



# HEALTHbeat

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2010: The Year of  
**LIVING  
DENGUE  
-rously**

Kalusugan ng Bata  
**BASTA,  
i-GP mo!**

Healthy Eating  
**GOOD  
FOR YOU**

are you an  
**INTERNET  
ADDICT?**

**Vaginal Lock**  
Is it Real & Is it Rare?



*Jake Cuenca in*

**HIV**  
**The Movie**



IZA CALZADO

PRECIOUS LARA QUIGAMAN

MA. ISABEL LOPEZ

CANDY  
PANGILINAN

IC  
MENDOZA

ABBY  
CRUZ

JAO  
MAPA

WILL  
DEVAUGHN

JP  
MESOE

"PREJUDICE IS ROOTED  
IN IGNORANCE."

JAKE CUENCA  
IN

# HIV

(SI HEIDI, SI IVY, AT SI V...)

in cooperation with



DOH

EXOSAIN PRODUCTIONS PRESENTS A DONNA SANCHEZ PRODUCTION A NEAL TAN FILM  
JAKE CUENCA IZA CALZADO PRECIOUS LARA QUIGAMAN MA. ISABEL LOPEZ  
JAO MAPA ABBY CRUZ JUSTICA CARPIO JP MESOE MARIA LOPEZ AZENITH BRIONES ORISTES OJEDA LIZ ALINDOGAN JESS SANCHEZ DR. REX SALINEL  
CANDY PANGILINAN IC MENDOZA WILL DEVAUGHN  
SOUND SUPERVISION RAYMUND CONCEPCION EDITED BY ROCKY KO PRODUCTION DESIGNER CYRUS KHAN DIRECTOR OF CINEMATOGRAPHY ARVIN BUSTOS  
ASSISTANT DIRECTOR DANNY NAZARETH LINE PRODUCER MARIA ISABEL LOPEZ STORY NEAL TAN DONNA SANCHEZ WANGSO GALLAGA SCREENPLAY WANGSO GALLAGA  
EXECUTIVE PRODUCER DONNA SANCHEZ DIRECTED BY NEAL TAN

"THE DISEASE IS INCURABLE, BUT THE HEALING IS NOT."

# HULAAN

## *mo nalang*

- \_\_\_\_\_ 1. Which of the following health issues do you think is **Healthbeat's** Top Health News in 2010...  
a) Dengue                      b) HIV/AIDS                      c) Reproductive Health
- \_\_\_\_\_ 2. In the Health Calendar of Events, Garantisadong Pambata (GP, a child health campaign) is highlighted every...  
a) April and October                      b) January and June                      c) May and December
- \_\_\_\_\_ 3. There are more internet users in...  
a) Asia                      b) Europe                      c) North America
- \_\_\_\_\_ 4. The kind of fat present in crackers, cookies, cakes, doughnuts and french french fries is called...  
a) saturated fat                      b) trans fat                      c) unsaturated fat
- \_\_\_\_\_ 5. The skin allergy test that involves the placement of various chemicals into small metal cups affixed to paper tape and then placed onto the skin of the back is called...  
a) Intradermal Test                      b) Patch Test                      c) Scratch Test
- \_\_\_\_\_ 6. The leading cancer site accounting for 15% of all cancers in the Philippines is...  
a) Breast Cancer                      b) Liver Cancer                      c) Lung Cancer
- \_\_\_\_\_ 7. Republic Act 9211 or the Tobacco Regulation Act of 2003 mandates absolute smoking ban in...  
a) Bars                      b) Restaurants                      c) Schools
- \_\_\_\_\_ 8. The US Centers for Disease Control says that the proper way to cover the nose and mouth when you cough and sneeze is by using:  
a) both hands                      b) handkerchief                      c) shirt sleeve
- \_\_\_\_\_ 9. A condition where there is involuntary tightness of the vagina during attempted intercourse is called...  
a) Chlamydia                      b) Dyspareunia                      c) Vaginismus
- \_\_\_\_\_ 10. The publicly-outed HIV positive writer who wrote the screenplay (script) of the first Department of Health's co-produced indie (independent) film entitled "HIV - Si Heidi, Si Ivy at si V" is...  
a) Wanggo Gallaga                      b) Ricky Lee                      c) Jake Tordesillas

## Answers on Page 49

## Health is Everywhere

The events in 2010 prove that health is everywhere. From the smoking habit of the newly-elected President in Malacañang to the several legal suits against the implementation of the Administrative Order requiring graphic health information and removing misleading descriptors in cigarette packs filed in several regional trial courts. From the nasty rumor of “vaginal captivus” of a young couple in the entertainment industry to Dr. Vicky Belo’s advertisement promoting medical tourism in immigration cards at international airports.

A newborn baby is left alive in an international plane’s toilet and dead fetuses are found in garbage dumps, church yards, creeks, Manila Bay and elsewhere. Debates over the resurrected reproductive health bill reverberated in both Houses of Congress and in the sanctity of Catholic churches. High risk behaviors for HIV/AIDS allegedly are high among young professionals in call centers according to a study, and dengue cases have risen into an all-time high affecting mostly children including the Presidential nephews according to official data.

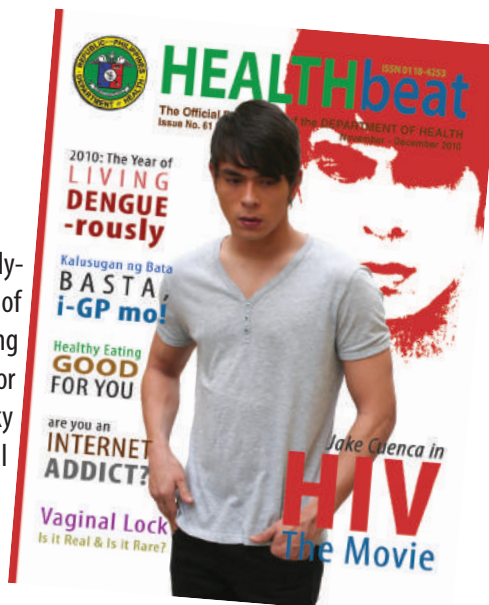
A string of bus accidents occurred over a three-month period and a tourist bus hostage crisis brought shame to the country and the newly-installed government which at that time had not passed its 100 days of office yet. And the very limited health human resources in the country experienced a big blow with the rape of a volunteer nurse in South Upi, Maguindanao and the allegation of communist activities of 43 health workers in Morong, Rizal.

And speaking of health human resources, this is the year when the Department of Health had three secretaries – from the 15 remaining days of Dr. Francisco T. Duque III before he became the chairman of the Civil Service Commission to the five and a half months’ term of Dr. Esperanza I. Cabral, and to the going on six months in office and counting of Dr. Enrique T. Oña.

