7432 - an “Act Maximizing the Contribution of Citizens, Granting Benefits and Special Privileges and for other Purposes”
- RA 7876 - otherwise known as “Senior Citizens’ Center Act of the Philippines,” it provides for the establishment of recreational, educational, health and social programs and facilities designed for the full enjoyment and benefit of the senior citizens in the city or municipality
- Proclamation No. 1048 - Declaring A Nationwide Observance in the Philippines of the International Year of Older Persons In 1999
- Proclamation No. 470 - Declaring the First Week of October Every Year as *Linggo Ng Katandaang Filipino* (Elderly Filipino Week)
- Resolution No. 46/91 - Implementation of The International Plan of Action on Ageing and Related Activities
- Resolution 49/162 Integration of Older Women in Development
- Resolution 50/141 International Year of Older Persons: Towards a Society for All Ages



## **COVID19 COVID 19 and Older Persons**

In the early months of the pandemic, countries around the world have reported the devastating impact of COVID-19 on older persons. According of a United Nations policy brief, in the US, 80% of those who died due to COVID were 65 years or older. In Europe, 95% of fatalities were 60 years old or older. As the pandemic raged across the world, older persons bore the brunt of the impact of COVID 19. Their daily routines had been disrupted and policies of many countries including the Philippines have restricted the mobility of older persons especially during the months when the world was scrambling to develop vaccines to fight the virus. But nearly all seniors or older person have pre-existing health conditions that need monitoring and regular visits to health facilities. Health facilities that have since been overwhelmed by COVID positive patients. Advocates of older persons rights must take considerate actions to address their needs especially during situations where there could be displacements and disregard for their rights such as during calamities, disasters, epidemics or pandemics.

Source: <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf>

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### **Other Sources:**

*Healthy Ageing: To Add Life to the Years that have Been Added to Life*, People and Development Challenges, IPPF ESEAOR Publication, Vol.6 No.11 May 1999

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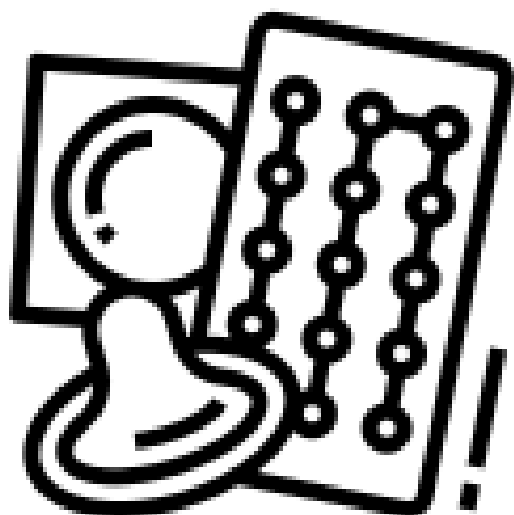
<https://www.eria.org/publications/ageing-and-health-in-the-philippines/> - Longitudinal Study of Ageing in the Philippines, 2018

## **April** • Strengthening Quality of RH Care in the Philippines

### **Orientation Paper**

**'Doing things right at the right time and with the right attitude'**

**Anna and Sarah acting on their reproductive health issues...**



Anna went to the health center for family planning counselling. She already has three children she thinks that she and her husband had already completed the family size that they desired. The health center was crowded with patients. She was given the patient record form, which she filled out. She was surprised to find out later that she would be counseled in front of the other clients. She would have wanted to ask more questions but there was no counseling room where she could discuss her other concerns privately.

Sarah underwent relegation in General Santos City. It was only later that she learned it was forbidden by her religion. Only her, her husband and the doctor new of the ligation. The doctor, however, used Sarah's case as a showcase to encourage other women to be open to ligation. This placed Sarah in a very uneasy situation, as the neighbors began talking about her.

### **Women need quality reproductive healthcare**

Anna's desire to get more information on a family planning method was frustrated by a lack of privacy with her counselor. Sarah, meanwhile, experienced pressure and stigma in her community after being exposed by her doctor that she had a ligation. These situations are not uncommon in the country. They underscore the need to improve the quality of reproductive health care services in the Philippines.

Even if the Philippines has an RPRH Law and an Executive Order No. 12 for Achieving Zero Unmet Need for Family Planning (FP), there is still a high unmet need for FP in the Philippines. According to the 2017 National Demographic and Health Survey (NDHS), 49 percent of all unmarried, sexually active women and 17 percent of married women have unmet need for FP.

If there is high unmet need for family planning, there's also high unplanned and mistimed pregnancies. One consequence of these unplanned pregnancies is abortion. Statistics on abortion in the Philippines is a cause for concern. Since abortion is illegal in the country, women who feel unable or unprepared to give birth and care for the baby resort to clandestine and unsafe abortion practices. These unsafe abortions have resulted in deaths among women contributing to the still high maternal mortality rate in the country. Since abortion is illegal, gathering data to have a better assessment of the extent of abortion in the country is difficult. But according to the Guttmacher Institute, there could be between 500,000-600,000 abortions occurring in the country each year. *"Projections based on the 2000 national abortion rate, and taking into account population increases, estimated that 560,000 abortions occurred in 2008 and 610,000 abortions in 2012."*

### **What is quality of care**

What then is a quality of care? Many standard definitions of these concepts have been offered. One is *"quality of care can be defined by the way the clients are treated by the system, or the actual process of care-giving, and by the focus on the client's or user's perspectives of services."* Another definition is simply *"doing the right thing, doing things right, doing things at the right time and doing things with the right attitude"*.

A more comprehensive framework relates to improving quality of care. These are: choice of methods, information given to users, technical competence, interpersonal relations, mechanisms to encourage continuity and appropriate constellations of services. Although this framework originated from concerns to improve quality of care in family planning services, the principles can be applied to a broader spectrum of reproductive health.

The approaches to quality-of-care vary. One of the more progressive approaches is the rights-based approach. The International Planned Parenthood Federation (IPPF), a federation of family planning associations worldwide, in its definition of quality-of-care takes a rights-based approach, stressing delivery of services that addresses the rights of clients. It identifies client's rights, such as right information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity of care and right of opinion. Service providers' needs, on one end, are identified, such as the need for training, information, infrastructure, supplies guidance and back-up, respect and encouragement, feedback and expressing opinion—in order to respond to clients' rights. It also emphasizes self-assessment as an approach to quality improvement, as quality of care is a continuing process.

A clear approach or strategy on quality of care will greatly impact reproductive health programs of the government, particularly if the bottom line is for these programs to work to improve women's health. More important, it will impact women's health toward satisfaction. We must begin with the

end in mind, and quality of care is the end in reproductive health. Sometimes, the biases of a male physician may reflect in his medical advice that may not be acceptable

to his female client. The “pwede na ‘yan, and “bahala na!” attitudes as Filipinos also present a barrier to achieving quality of care.

#### **Availability, accessibility and affordability of quality RH care services**

The 2020 Census of Population and Housing (CPA) by the Philippines Statistics Authority shows that the country's population as of May 2020 is at 109,035,343. This is an increase of 8,053,906 from 100,981,437 population in 2015. This translates to an annual population growth rate of 1.63 percent. This growth rate is high compared to other countries, particularly Thailand and Indonesia, which cut their population rates to 0.9% and 1.5% since the early 90s. This trend actually gave way to restating our population policy to address the need for reproductive health and family planning information and services.

But rather than population, the policy statement must focus on the positive impact of genuinely addressing reproductive health as health and human rights issues. It is vital to acknowledge that our population concerns are greatly hinged on awareness and meeting the needs for quality reproductive health care and services. In so doing, the question of availability, accessibility and affordability of quality reproductive health care services continue as challenges that government and our population must face. Since the passage of the RPRH Law in 2012, the national government and local governments have greatly improved the delivery of RH services. The annual budget for RH and the incentives to LGUs for their RH programs have reduced the unmet need in reproductive health. Aside from the RPRH Law, the passage of the country's Universal Health Care (UHC) Law guarantees equitable access to quality and affordable healthcare services for all Filipinos. In Cancer Care for example, PhilHealth provides a package of benefits for catastrophic and special conditions. Various RH services are also covered by Philhealth under our RPRH and UHC Laws including childbirth and family planning.

**Demanding services for reproductive health and family planning are now supported by a conducive policy environment. Here are laws and administrative orders supporting access to reproductive health and family planning:**

- Responsible Parenthood and Reproductive Health Law of 2012( RA 10354)
- Kalusugan at Nutrisyon ng Mag-Nanay Act (Maternal and Childhealth Nutrition Act) or RA 11148 of 2018, which scales up the national and local health and nutrition programs in the First 1,000 Days of development of all newborns and care for mother's health and recovery after birth.
- Philippine HIV and AIDS Policy Act (RA 11166 of 2018), which strengthens the policy on HIV/AIDS prevention, treatment, care and support which amends the 1998 AIDS Law.
- Expanded Maternity Leave Act (RA 11210 of 2019) which increases the maternity leave period to 105 days for all female workers.

- Universal Health Care Act (RA 11223 of 2019), which reorganizes the way health services are financed, procured, delivered and accessed. It guarantees equitable access to quality and affordable healthcare services for all Filipinos.
- Executive Order No. 141 s.2021 - Adopting as a National Priority the Implementation of Measures to Address the Root Causes of Rising Number Teenage Pregnancies and Mobilizing Government for the Purpose
- Administrative Order No. 2017-0002 (Guidelines on the Certification of Free Standing FP Clinics)
- Administrative Order No. 2014-0041 (Guidelines on the recognition of FP Training Providers of the DOH)
- Administrative Order No. 2015-0027 (Guidelines on the Registration and Mapping of Conscientious Objectors and Exempt Health Facilities Pursuant to the RPRH Law- RA10354)
- Administrative Order No. 2015-0006 (Inclusion of Progestine Subdermal Implant as one of the Modern Methods Recognized by the National FP Program)
- Administrative Order No. 2016-0005 (National Policy on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Health Emergencies and Disasters)
- Administrative Order No. 2014-0042 (Guidelines on Implementation of Mobile Outreach Service for FP)
- Administrative Order No. 2014-0043 (Guidelines on the Estimation of Unmet Need for Modern FP)
- Administrative Order 34-A, or the Adolescent and Youth Health Policy, provides for, among others, comprehensive quality health care services including counseling and medical consultation by trained health care providers... with privacy and confidentiality at all levels of healthcare; services directed towards gender-specific concerns;
- Administrative Order 45-B s. 2000, or the Prevention and Management of Abortion and its Complications Policy, provides for women who have had abortion to be given quality and humane post-abortion care services by competent, objective and non-judgmental service provider, complemented by supportive environment; provides for comprehensive preventive and medical health care services for the following: prevention and treatment of abortion, counseling and linking PMAC services to other reproductive health services;
- Administrative Order 49 s. 2001, or Adoption of the Standard Days Method (SDM) as additional National Family Planning (NFP) method for the Philippines FP program, an addition to other existing natural family planning methods made available in health facilities nationwide, is seen to offer an option for those looking for a suitable NFP method however this is still in Operations Research thus there is a possibility for this not to be implemented;

Other institutions that advocate quality reproductive health care services are the International Planned Parenthood Federation (IPPF) and the Family Planning Organization of the Philippines (FPOP). The IPPF's standards on reproductive health/family planning services centers on improving the quality of sexual and reproductive care among its member-associations. It places quality-of-care as the core value of reproductive health care. The FPOP's role and programs are aimed at ensuring universal access to quality family planning information, education & services; to increase adolescent involvement in addressing their sexual and reproductive health concerns; and to mobilize public support to safeguard the individual right to family planning.

**What are the gaps in achieving quality of care?** Although there are existing policies and programs that we can use to improve quality of care, there are still much to be done in terms of delivering quality of care.

Here are some of them:

- ◇ Leveling off on the importance of delivering quality of care in reproductive health in the form of a multidisciplinary assembly of reproductive health care providers, with a view to creating a standardized strategy/approach to improving quality of reproductive health care services.
- ◇ Massive production by the DOH and private service providers of quality reproductive health care informational materials in popular form.
- ◇ Monitoring the implementation of the RPRH Law, UHC Law, DOH Administrative Orders regarding reproductive health policies and programs to sustain actions for improvement of quality of care.
- ◇ Outlining incentives, in kind, by both private and public reproductive health service providers in the delivery of quality care.
- ◇ Generating and allocating adequate funds that target training service providers regarding quality of care.

**Sources:**

- 1 Department of Health website ([www.doh.gov.ph](http://www.doh.gov.ph))
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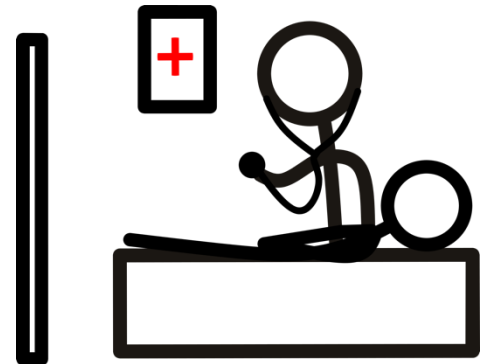
## ***Frequently Asked Questions (FAQS)*** **on Right to Privacy and other issues**

### **What is the key concept of right to privacy?**

The right to privacy includes the right to make autonomous decisions regarding one's sexual and reproductive life, and to have the privacy to do so respected.

### **How can right to privacy be used?**

Right to privacy can be used as a campaign tool either for or against issues relevant to sexual and reproductive health. For instance, it can be used to campaign for service guidelines ensuring that personal information given remains confidential. It can also be used to campaign for legal frameworks that recognize the right of individuals to make autonomous choices. Right to privacy can also be used to campaign against breach of confidentiality, or against laws and practices requiring spousal or parental consent for contraception.



### **What is right to privacy in specific situations about? In terms of client- service provider procedures?**

The client has the right to discuss needs or concerns in an environment in which the client feels confident. The client should be aware that the conversation with the counselor or service provider will not be listened to by other people.

When a client is undergoing a physical examination, it should be carried out in an environment in which bodily privacy is respected. The right of client involves the aspects of quality of services when undergoing counseling or physical examination.

When receiving counseling or undergoing a physical examination, the client has the right to be informed about the role that each individual inside the counseling or examination room is playing. When the presence of other individuals undergoing training is necessary, the prior permission of the client should be obtained. A client has a right to know in advance the type of physical examination which is going to be undertaken. The client also has a right to refuse any particular type of examination if one does not feel comfortable with it or to request this examination be done by another provider.

**on Right to Privacy and other issues**

Any case-related discussion held in the presence of the client (particularly in training facilities) should involve and acknowledge the client. It is, after all, the client's sexual and reproductive organs and functions that are under discussion.

**Under Philippine laws, is providing quality RH care limited only within the confines of your doctor's clinic?**

Philippine laws provide that family planning and other RH services be made available even in the work place.

The Labor Code of the Philippines states that working men and women can avail of RH services at their work place. Under Article 134 of the Code, "establishments required to maintain a clinic or infirmary shall provide free family planning services to their employees who shall include but not limited to, the application or use of contraceptive pills and intrauterine devices." This is consistent with the principle that every person has the right to family planning and RH care, including the right to information, access, safety, privacy, confidentiality, dignity, comfort, continuity and opinions.

**Does providing quality RH care only includes serving the needs of those in reproductive age?**

No. Access to RH services is a human right and starts from the womb until old age. This is the life-cycle approach to health care. For example, the government must also provide quality RH care to older persons. There are now about 12 million senior citizens who have needs for health services, and RH care is one of them. Therefore, government health clinics should begin strengthening their RH care programs for the elderly.

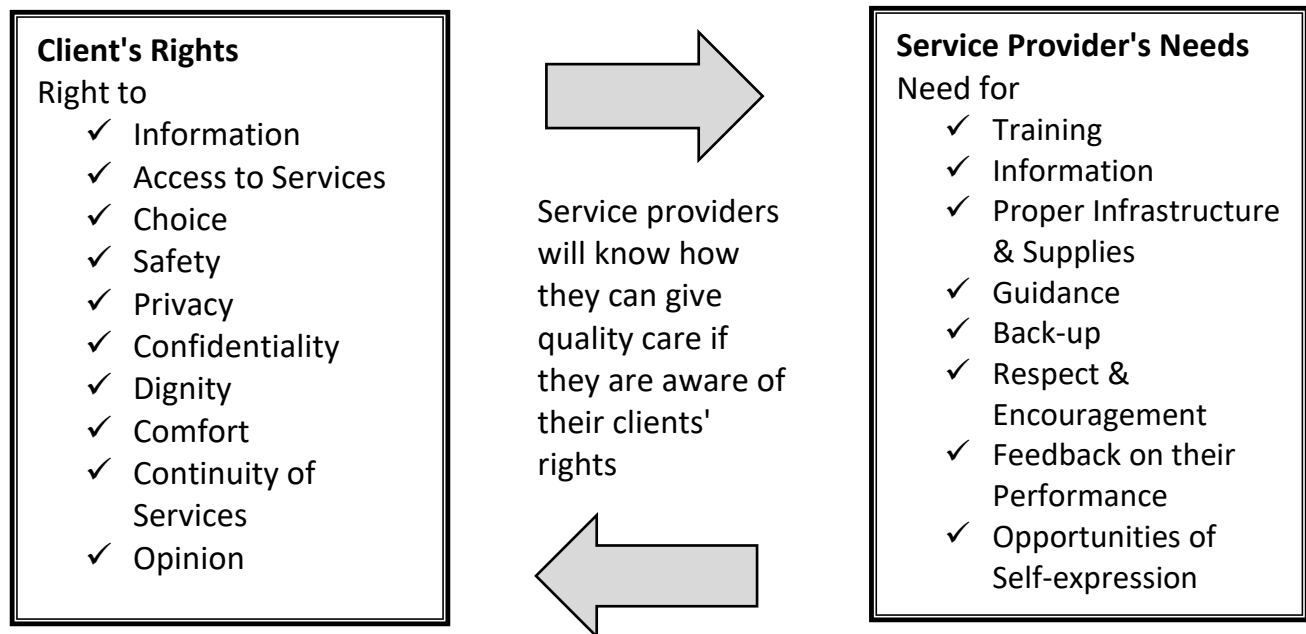
The Philippines protects the rights and privacy of its citizens under Republic Act 10173 or the Data Privacy Act (DPA) of 2012. The DPA specifically provides for health privacy, establishes the directive for data protection, and reinforces the right of the patient to data privacy.