Health is wealth, and we just hope that this fact will be reflected in the DOH budget increases in the coming years in order for us to achieve President Noynoy Aquino’s promise of universal health care within three years. But with or without a reasonable health budget, we still have to work our best in the most able manner that we can provide as we have always done in the past, and always making us one of the top performing government agencies.

No need to be stressed out, health workers! Relax, see the HIV movie – “Si Heidi, Si Ivy at si V.”

– The Editors



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## JOKES N'YO

16	TIDbeat
17	KALABeat
38	laughter HEALS
50	SABeat



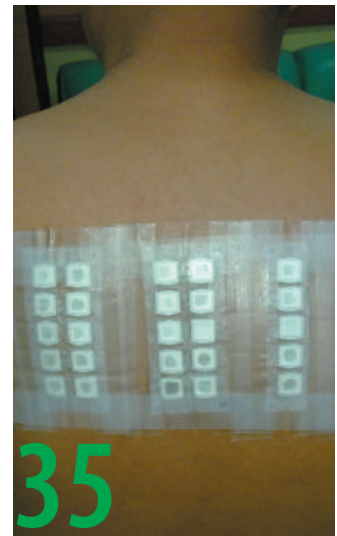
6



22



25



35



47

# Healthier Food Choices **GOOD FOR YOU**

Very soon, you will see healthy food products in supermarkets and healthy dishes in food establishments which are low in fat, low in sodium, low in sugar and high in dietary fiber that are GOOD FOR YOU.

The World Health Organization (WHO), through the Department of Health (DOH), commissioned the Nutritionist-Dietitian's Association of the Philippines which has established the "Guidelines for Healthy Eating" and developed a certification program for healthy food products

"Healthy eating" is anchored on principles of adequacy, balance, and moderation of food intake. It is also characterized by regulating the intake of foods high in fat, sodium and sugar that are directly linked with the onset of noncommunicable diseases (NCDs) and increasing the intake of foods with dietary fiber that helps prevent or delay the onset of NCDs among at-risk individuals.

The four major NCDs related to poor eating habits are heart disease, stroke, diabetes and cancer. Meanwhile, the risk factors for NCDs that have been linked with unhealthy diet include hypertension (high blood pressure), hyperglycemia (high blood sugar), hypercholesterolemia (high cholesterol levels in the blood) and obesity.

In general, the "Guidelines on Healthy Eating" are aligned with international standards set by the Codex

Alimentarius as well as the standards set for the European Union and the US Food and Drug Administration. These guidelines also follow the standards of the DOH Food and Drug Administration (FDA).

On the other hand, the main purpose of the Good For You certification program is to provide consumers with an easy way of identifying which products or dishes are healthy and to convey to them that they have the option of choosing a healthy alternative from among the products normally produced or sold in the market and dishes which are served in restaurants. A Good For You stamp (see figure below) will appear on food labels or menu cards of certified products and dishes which will aid consumers to easily identify food items that are considered healthy based on the guidelines.

The certification program is not

meant to change what food manufacturers and food service establishments are already providing the public. Rather, it is intended to encourage food manufacturers and food service establishments to produce products and offer dishes that are healthy so that consumers are given an opportunity to choose what is good for their health.

Both the Guidelines on Healthy Eating and the Good For You certification program adhere to the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health which emphasizes the need to limit the consumption of saturated fats and trans fatty acids, salt and sugars, and to increase consumption of fruit and vegetables and levels of physical activity. It also addresses the role of prevention in health services; food and agriculture policies; fiscal policies; surveillance systems; regulatory policies; consumer education and communication including marketing, health claims and nutrition labelling; and school policies as they affect food and physical activity choices.

## **Guidelines on Fat**

Fats and oils are part of a healthy diet and are major sources of energy and aid the body in absorbing vitamins, but the type of fat makes a difference to heart health, and the total amount of fat consumed is also important.



Not all fats are the same. Saturated and trans fats increase the risk of heart disease by increasing the total and LDL ("bad") cholesterol. Dietary cholesterol, on the other hand, is not technically a fat, but it is found in food derived from animal sources. Intake of dietary cholesterol increases blood cholesterol levels, but not as much as saturated and trans fats do, and not to the same degree in all people.

Saturated fats come from animal products (such as meat, poultry, seafood, eggs, dairy products, lard and butter), and coconut, palm and other tropical oils. Trans fat comes from partially hydrogenated vegetable oils, commercial baked goods (such as crackers, cookies and cakes), fried foods (such as doughnuts and french fries), shortening and margarine. Dietary cholesterol are from animal products (such as meat, poultry, seafood, eggs, dairy products, lard and butter).

The recommended guidelines for fat are:

#### **For Food Manufacturers**

1. For a product to be considered as **healthy**, it should contain less than 5 g per 100 g of total fat.
2. For a product to be considered as **fat-free**, it should contain an amount less than or equal to 0.5 g per 100 g solid or 100 ml liquid.
3. For a product to be considered as **low-fat**, it should contain an amount equal to or less than 3 g per 100 g solid and 1.5 g per 100 ml liquid.
4. For a product to be considered as **saturated fat-free**, it should contain an amount less than or equal to 0.1 g/100 g solid or 100 ml liquid.
5. For a product to be considered as **low in saturated fats**, it should contain less than or equal to 1.5 g per 100 ml solids and 0.75 g per 100 ml liquid provided that



**FAT.** Photo grabbed from <arielsfitnessjournal.com>

the sum of saturated fatty acids and trans-fat must be less than or equal to 10% of energy from fat.

6. For a product to be considered as **cholesterol-free**, it should contain an amount less than or equal to .005 g per 100 g solids or 100 ml if liquid.

7. For a product to be considered as **low in cholesterol**, it should contain an amount equal to or less than .02 g per 100 g and .01 g per 100 ml liquid with the assumption that saturated fatty acid (SFA) is less than or equal to 1.5 g per 100 ml solid and 0.75 g per 100ml liquid. The amount of SFA should also be less than or equal to 10% of energy from SFA.

#### **For Food Service Establishments**

1. When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low fat, or fat free.
2. Try to cut down on the amount of fried foods offered, such as chips and other reconstituted potato dishes.
3. Use skimmed or semi-skimmed milk rather than butter or margarine to mash potatoes.
4. Choose thickly cut chips or potatoes wedges instead of thinly cut chips, when possible because they absorb less oil

when cooking or better still use oven-baked chips.

5. Make sure the oil used for frying is at the correct temperature since this reduces the amount of fat absorbed by the food.

6. Drain/blot fried foods for excess oil before serving when possible.

7. Offer frozen yoghurts or sherbets as an alternative to ice cream for lesser fat intake.

8. Use reduced-calorie mayonnaise in dressings or dilute with yogurt that is lower in fat.

9. Remove visible fat from meat and skin from poultry.

10. Use mono- and poly-unsaturated fats wherever possible for cooking, spreads and in dressings.

#### **Guidelines on Sodium**

Sodium is a mineral that occurs naturally in varying amounts in fresh and processed foods. Some of the major functions of sodium in the body is for proper fluid balance –control of the movement of fluids in and out of the cells; regulate blood pressure, transmit nerve impulses and help in muscle relaxation. The link between sodium and hypertension or high-blood pressure is



well documented. High blood pressure is a major risk factor for coronary heart disease and stroke.

The current intake of sodium among Filipinos is about 2.8 to 6.0 grams from an average salt intake of 7-15 grams, based on the 2003 Food and Nutrition Research Institute National Nutrition Survey. However, the sodium intake of Filipinos is probably higher than this particularly from processed foods including instant noodles.

The recommended guidelines for sodium are.

#### **For Food Manufacturers**

1. For a product to be considered as healthy, it must not contain more than

480 mg sodium per Reference Amount Customarily Consumed (RACC). For example, bread – RACC: 50 g, therefore, sodium must not exceed 480 mg.

2. For a product to be considered to have very low sodium, it should contain less than or equal to .04 g sodium per 100 g solid or 100 ml liquid.

3. For a product to be considered as low sodium, it must contain only sodium levels of less than 0.12 g per 100 g.

#### **For Food Service Establishments**

1. Use products that have met the guidelines for healthy eating for sodium.

2. Use fresh ingredients if possible because processed foods contain higher

amounts of sodium than fresh produce.

3. Use herbs and spices, or infused vinegar to add flavor to entrees.

4. Use unsalted butter when necessary.

#### **Guidelines on Sugar**

Sugar as a carbohydrate, is an indispensable source of energy, but when taken in excessive amounts, it can have negative effects on the health of individuals. However, individuals tend to consume more processed food items which usually have added sugars in order to enhance taste.

Studies on the influence of sugar in the development of NCDs have shown varied and sometimes conflicting results. However, several studies have shown that an increase in the consumption of added sugars increases overall carbohydrate and calorie intake, more so when the added sugar is in a beverage. This, in turn, increases the risk of serious health concerns specifically, obesity and all its related diseases, such as Type 2 Diabetes Mellitus and cardiovascular diseases.

The recommended guidelines for sugar are:

#### **For Food Manufacturers**

1. For a product to be considered as healthy, its total sugar content should be less than 5.0 g per 100 g serving.

2. For a solid product to be considered as low in sugar, it should not contain more than 0.5 g per serving.

3. For a liquid product to be considered as low in sugar, it should not contain more than 0.5 mg per 100 ml of the liquid.

#### **For Food Service Establishments**

1. Use products that have met the guidelines for healthy eating for sugar.



**Top: SODIUM IN SALT.** Photo grabbed from <[www.sunset.com](http://www.sunset.com)>. **Bottom: SUGAR.** Photo grabbed from <[balancingmotherhood.com](http://balancingmotherhood.com)>.



2. Reduce the amount of sugar used in dishes and drinks where practical and acceptable.

3. Offer fresh fruit juices without added sugars.

### Guidelines on Dietary Fiber

Fiber is a substance in plants. It is in fruits, vegetables and grains. It is the part of the plant that your body cannot digest. Yet it is an important part of a healthy diet. It adds bulk to the diet and makes a person feel full faster, helping control weight gain. Fiber helps digestion and helps prevent constipation.

Evidence shows consistently that diets high in plant foods are associated with a lower occurrence of some chronic diseases such as coronary heart disease, diabetes, and cancers of the lung, colon, esophagus and stomach.

The recommended guidelines for dietary fiber are:

#### For Food Manufacturers

1. For a product to be considered as a source of fiber, it should contain an amount of 3 g per 100 g or 1.5 g per 100 kcal.

2. For a product to be considered as high in fiber, it should contain an amount of 6 g per 100 g solids or 3 g per kcal.

#### For Food Service Establishments

1. Use products that have met the guidelines for healthy eating for dietary fiber.

2. Offer whole grain cereals and root crops such as brown rice.

3. Offer colorful and interesting salads (with low-fat dressings) and vegetables with main meals.

4. Try to offer alternative fruit dishes, and incorporate fruit into other desserts and dishes, including cold starters

and savory dishes.

5. Portion size counts; visualize serving portions.

### GOOD FOR YOU Certification Program

Based on the Guidelines on Healthy Eating, the Good For You certification program is established which aims to contribute to the attainment of a healthy Filipino population through good nutrition. It specifically aims to help consumers make healthy food and eating choices consistent with the recommendations of the WHO Global Strategy on Diet, Physical Activity, and Health as well as to help the agriculture sector, food establishments and manufacturers in developing products that respond to consumer need for healthy food options.

The program covers processed foods as well as menu items in fast food outlets and restaurants. It does **NOT** cover carbonated beverages, juice drinks, alcoholic beverages, infant formula, all kinds of milk, complementary food, and extruded snack foods.

The program will involve the conferment of the "Good For You" stamp for use in food labels, market or supermarket markers, menu marquees, designated area

in a fast food outlet, or in the facades or signage of the supermarket, market and fast food establishment.

If a product wants to put a health claim on the label regarding either fat, sugar, sodium and fiber, it must meet the basic criteria, which are based on the cut-off prescribed by the Codex Alimentarius or a collection of internationally recognized standards, codes of practice, guidelines and other recommendations relating to foods, food production and food safety. (*See Table 1 next page.*)

In addition to the health claim applied for by processed products, other nutrients must not exceed the normal levels of that nutrient per day. (*See Table 2 next page.*) For example, if a product wants to claim "low cholesterol", it must meet the criteria for low cholesterol and at the same time, its values for sodium, fat and sugar must not exceed the normal values recommended per day.

Other considerations in certifying food products and menu items include: products must be registered with DOH-FDA, while fast food establishments must be registered either with the Securities and Exchange Commission or the Department of Trade and Industry; processed foods should be classified as having been produced under



**DIETARY FIBER.** Photo grabbed from <[www.obesityaid.org](http://www.obesityaid.org)>

**Table 1. Basic Criteria for Qualification to the Good-for-You Seal**

DESCRIPTOR	CRITERIA
<b>Low-calorie or low-energy</b>	≤40 kcal/100 grams solid or ≤20 kcal/100 ml liquid
<b>Low fat</b>	≤3 grams/100 g solids, or ≤1.5 g/100 ml liquid Less than 3 g of trans fats/serving
<b>Low saturated fats</b>	≤1.5 g per 100 g solid, or 0.75 g per 100 ml liquid, and contributes ≤10% of calorie content Less than 3 g of trans fats/serving
<b>Low cholesterol</b>	≤0.02 g per 100 g solids, or ≤0.01 g per 100 ml liquids Less than 3 g of trans fats/serving
<b>Low sugar</b>	≤0.5 g per 100 g solids, or ≤0.5 g per 100 ml liquids
<b>Low sodium</b>	≤0.12 g per 100 g
<b>Source of dietary fiber</b>	≥3 g per 100 g or ≥1.5 g per 100 kcal.