# Talking Points

## The International Planned Parenthood Federation's Quality of Care Concept

The IPPF is a federation of family planning associations worldwide. It is currently undertaking a "Strengthening the Quality of Reproductive Health Care" Programme, which is a 5-year program that was launched in 2001. The program was designed to improve quality of sexual and reproductive health care services among its family planning associations and their respective service delivery points. It is funded by the Bill & Melinda Gates Foundation.

### IPPF defines Quality of Care based on:



### Primary aims of the QoC Programme:

1. Improvement in services
2. Client satisfaction
3. Service uptake
4. Facilitate advocacy for reproductive health worldwide

**RPRH Law Revised Implementing Rules and Regulations  
(paragraph 1-3)**

**Section 1.04 Declaration of Policy.** The State recognizes and guarantees the human rights of all persons including their right to equality and nondiscrimination of these rights, the right to sustainable human development, the right to health which includes reproductive health, the right to education and information, and the right to choose and make decisions for themselves in accordance with their religious convictions, ethics, cultural beliefs, and the demands of responsible parenthood.

Pursuant to the declaration of State policies under Section 12, Article II of the 1987 Philippine Constitution, it is the duty of the State to protect and strengthen the family as a basic autonomous social institution and equally protect the life of the mother and the life of the unborn from conception. The State shall protect and promote the right to health of women especially mothers in particular and of the people in general and instill health consciousness among them. The family is the natural and fundamental unit of society. The State shall likewise protect and advance the right of families in particular and the people in general to a balanced and healthful environment in accord with the rhythm and harmony of nature. The State also recognizes and guarantees the promotion and equal protection of the welfare and rights of children, the youth, and the unborn.

Moreover, the State recognizes and guarantees the promotion of gender equality, gender equity, women empowerment and dignity as a health and human rights concern and as a social responsibility. The advancement and protection of women's human rights shall be central to the efforts of the State to address reproductive health care.

- Client exit interview
- Action-plan development forms

2. Training relating to management and clinical practice that addresses not only deficits identified by self-assessment but also authors known to require attention.

The information and materials used:

QoC self-assessment manual

- A reference manual (including general guidance and training techniques and facilitation skills)
- A training of trainers' guide

3. Quality of Care Award

The program is aimed at moving the quality of care concept into practice by:

1. Updating essential standards from the provision of reproductive health care.
2. Establishing systems of quality improvement that include self-assessment and planning with participation of service providers and managers at all levels of the service delivery points.
3. Instituting improved medical and technical training for providers of care.
4. Increasing the availability and quality of medical and technical information.
5. Instituting a system of recognition for good quality of care by means of a QoC award.

How the IPPF QoC Programme for quality of care improvement works:

1. From self-assessment to action plans conducted by family planning association workers through special questionnaires, thereafter team decisions are made to solve problems identified. There are three basic tools used:
  - Self-assessment questionnaires for staff and service providers

## May • International Day of Action for Women's Health

### **Orientation Paper**

#### **Fulfill the mandates of laws for women's reproductive health!**

After the first bill on Reproductive Health was filed in Congress in 1998, the struggle to meet women's sexual and reproductive health rights had been a long, hard fought advocacy campaign. After a 14 year battle in both Houses of Congress, the Philippines successfully passed the Responsible Parenthood and Reproductive Health Law (RPRH Law) signed by President Benigno Aquino III on 21 December 2012. This meant that government will now be mandated to ensure that reproductive health services and information will be made available and can be accessed by Filipinos especially the poor. But since the passage of the RPRH Law, it already faced so many political challenges in a predominantly Catholic country. There are still many anti-RH rights legislators in Congress who continue to challenge and even reduce annual budget allocation for family planning in particular. Decades of poor RH and FP programs have also resulted in many misconceptions about family planning and reproductive health.

#### **The International Day of Action for Women's Health**

Celebrated globally every May 28, the International Day of Action for Women was the brainchild of a group of women from the Women's Global Network for Reproductive

Rights (WGNRR) attending the 5th International Women's Meeting in Costa Rica in 1987. Recognizing the imperatives of getting women's needs highlighted at all levels of health policy making and programs, the group started a campaign to create awareness on various health issues that affect women. Since then, campaigns highlighting varied women's health issues



have been conducted.

#### **Civil Society Organizations in the frontlines of monitoring the implementation of the RPRH Law**

Several laws that protect the rights of women were passed over the last 10 years aside from the RPRH Law. Civil Society Organizations (CSOs) play an important role in ensuring the fulfillment of the mandates of these laws. Department of Health

Administrative Order 2015-0002 provides for the creation of the National Implementation Team (NIT) and Regional Implementation Teams (RIT) which are multi-sectoral advisory and monitoring teams that help provide guidance in the implementation of the law and coordinate

efforts in cascading the standards for proper implementation. CSOs including the Family Planning Organization of the Philippines National Chapter is a member of the NIT while Provincial Chapters are also part of regional and provincial implementation teams.

## **Government's responsibility for women's health**

As representatives of the people, governments should put people's interest first. Health is clearly an essential component of this interest. The health of the people, women in particular, is a clear indicator of the success of a government to meet the needs of its people. Ensuring health for all is a moral obligation and is also explicitly mentioned in several constitutions and national and international covenants. The Philippine Constitution clearly mandates the government to address women's health. As a signatory to various international documents that guarantee the protection and promotion of women's health, the Philippine Government has a responsibility to comply with its obligations and commitments.

Re-affirming Commitments to International Agreements for RH and FP – Family Planning Organization of the Philippines (FPOP) has been involved in government consultations for the drafting of country commitments and statements to international agreements to address RH and population and development related issues.

- International Conference on Family Planning, Rwanda – Ministerial Meeting where NEDA Secretary General affirmed

the country's commitment to FP2020 and the ICPD PoA

- ICPD @25, Nairobi, Kenya Country Statement of Commitment – presentation of country statement and commitment to the goals of ICPD.
- Country Statement of Commitment to SDGs (United Nations this week during the 2019 High-level Political Forum (HLPF) on Sustainable Development in New York City)

## **The right to freedom of thought**

The right to freedom of thought implies that women must enjoy freedom from interference in making decisions about their sexual and reproductive health and rights. This right encompasses the right to seek, receive and impart information about sexual and reproductive health, and the right to be protected from restrictions to access sexual and reproductive health education, information and services by reason of dominant religious beliefs in society. The right to freedom of thought gives rise to governmental obligation to ensure men's and women's equal access to sexual and

reproductive healthcare services and information.

**Reproductive health right: Right to life**

Carrying the burden of a degenerative disease while living a productive life and dealing with the stresses and dangers of living in areas of armed conflict continue to be one of the greatest challenges of women in developing countries today. Based on the principle that reproductive health rights are human rights, it is undeniable that the "*right to life*" is by far the most perfect example of how human rights and RH rights entwine.

It is in exercising this very basic human right that women can demand for adequate medical support and services that will protect them from the dangers of RH cancer as well as the ill effects of population displacement. Thus, a woman's life should not be endangered during pregnancy or because of lack of access to information, counseling or services related to her sexual and reproductive health. In the same way, no woman or child should be put at risk by reason of her gender.

**Role of Local Government Units (LGUs) in Fulfilling the Mandates of RPRH Law**

Due to the devolved set-up of government, primary health care which includes provision of reproductive health services is the responsibility of LGUs under the 1991 Local Government Code (Republic Act No. 7160). The role and responsibilities of LGUs are stated in Section 12.02 of the Implementing Rules and Regulations (IRR) of the RPRH Law. Among the responsibilities of LGUs mandated by law and other administrative orders include provision of human resources, health facilities meeting the guidelines and standards of the Department of Health, provision of the whole range of medically safe RH services, conduct of maternal death review, develop and improve their local supply chains and service delivery networks for continuum of care as well as sufficient funding to meet RH needs and services. However, the main budgetary support ensure the provision of RH services is maintained under the Department of Health and other relevant agencies involved in RH services such as the Commission on Population.

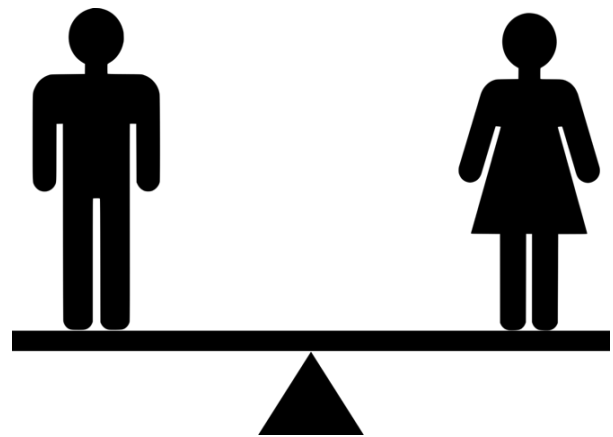
## ***Frequently Asked Questions (FAQS)*** **Fulfilling the mandates of laws for women's reproductive health**

**The Philippine Constitution clearly mandates the Government to protect and promote the right to health of everyone, especially women and children. Is our government fulfilling its obligation?**

Our Responsible Parenthood and Reproductive Health (RPRH ) Law or Republic Act 10354 enacted on December 21, 2012, is the landmark legislation that took 12 years of advocacy work. Even under tremendous pressure from the Catholic hierarchy, Civil Society Organizations (CSOs) worked with champion legislators for the passage of the law. FPOP is among the CSOs in the frontlines of the advocacy campaign. There is no better way of emphasizing every Filipino's right to access sexual and reproductive health services than to cite the RPRH Law. But the implementation isn't smooth sailing. A few months after it was signed into law, its constitutionality was challenged in the Supreme Court. However, the highest court found in favor of the RPRH Law and was declared Constitutional with a few provisions on 8 April, 2014.

**We always talk of gender equality and equity as among the guiding principles of every health development program, yet, there seems to be a lopsided emphasis towards women's health. Why is this so when half of the country's population comprises men?**

While both men and women have reproductive health needs and concerns, it is the women who bear most of the consequences of reproductive ill-health. They run the risk of pregnancy and childbirth, take most of the responsibility for contraception, suffer chronic reproductive tract infection, are socially and biologically vulnerable to sexually transmitted diseases, including HIV/AIDS, and suffer most from domestic violence and gender-based sexual abuse and violence. In terms of gender relations, women suffer more gender inequities than men. These prevailing gender inequities and some political, economic, social, cultural and religious barriers have prevented women from enjoying the highest standard of service that they deserve. But years of advocacy work to raise awareness of women and girls to their rights mandated by our laws is slowly tipping the scale. But there is still so much work to be done. Our positions of power and leadership are still dominated by men.



**Fulfilling the mandates of laws for women's reproductive health**

**There are many violations committed by local government units against women's rights to access reproductive health services. Do women have legal bases to sue the local government units for denying them such access?**

Yes. All local policies/ordinances are deemed inferior to national laws and the Constitution. Therefore, all existing policies at the local level that is against the provisions of the RPRH Law are considered UNCONSTITUTIONAL and can be grounds to file legal complaints. Further, the RPRH Law was also upheld as Constitutional by the Supreme Court on 8 April 2014. Local policies denying access to information and services on modern means of contraception violate the Constitutional guarantee to protect and promote the right to health of the people. In 2015, the Commission on Human Rights (CHR) conducted an investigation for human rights violation of Sorsogon City's Executive Order No. 03 Declaring Sorsogon City as Pro-Life on February 2, 2014 resulting in the withdrawal of all modern methods of family planning. Mayor Sally Lee of Sorsogon City is an outspoken anti-RH leader. In November, 2016, the CHR found in favor of the petitioners that such policy caused undue fear and discrimination against the women of Sorsogon City to avail of RH services.

**What are the various factors that affect the health of women?**

Women's sexual and reproductive health and rights are affected by various factors which impede their attaining the highest health standard. Gender discrimination (*men are often given preferential treatment inside and outside the homes*), some traditional and cultural beliefs and practices (*ang babae, pambahay lamang kaya di na kailangan mag-aral*), and many political (*inadequate government expenditure for health*), social (*discrimination by health personnel based on age, stature or class*), and economic (*poverty*) are examples of these obstacles. These factors limit women's access to quality health information, education and services and cause them to carry a heavy yet avoidable burden of poor health.

**What can women do to make laws and policies work for them?** Knowledge is power. Having known your rights and privileges under our laws empowers you to assert your rights when violated such as being denied RH services. There are also many active NGOs which care and are committed to the promotion of women's health and rights. Be involved! Join women's organizations in your community.

# Talking Points

## Fulfilling the mandates of laws for women's reproductive health

### A. Current women realities:

- ✎ Women, although half the country's population, are a minority group in positions and spaces of power and decision-making.
  - From 1998 to 2016, the percentage of women elected into public office ranged from 16.1 percent to 21.44 percent, reaching its peak in the 2016 elections (PCW). This is still below 30 percent which is the minimum for a minority to have a voice in decision-making bodies according to scholars and political analysts.
- ✎ Women are economically and socially less privileged
  - Less likely to get education and employment than men of similar economic and social positions. Women who are less educated also have more children than they desired.
  - 49% of women who are employed reported that they earned less than their husbands and 22% reported that they were not paid for their work (NDHS 2017).
- ✎ Filipino women's health situation still has not reached a desired level
  - Maternal mortality though declining, remains high at 121/ 100,000 live births (NDHS 2017). Philippines commitment to the SDGs is 70/100,000 by 2030.
  - Main causes of these deaths are pregnancy-related and are preventable
  - About 12.3% of all women of reproductive age suffer from anemia and anemia is prevalent in 25.5% of pregnant women (Worldbank data 2019)
  - Breast and cervical cancers are the two leading causes of death of women
  - 17percent of all married women have unmet need for family planning (NDHS 2017)
  - Only 54percent of all married women use some form of contraception
  - Incidence of teenage pregnancies remains high. At least 9% of Filipino women 15-19 years old have begun childbearing (NDHS 2017)
- ✎ Before the passage of the RPRH Law (RA 10354), local government units are able to pass policies that limit women's right to reproductive health. The following were policy issuances that violate sexual and reproductive health rights of women. These local policies are no longer enforced.
  - On August 25 1995, the Province of Laguna issued a memorandum ordering of family planning clinics in the province to stop providing modern contraceptive methods.
  - The City of Manila issued the policy declaration on February 29 2000 holding natural family planning not just as a method but as a way of self-awareness in promoting the culture of life while discouraging the use of modern methods of contraception.

- In Makati City, a memorandum dated July 23, 2001 states that “only registered voters and Makati residents can avail of the yellow card and all teenage pregnancies are excluded from availing a yellow card” which means pregnant adolescents shall not be granted free medical services.