**Table 2. Normal Level of Nutrient Per Day.**

NUTRIENT	NORMAL LEVEL/DAY
<b>Fat</b>	40 - 60 g/d
<b>Cholesterol</b>	<300 mg/d
<b>Sodium</b>	2400 mg/d
<b>Added Sugar</b>	40 g/d
<b>Fiber</b>	25-30 g/d

good manufacturing processes regardless of criteria for certification being applied for; and points of sales of products or menu items to be certified should conform with the requirements for food safety as indicated by the presence of an approved business permit from the local government unit.

The certification program will be managed by NDAP which will create a "Good-for-You Certifying Committee" composed of two to three selected NDAP members and a representative of the DOH.

The steps in the Good For You certification are:

**Step 1:** Visit the NDAP website at [www.ndap.org.ph](http://www.ndap.org.ph) to download the application form and to schedule an application date. Manufacturers should wait for a confirmation email regarding the schedule of their application.

**Step 2:** Submit to the NDAP Office on the scheduled application date the application form with documentary requirements, pay the application fee of

Php 1,000 per product, which covers 3 years of registration. The documents required are: FDA registration; label; five samples of product; laboratory analysis of contents from FDA-accredited laboratories.

**Step 3:** Review of application by the Good For You Certifying Committee for a minimum of one month.

**Step 4:** Results will be emailed together with a list of consequent steps that should be followed prior to inclusion of the stamp in the label of the product.

If application is APPROVED, manual on the use of the Good For You stamp will be sent via email to the manufacturers so that a sample label with the stamp can be prepared and submitted to the FDA for approval. Once the label is FDA-approved, a representative of the manufacturer should submit a sample of the approved label to the NDAP office before mass production of the label for filing. The representative will also be given the official Good For You Certificate of Approval. Approved products would automatically be included in the Good For You website and the products will be monitored for three years. After that period, products would be required to renew their certification.

If application is DENIED, a notification email will be sent to the manufacturer, and the manufacturer or representative will be advised to visit the NDAP office to discuss the reasons for disapproval. Re-application is possible once the reasons for disapproval are duly addressed by the manufacturer.

Only products or places approved to show the stamp may do so. The use of the stamp without the approval of the certifying group shall be considered as mislabelling or misrepresentation and shall be subjected to the appropriate administrative and legal sanctions.

**If we eat what is good for our bodies, then our bodies will be good to us.**



# *Basta Kalusugan ng Bata, i-GP mo!*

There's something new in the delivery of Garantisadong Pambata (GP) health services in the country – from focusing only on child survival interventions of preschoolers (0-5 years old), it has expanded in providing services and information on health, nutrition, and environment for newborns up to 14 year-old children.

GP, as it is popularly known in the health sector, is an institutionalized national health campaign conducted every day with special event every April and October where essential package of health services and health information are delivered to protect 0-5 years old children and promote positive behaviors to parents and caregivers. This essential health package includes the promotion of exclusive breastfeeding for six months, providing routine immunization among infants, giving vitamin A supplement and de-worming tablet every 6 months, education on proper handwashing with soap and water, brushing of teeth regularly, using the toilet properly, and keeping homes tobacco smoke-free.

For the new GP, 6-14 years old children were included in the coverage. Services will be diversified to fit the life stage segments of 0-14 years. By expanding the coverage of GP to include school-aged children, the Department of Health is recognizing that when a child reaches six years old, he or she moves to the realm of school and learning, and health and nutrition continue to play a crucial role in a child's development. Moreover, instead of confining



## **Garantisadong Pambata**

*The new GP logo.*

child health services in health facilities, the new GP now involves non-traditional community outlets like day care centers, schools, and workplaces. The Department of Health, other national government agencies, local government units, international and national development partners and the private sector will be the implementers.

For the new GP, DoH will work with the Department of Social Welfare and Development (DSWD), Department of Education (DepEd), Department of Interior and Local Government (DILG), and other development agencies like the US Agency for International Development (USAID), UN Children's Fund (UNICEF), and World Health Organization (WHO).

The messages the new GP want to

convey is that the provision of child health is not only limited to going to the health centers for free and effective services. The care for the child is every day, at home, school, health facility, and by different partners. Moreover, the household is the key provider of health care and not only the responsibility of the health facility and community.

Health Secretary Enrique T. Ona said, "The new GP will highlight health-promoting behaviors that parents, caregivers, teachers, leaders and children themselves can do in their respective spheres of influence."

With a rallying call "*Basta i-GP mo!*", the DOH aims to make GP synonymous with healthy behaviors and practices. "When we say *i-GP mo*, we mean healthy behaviors that anyone can do to protect child health. Essentially, this translates to giving children their right to universal access to quality health care, services and information," Ona said.

### **Php 2 Billion for GP**

The DOH is allotting at least two billion pesos from its 2011 budget for its expanded child health program. The GP budget will include purchase and distribution of essential vaccines, micronutrient supplements, de-worming tablets, and health promotion. This 2011 allocation for child health is a five-fold increase from the PhP 325 million budget in 2010.

In addition to the budget increase,

Ona also said that the DOH and the DSWD are working on an alignment of resources to ensure that poor families who receive conditional cash transfer grants will receive the appropriate services from health providers.

DSWD Secretary Corazon Juliano “Dinky” Soliman said that the DSWD has taken a more active role not just in ensuring the welfare and promoting the rights of disadvantaged children, but also in providing them their health and nutrition needs. She stressed that the Pantawid Pamilyang Pilipino Program (4Ps), the country’s poverty reduction program, and supplementing feeding program for day care children contribute to the objectives of GP.

Ona also invited other organizations and the private sector to be part of the GP movement. “We hope to showcase the GP as a concrete example of public and private partnerships in good governance,” he said.

### Private and Public Partnership

Ona said that GP is an approach to promote equity and rapidly achieve universal

coverage of basic health and nutrition services especially among the poor and vulnerable children. This is in consonance with the call of President Benigno Simeon Aquino III to increase private participation and consolidate efforts and governance operations. GP will take a new direction starting this month of October.

Referring to partnerships between the public and private sectors set to represent a cornerstone of this Administration’s modernization programme, Ona said. “It is hoped that we can deliver better quality public services by bringing in new investment and improved management, and help government agencies like the DOH achieve their full potential in ensuring quality health services for all,” he added.

A key challenge to the DOH is how to transform its resources into higher value goods and services. Competition by the different stakeholders should be avoided and partners should re-align their plans to the universal health care policy on child health, nutrition and environment and the promotion of positive behavior and values for viable and profitable projects.

### Child Health Today

The 2008 National Demographic Health Survey (NDHS) data show that childhood morbidity and mortality has been decreasing in the past decade. Pneumonia, measles, diarrhea and deaths due to neonatal complications remain among the top leading causes of under-five mortality. Malnutrition remains the major risk among children.

Children aged 6-23 months who live in rural areas and whose mothers are in the poorest quintile are more likely to show symptoms of acute respiratory infection. Child injuries contribute significantly to deaths in the older age group. Undernutrition remains a challenge in the Philippines. The prevalence of breastfeeding in the country has declined. The median duration of exclusive breastfeeding is less than one month, while the duration of predominant breastfeeding is 2.7 months.

Based on the 2008 National Nutrition Survey by the Food and Nutrition Research Institute of the Department of Science and Technology, in every 100 preschool children (0-5 years), 26 were underweight, about 28 were under height and 6 were thin. At the other end of malnutrition, in every 100 of these children were 2 overweight for their age and 3 were overweight for their height. Meanwhile, for schoolchildren aged 6-10 years old, in every 100 children about 26 were underweight and 2 were overweight. And about 32 in every 100 of these children were under height.

Also based on the survey, Vitamin A deficiency also continues to be of public health significance, with 15.2% prevalence rate among children.



### Panatang Maka-GP

Sa bawat araw na dadaan  
lisipin ko ang aking kalusugan  
Kamay ay huhugasan  
bago kumain at matapos madumihan

Pipillin ko rin ng husto  
pagkain masustansya at wasto  
Ngipin ay sisipilyuhin  
Pagligo ay aaraw-arawin

Gagamitin ko ang palikuran  
Sa tama at malinis na paraan  
Mga kuko ay laging gugupitin  
Tsinalas at sapatos laging susuutin

Sa garantisadong mga paraan  
Aking kalusugan ay aalagaan.





**TOP: GP streamer. ABOVE: Dr. Eduardo Janairo, director of the DOH National Center for Disease Prevention and Control (at the podium) explains the new GP. RIGHT: Health Secretary Enrique T. Ona with child celebrity BJ Forbes, the Junior Bright Child Ambassador of Goodwill. (Photos by Paking Repelente)**



Meanwhile, a follow-up study on the prevalence of soil-transmitted helminthiasis (STH) or parasitic worms conducted by National Institute of Health of the University of the Philippines in 2009, the results showed a decrease in the rate among preschool children from the baseline rate of 66.44% in 2004 to 22.74% in 2009. Among schoolchildren 6-12 years old, the rate also decreased from a baseline of 54% in 2006 to 44.7% in 2009.

The GP started in 1999 to address low coverage rates on immunization and micro-nutrient supplementation. Since then, the GP has become a pivotal campaign for the DOH and local governments to encourage caregivers to focus on critical health interventions for young children.

The National Statistics Office in its 2008 survey reported that four out of five children below two years old received all the required vaccines to protect them from

diseases and infections like measles, tetanus, polio, hepatitis and tuberculosis. About 80 per cent of children below five years old received vitamin A supplements twice a year to boost children's resistance.

Moreover, the GP program targets 100% of children aged 1-5 years old and those aged 6-12 years enrolled in public elementary schools to receive deworming tablets every six months to reduce prevalence of parasitism in these age groups.

## It takes a tribe to raise a child.

# log on to Internet ADDICTION

by

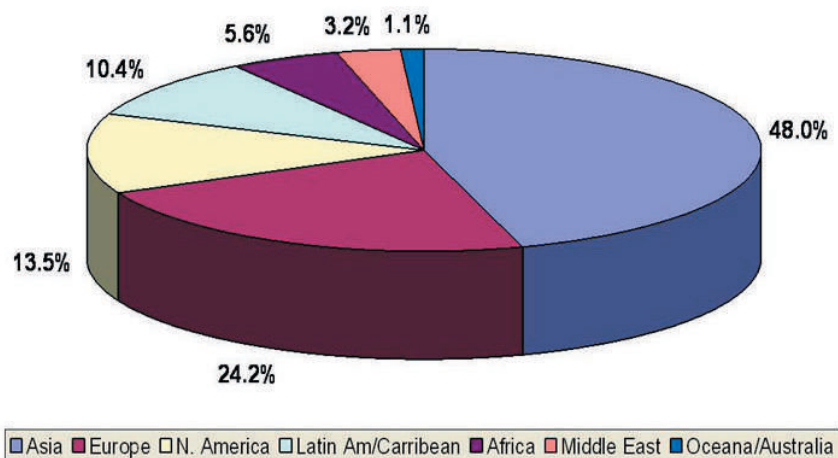
**BENJAMIN P. REYES, DMD, MPH, MDM**

National Center for Health Promotion

No doubt, internet has revolutionized the way people work, play, study, communicate and share information. Each day we become more dependent on the growing volume of information that can be shared on the world wide web. According to the June 2010 report of the Internet World Statistics, conducted by the Miniwatts Marketing Group, there are around 1,966,514,816 internet users worldwide. This is a 444.8% growth rate from the year 2000, ten years ago. Surprisingly, Asia has the biggest share of users among world regions.

But how much is too much internet use? Are we getting more comfortable with making online friends than with real people?

**INTERNET USERS DISTRIBUTED BY WORLD REGION, 2010**



*In the June 2010 Report of the Internet World Statistics, conducted by the Miniwatts Marketing Group, there are around 1,966,514,816 internet users worldwide. Surprisingly, Asia has the biggest share of users among world regions.*



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Do you compulsively surf for hours without any real need for it? Do you play games or gamble until the wee hours of the morning? These and other signs maybe indicative that you may already have an internet “problem.”

### When Internet Use is a Problem

It is difficult to determine when internet use is a problem simply because each person requires varying degrees of internet use. Constantly keeping in touch with loved ones who are working or staying in other countries may require late night vigils in the net. Doing research or work in the net may also take extensive on-line hours. So staying for several hours surfing the net is really not the issue. It only becomes a problem when it already interferes with the person's normal daily activities, responsibilities and relationships. People usually get hooked on the Internet because of three reasons; social networking, gaming and internet porn.

Although there have been no formal recognition of the concept of compulsive internet use as a psychological disorder, we often hear anecdotal reports of such behaviors which practically mimic the same pattern as those under the influence of other addictive substances. Hence, some have come to call this rising phenomena as “Internet/computer addiction”. More often than not, these individuals spend most of their time online to the detriment of their personal lives and health. Some lose track of time while playing online games. Others fail in their responsibilities to study and work because of too much time spent on the net. Personal hygiene and health is also disregarded by some, just to stay “connected”. Virtual sexual stimulation becomes more desirable than stimulation from actual life partner. Some go even further by stealing money, or using money for tuition just to pay for their stay at the internet cafes.