## **B. Health as a fundamental right of women**






- ✎ Aside from the RPRH Law and the Universal Healthcare Law, the right to health, which embraces sexual and reproductive health, is recognized in various human rights documents and international covenants of which the Philippine Government is a signatory.
  - Article 12 of the International Covenant on Economic, Social and Cultural Rights recognizes *“the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”*
  - The 1978 Alma Ata Declaration declares *“Formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors.”*
  - Principle 10 of the 1994 International Conference on Population and Development Declaration of Principles recognizes *“the enjoyment of the highest attainable standard of physical and mental health.”*
  - The Beijing Platform of Action adopted the Governments during the Fourth World Conference on Women in 1995 recognizes that *“women's right to the enjoyment of the highest attainable standard of physical and mental health is vital to their life and well-being and their ability to participate in all areas of public and private life.”*
- ✎ The Philippine Government's commitment to respect, protect and promote women's rights has constitutional basis.
  - Article II, Section 11 of the Philippine Constitution states that *“The State values the dignity of every human person and guarantees full respect for human rights.”*
  - Article II, Section 14 says *“The State recognizes the role of women in nation-building, and shall ensure the fundamental equality before the law of women and men.”*
  - Article II, Section 15 provides that *“The State shall protect and promote the right to health of the people and instill health consciousness among them.”*
  - Article XII, Section 11 says *“The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost.”*

## D. Laws addressing women's health/issues

There are specific laws and administrative issuances addressing women's sexual and reproductive health rights:

- Prohibition of Child Marriage Law of 2021 (Republic Act No. 11596)
- Responsible Parenthood and Reproductive Health Law of 2012( RA 10354)
- Kalusugan at Nutrisyon ng Mag-Nanay Act (Maternal and Childhealth Nutrition Act) or RA 11148 of 2018, which scales up the national and local health and nutrition programs in the First 1,000 Days of development of all newborns and care for mother's health and recovery after birth.
- Philippine HIV and AIDS Policy Act (RA 11166 of 2018), which strengthens the policy on HIV/AIDS prevention, treatment, care and support which amends the 1998 AIDS Law.
- Expanded Maternity Leave Act (RA 11210 of 2019) which increases the maternity leave period to 105 days for all female workers.
- Universal Health Care Act (RA 11223 of 2019), which reorganizes the way health services are financed, procured, delivered and accessed. It guarantees equitable access to quality and affordable healthcare services for all Filipinos.
- Safe Streets and Public Spaces Act (Republic Act 11313 of 2019), seeks to prevent gender-based sexual harassment from occurring in streets, public places, online workplaces, and educational and training institutions.
- New Anti-Rape Law 1997 (RA 8353) which classifies rape from crime against chastity to a crime against persons and expands the definition of rape to include acts not traditionally considered as rape, and recognizes marital rape as a crime.
- Rooming-in and Breastfeeding Act of 1992 (RA 7600) which requires public and private health institutions to create an environment that satisfies the physical and psychological needs of mothers and infants.

## E. What government can do

-  It should put more public money into health, particularly women's health.
-  It should set up mechanisms to ensure that women participate at all levels of the decision-making process.
-  It should ensure that all plans made for people's health take into account social and economic conditions, class, religion and sexual preferences.
-  It should ensure that comprehensive primary health care entail preventive, promotive and curative care from a gender-sensitive point of view.
-  It should recognize that health is affected by the interaction of socio-economic political factors and address women's needs holistically.

# June • Ang Maginoong Pinoy

## Orientation Paper

### Active and Responsible Male Involvement in Reproductive Health Care

Every 3rd Sunday of June, the world celebrates Father's Day. We observe it to re-emphasize the significant contribution of male presence and the transfer of a father's values, personal culture and perspectives to his children. These are the gifts that are uniquely realized by a man's active participation in parenting and upholding the indispensable role of men in the development of families. It is for the same reasons that men should be involved in Reproductive Health. Reproductive health programs around the world are increasingly recognizing that men are an important audience for their services. Not only do men have reproductive health concerns of their own, but their health status and behaviors also affect women's reproductive health.



In addition, men can play an important role in preventing gender-based violence, a significant reproductive health concern in many areas, and in supporting efforts to improve women's status.

Men's reproductive health needs include: the life-cyclic changes in men and women in their reproductive roles and functions; the need to overcome their social and health problems; the growing awareness of access to appropriate information in matters related to sexuality and sexual health to enable men and women to lead healthy, safe and fulfilling sexual and family lives; and the need to have comprehensive reproductive health programs which cover family planning, maternal and child health, reproductive tract infections, STDs/AIDS and cancers, adolescent reproductive health care and rehabilitation. Males face reproductive health problems along the various stages of their development like childhood, adolescence, adulthood, middle-age, and old- age stages.

#### Alert on men's reproductive health

Men's reproductive health concerns include family planning, sexually transmitted disease (STD) prevention and treatment, sexuality and sexual dysfunction, infertility, and urologic conditions.

It is important that males be empowered with knowledge about themselves so that they are not influenced by myths, folk beliefs and seek traditional remedies that may be harmful to their reproductive health.

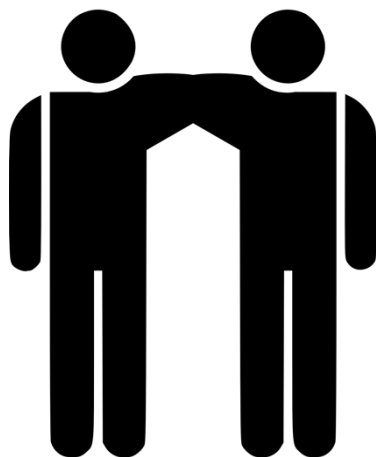
## Reaching out to men

Providing reproductive health information and services to men benefits both men and women in several ways: such as, expanding the range of contraceptive options and supporting women's contraceptive use and preventing STDs.

A number of programmatic and cultural factors have limited men's abilities to take an active role in family planning practice and reproductive health decision-making. Examples include limited number of male contraceptives available; rumors and misinformation; provider bias against male methods; unfavorable social or religious climate; and priority given to women's and children's health services.

Activities designed to involve men can be low cost and easy to implement. This includes involvement of men in program design and implementation, increasing service availability, training providers about men's reproductive health, providing information and personal follow-up, addressing policy barriers and evaluating program impact.

It is important that men are informed of the consequences of certain male behaviors. For instance, women are at greater risk of abuse when their male partners are under the influence of drugs and alcohol. Such as abuse—be it physical or emotional—is a



significant problem that has grave implications on women's health.

Abuse may lead to unwanted pregnancies and STDs as well as direct injuries, including miscarriage. The long-term reproductive health consequences of sexual and physical abuse include chronic pelvic pain, pelvic inflammatory disease and sexual dysfunction.

It is imperative that men are provided with complete and accurate information about the importance of their active involvement in reproductive health—to address their own concerns and be cognizant of women's reproductive health needs.

## Right to information/education

All persons, regardless of gender, race or religious affiliations, have the right to information and education. Everyone has the right of access to education and correct information related to one's sexual and reproductive health. Each individual needs to be aware of one's rights and responsibilities, which are gender sensitive, free from stereotypes, and presented in an objective, critical and pluralistic manner.

FPOP recognizes that all persons have the right to education and information to ensure that decisions they make related to their sexual and reproductive life are made with full, free and informed consent as to the relative benefits, risks and effectiveness of all methods of fertility regulation and the prevention of unplanned pregnancies.

### **Laws and policies on men's RH and responsibility in RH:**

- a) Article V of the Convention on the Elimination of All Forms of Discrimination against Women affirmed that maternity is a social function, and recognized the common responsibility of men and women in the upbringing and development of their children.
- b) Principle VIII of the International Conference on Population and Development (ICPD) emphasized the social responsibility of the member States to take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care.
- c) Beijing Declaration and Platform for Action includes Women and Health as one of critical areas of concerns that needs to be addressed by government in cooperation with non-government organizations, the media, the private sector and, relevant international organizations; articulating that "women have the right to the enjoyment of the highest attainable standard of physical and mental health" reiterating further to "encourage men to share equally in child care and household work and to provide their share of financial support for their families".
- d) Article 13, Section 11 of the 1987 Philippine Constitution enjoined the State to protect and promote the right to health of every Filipino by making quality and adequate health care available and accessible, especially the underprivileged. This entails the adoption of an integrated and comprehensive approach to health development; implying a multi-sectoral partnership and multi-level health care delivery system.
- e) Section 12 of the 2012 Responsible Parenthood and Reproductive Health Law (Republic Act 10354) states "Male responsibility refers to the involvement, commitment, accountability and responsibility of males in all areas of sexual health and reproductive health, as well as the care of reproductive health concerns specific to men".
- f) Executive Order No. 273 approved and adopted the Philippine Plan for Gender-Responsive Development, 1995-2025 as the national framework for pursuing full equality and development for women and men. It shall institutionalize Gender and Development (GAD) efforts in all government agencies by incorporating GAD concerns in their planning, programming and budgeting processes.
- g) Department of Health Administrative Order No. 6 s. 0035 creating a National Policy and Strategic Framework for Men's Involvement in Reproductive Health.

## ***Frequently Asked Questions (FAQS)*** **on male involvement**

### **What are the sexual challenges faced by adolescent males?**

Need to meet societal expectations of men  
Pressure from friends and fathers to become sexually experienced  
Concern that they could not live up to girl's expectations  
Concern about penis size and getting and maintaining an erection  
Concern about sexual orientation  
Belief that girls should be responsible for contraception  
Need for information but fear of admitting ignorance about sexual matters

### **Why do men masturbate?**

Most men (and many women) masturbate to release sexual tension or satisfy sexual urges. Some males engage more frequently in masturbation during examination season or when beset by personal problems, indicating that masturbation may also serve as an outlet for stress, frustration and anxiety.

### **Why are men so concerned about the size of their organs?**

This is seen as a usual concern mostly of adolescents who think that a big penis makes for a better sex life or can better satisfy one's partner. This is a misconception. Such a belief reflects a man's preoccupation with performance, achievement and masculinity. Oftentimes,

it is men's concern about penis size that often leads to anxiety and fear, which in turn may lead to some sexual difficulties.

### **Why are men and willing to undergo vasectomy?**

Men may be unwilling to consider vasectomy because they often equate it with castration, or believe that it usually makes one impotent, which of course is entirely not true.

### **What is the husband's role in family planning?**

Male participation involves sharing the responsibility in planning the family. This includes the use of male contraception (e.g., condom, vasectomy) or giving his full support to his wife in practicing the method they jointly chose.

**Can an illegitimate child use the surname of the father and receive support?**

An illegitimate child may now use the surname of the father even while under the parental authority of the mother and be entitled to support from the father. The support of each illegitimate child shall consist of one-half of the support provided to a legitimate child.

**What are conjugal partnership properties?**

Under Article 117 of the Family Code of The Philippines, the following are conjugal partnership properties:

- ◇ Those acquired by onerous title during the marriage at the expense of the common fund, whether the acquisition be for the partnership, or for the only one of the spouses;
- ◇ Those obtained from the labor, industry, work or profession of either or both of the spouses;
- ◇ The fruits, natural, industrial, or civil, due or received during the marriage from the common property, as well as the net fruits from the exclusive property of each spouse;
- ◇ The share of either spouse in the hidden treasure which the law awards to the finder or owner of the property where the treasure is found;
- ◇ Livestock existing upon the dissolution of the partnership in excess of the number of each kind brought to the marriage by either spouse; and
- ◇ Those that are acquired by chance, such as winnings from gambling or betting. However, losses therefrom shall be borne exclusively by the losing spouse.

**Can the husband use conjugal properties to pay debts and obligations?**

Under Article 121 of the Family Code of the Philippines, the conjugal partnership properties shall be liable to all debts and obligations contracted during the marriage by the designated administrator- spouse for the benefit of the conjugal partnership, or by both spouses, or by one of them with the consent of the other.

# *Talking Points*

## discussing male involvement

- ✎ The world celebrates Father's Day every 3rd Sunday of June.
- ✎ International conventions and national laws and policies are in place that serve as guiding principles in the implementation of programs and activities that promote men's reproductive health and responsibility in the reproductive health. These policies strengthen the advocacy for men to assert their rights to RH services while mindful of their important roles and responsibilities.
- ✎ Relevant and practical ways men can directly involve themselves in (their own and women's) reproductive health include:
  - Using contraceptive methods that require their direct participation such as condoms, natural family planning and vasectomy;
  - supporting their partners' use of contraception through joint decision-making about contraceptive method use and family size; and
  - Preventing the spread of STDs by using condom, limiting their sexual activity to one partner and seeking treatment.
- ✎ Services that address men's needs include:
  - a) Family planning information and services
  - b) Diagnosis of treatment of STDs
  - c) Information on male and female anatomy and physiology
  - d) General medical care
  - e) Physical exams needed for employment
  - f) Treatment of urological problems
  - g) Counseling about sexuality, sexual dysfunction, and discussing sexual needs with partners
  - h) Screening for prostate and testicular cancer
  - i) Evaluation of male infertility

The Family Courts have exclusive original jurisdiction to hear and decide the following cases:

- a) Criminal cases where one or more of the accused is below 18 years of age but not less than 9 years of age, or where one or more of the victims is a minor at the time of the

commission of the offense, provided, that if the minor is found guilty, the court shall promulgate sentence and ascertain any civil liability which the accused may have incurred. The sentence shall, however, be suspended without need of application pursuant to Presidential Decree No. 603 otherwise known as the "Child and Youth Welfare Code."

- b) Petitions for guardianship, custody of children, habeas corpus in relation to the latter;
- c) Petitions for adoption of children and the revocation thereof;
- d) Complaints on annulment of marriage, declaration of nullity of marriage and those relating to marital status and property relations of husband and wife or those living together under different status and agreements and petitions for dissolution of conjugal partnership of gains;
- e) Petitions for support and/or acknowledgement;
- f) Summary judicial proceeding brought under the provisions of Executive Order No. 209, otherwise known as the "Family Code of the Philippines."
- g) Petitions for declaration of status of children as abandoned, dependent or neglected children; the suspension, termination or restoration of paternal authority and other cases cognizable under Presidential Decree. 603, Executive Order No. 56 (Series of 1986) and other related laws;
- h) Petitions for the constitution of the family home;
- i) Cases against minors cognizable under the Dangerous Drugs Act as amended;
- j) Violations of Republic Act No. 7610 otherwise known as the "Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act," as amended by Republic Act 7658; and
- k) Violations of domestic violence against:

Women - are acts of gender-based violence that result or are likely to result in physical, sexual or psychological harm or suffering two women; and other forms of physical abuse such as battering or threats and coercion which violate a woman's personhood, integrity and freedom of movement; and

Children- include the commission of all forms of abuse, neglect, cruelty, exploitation, violence, and discrimination and all other conditions prejudicial to their development.

## Orientation Paper

### Ang Tanging Ina

#### Responding to real issues of maternal and child health and child survival

As of May 2020, the population of the Philippines is at 109,035,343 based on the Census of Population and Housing of the Philippine Statistics Authority (PSA). This is an increase of 800,053,906 from the 2015 population of 100,981,437. Based on this census, the country's population growth rate (PGR) is 1.63 percent slightly lower than the 1.71 percent PGR between 2010-2015. More than 25million are below 25 years old and more than 10.3 million are between 10-19 years old. Studies show that high birth rates and very young populations make it more difficult for countries to reduce poverty, invest in human resources, and pursue sustainable economic development.

#### Maternal and Child Health/Nutrition

The 2017 NDHS shows that 9 in 10 pregnant women received antenatal care while 84% of all births were assisted by a skilled health

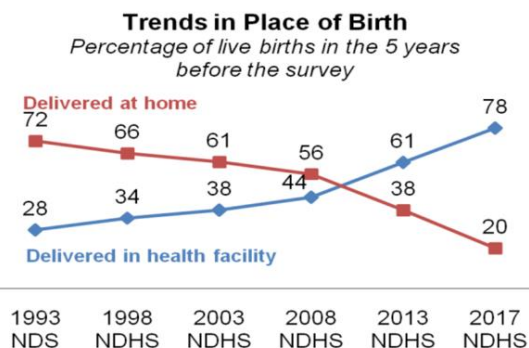
provider and 78% of all births were delivered in a health facility.

But even with an improving maternal health service, maternal mortality is still high with 7-8 women dying due to childbirth and pregnancy complications every day or an estimated maternal mortality ratio of 121 per 100,000 live births.

An expectant women should be advised to have a pre-natal checkup as early as the first trimester of her pregnancy. This will help identify high-risk conditions. Potential symptoms should be pointed out to women so that necessary interventions can be made.

Also, after childbirth, it is important for the mother to see her health specialist because she is at her most fragile state of health. This is brought about by the loss of blood and nutrients during the childbirth, making the mother very susceptible to illness.

Post-partum hemorrhage, post-partum depression and fatigue are just a few of the common problems that may occur soon after childbirth. Support from the health specialist and family regarding these problems could help in mother's recovery.



**Breastfeeding.** There is no substitute to breastfeeding a newborn. Not only is it economical, it's also very healthy as the infant builds up natural defenses against diseases with breast milk, in addition to strengthening the bond between mother and child.

Despite these, many mothers stop breastfeeding their babies or refuse to begin breastfeeding altogether. Why? The No.1 reason is they have insufficient milk. Other reasons include:

- ◇ There are some local beliefs which undermine breastfeeding: some women believe that a mother should not breastfeed when she is too hot, too cold, tired, sick or angry;
- ◇ Women find it difficult to integrate breastfeeding into their schedules; and
- ◇ Working mothers are probably not aware that mother's milk can be safely stored for up to six hours at room temperature and up to 24 hours in a refrigerator.

Health institutions and medical professionals, should play a significant role in promoting breastfeeding in the Philippines. Comprehensive breastfeeding education should be given to mothers.

Media should be tapped to actively play a role in this information campaign.

## Child health and nutrition

Good health and nutrition are important for a child's good performance in school.

Insufficient milk in a mother may be brought about by several reasons. (Humane Parenting, unpublished):

- ↔ Surgical interventions such as breast reduction or breast augmentation, often interfere with the normal anatomy of breast tissue.;
- ↔ A history of sexual abuse may leave women so psychologically and emotionally traumatized that it may be extremely difficult, if not impossible, to tolerate physical intimacy of breast feeding on demand;
- ↔ Caesarian section may lead to breastfeeding difficulties, mainly as a result of a newborn's prolonged separation from his mother and the mother's post-surgical discomfort.
- ↔ The use of pain narcotics, which 50% of women request and receive during labor, may be transmitted to the newborn via the placenta, possibly impairing the newborn's ability to suckle and to stay alert.

Malnutrition and micronutrient deficiency is a serious problem because this could affect a child's growth and development and subsequently a child's ability to learn.

For nearly 30 years, there had been no improvement in the state of undernutrition among children in the Philippines (World Bank Report, 2019). From the Regional Report on Nutrition Security of the Association of South East Asian Nations or ASEAN, an average of 30% of all children

under five years in the South East Asia are stunted. This translates to more than 17.9M children and 18 percent or more than 3.3M, are Filipino children.

Stunting and other indicators of undernutrition are also found to have links to sub-optimal brain development that may have long-term effects on one's academic performance and future economic productivity as an adult. Undernutrition during the development years have also been found to contribute to increased vulnerability to acquiring chronic diseases.

Common health conditions affecting school children include:

- tooth decay
- lice infestation
- common colds
- ear infection hearing impairment
- bone abnormality
- respiratory ailment
- fungal and bacterial skin infection
- hardened ear wax

Far too many Filipino children are unprotected from life threatening diseases that can be prevented by vaccinations. According to the NDHS 2017, 70% of Filipino children age 12-23 months have received all eight basic vaccinations—one dose each of BCG and measles-containing vaccine and three doses each of DPT-containing vaccine and polio vaccine. But there are 9 percent of children who have not received a single dose. There is also inequalities in vaccinations among children - basic vaccination coverage is slightly higher in

urban areas than rural areas (75% versus 66%). At the regional levels, basic vaccination coverage ranges from 18% in ARMM to 87% in Davao. Basic vaccination coverage has fluctuated over time, rising from 72% in 1993 to 80% in 2008 and then decreasing to 70% in 2017.

### **The right to choose whether or not to marry or found a family**

In the Philippines, higher education is still for the privileged. It is not uncommon, especially in the rural areas, for teenagers belonging to big families to leave home and try to find jobs after finishing high school. Young women who were only able to reach primary education and those from the poorest households are more likely to have begun childbearing than those with higher education and coming from wealthiest households (NDHS 2017). Eight in 10 of all marriages involving Filipinos 19 years old and below are young girls. At least 5.5% of all registered marriages in the country involve girls 19 years old and below who are marrying and being married off to someone so much older. (PSA Marriage Statistics 2019). Child marriages happen in the Philippines just like in many other countries.

Women living below the poverty level have very limited options. Their needs, such as education, should be attended to so that they won't be forced to plunge into early marriage. They should also be provided with choices, such as family planning services, so that they would find a family when they are ready.

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## ***Frequently Asked Questions (FAQS)*** **family planning and maternal and child health**

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### **Aside from saving the lives of the Filipino mothers, can family planning save the lives of infants, too?**

Yes, family planning can save the lives of both the mother and her infant. At least 9% of Filipino women age 15-19 have already begun childbearing (NDHS 2017) while 7% are already mothers. Adolescent pregnancies are considered high risk. Our data of livebirths among teenagers show that 495 babies are born to teen mothers every day. That's more than 400 girls and their babies at risk every day due to childbirth complications. Among older women, 16% of all pregnancies are among 35 years old and over which is also classified as high risk. There is also a huge proportion (49%) of married women who do not want anymore children. Unplanned and even unwanted pregnancies also contribute to incidence of clandestine and unsafe abortions. Proper spacing also allows the mother to recover physically and be able to take care of her baby.

There are many factors that affect child survival - Maternal factors (such as the age of the mother, number and spacing of births, mother's health); Child's nutrition; and Social factors such as family income and access to preventive and curative health care. The country still has high infant, child and neonatal mortality rates. Under-five mortality is 27 per 1,000 livebirths or more than 45,000 deaths among children. Infant mortality is 21 per 1,000 livebirths or 35,000 babies dying before their first birthday. The ability of the couple to plan their families will reduce unplanned pregnancies, infant and child mortality and maternal deaths.

### **Can family planning help stop abortion?**

Abortions have claimed the lives of many of our Filipino mothers. Family planning can help stop abortion! About 500,000-600,000 abortions are performed in the country every year. Abortion is illegal in the Philippines, yet many women resort to such a high-risk procedure to avert unplanned pregnancies. Many of them had also died due to abortion-related complications. Planning a pregnancy is important. There are many contraceptive methods available in the country that can help women avoid unplanned pregnancies, and thus prevent having to undergo abortion.

Family planning gives women better control of their fertility; it offers them better reproduction options. Contrary to what family planning detractors often claim, the use of family planning methods is not synonymous to abortion. What these methods generally do is prevent the union of the sperm of the male and the egg of the female. If they don't meet, there could be no conception, thus, there's no pregnancy that will occur. All contraceptives in the Philippines are certified by the Food and Drug Administration (FDA) as medically safe and non-abortifacient.

## *Frequently Asked Questions (FAQS)*

### **family planning and maternal and child health**

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#### **Is it safe for women to take any drugs while pregnant?**



Avoid taking any drug during pregnancy unless it has been advised by your doctor.

All drugs, even aspirin, must be avoided during pregnancy unless they have been prescribed by a doctor. This is to reduce any danger to the fetus. The use of alcohol and drugs such as cocaine, heroin and marijuana can have detrimental effects on the developing fetus and the nursing infant. Drug use must be stopped, especially from the beginning of pregnancy through the period of breastfeeding.

Mothers who smoke are more likely to go into premature labor than those who do not. Their babies tend to be born smaller than average, greatly increasing the chances of the baby dying.

Also, some drugs may adversely affect the mother. For instance, many commonly used drugs may aggravate the symptoms of heartburn during the latter months of pregnancy and should be avoided.

As your doctor for further information and what precautions to take during pregnancy.

#### **Can family planning really help the country achieve its maternal and child mortality rate targets?**

The Philippines is committed to achieve its targets under the Social Development Goals (SDGs) by 2030. Evidence show that family planning saves the lives of the mother and her child. Reproductive health services and family planning have gradually reduced the country's Maternal Mortality Ratio currently at 121 per 100,000 livebirths. The global target is 70 per 100,000 livebirths. At the current rate of our MMR, the country may not be able to meet its commitment to the SDGs. However, the rate of decline still translates to thousands of lives saved and quality of lives improved.

# *Frequently Asked Questions (FAQS)*

## family planning and maternal and child health

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### **Are modern family planning contraceptives safe?**

All family planning contraceptives available in our pharmacies and clinics are certified as medically safe and non-abortifacient by the Food and Drug Administration (FDA).

The FDA is a regulatory agency under the Department of Health, created under Republic Act No. 3720, series of 1963, as amended by Executive Order 175, series of 1987, otherwise known as the “Food, Drugs and Devices, and Cosmetics Act”, and subsequently Republic Act No. 9711 otherwise known as “The Food and Drug Administration Act of 2009”. The FDA is *“mandated to ensure the safety, efficacy or quality of health products which include food, drugs, cosmetics, devices, biologicals, vaccines, in-vitro diagnostic reagents, radiation-emitting devices or equipment, and household/urban hazardous substances, including pesticides and toys, or consumer products that may have an effect on health which require regulations as determined by the FDA,”* ([www.fda.gov.ph](http://www.fda.gov.ph)).

The FDA is also mandated to enforce the provisions of the following laws related to sexual and reproductive health:

- RA 9502, or The Universally Accessible Cheaper and Quality Medicine Act of 2008
- RA 6675, or The Generics Act Of 1988,
- RA 10918, or The Pharmacy Law,
- RA 9165, or The Comprehensive Dangerous Drugs Act
- RA 9257, or The Expanded Senior Citizens Act of 2003
- EO No. 51, or The Milk Code of the Philippines
- RA 10354, or The Responsible Parenthood and Reproductive Health Law of 2012

# Talking Points

## maternal/child health and teenage pregnancies

### Maternal deaths

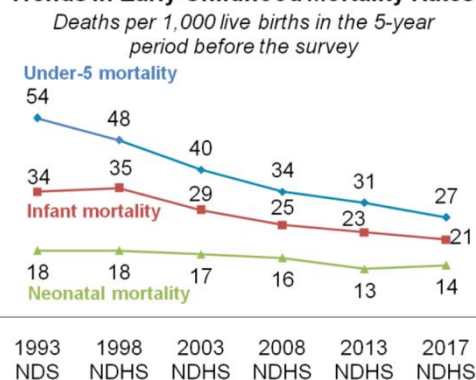
The main causes of maternal deaths included:

- ❖ Delay in reaching a medical facility
- ❖ Normal delivery and other complications related to pregnancy occurring in the course of labor, delivery and puerperium
- ❖ Hypertension complicating pregnancy, childbirth and puerperium
- ❖ Postpartum hemorrhage
- ❖ Pregnancy with abortive outcome
- ❖ Hemorrhage related to pregnancy

### Problems in Accessing Health Care

“Overall, more than half of women age 15-49 have at least one problem accessing health care for themselves. Getting money for treatment is the most common problem (45%). Younger women age 15-19 (64%), women with no education (76%), and women from the poorest households (72%) are more likely than the other women to report problems in accessing health care for themselves.” (2017 NDHS Key Findings)

### Trends in Early Childhood Mortality Rates



### Infant Deaths

Based on the 2017 NDHS, though declining, the country still has high infant, child and neonatal mortality rates. Under-five mortality is 27 per 1,000 livebirths or more than 45,000 deaths among children. Infant mortality is 21 per 1,000 livebirths or 35,000 babies dying before their first birthday. Neonatal deaths is at 14 per 1,000 livebirths or more than 23,000 babies dying within the first month of life.

### Teenage Pregnancies

More than the high birth rates among adolescents, the concern must be for the health of the mother and child since all pregnancies among adolescents are considered high risk. According to Philippine Statistics Authority (PSA), 3.7% of all births are among 17 years old and below or 169 adolescent girls and babies at risk of dying every day due to childbirth complications.

# August • Family Planning

## Orientation Paper

### Isa, Dalawa, Tatlo?

#### Healthy choices for responsible parenthood and family planning

Tina Pigiën was born in Sagada, Mountain Province, to parents who believed “having many children was good as they provide extra hands in the farm.” Feeding so many children—11 in all—during those times was not so much of a problem. Sending them to school, however, was entirely a different story.

“It was really very, very difficult.” Tina said as she told about how she and her brothers and sisters had to work at least half a day in the farm then go to school later. “We were dead tired in the evening, but we couldn’t go to bed yet. We had to study the next day’s lessons. I couldn’t remember a day when my back was not aching,” she paused just long enough to wipe a tear away, “we had a very hard life.”

“I’ve learned my lessons. I want a better life for my children,” Tina said. “Now, there are options that could help me become a more responsible parent.”



#### Family planning, responsible parenthood and safe motherhood

Family planning provides parents choices - whether to have children right away or not, how many and how far apart – empowering them to better plan their family and thus, become better and responsible parents.

Family planning fosters family health and quality time with children, stronger bond between husband and wife and community involvement.

Family planning is a health intervention program that provides numerous health benefits to the mother, child (including the unborn and newborn) and the family.

For instance, family planning prepares a mother for the physical, mental and emotional demands of pregnancy and delivery as it could help her delay the pregnancy until she’s ready health wise to

have a child. If the mother is healthy, the child in her womb is expected to be healthy too. And if she is in the best of health, the mother will have the necessary strength in caring for her baby after delivery. When the

Family planning also helps in achieving the desired family size and proper birth spacing. Desired family size is having the number of children a couple would like to have; birth spacing is having children a healthy period apart (from at least two to five years).

Modern methods allow couples to practice family planning safely and effectively.

**Family planning promotes closer husband-and-wife relationship and gives mothers more time to spend with her other growing children.**

Mothers need a break, so to speak, from the difficulties of pregnancy and child delivery. For example, some studies show that mothers lose a lot of blood - as much as 500 cc - during child delivery, and it takes at least 24 months for her to recover. Family planning can help a mother regain her health and strength as there are modern and very effective methods available for her to space her pregnancies and give her time to recover the nutrients her body lost during pregnancy.

When pregnancies are properly spaced, the mother will have enough time to devote to her husband and thus, the couple will have more time to nurture their relationship. Both will also have enough time to guide their growing children and take care of their needs.

mother and the newborn, usually the center of attention of the family, are both healthy the whole family tend to be healthy and happy, too.

**Family planning allows mother's to be an active part of the community.**

As a bonus, family planning allows mothers to socialize with the other members of the community. A study of 1,100 married women of reproductive age in Western Visayas revealed that women who use family planning were more likely to participate in community activities, such as Parent -Teacher Association, religious organizations and beautification projects. The same study says woman found community activities relaxing, adding that these activities allowed them to socialize and interact with their peers. Women reported that social participation gave them satisfaction and increased their sense of self-worth.

**The Intensified Family Planning Program**

Even if family planning is part of the RPRH Law which specifies the provision of FP services for all Filipinos, FP is more than just birth spacing and access to desired FP methods. With the rising cases of teen pregnancies, high unmet need for FP and high maternal mortality, the government intensified its FP program with the issuance of the following Executive Orders:

Executive Order No. 12, s. 2017: Attaining and Sustaining “Zero Unmet Need for

Modern Family Planning” Through the Strict Implementation of the Responsible Parenthood and Reproductive Health Act, Providing Funds Therefor, and for other Purposes.

Executive Order No. 71 s. 2018, Renaming the Commission on Population (POPCOM) to Commission on Population and Development and transferring POPCOM under National Economic and Development Authority (NEDA) from the Department of Health (DOH). By doing so, POPCOM is able to complement the FP program of the DOH with awareness raising, policy advocacy especially at the local levels as well as FP services in key regional offices.

Following the EO of President Duterte, the DOH, NEDA and POPCOM signed a Joint Memorandum Circular 2019-01 on February 15, 2019, for the implementation of the National Program on Population and Family Planning and the adoption of a co-management scheme between the DOH and POPCOM. The Office of the President through the Cabinet Secretary also issued a directive for government action addressed to various concerned departments for the full implementation of the National Program on Population and Family Planning, signed on March 5, 2019.



## **COVID19 COVID-19 and Unmet Need for Family Planning**

As health facilities across the country turn their attention on addressing those afflicted with COVID-19, the provision of services for all other health issues in the communities were also disrupted.

According to the 2017 National Demographic and Health Survey (NDHS), 17% of married women 15-49 years old have unmet need for family planning. This translates to 3.1million women and at least 5% or 163,000 are girls 15-19 years old with unmet need for FP. The University of the Philippines Population Institute (UPPI) conducted a study in 2020 to determine the impact of prolonged lockdowns and quarantine restrictions to the state of reproductive health in the Philippines. The UPPI study estimates that a prolonged period of lockdown or community quarantine results in a 67% increase or an additional 2.07M women with unmet need for FP.

Source: <https://www.uppi.upd.edu.ph/sites/default/files/pdf/UPPI-Impact-of-COVID-19-on-SRH.pdf>

## ***Frequently Asked Questions (FAQS)*** **on family planning**

**Aside from improving the health of the mother, the child and the whole family, what other benefits does family planning offer?**



Family planning also offers economic benefits; it can help reduce poverty. Studies show that the larger the family size, the greater the tendency for the family to be poor. A large family size puts a lot of strain on family resources. Because poor families spend up to two-thirds of their earnings on food, it is very difficult for them to send their children to school, clothe them and provide them more secure shelter. And even if children from poor families get lucky enough to be sent to school, their academic performance is oftentimes below average due to factors such as the lack of nutritious food and lack of time to study as they often help in household chores or attend to odd jobs to help augment the family income.

Parents who plan their families are generally more economically productive, and thus, have the necessary resources to better raise their children. With a smaller family, budget needs are more easily achieved. With this, it is expected that the family can enjoy the other “pleasures” of life (e.g., going to the movies, eating out, buying no clothes).

The 2017 NDHS show that 7 in 10 women from poorer households have difficulty accessing health services due to financial constraints. This means that the health of the mother and the entire household is affected.

**People who practice family planning say it generally leads to a better sex life. Is this true?**

Based on studies, couples enjoy sexual union better when they have no fear of unplanned consequences. If a decision on a family planning method is jointly made, it reduces the sexual tension between man and wife, promotes better relations and there are better chances for a couple to continue using the method of their choice for a long period of time.

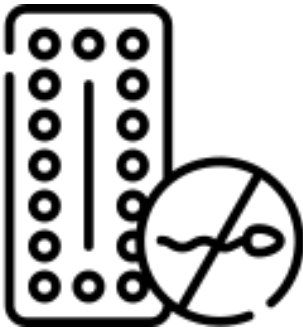
## ***Frequently Asked Questions (FAQS)*** **on family planning**

### **How do child spacing methods work?**

A child is conceived only when there is a union of the male sperm and the female egg. When the two do not meet, there can be no pregnancy; that's how child spacing methods work - prevent the union of the sperm and egg.

Fertilization occurs once the mature egg cell of the female meets or unites with the male's sperm cell. When a man ejaculates his semen, it contains millions of sperm cells released into the vagina. Sperm cells swim through the uterus to the fallopian tube where only one sperm cell penetrates and unites with (or fertilizes) the mature egg cell (release from the female ovaries in a process called ovulation).