The University of Texas at Dallas (UTD) mentioned that anyone who uses a computer could become vulnerable to internet/computer addiction. Apparently more vulnerable to computer abuse are the people who are lonely, shy, easily bored, or suffer from another addiction or impulse control disorders.

Here are some risks factors identified which may lead to addiction:

- ***Persons suffering from anxiety.***

Internet is often used to distract oneself from worries and fears. Obsessive-compulsive disorders and other anxiety disorders may also contribute to excessive email checking and compulsive Internet use.

- ***Depressed persons.*** The Internet provides much entertainment and can be an escape from feelings of depression, but too much time online can make things worse. Internet addiction further contributes to isolation and loneliness.

- ***Other forms of addictions.***

Many Internet addicts suffer from other addictions, mainly to drugs, tobacco, alcohol, gambling, and sex.

- ***Lack of social support.*** Internet addicts often use chat rooms, instant messaging, or online gaming as a safe way of establishing new relationships and more confidently relating to others.

- ***Being a teenager.*** Just like in other forms of addiction, adolescents and teen-agers are vulnerable because the brain areas, critical for assessing situations, making sound decisions, and keeping our emotions and desires under control are still developing. At the same time, at a stage of finding oneself, internet might give more comfort than real life friends.

- ***Less mobility or less social activity.*** Persons coping with a new disability that limits ability to drive or more and parenting very young children can make it hard to leave the house or connect with old

friends. Internet becomes a more convenient option.

UTD also identified experiences that may be indicative that a person maybe having a problem or is already an internet/computer addict. These include: having mixed feelings of well-being and guilt while at the computer; making unsuccessful efforts to quit or limit your computer use; losing track of time while on the computer; neglecting friends, family and/or responsibilities in order to be online; lying to the boss and family about the amount of time spent on the computer and what you do while on it; and developing problems in school or on the job as a result of the time spent and the type of activities accessed on the computer.

Other experiences of being a internet/computer addict are: feeling anxious, depressed, or irritable when computer time is shortened or interrupted; repeated computer use as an outlet when sad, upset, or for sexual gratification; and when not on the computer, the person thinks about it frequently and anticipate when he/she will use it again.

The common physical signs can also be attributable to the problem. Computer addicts often experience one or more of the following; carpal tunnel syndrome or pain, numbness, and burning in your hands that can radiate up the wrists, elbows, and shoulders; dry eyes or strained vision; back and neck pains; severe headaches; and sleep disturbances.

### Escaping Internet Addiction

Compulsive behaviors like internet addiction can be hard to break. Addictive behaviors are neither a matter of will nor a factor of a person's resolve to get better. More often than not, the more support one gets during the process of cutting down, the more successful the person will be. It

is therefore critical that family members and peers understand the role they play in helping a loved one get rid of the problem. As with other addictive problems, treatment begins with recognizing that there is a problem.

Overcoming denial should be followed by other steps which includes:

- Agreeing on a behavior modification plan. Establishing controls that will limit the time spent on the net, such as setting a timer for usage, planning a daily schedule, keeping a log of moods when going online, matching time spent online with time spent socializing face to face and taking part in non-computer related activities, and enforcing them can help.

- Focusing on other areas

for needed skill enhancement, such as problem solving, assertiveness, social skills, overcoming shyness, and anger control can stimulate interaction in the real world.

- Assessing and addressing other disorders like depression or anxiety that may need medical treatment may increase changes of overcoming addiction.

- Providing easy access to assistance by locating or forming a support group for others who are trying to regain control over their computer use can likewise improve success rates.

A better understanding on why the person used the internet or the computer as a coping tool should be pursued. If a child or a friend is addicted to the internet or computer use, feel free to talk to them about

your concerns with their computer use.

Being a good role model can help them adjust and remove the problem. By managing one's own personal computer use, a parent or friend could demonstrate how to employ the media in a responsible and proper way. Similarly, introduce them to people who also handle their computer utilization sensibly. Better yet, involve them in non-computer related activities, like outdoor sports and other similar interests.

If and when they agree on the problem, support their desire for change. Seeking professional help, when deemed necessary should always be an option, to provide comprehensive care for the individual.

- o O o -

## TIDbeat

# Battle of the Sexes

A teacher was explaining to her class that in Spanish, unlike English, nouns are designated as either masculine or feminine.

"House" for instance, is feminine: "la casa." "Pencil," however, is masculine: "el lapiz." A student asked, "What gender is the computer?"

Instead of giving the answer, the teacher split the class into two groups, male and female, and asked them to decide for themselves whether the computer should be a masculine or a feminine noun. Each group was asked to give four reasons for its recommendation.

The men's group decided that "computer" should definitely be of the feminine gender ("la computadora") because:

1. No one but their creator understands their internal logic;

2. The native language they use to communicate with other computers is incomprehensible to everyone else;

3. Even the smallest mistakes are stored in long term memory for possible later retrieval; and

4. As soon as you make a commitment to one, you find yourself spending half your paycheck on accessories for it.

The women's group, however, concluded that computers should be masculine ("el computador") because:

1. In order to do anything with them, you have to turn them on;

2. They have a lot of data but still can't think for themselves;

3. They are supposed to help you solve problems, but half the time they ARE the



*As soon as this happens... retire with dignity!*

problem; and

4. As soon as you commit to one, you realize that if you had waited a little longer, you could have gotten a better model.

Who won? You decide!

*(-: Content and photo circulate in the Internet :-)*

# Muah! Muaahhh!

## Muah! Muaahhh!

*Dalawang bakla na nakadamit pam-babae ang nasa kanto ng Buendia at Taft nang may humintong bussaharap nila at lumabas ang kunduktor...*

KUNDUKTOR: Muah. Muah.  
Muaahhh!

DENISE: Ang presko naman ng kunduktor na iyan!  
At gusto pa yata akong sisirin ng halik.

GLENDA: Gagah! Nagtatawag yan ng pasahero papuntang Mall of Asia!



## Kiss, Kiss

CHICHI: Oist, Girl! Nabalitaan ko nakipag-break ka daw sa boyfriend mo?

JOY: Oo, kasi hindi marunong humalik. 'Tsaka isang style ng kiss lang ang alam.

CHICHI: Anong style 'yun?

JOY: Flying kiss!

## Emotional Pain

*Komunsulta si Misis sa isang psychiatrist...*

DOK: "All emotional pain lasts for 12 minutes and anything longer than that is self inflicted."

ERMA: Pero, Dok, matagal ko nang iniinda ang paghihiwalay namin ng Mister ko. Baliw na ba ako?

DOK: Sa tingin ko, hindi naman. Nag-iinarte ka nalang!

## Ang Buhay ay Pelikula

EMAN: Kung gagawa ako ng pelikula, gusto ko, ako si ZORRO!

ELLEN: Eh ako, sino?