The fertilized egg is called embryo. Once fertilized, the embryo is embedded into the inner surface of the uterus (endometrium) so it can establish contact with the mother's blood supply for nourishment. Ovulation usually occurs about 12 days after the first menstruation. If sperm is present, fertilization can occur. When did to do not meet, there is no fertilization that occurs, thus, no pregnancy will happen.



### **What is the number one method of choice in the country?**

The pill is the No.1 method of choice in the Philippines. The pill is a contraceptive in tablet form. Taken daily, the pill is a very effective (almost 100%) family planning method. It is safe and very convenient to use and can be used by a woman who wants to prevent pregnancy. Millions upon millions of women all over the world we use the pill can attest to its effectiveness.

### **If I use any family planning method, will that be really effective in avoiding accidental pregnancies?**

There are really effective methods and there are less effective methods. Less effective methods are not supported by scientific and medical evidence. In the past women have less access to family planning information such that there are women who use the less effective calendar method of family planning more than modern methods. Other couples also mention withdrawal as a method. But the calendar or rhythm method and withdrawal are unreliable. In order to find out the right family planning method to use, it is best to visit a health center near you. There are public and private/NGO run clinics that can assist you in meeting your family planning needs.

## ***Frequently Asked Questions (FAQS)*** **on family planning**

### **If couples would like to plan their family, why choose a less effective method?**

There are number of safe, convenient and very effective methods to choose from - other examples are the IUD, DMPA, condoms and subdermal implants.

### **Do family planning methods have side effects?**

Just like any other medicine or drug, contraceptives of side effects but these are temporary and not dangerous.



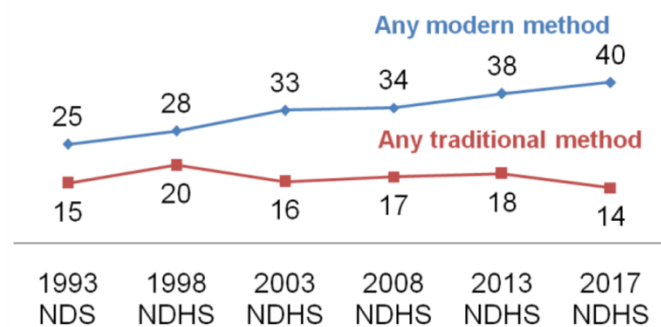
Many of the medicines we take off side effects. A cough syrup, for example, can cause drowsiness. Despite the side effect, people continue to take cough syrup as its benefits far outweigh its temporary side effect. Contraceptives are no different.

Also, before using any contraceptive, individuals should seek medical advice so as to know which method will be best for her or his body and her lifestyle thus minimizing the occurrence of side effects.

Groups opposed to family planning overemphasize the possibility of experiencing side effects to scare couples from adopting any modern method. However, it appears that they are not successful. Studies show that the fear of side effects is not the main reason for non-use of contraceptives. The demand for family planning has also been increasing.

### **Trends in Contraceptive Use**

*Percentage of currently married women age 15-49 currently using a contraceptive method*



# *Talking Points*

## **Family planning and safe motherhood**

Family planning prepares a mother for the physical, mental and emotional rigors of pregnancy and delivery. If the mother plans her pregnancy, she could see to it that she is in the best of health before getting pregnant. And if she is in the best of health, the mother will also have the necessary strength to care for her newborn.

### **Family planning saves mothers' lives**

Maternal mortality in the country is at 121 per 100,000 live births; this means that at least seven Filipino mothers are dying every day from childbirth and pregnancy complications. Family planning can prevent one out of four maternal deaths (or as much as 25 percent). Based on studies, mothers whose pregnancies are space 2-3 years apart are:

- 1.3 times less likely to have anemia
- 1.7 times less likely to have bleeding during the third trimester of pregnancy
- 2.5 times more likely to survive childbirth

### **Women/couples have the right to decide whether or when to have children**

Women and/or couples have the right to decide whether to have children or when to have them. This is a right that has to be respected and supported by the government.

According to the 2017 National Demographic and Health Survey (NDHS), 17% of married women 15-49 years old have unmet need for family planning. This translates to 3.1million women and at least 5% or 163,000 are girls 15-19 years old with unmet need for FP. But even with a high demand for family planning, only 54% of married women use any method of family planning.

#### **Child Spacing**

Child spacing ensures that the mother will have enough time to care not only for her newborn but also her growing children. As an example, for the newborn, the mother can make sure that the baby is breastfed well. Breastfeeding during the first 4 to 6 months can help protect the newborn from diseases and gives the child the nutrients it needs.

New studies show that longer birth intervals are even better for infant survival and health. Children born 3-5 years apart are healthier and also 2.5 times more likely to survive than children born less than 2 years apart.

## Family planning and safe motherhood

### Unmet need for family planning

Unmet need for family planning refers to the proportion of currently married women who were not using any family planning method but reported that they did not want any more children or preferred to space their births.

The total unmet need for family planning in the country is 17 percent among married women 15-49 years old, with 6% for spacing births and 11% for limiting births (NDHS, 2017). Unmet need generally declines with increasing education. One in four married women with no education has an unmet need for family planning, compared to 16% of women with college education. Awareness about family planning help increase the demand for service. The 2017 NDHS show that 7 in 10 women are exposed to messages about family planning from various media (radio, television, newspaper/magazines, mobile phones, or through the internet ). Television is the most popular medium for family planning messages (62%). But exposure varies per region with Caraga region having the least exposure (17%) and highest in ARMM (62%).



### **COVID19** COVID-19 and Health Coverage

Even if more than two thirds of the country's population are enrolled under the Philippine Health Insurance Corporation (Philhealth), more than 50 percent of all hospitalization cost is out-of-pocket (NDHS 2017). When COVID-19 gripped the country's health system, hospitals had been occupied with patients suffering from COVID-19 complications. PhilHealth coverage included benefits for emergency and hospitalized patients due to pneumonia and severe pneumonia as a complication of COVID-19.

The roll-out of COVID-19 vaccines reduced the cases of hospitalizations and a significant number of patients of suffering from mild COVID symptoms are able to recover through home isolation and treatment. PhilHealth Memo Circular No. 2021-0014 issued on August 21m 2021 provided extended benefits of P5,917 per claim for mild COVID under home isolation. This package also included medical consultations, care package and referral to health facilities is case of escalation of COVID symptoms.

Source: [https://www.philhealth.gov.ph/news/2021/now\\_covers.pdf](https://www.philhealth.gov.ph/news/2021/now_covers.pdf)

# SEPTEMBER • Infertility and Sexual Dysfunction

## **Orientation Paper Nalilito! Nalilito!**

### **Infertility and sexual dysfunction: Can they really be prevented?**

The road to conception is not always smooth. There are problems, such as infertility and sexual dysfunction, that prevent couples from having a child. But you need not worry so much. Many such cases can be avoided; those facing them can undergo treatment.

Infertility in women is the inability to conceive after one year of having regular unprotected sexual intercourse. For some women, infertility may be caused by non-occurrence of ovulation. For a husband, a low sperm count is one reason why he could not get his wife pregnant. Sexual dysfunction, usually occurring among men (like those suffering from erectile dysfunction), is another.

#### **Conceiving a child**

Conceiving a baby is something that many of us take for granted. Actually, the process is no less than a miracle. Even for the most fertile couple, the chance of becoming pregnant each month is about 1 in 4. An intricate sequence of events must be carefully orchestrated by chemical messengers (hormones) before conception takes place. In both the man and the woman, the follicle-stimulating hormone

(FSH) and the luteinizing hormone (LH) prepare the sperm and the egg for union.

Beginning at puberty, a man's body produces millions of sperms every day. Produced inside the testicles, sperm take up to three months to develop to maturity. The woman, on the other hand, already has her entire supply of eggs-about two million-by the time she is born. The immature eggs, which are stored in the ovaries, decrease in number and quality as a woman age.

Beginning at puberty, pituitary and ovarian hormones are released, initiating ovulation and menstruation. For fertilization to occur, the sperm must reach the egg within hours of ovulation. After swimming up the vagina, sperm enter the cervix, moving through the cervical mucus, into the uterus and then into the fallopian tubes. Out of the millions of ejaculated sperm, only a few hundred survive the journey through the reproductive tract.

The egg is fertilized when one of the sperm manages to tunnel its way through the egg's protective covering. Inside the fallopian tube, the fertilized egg (now an embryo) prepares itself for implantation in the uterus. This is the complex path of pregnancy.

## Infertility

Given the complex process of human reproduction, a lot can go wrong along the way and therefore many conditions in the male and the female can result in infertility. About one-third of infertility cases are due to problems with the male, one-third are due to problems with the female and one-third are due to a combination of male and female factors or to unknown causes.

Since infertility can be caused by a number of factors, the couple need to see a specialist to determine the cause of infertility and to assess the treatment options. The first procedure for the husband is to analyze his semen. The husband will be asked to collect his semen in a sterile container and submit this to the laboratory. The laboratory will measure the quantity and quality of the sperm. Depending on the results, the fertility specialist might refer the husband to a urologist for further evaluation and management, especially when no sperm is found in the semen.

***Couples in their 20's or 30's have greater chances of overcoming their fertility problems; those over 40 have lower chances.***

***Even for the most fertile couple, the chance of becoming pregnant each month is about 1 in 4.***

For women, the specialist will most probably first assess whether or not ovulation is occurring since problems with the menstrual cycle very often cause infertility. The most accurate method is to do a series of ultrasound examinations. Other methods including monitoring of the basal body temperature, evaluation of the cervical mucus or measurement of hormone levels.

Other procedures that might be necessary to assess the cause of infertility include post-coital test, hysterosalpingogram and laparoscopy. Couples in their 20's or 30's have greater chances of overcoming their fertility problems; those over 40 have lower chances.

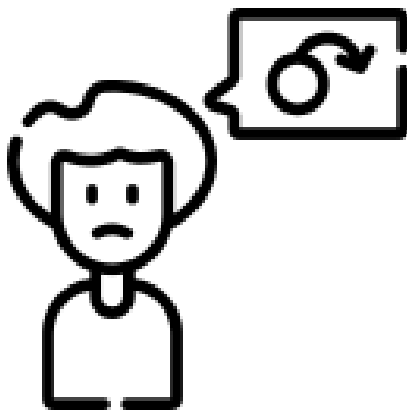
The treatment depends on the cause of infertility. For males, options are hormonal treatment, surgery and intracytoplasmic sperm injection (ICSI). For females, options include hormonal treatment, intra-uterine insemination (IUI), surgery and assisted reproductive techniques (ART).

Success rates depend on the causes of infertility and the treatment chosen. Chances are lower for women aged 40 or above, but for couples in their 20's or 30's, success rates of assisted conception per cycle are often at par or sometimes even higher than in fertile couples. Chances of success continue to increase with each cycle of treatment, so couples should be prepared to undergo treatment for several cycles.

## Sexual dysfunction

Another problem that a couple may face is erectile dysfunction (ED) which is the inability of a man to attain and maintain an erection sufficient for sexual intercourse. This condition is commonly known as impotence. The problem is more common in men over age 65, but it can occur at any age. It is normal for men to experience changes in erectile function, such as taking longer to achieve an erection. When the problem becomes persistent, it can be a sign of a physical or emotional problem.

The dysfunction can occur because of cardiovascular or neurological disorders, as well as diseases such as diabetes, in which 40% of patients suffer from dysfunction. ED results from a disruption in any of the three phases required to produce an erection.



- The first phase is sexual arousal.
- This is followed by the nervous system response that increases blood flow to the penis.
- The final phase is relaxation of the blood vessels of the penis that allows more blood to flow into the penis to cause an erection.

A disturbance in any of these three phases can cause impotence.

Testosterone is important to the erection process, and levels of this hormone begin decreasing in men at age 40.

Exposure to environmental toxins, including lead and pesticides, may also cause some cases of infertility in men. Heat is another factor. The temperature in the testicles is lower than the body temperature. This condition is needed to produce sperm. If testicles are exposed to higher temperatures over period of time, sperm production may be reduced or ceased altogether.

## ***Frequently Asked Questions (FAQS)*** **On infertility/ sexual dysfunction**

### **Can we prevent infertility?**

Yes. Remember this:

- **Age.** Women who want to have children have greater chances of becoming pregnant before reaching the age of 35.
- **Smoking.** Women who smoke have greater chances of becoming less fertile and face earlier menopause.
- **Weight.** Excessively thin or obese men and women have the tendency to become less fertile.
- **Sexually Transmitted Diseases.** *Chlamydia* raises as a woman's risk of having fertility problems. Women with more than one sex partner should use condoms and seek *chlamydia* testing.



### **Is it true that female fertility dramatically drops at 40 years old?**

True. Women and their 20's are in the peak of their reproductive years. Between 35 and 40, female fertility falls moderately. At 40, the drop is dramatic; the quality of the eggs deteriorates.

### **Is it true that stress causes infertility?**

This is very true. Stress interferes with ovulation. In men, stress can cause erectile dysfunction.

### **What are the other causes of erectile dysfunction?**

Other causes of erectile dysfunction are vascular diseases, neurological problems, complications of diabetes, prostate disease and its treatment, medications, hormonal disorders, psychological disorders and substance abuse.

### **Can smoking cause impotence?**

Yes. According to studies, there is for men who smoke more than a pack of cigarettes a day is 60 percent higher than those who never smoked. Smoking can cause clogging of the arteries in the pelvis area and reduced blood flow to the genitals, which in turn cuts blood flow to the penis.

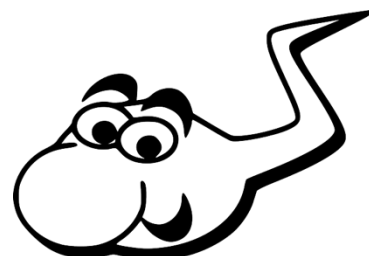
## ***FAQS*** **on infertility/sexual dysfunction**

### **Are there devices to help achieve erection?**

Devices to help achieve and keep erections range from bands to vacuum tubes and surgical implants.

### **Can drugs, such as Viagra, really help stimulate an erection?**

Drugs, like Viagra, can help in the process of gaining and maintaining an erection. They usually help to relax the muscle cells in the penis' erectile tissue, allowing more blood to flow in the penis to cause an erection. Most of these drugs will work only if you are sexually stimulated. They are not aphrodisiacs and will not increase your sex drive.



Side effects of drugs, like Viagra, include headaches, flushes, indigestion and distortion of vision or change in color vision.

### **When can a pregnant worker avail of maternity leave?**

Under Article 133 of the Labor Code of the Philippines, every employer shall grant maternity leave to any pregnant women employee who has rendered an aggregate service of at least six months for the last 12 months. Under the Expanded Maternity Leave Act (R.A. No. 11210) the maternity leave period is one hundred and five (105) days for female workers with pay and an option to extend for an additional thirty (30) days without pay. This also grants extension of fifteen (15) days for solo mothers, and for other purposes. The maternity leave period is counted in ***calendar days, inclusive of Saturdays, Sundays, and holidays***. This is in consonance with the rule that maternity leave should be availed of in a continuous and uninterrupted manner. Duration of maternity leave shall be at least two weeks prior to the expected date of delivery. The employer may require any women employee applying for maternity leave to present a medical certificate stating that delivery will probably take place within two weeks.

## *Talking Points*

### **Linking Reproductive Health/Family Planning services to addressing infertility/sexual dysfunction problems**

#### **Infertility problems: Issues which reproductive health/family planning also addresses**

Reproductive health/family planning concerns are not limited only to child spacing, achieving desired family size or reproductive health diseases. They also include infertility and sexual dysfunction.

Couples who have been together for a quite a number of years and still don't have a child may have an infertility problem. It's either the husband or the wife or both may have a problem. They are encouraged to visit their health centers or talk to their doctors about this.

Many infertility problems could be prevented. For instance, stress can interfere with ovulation in the case of women, and with erection in the case of men. Stress could be work-or family-related; usually this can be minimized by eating a balanced diet and having regular exercise.

Other factors are:

**Age:** Women should not delay childbearing for so long; it's difficult to get pregnant when the woman is already 35 years old. Reproductive years are usually at their peak between the 20s and early 30s. Fertility falls moderately when a woman reaches 35.

**Smoking:** Women who smoke tend to be less fertile and may face earlier menopause.

**Weight.** Excessively thin or obese men and women tend to be less fertile.

**Sexually transmitted diseases (STD):** STDs raise a woman's risk for fertility problems. Women with more than one partner should tell their partners to use condoms; women should also seek regular testing for STDs.

## October – Adolescent RH

### **Orientation Paper**

### **Oh Baby, May Baby!**

#### **Responding to issues of adolescent reproductive health and education**

Picture this: a group of teenagers, around 15-17 years of age, three boys and three girls. One girl has a sad look in her eyes; so quiet as she holds tightly onto the hands of her two girl friends seated on both sides. One of the boys is pacing back and forth as the two others are on the edge of their seats, talking to each other in a hushed tone. All of them are in the reception area of a small clinic, waiting for the result of pregnancy test.

#### **Reacting to teenage pregnancy**

Horrified. That is the usual reaction of adults when a young girl gets pregnant. Mothers get hysterical; fathers outraged. The boyfriend, so confused, is thinking of marrying her to “save” her from “her” predicament, even if both are so unprepared for such a commitment.

As mother and father argue with each other, the pregnant girl retreats to her room and sheds buckets of tears. “What will I do now?” she asks herself. She feels so alone at a time when she most needs comfort, a helping hand. Such a situation has driven so many girls to run away from home; or, in extreme cases, to commit suicide. But these consequences need not—and should not—happen.



A teenage girl getting pregnant is no longer uncommon even in Catholic countries like the Philippines. One in 10 Filipino women between 15-19 years old have already begun childbearing according to the 2017 National Demographic and Health Survey (NDHS). Pregnancy among very young adolescents (10-14 years old) is also on the rise. According to the Commission on Population (POPCOM) estimates, there are 40-50 young adolescents who give birth every week. This is alarming not just by its high number but because all teen pregnancies are considered high-risk. This means that so many young girls are at risk of dying every day due to childbirth and pregnancy complications.

In 2019, according to the Philippine Statistics Authority (PSA), the Philippines has recorded a total of 180,916 live births among adolescents aged 10 to 19. This is equivalent to 495 births per day by girls in this age group. The figure is based on the Civil Registration and Vital Statistics System of the PSA.

***1 in 10 Filipino women between 15-19 years old have begun childbearing.***

In a society like ours, people seem to refuse to accept that more and more teenagers are now engaging in early sex. And because people tend to deny that such a practice has become rampant among teenagers, they also refuse to come up with ways on how to resolve it or simply deal with it. This continuous denial on the part of the country's adult population may have been the main reason support systems for teenagers, who find themselves facing problems like teenage pregnancies, are still very limited.

One way to address such a situation is to start talking about it very seriously—not clandestinely, but openly.

**Moving beyond denial**

During the month of October, we celebrate Children's Month. It is certainly worthwhile to discuss children in the context of their possibly facing the dilemma of teenage pregnancy in the future as well as talk about the child that is born to teenage parents.

Contrary to common belief, teenage pregnancy is not just a girl's problem. It takes two to tango, so to speak, and boys, although not the ones who get physically pregnant, are a big part of that pregnancy and are also heavily affected by it. Thus, the phrase "getting/being pregnant" now applies to both girls and boys. Discussion, therefore, about teenage pregnancy should also include the boy's responsibility to the child, his girlfriend's health and his own well-being.

***The phrase "getting/being pregnant" now applies to both boys and girls as both have shared responsibility in making that happen.***

Parents of both boys and girls should start getting ready to face the prospect of teenage pregnancy instead of just denying that it could happen to their offspring and avoid being "shocked" when it occurs in their family. Teenagers are definitely too young to be enmeshed in that kind of a situation—physically, mentally and emotionally. The challenges to a pregnant teenager are more than that faced by an adult woman as the girl's womb's capacity to nurture a baby may still be inadequate. The mental torture of being pregnant and not being able to finish school and the emotional stress of having to raise a baby are a lot to bear for a young girl.

The boy, who shares responsibility, often feels guilty, yet helpless as he himself is also physically, mentally and emotionally unprepared. Add to that the risks to the unborn child. Babies, born to young mothers are usually weak and underweight and may grow up emotionally disturbed, too and disadvantaged early in life as his/her parents are not yet ready for the responsibilities of parenthood.

## ***Frequently Asked Questions (FAQS)***

### **Advancing initiatives to respond to adolescent reproductive health care and other challenges**

#### **Will I become insane if I take a bath or wash my hair during my period?**

No. During your period, your skin and hair may become greasy and your sweat and menstrual fluid may develop an unpleasant odor. It is advisable that you keep yourself clean and fresh by taking a bath daily. Also, do not forget to wash your genitalia with every change of sanitary napkin

#### **Can I still go out and play, dance, swim or carry heavy things during my period?**

Yes. You may feel less energetic during the first two to three days of your period, but you can do all your normal activities.

#### **If I use a tampon, will I lose my virginity?**

No. But if you leave the tampon in for more than 24 hours, it could become toxic.

#### **If I wash my face with my first menstrual fluid, will I never ever have pimples?**

No. If you want to prevent pimples, cut down on chocolates and fatty foods and wash your face regularly.

#### **I lose my virginity to my boyfriend, should we get married?**

Not necessarily. Sex is a natural act between two people. Losing your virginity to him does not require you to marry him. Neither is getting pregnant. There are more important reasons for marrying someone: because you love him, because you respect each other, because you share dreams and interests and you want to build a life together.

### **on adolescent reproductive health care and other challenges**

#### **How do I know when I'm ready to have sex?**

When to have sexual intercourse for the first time is a big decision to make. There are a lot of things to consider, like the effect it may have on your life, how you are going to feel about it later, and how your friends and family might react.

#### **Does the absence of hymen mean that a woman is no longer virgin?**

No. Some women were born without a hymen or have an elastic hymen that is not torn upon penetration of the penis.

#### **Can the size of the penis be calculated/measured by the size of a man's hands or feet?**

Not true. The size of the penis is not related to that of the hands or other body parts.

#### **Does masturbation result in headaches and insanity?**

No. This practice does not cause such illness.

#### **Can you get pregnant even if you only did it once?**

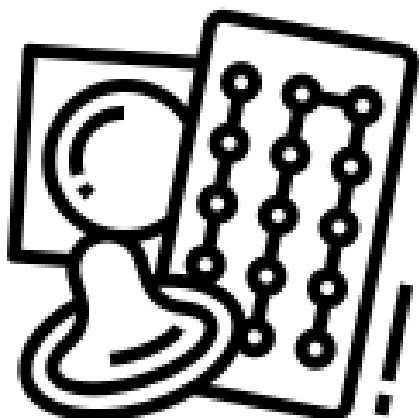
Yes. Pregnancy can occur as a result of a single act of unprotected sex during a woman's fertile period.

#### **Is withdrawal an effective contraceptive method?**

Withdrawal is not considered a contraceptive method. Its failure rate is much too high to be considered effective.

## on adolescent reproductive health care and other challenges

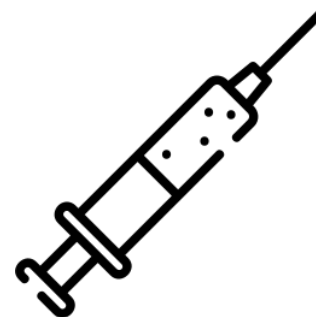
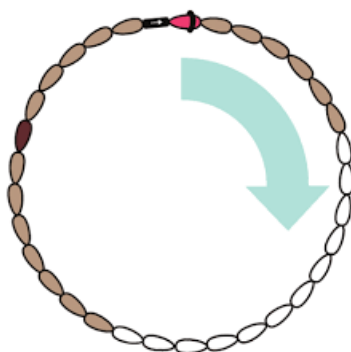
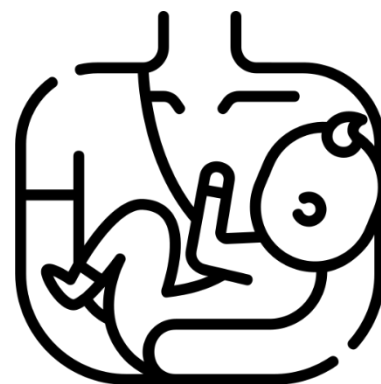
### What are the contraceptive methods? How effective are they?



There are two types of contraceptive methods: temporary and permanent. Temporary methods include natural family planning (NFP) and modern contraception. NFP methods include Lactational Amenorrhea Method or LAM (for lactating mothers); Basal Body Temperature and Standard Days (Necklace) method. NFP, unfortunately, does not guarantee protection against STDs/HIV/AIDS and is not 100 percent as it requires, among others, a high degree of commitment—from both husband and wife—to practice NFP.

Oral contraceptives (pills), injectables, IUD and condoms, among others, are examples of modern methods of contraception. These methods have been clinically proven effective. Permanent methods include tubal ligation (for women) and vasectomy (for men).

It is always advisable to seek a medical expert's opinion prior to using any of these methods.

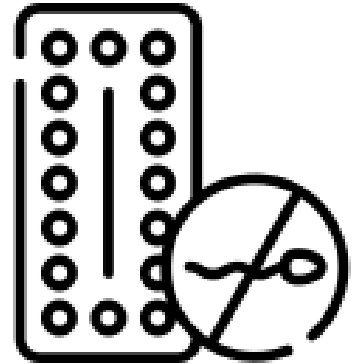


## ***FAQS***

### **on adolescent reproductive health care and other challenges**

#### **Do pills make women gain weight?**

Although a number pill users do experience weight gain, there has been no conclusive study showing that pills really cause women to gain weight. There are many causes of weight gain; lack of regular exercise is one of them.



#### **Do condoms reduce the pleasure of sexual intercourse?**

There are condom users who swear that "thick" condoms are really a turn-off during sexual intercourse. But there are now thin latex condoms that make sexual intercourse more pleasurable.

#### **Is it true that a woman can get pregnant as a result of a kiss?**

No. Sperm must penetrate to vagina for pregnancy to take place.

#### **Do women naturally experience pain the first time they have sexual contact?**

If there is good lubrication and preparation for sexual intercourse, it should not be painful for a woman.

#### **Can women get pregnant by ingesting semen?**

No. Pregnancy occurs only if there is a union between the ovum and spermatozoid.

#### **Can women get pregnant in a swimming pool?**

Sperm cannot live at outdoor temperatures. Further, they need to fertilize an ovum for pregnancy to occur.

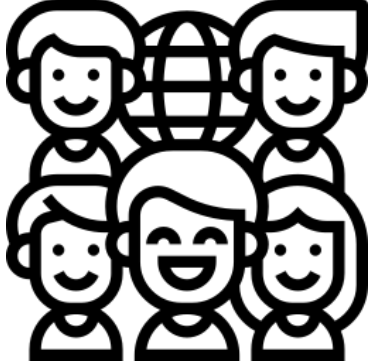
## *Talking Points*

### **discussing teenage pregnancy, rights of the child and other related concerns**

- ❖ Our country has recognized the **RIGHTS OF THE CHILD** as well as its citizens' **REPRODUCTIVE RIGHTS**; this would be the best framework for advocating for health and services that are child- and youth-friendly. The right to life and health of the child merits enough concern for the teenage parents as their child's well-being will be determined by the health and well-being of the teenage mother. Also, the teenage mother has the right to bank on the government and the rest of society to provide her the support systems that will ensure her good health before, during and after pregnancy.
- ❖ **RIGHTS GUARANTEED** under our Responsible Parenthood and Reproductive Health (RPRH ) Law or Republic Act 10354. There's no better way of emphasizing every Filipino's right to access sexual and reproductive health services than to cite the RPRH Law which was enacted on December 21, 2012. The RPRH Law is also upheld as Constitutional by the Supreme Court of the Philippines. The law mandates key national government agencies and local government units (LGUs) to ensure the availability of a whole range of medically safe, culture and religious sensitive sexual and reproductive health services to all Filipinos.
- ❖ It is also important to emphasize the **RIGHT TO THE BENEFITS OF SCIENTIFIC PROGRESS**. This basically guarantees a person's right to information on, and access to, new reproductive health technologies which are safe, effective and affordable. How should we address the needs of teenagers who are already sexually active? How can we help them make better choices?
- ❖ The key is providing teenagers the necessary information about their rights as young citizens of this country as well as their responsibilities to, and the rights of, the unborn or newly born child. It is only through understanding all these rights and responsibilities as well as the consequences of their decisions that teenagers could make an informed choice.

- ❖ What we are advocating for is **YOUTH EMPOWERMENT!** In the realm of Adolescent Reproductive Health, empowerment means that we should make way for the building up and development of services and structures that addresses youth sexuality and specifically in this case, prevention and management of teenage pregnancy. What kinds of services are these?

## advocating for children and youth

- Education - Prevention is worth a pound of cure, so the cliché goes. It is time for our children and youth to enjoy comprehensive education on reproductive health that is taught within the context of values and character education but **EQUALLY** discussing health and practical concepts such as reproductive abnormalities, infections, cancers, family planning, contraceptive use, sexual behavior, sexually transmitted diseases, pregnancy and complications of teen-age pregnancy, HIV/AIDS and others. We don't teach a toddler about condoms, of course. Intelligent people would easily deduce that we teach Adolescent Reproductive Health in bits and pieces appropriate to each stage of our children's life according to their evolving capacities.
- 
- Adolescent sexual and reproductive health (ASRH) remains a sensitive topic to discuss given our various contexts and situations. When faced with difficult scenarios in discussing ASRH, you may emphasize that the various education agencies of the country such as the Department of Education (DepEd), Commission on Higher Education (CHED) and Technical Education and Skills Development Authority (TESDA) are mandated under our RPRH Law to develop and integrate age-appropriate sexual and reproductive health information in their curriculum. This means that all available materials on ASRH are not only age-appropriate, they have also gone through various sectoral consultations. The materials are also accurate, evidence-based and respectful of culture and religion as mandated by law. Currently, DepEd has made available their Comprehensive Sexuality Education (CSE) Learning and Teaching Guides in the public school system.

- Reproductive Health Services - Both for girls and boys, for pregnant and non-pregnant teens. Adolescent Reproductive Health Services include the check-up of teens for early detection of abnormalities and possible infections in their reproductive system. They may present conditions that lead to infertility or cancers, which can be prevented if detected early.

As for pregnant teens, youth-friendly medical hospitals, clinics and services must be established that would help prevent further demoralization of teenagers who are in troubled and confused situations. Privacy and confidentiality must be guaranteed to them. Support services such as counseling and referral to other established youth-friendly institutions must be in place.

The principle behind all of this is caring for our health-seeking and support-seeking teenagers. We would like to shy away from the old school of thought or where one who experiences teenage pregnancy or other reproductive health-related issues will be stigmatized, discriminated and be denied services and information.



### **Enforced and Early Child Marriages**

8 in 10 of all marriages involving Filipinos 19 years old and below are young girls. At least 5.5% of all registered marriages in the country involve girls 19 years old and below who are marrying and being married off to someone so much older. (PSA Marriage Statistics 2019). Child marriages happens in the Philippines just like in many other countries.

On December 10, 2021, Republic Act (R.A.) No. 11596 - An Act Prohibiting the Practice of Child Marriage and Imposing Penalties, was signed into law.

The law defines child marriage as “any marriage entered into where one or both parties are children (below 18 years old) and solemnized in civil or church proceedings, or in any recognized traditional, cultural, or customary manner.”

## November • Gender-based Violence

### Orientation Paper

#### Reforming Juan and Nena

#### Changing Mindsets Towards Ending Gender-Based Violence

The month of November is aptly observed as time to project issues on gender-based violence and the conspicuous gender inequities in the face of development as milestones in Family Planning Organization of The Philippines' (FPOP) monthly Reproductive Health advocacy. In 2006, by virtue of Presidential Proclamation No. 1172, the Philippines commemorates the 18 Day Campaign to End Violence Against Women (VAW). This campaign is also commemorated in other countries through various high impact media events to call public attention to condemn any and all forms of acts of violence against women and girls. From November 25 to December 12 of every year, CSOs like FPOP join other CSOs and government partners in conducting activities that highlight community action to end VAW. November 25 of every year is also National Consciousness Day for the Elimination of Violence Against Women and Children (VAWC) by virtue of Republic Act 10398. The Act mandates government agencies to raise awareness on the problem of violence and the elimination of all forms of violence against women and girls.

November 23-29 is also commemorated in the country as Population and Development Week. This is to highlight how population

and development issues are linked. The Commission on Population (POPCOM) leads this celebration by conducting school and community based activities.

#### Gender-based violence

Gender-based violence can pervade all stages of a woman's life and may occur at home and in work places.



Gender-based violence is embedded in the context of cultural, socio-economic, political power relations which males usually dominate.

The patriarchal structure of society gives legitimacy to gender-based violence which starts right from the earliest stages of women's lives. Childhood and adolescence are the most vulnerable periods for girls who are initiated into their role as women designed to be subordinates of men. Such roles and treatment of women appear to be reinforced and legitimized in the family, community and by the state.

## Shattered persons



The negative consequence of abuse extends beyond women's sexual and reproductive health to their overall

health, the welfare of their children, and even to the economic and social fabric of nations. By sapping women's energies, undermining their confidence and compromising their health, gender-based violence deprives society of women's full participation. Women cannot lend their labor or creative ideas fully if they are burdened with the physical and psychological scars of abuse.

Violence against women does not merely impair an individual's development. It also has socio-economic costs. Violence exacts both a human and economic toll on nations, and costs economies billions each year in health care, legal costs, absenteeism from work and lost productivity.

Many women consider the psychological consequences of abuse to be even more serious than its physical effects. The experience of abuse often erodes women's self-esteem and puts them at risk of having a variety of mental health problems, including depression, post-traumatic stress disorder, suicide and alcohol and drug abuse.

## Poverty: Causing gender-based violence

All the gender-based violence occurs in all socio-economic groups, studies find that women who live in poverty are more likely to experience violence than women of higher status. Whether it is due to low income itself or to other factors that accompany poverty, such as overcrowding or hopelessness, poverty increases the risk of violence. For some men, living in poverty is likely to generate stress, frustration and a sense of inadequacy for having failed to live up to their culturally defined role of provider.