EMAN: Si DACOS!

ELLEN: DACOS? Sino 'yun!

EMAN: DACOS of all my ZORROs!

## Hula

*Nagpahula ang buntis na Misis...*

MADAM ROSA: Sa araw na iluluwal mo ang iyong sanggol, mamamatay ang ama ng bata.

DIVINE: Hay, salamat at ligtas ang buhay ng asawa ko.

## Mukhang Asar

LITA: Hudat ka! Lagi kang umuuwing lasing. Naaasar na tuloy ako sa mukha mo.

JUN: Pero mahal, kung hindi ako lasing, ako naman ang maaasar sa mukha mo!

## P-Noy Joke

SHALANI: Mag-stop ka na ng smoking please...

P-NOY: Bakit naman?

SHALANI: Wala lungs!

## Slit ng Palda

- Kapag ang palda ng babae ay may slit sa likod, ang ibig niyang sabihin ay, "Halika, sundan mo ako!"
- Kapag ang hati ng palda ay nasa gilid, "Halika, tabihan mo ako."
- Kapag ang hati ng palda ay nasa harap, "Halika, pumasok ka!"

**I kissed my first girl and smoked my first cigarette on the same day.  
I haven't had time for tobacco since.**

~Arturo Toscanini

(-: Jokes and photo from the Internet :-)



# TAKE YOUR BREATH AWAY

## *Measuring Secondhand Smoke Exposure in Public Places*



Spending time in restaurants, bars or other entertainment venues where smoking is allowed, even at designated smoking areas only, will take your breath away, LITERALLY!

A few minutes' stay inside in these public places will expose you to high levels of fine particles suspended in the air that can lodge deeply in the lungs and can pose major risks health risks.

This is the result of a study measuring secondhand smoke (SHS) exposure in public places in the City of Manila authored by Engr. Rene Timbang and Anthony Roda of the Department of Health



*Air nicotine monitors (encircled in the photos) are placed and left for five days in entertainment venues, restaurants, government offices, hospitals and schools to measure secondhand smoke exposure in public places in the City of Manila. (Cellphone photos of Engr. Rene Timbang)*

and by Patrick Breyse and Stephen Tamplin of the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, USA. The study aimed at measuring the levels of indoor air nicotine and particulate matter (PM<sub>2.5</sub>) in public places and establishing baseline levels of SHS exposure to support more progressive smokefree policies.

Particulate matter (PM) is the term for particles found in the air, including dust, dirt, soot, liquid droplet and tobacco smoke. Particles can be suspended in the air for long periods of time. Some particles are large or dark enough to be seen as soot or smoke. Others are so small that individually they can only be detected with an electron microscope.

Particles less than 10 micrometers in diameter (PM<sub>10</sub>) pose a health concern because they can be inhaled into and accumulate in the respiratory system. Particles less than 2.5 micrometers in diameter (PM<sub>2.5</sub>) are referred to as fine particles and are believed to pose the greatest health risks. Because of their small size (approximately 1/30th the average width of a human hair), fine particles can lodge deeply into the lungs. Long-term exposure to PM<sub>2.5</sub> can result to respiratory diseases, cardiovascular diseases and lung cancer.

Cigarette smoke contains more than 4,000 known chemical compounds and a 2004 study published in the British Medical Journal found that exposure to secondhand smoke increases the risk of heart diseases among non-smokers by as much as 60%.

The science is clear on the dangers of tobacco use but we also need clear, enforceable policies to reduce that use and to protect people from secondhand smoke.

Millions of Filipinos, both children and adults, are still exposed to secondhand smoke in their homes, workplaces and public places. The Philippines Global Adult



**RIGHT.** The air nicotine monitor is placed in conspicuous areas of an establishment. **TOP LEFT.** Air nicotine monitor. **BOTTOM LEFT.** TSI SidePak AM510 Personal Aerosol Monitor that measures PM<sub>2.5</sub>. The nicotine monitors are left in the establishment for a week and the SidePak is carried by a person in an establishment for at least 30 minutes, while documenting the smoking behaviors of people inside.

Tobacco Survey (2009) revealed that one in every three Filipinos (33.6%) who visited a restaurant during the past 30 days was exposed to secondhand smoke. More than one quarter (25.5%) of Filipinos who visited a government building during the past 30 days were exposed to secondhand smoke, and almost 28 million Filipinos (55.3%) who used public transportation during the past 30 days were exposed to secondhand smoke.

The Philippine SHS exposure monitoring study was conducted in Manila in February – May 2010 and involved 27 buildings (5 hospitals, 5 government offices, 7 restaurants, 10 entertainment venues) in Manila. All buildings were found to have some form of evidence of smoking. Most entertainment venues and restaurants had smokers present. Moreover, there was a low presence of signages prohibiting smoking.

Entertainment venues had the highest levels of PM<sub>2.5</sub>. In 30 minutes, clients would be exposed to more than 6 times

the World Health Organization (WHO) daily acceptable level which is 25 micrograms per cubic meter (µg/m<sup>3</sup>). Restaurants also had high levels of PM<sub>2.5</sub> with more than 4 times the WHO standard.

Republic Act 9211 or the Tobacco Regulation Act of 2003 allows smoking in designated areas in public places such as restaurants and entertainment venues. However, evidence shows that separate smoking sections do not work. Simply separating smokers and non-smokers within the same air space does not eliminate nor reduce SHS exposure.

Attempts to control the toxic and cancer-causing properties of secondhand smoke by means of ventilation and filtration are futile. It would require super-typhoon strength rates of air flow to put the level of toxins to a safe levels. The only effective means to eliminate the health risk associated with indoor exposure to tobacco smoke is to ban smoking.

*Please turn to page 21...*



# Measuring SHS exposure in public places in Manila, Philippines in support of policy development and implementation



R Timbang<sup>1</sup>, A Roda<sup>1</sup>, P Breyse<sup>2</sup>, S Tamplin<sup>2</sup>

<sup>1</sup>Department of Health, Manila, Philippines; <sup>2</sup>Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

## Background

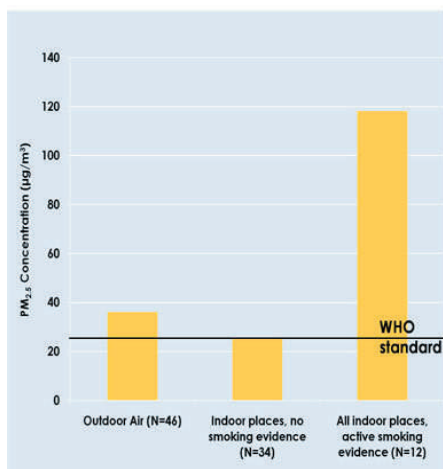
- In Philippines, 48% (14.6 Million) males and 9% (2.7 million) females smoke
- Tobacco related annual health care costs about 43 billion pesos (about 950 million USD)
- Republic Act 9211 (Tobacco Control Act) bans smoking in healthcare, educational, government institutions and public transportation; restaurants and bars may designate smoking areas subject to requirements