With a high incidence of poverty in the country, it may be deduced that incidence of gender-based violence would be proportionately high also. The environments that help induce violence against women can be characterized by:

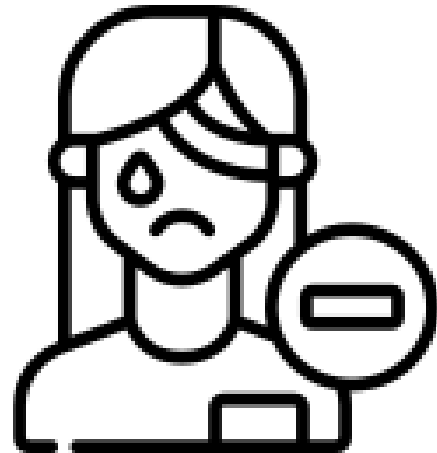
- a. Urban congestion and overcrowding accompanied by serious problems like criminality, unemployment and poverty.
- b. Poor health, educational status and general living conditions of families which translate to poor overall socio-economic situation; and
- c. Low status of women and lack of opportunities for them to exercise their options and develop their potentials for greater creativity and productivity.

## **We can do something!**

The rights-based theme for this month's advocacy is The Right to Freedom of Assembly and Political Participation. This right can be invoked by individuals or group of advocates calling for the dismantling of environments that help breed gender-based violence. Likewise, this right can be used to organize and collectively call for gender-fairness in family formation, fertility decisions, childcare, household management and other spheres of development. Accompanying this call is the demand to ease the effects of poverty on the marginalized sectors of society.

In the case of poor households, subsidized family planning services should be an integral component of any poverty alleviation package, which should include basic social services, particularly, education and health. Attendant policies and programs along this line should include, among others:

a. Gender equity and women empowerment - where women and men are accorded equal roles and opportunities in national development, professional spheres, as well as in domestic responsibilities like home management and child care.



b. Population and development integration in development planning - where government agencies are trained and encouraged to incorporate population factors into their own programs and development plans.

### **Population and development**

The International Conference on Population and Development (ICPD) held in Cairo mandates the linkage of population, development and the environment and its essential contribution to the promotion of human development and the improvement of the quality of life of human beings. It adopted as the cornerstone of its Programme of Action the empowerment of women and the promotion of gender equality and equity.

## ***Frequently Asked Questions (FAQS)*** **on gender-based violence**

### **What constitutes gender-based violence?**

The Declaration on the Elimination of Violence Against Women adopted by the United Nations General Assembly in December 1993 defines gender-based abuse as " any act of gender-based violence that result or likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."

The declaration identified three areas in which violence commonly takes place:

- a. In the family - battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation.
- b. Within the general community - rape; sexual abuse; sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking of women and forced prostitution.
- c. That is perpetrated or condoned by the state - custodial violence of women in detention, violence against women in situations of armed conflict and against refugee women or wherever it occurs.

### **How pervasive is gender-based violence in the country?**

From the latest NDHS, 2017 - One in four ever married women 15-49 years old have experience spousal violence either physical, verbal, sexual or emotional abuse. Seventeen percent of all women have experienced physical violence since age 15.

### **What drives people to commit gender-based violence?**

Violence is believed to be a perverted exercise of power by one person over another who is perceived to be more vulnerable. The perception of power may be based on several factors: physical strength, age and gender. A sociological explanation includes the functionalist perspectives that explains the use of force as a means of maintaining the family power structure. According to the 2017 NDHS, the most common perpetrator of violence against women is the current husband/partner.

## ***(FAQS)* on gender-based violence**

### **What are the laws that protect women from gender-based violence?**

Women have been violated physically, emotionally, mentally and verbally, abused and yet many are not even aware that there are laws that protect them from such predicaments. These laws include:

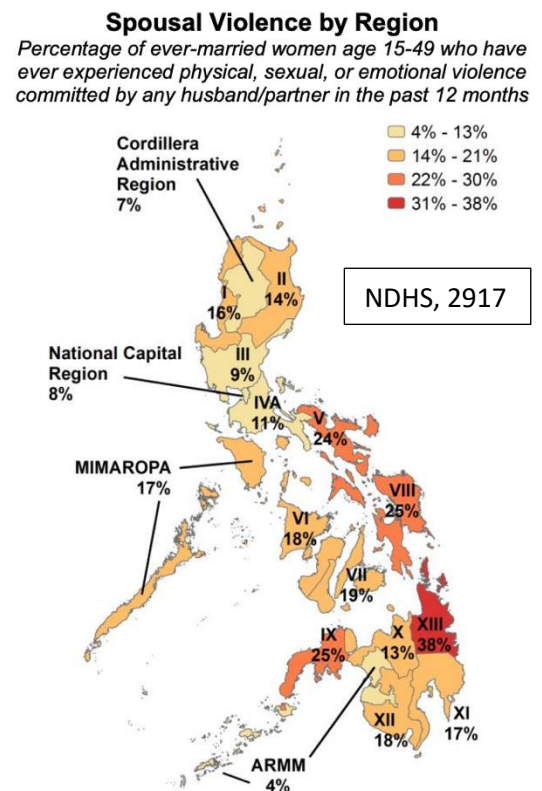
1. Republic Act (R.A.) No. 11596 - An Act Prohibiting the Practice of Child Marriage and Imposing Penalties.  
The law defines child marriage as “any marriage entered into where one or both parties are children (below 18 years old) and solemnized in civil or church proceedings, or in any recognized traditional, cultural, or customary manner.”
2. RA 10354 - Responsible Parenthood and Reproductive Health Law of 2012 which provides for a whole range of services for all elements reproductive health including VAW
3. RA 11313 - Safe Streets and Public Spaces Act of 2019, seeks to prevent gender-based sexual harassment from occurring in streets, public places, online workplaces, and educational and training institutions.
4. RA 10173- Data Privacy Act of 2012, underscores the right of patients to health privacy and confidentiality.
5. RA 9262 - Anti-Violence Against Women and their Children Law of 2004, penalizes acts of violence against women and their children. Act of violence may be in the form of physical, sexual, psychological and economic. This law mandates the provision of protection orders from abusers. Also, this law recognizes the effects of abuse to women, especially if the abuse has been occurring for a long time.
6. RA 6725 - An Act Strengthening the Prohibition of Discrimination Against Women with Respect to Terms and Conditions of Employment, Amending Article 135 of the Labor Code, As Amended May 12, 1989. This law declares it unlawful for employers to discriminate against women with respect to terms and conditions of employment solely on account of her sex. Favoring male employees over female employees in terms of promotion and provision of benefits is likewise considered discrimination under this Act.
7. RA 6955 - an Act to Declare Unlawful the Practice of Matching Filipino Women for Marriage to Foreign Nationals on a Mail-Order Basis and Other Similar Practices. Including the Advertisement, Publication, Printing or Distribution of Brochures, Fliers and other Propaganda Materials in Furtherance Thereof and Providing Penalty Thereof. This law prohibits matching Filipino women for marriage to foreigners by means of mail order or personal introduction. It also bans advertisement of women for the same purpose.
8. RA 7877 - An Act Declaring Sexual Harassment Unlawful in the Employment, Education or Training Environment, and for Other Purposes, February 14 1995. This law declares that all

forms of sexual harassment in the employment, education and training environment or unlawful.

9. RA 8353 - An Act Expanding the Definition of the Crime of Rape, Reclassifying the Same as a Crime Against Persons, Amending for the Purpose Act No. 3815, as Amended, Otherwise Known as the Revised Penal Code, and for other Purposes, September 30, 1997. This law declares rape as a crime against persons (instead of against chastity) with punishment ranging from reclusion perpetua to death. Incest and marital rape or also punishable under this act.
10. RA 8505 - An Act Providing Assistance and Protection for Rape Victims, Establishing for the Purpose a Rape Crisis Center In Every Province and City, Authorizing the Appropriation of Funds Thereof, and for Other Purposes, February 13, 1998. In support of the Anti-Rape law, the rape crisis centers shall provide counseling, medical and health services including medico-legal assistance to rape victim survivors.

### What can be done to prevent and end gender-based violence?

1. Lobby for the strict enforcement of national laws and advocate for the enactment of ordinances and resolutions addressing gender-based violence at the local level while setting up women crisis centers to provide counseling, medical and health services including medico-legal assistance to victims-survivors of gender-based violence. Why is there a need for local ordinances when there are existing national policies? Local ordinances help enhance the implementation of national laws by adopting it in their local contexts.
2. Encourage the practice of a protocol for implementing Screening and Services for Victims of Gender-Based Violence by all service providers/clinics.
3. Organize a network of self- help community action group as focal persons to mitigate cases of gender-based violence at the community level.



# Talking Points

## the scourge of gender-based violence

- ✎ Everyday women are still battered, abused, oppressed, harassed, exploited and controlled by their partners. Countless women's lives have been or are being destroyed by these abuses. It is difficult for women to liberate themselves from such oppressive or abusive relationships when economic power is wielded by the men who abuse and hurt their partners.
  
- ✎ A study of 1000 cases of domestic violence conducted by the UP Center for Women Studies Foundation from 1994 to 1996 showed that domestic violence is expressed in five forms of abuse: physical, sexual, economic, verbal and emotional. Rarely one abuse is exclusive of another.
  
- ✎ The following data show the pervasiveness of violence committed against women and children in the country:
  - Based on UNFPA estimate and the NDHS 2017, before COVID 19, there are 63,000 women who experience spousal physical violence and 31,000 who experience spousal sexual violence every month. Even pregnant women are not spared from spousal violence. Three percent of ever married women 15-49 years old have experienced physical violence during pregnancy. A high percentage of women (41%) who experience physical or sexual violence do not report the abuse they experience.
  
- ✎ Although forms of abuse vary, shared and common experiences revealed the following:
  - Women and girls are the most frequent victims of violence within the family or between intimates.
  - Wife's physical and sexual abuse crosscuts cultural, economic and religious barriers.
  - Physical abuse in intimate relationships is almost always accompanied by severe psychological and verbal abuse.
  - Gender-based abuse can have long-term mental and physical health consequences.
  
- ✎ The elimination of gender-based violence is a major issue in reproductive and sexual health. There is wide international consensus that violence against women is wrong and then the failure of a state to protect women from gender-based violence can amount to a violation of human rights.

Gender-based violence invokes a number of the rights enumerated in the Charter on Reproductive Rights:

The Right to Life

The Right to Liberty and Security of the Person

The Right to Equality and to be Free from all Forms of Discrimination

The Right to be Free from Torture and Ill-treatment



### **COVID19 COVID-19 and Violence Against Women**

As government imposed strict lockdowns and community quarantines that require families to stay home for their safety, not all homes are a safe haven. Certainly not for women who experience spousal violence. One in four ever married women 15-49 years old have experienced spousal violence be it physical, sexual, verbal, emotional by a current spouse or partner (NDHS 2017).

Based on UNFPA estimates and the NDHS 2017, before COVID 19, there are 63,000 women who experience spousal physical violence and 31,000 who experience spousal sexual violence every month. Imagine these women who have no choice but to be locked down with their abuser because of pandemic restrictions? Impact of COVID 19 lockdowns on VAW may reach an additional 10,000 incidence of physical violence and 4,000 sexual violence cases every month as estimated by the University of the Philippines Population Institute (UPPI) based on their study in 2020.

Source: <https://www.uppi.upd.edu.ph/sites/default/files/pdf/UPPI-Impact-of-COVID-19-on-SRH.pdf>

# December • HIV/AIDS and the Filipino Youth

## Orientation Paper

### Their sexual behaviors make them vulnerable to HIV infection

In the past 10 years, new cases of HIV infection are getting younger and younger. This alarming rate of increasing new cases among Philippine youth led to the National Youth Commission (2018) to describe the phenomenon as worsening ‘youth epidemic’. Unprotected sex remained as the main driver of the rapid and frantic rate of worsening HIV situation in the country. Unhealthy sexual behavior includes engaging to one or any unprotected penetrative sex: oral, anal, or vaginal – which means, engaging to sexual activities without using protection or condom.

Most recent reports from the Department of Health (DOH 2021), from January to November of 2021, show that there are a total of 10,842 new HIV cases in the country. 97% of these cases or 39 out of every 40 new cases contacted HIV infection through sexual contact.

While every day, an average of 34 new individuals tests positive to HIV infection, 11 out of these 34 are Filipino youth 15-24 years old. Approximately 99% of these youth got HIV through unprotected sexual contact.

The characteristic of the sexual mode of transmission is predominantly ‘male having sex with male’ (MSM) at 93%. While ‘male to female sex’ is at 5%. Two out of 10 were reported to have engaged sex with males and females (or 3%).



#### The Youth and their Sexual Behaviors

According to the YAFS 4 (2013):

- 39.4% of Filipino youth already have sexual experience.
- 8 out of 10 young Filipinos have engaged to early sex before marriage.
- 8 out of 10 youth did not use any form of protection against pregnancy, STIs, or HIV during their first sexual contact
- Only 17 out of 100 youth have correct knowledge of HIV/AIDS
- 4 out of 10 erroneously believe that HIV is curable

Along risky sexual behaviors of young MSMs, according to DOH (2015):

- Young MSMs had their first sex at 15 y/o
- Young MSMs had their first anal (penetrative) sex at the age of 17, however their first condom use is at the age of 18
- Young people get their first ever HIV test done at the age of 22y/o

These risky sexual behaviors significantly exposed the Filipino youth to the threat of sexually transmitted diseases, including HIV/AIDS. While social inequities exacerbated their situation. Inequities like access to correct information, and comprehensive sexuality education; and accessible and affordable services and testing.

## What is HIV/AIDS?

HIV stands for Human Immunodeficiency Virus – a virus that attacks cells of our immune system that help the body fight infection. This virus may be passed from an infected human to another human through infected blood and blood products, semen, infected breastmilk, or vaginal secretions. Transmission may occur during unprotected penetrative sexual activity, sharing of contaminated needles or syringes, or mother to child infection during pregnancy, delivery and breastfeeding by a mother living with HIV.

For cross-infection from a person with HIV to another person to happen, the virus needs to exit its human host, survive the external environment, has sufficient viral load, and must enter the other person's bloodstream. There are important parameters to remember to understand how HIV can be successfully transmitted. If any of the four parameters mentioned are not met, no cross infection will happen.

On the other hand, if possibility of contacting HIV is present, secondary to unhealthy and risky sexual behaviors such as having multiple sexual partners, or engaging to unprotected sex – there is a 3-month window period before the virus can be detected in the human body. This means that from the last sexual contact, it is imperative to get HIV screening or testing to know your HIV status. When the person tests positive to the virus and if the

### Advancing the HIV/AIDS Discourse

Every December, we share the rest of the world's concern and recognition of the real dangers that AIDS poses to humanity and sympathizes with people living with HIV/AIDS as we commemorate World AIDS Day. It is also significant that youth organizations, schools, and youth-serving institutions actively engagement in this December commemoration activity to involve more youth is the discourse of HIV/AIDS. Likewise, to make it more apt to highlight the role of youth in early education and prevention of HIV/AIDS. This also provides an opportunity to point out the vulnerability of young people to the dangers of sexual exploitation, impact of digital age to young people's sexual behaviors, and discrimination in matters of sexual orientation, gender identity and expression, that will more likely result in more inequities which intensifies the already worsening access of young people to life-saving sexual health education and HIV/AIDS services.

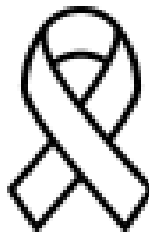
infection is left untreated, it will drastically destroy the body's normal defense against infection as a result will significantly weaken our immune system.

A weak immune system will make the person with HIV prone to opportunistic infection. As the immune system gets weaker and the body becomes sickly, this condition is commonly referred to as AIDS (or Acquired Immunodeficiency Syndrome).

## Stigma and Discrimination still are a problem along HIV/AIDS Discourse

Stigma are attitudes and beliefs that lead people to reject, avoid, or fear those they perceive outside of the mainstream. In the case of HIV/AIDS, negative labelling and attitudes were prominently observed against members of the gay community. Such manifestation causes vulnerable groups and young key affected population to feel fear and shame. Stigma if expressed through actions results to the exclusion or marginalization of people.

Discrimination comes in different levels. Irresponsive and insensitive remarks of political and celebrity figures against



HIV/AIDS and its most affected population stirs the general public's attitude and beliefs. Fake news becomes more difficult to combat without the full roll-out of HIV/AIDS education through the implementation of comprehensive sexuality education. Self-stigma or the internalized beliefs of oppressed vulnerable and key affected population groups results to feelings of shame, anger, hopelessness, or even despair that keep them further away from seeking social support, employment, or health services.

## 'Human Rights' is key to development and solution to combat HIV/AIDS

Every human being—young and old, regardless of cultural origins, social status, sex and gender—has rights. These human rights must be respected always. According to the Universal Declaration of Human Rights, “all human beings are born free and equal in dignity and rights”.



vulnerable groups and young key affected population through legal guarantees protecting them against actions that may interfere with fundamental freedoms, entitlements and human dignity.

'Human rights' is key to development. On the one hand, poverty and inequalities are a result of unfreedoms – such as no access to entitlements in forms of basic health services, health information, and social protection. Hence, human rights are to pave way to the reduction social inequities and inequalities by fulfilling the freedoms of the

The Universal Declaration of Human Rights essentially protects the interest of peoples by enabling governments and duty-bearers to uphold rights guaranteed to all human beings under the international treaties, without any discrimination on grounds of race, color, sex, language, birth, or other status.

These rights are the right to life, liberty, security of a person; the right to health; the right to just and favorable working conditions; the right to social security, education, and equal protection of the law. It also includes freedom of association, expression, assembly and movement. While it equally protects people from arbitrary arrest, torture, inhuman or degrading treatment, and from slavery.

National and local government, community and religious leaders, the media, including the healthcare professionals can help fight the stigma of AIDS by supporting progressive and responsive policies, programs and practices, and advocating against discriminating approaches along service provision and information dissemination. To address HIV/AIDS, first thing to be done is to recognize and address pre-existing poverty and social inequalities. Communities must also foster a strong familial and social support system that engenders acceptance, compassion and understanding of infected individuals including their families. In addition, it is further recommended to the following (specific audiences):

- To the Department of Education – to uphold the mandates of the RA 11166 and RA 10354 on implementing comprehensive sexuality education.
- To the Department of Health – to facilitate and invest in a more responsive, and accessible treatment hubs, screening and testing centers.
- To the LGUs – to establish or reestablish Local AIDS Council to steer the broadest and most massive support of stakeholders in the HIV/AIDS discussions, programs, and services; to maximize involvement of SKs and Youth Development Offices in HIV education and program development; to facilitate social protection mechanisms to PLHIVs who may have disruption to his economic activities due to probable HIV-induced ailment, through enablement of access to PWD IDs, social grants (ayuda), and livelihood assistance.
- To school’s heads and teachers – to accept the social reality that young people need sexual and reproductive health information, especially HIV/AIDS education, to develop life-skills and healthy behavior which can help them be more responsible for their sexual health.

## ***Frequently Asked Questions (FAQS)*** **on HIV/AIDS**

### **Where did HIV come from?**

The earliest known case of HIV-1 in a human was from a blood sample collected in 1959 from a man in Congo, Africa. In 1999, an international team of researchers reported having discovered the origins of HIV-1, the predominant strain of HIV in the developed world. A subspecies of chimpanzees native the Sub-Saharan Africa had been identified as the original source of the virus. The researchers believe that HIV-1 was introduced into the human population when hunters were exposed to infected blood. The first AIDS case in the Philippines was recorded in 1984, with the death of a foreign national from pneumonia.

### **How do I know my HIV status?**

Only HIV screening and testing can tell if a person is with HIV infection. In the Philippines, there are two possible ways to know your HIV status: HIV screening and HIV testing.

HIV testing is done in a facility by a trained proficient medical technologist. HIV screening on the other hand may be done in any convenient, safe and accessible venue to both the person who needs screening and the service provider. Screening is done by a trained and certified Community-Based Screening Motivator (CBS Motivator).

If test results show reactive results, the client is subjected to a confirmatory testing. For the confirmatory testing, the person is required to visit a facility with proficient medical technology who will draw blood samples to be forwarded to testing centers, which is often a specialized tertiary facility.

### **What should I do if I tested positive for HIV?**

HIV screening and testing come with pre- and post-counselling. If you tested reactive (positive) for HIV, it is important to seek medical support which our service providers will help you with – referral and enrollment to Anti-Retroviral Treatment (ART). ART are life-saving medications to help slow down progression of the virus and help maintain your immune-system healthy. Seeking early treatment is utmost important.

Confidentiality is often among many concerns of individuals newly diagnosed with HIV infection. You can be rest assured that your privacy and confidentiality are protected by our existing law and our health service providers will uphold your right to safe and confidential treatment.

## ***Frequently Asked Questions (FAQS)*** **on HIV/AIDS**

Part of the counseling after you test reactive are healthy recommendations which includes getting you a support group, managing your sexual activities to minimum to prevent cross-infection, and keeping your body healthy to prevent possible infection as your immune system is now compromised. Adopting a healthy lifestyle is important. In addition, important information on how you can sustain your regular day-to-day activities despite your HIV status.

### **Do I need to tell people about my HIV status?**

“You have the right to your privacy and confidentiality”. Another common concern of newly diagnosed person is how to disclose their status to their family, friends, and community. Disclosing your status to other people is a decision only you can make. You are not required to disclose your status with anyone, not to your school or workplace, not even to your family. However, it is strongly encouraged to disclose your status to your partner (sexual partner) for contact tracing purposes, so that your partner can get tested for HIV too. It is also strongly encouraged to recall previous sexual partners for contact tracing so that they may be advised to undergo counselling and testing.

### **Is HIV curable?**

To date, there is no World Health Organization recognized and known cure for HIV. However, there is a treatment to HIV infection. The HIV medications are life-saving meds for persons with HIV which help the individual slow down the progression of the virus to the point that it becomes undetectable in the body. However, this treatment is a lifetime thing for a person with HIV and he or she must religiously take this medication. In the Philippines, HIV meds are given for free if the person with HIV is enrolled in the DOH’s ART.

### **What does Undetectable mean?**

Undetectable is the condition when the person with HIV who undergoes ART, and the treatment is able to significantly reduce the viral load in the body – to a significantly small quantity of HIV that it can no longer be detected by standard blood tests.

Being Undetectable also means that the person with HIV can no longer transmit the virus through any usual modes of transmission. However, it should also be noted that being undetectable does not mean that the person is cured from HIV.

#### **Is there a cure for HIV or AIDS?**

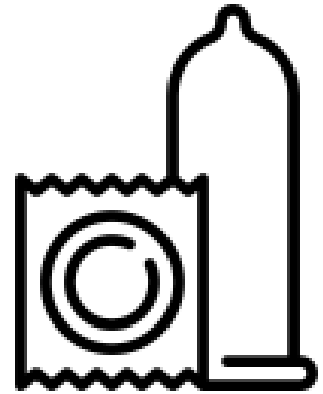
There is still no cure for HIV. However, the anti-retroviral treatment is scientifically proven to have hampered down the progression of the virus and reduce the virus to undetectable rate. Hence, allows a person with AIDS condition to recover and improve their immune system.

*“There is no cure, but it is treatable.”*

## *Frequently Asked Questions (FAQS)* on HIV/AIDS

### **How effective are latex condoms in preventing HIV transmission?**

Studies show that latex condoms are highly effective in preventing HIV transmission when used consistently and correctly. According to these studies, 98 to 100% of uninfected people who had repeated sex with people with HIV and who used latex condoms correctly and consistently did not get infected.



### **Can I get HIV from kissing?**

A person can transmit HIV through blood, semen, vaginal secretions, and breast milk. However, HIV cannot survive in saliva, hence, there is no risk of contracting HIV through kissing. Be mindful of the four body fluids which have sufficient viral load, and the only bodily fluids which may carry the virus: blood, semen, vaginal secretions, and breast milk.

### **Can I get HIV from oral sex?**

Yes, you can get HIV from oral sex. In situations like there are open sores inside the oral cavity of the receiver in this activity, and these sores got in direct contact to fluids which may carry the virus (such as vaginal secretions, semen, or even blood). Note that cross transmission becomes successful if the virus exits from the person with HIV, survives and with sufficient viral load, and it enters the bloodstream of the other person.

### **Can I get HIV from anal and/or vaginal sex?**

You can get HIV from oral sex but it is relatively low compared to vaginal and anal sex. The virus can enter the body through direct unprotected penetrative vaginal and anal sex through delicate mucous membranes, like the inside walls of the vagina, rectum, or urethra. The receiver are more likely to get the infection in this activities.

### **Can I get HIV from getting a tattoo or through body piercing?**

Risk of HIV transmission does exist if instruments contaminated with blood are not sterilized or disinfected or are used inappropriately between clients. It is highly recommended that instruments intended to penetrate the skin be used once, then disposed of or thoroughly cleaned and sterilized.

## ***Frequently Asked Questions (FAQS)*** **on HIV/AIDS**

### **Are “lesbians” or other women who have sex with women at risk for HIV?**

Female-to-female transmission of HIV appears to be rare occurrence. However, there are reports of female-to-female transmission of HIV. The well-documented risk of female-to-female transmission of HIV shows the vaginal secretions and menstrual blood may contain the virus and that mucous membrane (e.g., oral, vaginal) exposure to these secretions has the potential to lead to HIV infection. However, no HIV or AIDS cases involving lesbians have been documented in the country.

### **Can I get HIV from casual contact (shaking hands, hugging, using a toilet, drinking from the same glass, or the sneezing and coughing of an infected person)?**

No, HIV is not transmitted by day-to-day contact in the workplace, schools, or social settings. HIV is not transmitted through shaking hands, hugging, or a casual kiss. You cannot become infected from a toilet seat, a drinking fountain, a door knob, dishes, drinking glasses, food, or pets. HIV is not an airborne or food-borne virus, and it does not live long outside the body.

The three main ways HIV is transmitted are through:

- Having sex (anal, vagina or oral) with someone infected with HIV.
- Sharing needles and syringes with someone who has HIV.
- Blood transfusion.
- Exposure (in the case of infants) to HIV before or during birth, or through breastfeeding.

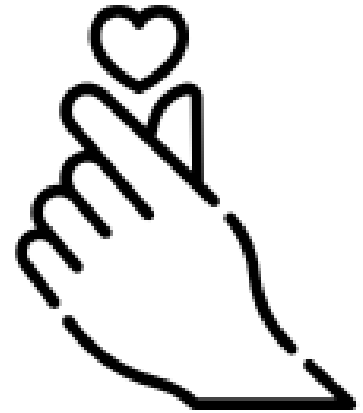
### **Are health care workers at risk of getting HIV on the job?**

The risk of health care workers being exposed to HIV on the job is very low, especially if they carefully follow universal precautions (i.e., using protective equipment to prevent HIV and other blood-borne infections). It is important to remember the casual, everyday contact with an HIV-infected person does not expose health care workers or anyone else to HIV. For health care workers on the job, the main risk of HIV transmission is through accidental injuries from needles and other sharp instruments that may be contaminated with the virus; however, even this risk is small. Scientists estimate that the risk of infection from a needle is less than 1 percent.

## *Frequently Asked Questions (FAQS)* on HIV/AIDS

### **Is there a connection between HIV and other sexually transmitted diseases?**

Yes. Having a sexually transmitted disease (STD) can increase a person's risk of becoming infected with HIV, whether the STD causes open sores or breaks in the skin (e.g., syphilis, herpes, chancroid) or not (e.g., chlamydia, gonorrhea). If the STD infection causes irritation of the skin, brakes or sores, may make it easier for HIV to enter the body during sexual contact. Even when the STD causes no breaks or open sores, the infection can stimulate an immune response in the genital area that can make HIV transmission more likely. In addition, if an HIV-infected person is also infected with another STD, that person is three to five times more likely than other HIV-infected persons to transmit HIV through sexual contact.



### **Can I get HIV from mosquitoes?**

No. From the start of the HIV epidemic there has been concern about HIV transmission from biting and bloodsucking insects, such as mosquitoes. However, studies conducted have shown no evidence of HIV transmission from mosquitoes or any other insects—even in areas where there are many cases of AIDS and large populations of mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects.

Remember, HIV is a virus that can be transmitted from an infected Human to another Human only.

## Talking Points

### discussing HIV/AIDS, the youth's risky sexual behaviors and discrimination against people afflicted with the disease

👉 There is a prevailing misconception that HIV and AIDS are synonymous medical terms. We should start the discussion on HIV/AIDS by giving clear definitions. If possible, coordinate with the rural health officer on how the definition could be translated into the local dialect for better appreciation by local residents and leaders.

As earlier discussed, HIV is the virus that affects the immune system which can lead to the development of a condition referred to as AIDS. People with HIV have what is called HIV infection; they may develop AIDS later. **AIDS** stands for acquired immunodeficiency syndrome.

#### AIDS caused 36.3 million deaths

Globally, 79.3 million people have been infected with HIV since the start of the pandemic.

In the Philippines, there are 93.3 thousand cases since 1984.

**Acquired** means the disease is not hereditary but develops after birth from contact with a disease-causing agent, the HIV.

**Immunodeficiency** means the disease is characterized by a weakening of the immune system.

**Syndrome** refers to a group of symptoms that collectively indicate or characterize a disease. In the case of AIDS, this can include the development of certain infections, and/or cancers, as well as a decrease in the number of certain cells in a person's immune system.

👉 Quick facts about HIV/AIDS and youth's risky sexual behaviors

- ↔ In the last 5 years, new HIV cases are getting younger and younger at 1 out of 3 new cases are young people 15-24 years old.
- ↔ 8 out of 10 Filipino youth who engaged in to early sexual activities did not use any form of protection
- ↔ 39.4% of the youth are already having sex
- ↔ 97-99% of infection among the youth are related to unprotected penetrative sex
- ↔ Most of new cases among young people are related to MSM sexual behavior
- ↔ Young boys start having sex at the age of 15 but only uses condom when they are 18
- ↔ Health seeking behavior are observed too late from the time they started engaging to sexual activities.

👉 People afflicted with HIV/AIDS have the right not to be discriminated against. You can help prevent such discrimination by vigorously disseminating information that HIV is not transmitted through:



- ↔ Air
- ↔ Saliva, urine, feces
- ↔ Mosquito bites
- ↔ Talking with persons with HIV/AIDS
- ↔ Borrowing clothes from an HIV-infected person
- ↔ Sharing of utensils, drinking from the same glass with the person with HIV/AIDS
- ↔ Shaking of hands, embracing, kissing
- ↔ Coughing or sneezing
- ↔ Swimming in the same pool or sharing toilets with people afflicted with the disease

Philippine National Aids Council (PNAC) is the central advisory, planning and policy-making body for the comprehensive and integrated HIV/AIDS prevention and control program in the Philippines.

Authority and functions of the PNAC is enshrined by the RA 11166 also known as the 'Philippine HIV and AIDS Policy Act of 2018.

#### **Highlights of Philippine HIV and AIDS Policy Act:**

- Prohibition of compulsory testing for HIV
- Respect for human rights, including privacy of individuals with HIV
- Integration of HIV/AIDS education in schools from intermediate to tertiary levels
- Provision of basic health and social services for individuals with HIV
- Promotion of safety and precautions in practices that carry the risk of HIV transmission
- Prohibition of discrimination against persons with HIV/AIDS in the workplace, schools, hospitals and in insurance services.
- Allowing young persons 15 y/o and above to undergo HIV testing

## How is HIV transmission prevented?

To prevent HIV infection transmission, it is important to remember the four bodily fluids which can transmit the virus, and the prerequisite of successful transmission.

### 4 Bodily Fluids with sufficient Viral Load

- Semen
- Vaginal secretions / hema
- Blood and blood products
- Breast milk

### Prerequisite of successful transmission

- EXIT – the virus exits the person with HIV
- SURVIVE – the virus survives outside the human body
- SUFFICIENT – with enough viral load (check the other box)
- ENTRY – the virus enters the bloodstream

Hence, the following are key messages to prevent HIV transmission:

1. Abstinence from sexual activities
2. Be mutually faithful with your partner. Mutually is a keyword as if not both parties are faithful, like the other party engages in polygamous sexual relationship, she/he may contact HIV and infect the other party.
3. Condom – to use consistently and correctly condom during penetrative sex.
  - a. Consistently – it means to make condom use a habit, as the slightest chance of engaging in a sexual activity without protection may result to untoward results like getting STIs/STDs or HIV.
  - b. Correctly:
    - i. That the condom is properly kept in room temperature (not in your wallet which may be exposed to warm body temperature while it is inside your pocket)
    - ii. That the condom is not expired
    - iii. That the condom's integrity is intact by handling the condom properly (e.g. opening the condom pack on its tear-here sides, and avoiding using of teeth to unpack it)
    - iv. That use of condom is sustained although out the activity
    - v. Never reuse a used condom
    - vi. After the activity, remove and discard it

## HIV Epidemic amid COVID-19



As of November 2021, there are 55,498 persons living with HIV (PLHIVs) under the Anti-Retroviral Therapy program of the DOH. Half of these are Filipino youth 30 years old and below.

**COVID19** During the onset of the pandemic, to respond to the threats of COVID-19 pandemic, travel restrictions, community lockdown and quarantine, and shift of some regular health services to covid response were imposed by the government. The taken steps to protect the many in fact potentially harmed thousands of PLHIVs. These PLHIVs live with their HIV medications on a daily basis, and travel restrictions and lockdowns barred them from accessing their life-saving medications.

While both the government and non-government organizations were quick to resolve pandemic-induced disruption to health services to PLHIVs, this experience presented valuable lessons for government actors to improve HIV programs and services across the country. The pandemic has taught us how geographic inequity in HIV programs and services, like location of treatment hubs where PLHIVs can get their life-saving medications refill from, and point of contact of PLHIVs in their LGU base.

In the Philippines, the prevention and control of HIV/AIDS is already a national policy but the government and non-government organizations working together for this purpose still have a long way to go to create the awareness necessary to reduce significant risks attributed to contracting the disease. There are a number of social factors, apart from engaging in risky sexual behaviors, that put many at risk of acquiring or transmitting HIV/AIDS; among these are illiteracy, poverty, gender discrimination, sexual exploitation, child labor and migration.

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