## Methods

- PM<sub>2.5</sub> monitoring conducted in 27 buildings during February-May, 2010 in hospitals, government offices, restaurants, and entertainment venues
- Smoking behavior also assessed using observational survey
- Evidence of smoking defined as smoking observed (active), presence of cigarette butts and/or smell of smoke (past)

## Results

**Figure 1: Mean concentrations of PM<sub>2.5</sub> in outdoor air and indoor places with evidence of smoking\* in Manila, Philippines**

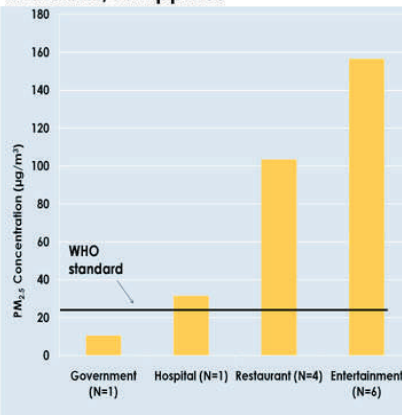


\*evidence of smoking is defined as smoking observed (active), presence of cigarette butts, and/or smell of smoke (past)

PM<sub>2.5</sub> levels of outdoor air and indoor places with active smoking evidence were higher than the WHO daily acceptable level (25 µg/m³). Indoor places with no smoking evidence had lower PM<sub>2.5</sub> levels than outdoor air.

## Results

**Figure 2: Mean concentrations of PM<sub>2.5</sub> in buildings with evidence of smoking\* in Manila, Philippines**



\*evidence of smoking is defined as smoking observed (active), presence of cigarette butts, and/or smell of smoke (past)

Levels of PM<sub>2.5</sub> were higher than the WHO daily acceptable standard in hospitals, restaurants, and entertainment venues. Entertainment venues had the highest levels of PM<sub>2.5</sub>. In 30 minutes, visitors to these places would be exposed to more than 6 times the WHO daily acceptable level.

**Table 1: Concentration of PM<sub>2.5</sub> by building and evidence of smoking in Manila, Philippines**

Building	Evidence	N	PM <sub>2.5</sub> concentration (µg/m³)			
			Mean	Min	Median	Max
Hospitals	No	9	27.6	6.2	18.1	70.2
	Yes	1	31.5	31.5	31.5	31.5
Government Offices	No	9	25.5	10.2	18.5	53.6
	Yes	1	10.6	10.6	10.6	10.6
Restaurants	No	3	22.7	14.4	22.5	31.2
	Yes	4	103.4	71.4	104.7	133.1
Entertainment Venues	No	4	40.8	18.3	28.1	88.8
	Yes	6	160.3	27.6	156.0	352.2

\*evidence of smoking is defined as smoking observed (active), presence of cigarette butts, and/or smell of smoke (past)

Entertainment venues with smoking evidence had the highest PM<sub>2.5</sub> levels followed by restaurants with smoking evidence. Government offices and hospital locations had the lowest PM<sub>2.5</sub> levels.

## Results

**Table 2: Observational findings by building type in Manila, Philippines**

Building	N	Smokers observed (%)	Butts found (%)	Tobacco smell detected (%)	Signs prohibiting smoking (%)
Hospitals	5	20	0	0	20
Government Offices	5	20	20	0	40
Restaurants	7	57	0	43	29
Entertainment	10	60	10	60	10

All buildings had some form of evidence of smoking. Most entertainment venues and restaurants had smokers present. There was a low presence of signage prohibiting smoking.

## Conclusion

- Active smoking produced higher levels of PM<sub>2.5</sub>
  - Sampling timeframe a factor – may miss actual smoking
- Entertainment venues had the highest levels of PM<sub>2.5</sub>
  - In 30 minutes, visitors would be exposed to more than 6 times the WHO daily acceptable level
- Compliance remains an issue and enforcement needs to be addressed

## Dissemination & Policy Impact

- Provide evidence to local government units on the impact of SHS in public places
- Raise awareness among owners/managers/operators of public places to support and promote smoke-free environments
- Conduct similar SHS exposure monitoring in other regions/local government units
- Two local jurisdictions (Davao and Makati) successfully enforce smoke-free policies; localized evidence may encourage Metro Manila to enforce a similar policy as well as enhance enforcement of the provisions of Republic Act 9211.

Funding provided by Flight Attendant Medical Research Institute (FAMRI) and the Bloomberg Initiative to Reduce Tobacco Use





**Engr. Rene Timbang (right) of the Environmental and Occupational Health Office of the National Center for Disease Prevention and Control, the principal author of the study, and Anthony Roda (left) of the National Center for Health Promotion, the co-author, during the WHO regional workshop on Monitoring Secondhand Smoke Exposure in Kobe, Japan in July 2009.**

#### **Continued from page 19...**

The study also found that hospitals and government buildings were not 100% smokefree. Hospitals, where absolute smoking ban is imposed under the law, had  $PM_{2.5}$  levels slightly above the WHO standard. On the other hand, government offices got the lowest  $PM_{2.5}$  levels and did not exceed the WHO standard. Under the Memorandum Circular No. 17 issued by the Civil Service Commission, smoking is absolutely prohibited in government agencies providing health, education and social welfare services, while other government agencies can designate smoking areas in open spaces 10 meters away from entrances, exits and where people pass or congregate.

The study provided hard evidence to local government units on the impact of secondhand smoke in public places and having a policies/ordinances aimed at eliminating SHS exposure indoors will have direct benefits to public health.

Experiences from other countries show that implementing 100% smokefree policies benefit nonsmokers and smokers alike. Nonsmokers are exposed to significantly less secondhand smoke, while smokers tend to smoke less, have greater cessation success, and have increased confidence in their ability to quit. These effects are greater under a comprehensive ban rather than a partial one. When indoor smoking areas are allowed, ventilation is inadequate to eliminate secondhand smoke, and the reduction in smoking among smokers is less significant.

#### **Part of A Bigger Study**

The Philippine study is only a part of a bigger study to characterize SHS exposure in key indoor places in nine countries throughout Asia. Aside from the Philippines, the same study has been conducted in Bangladesh, China, India, Indonesia, Thailand, Vietnam,

Japan and South Korea.

The study employed active monitoring ( $PM_{2.5}$ ), passive monitoring (air nicotine) and simple observational monitoring of public places. In entertainment venues, restaurants, hospitals and government offices, all methods were employed. In schools, only air nicotine monitoring procedure was used.

Secondhand smoke was estimated by measuring  $PM_{2.5}$  using a TSI SidePak AM510 Personal Aerosol Monitor and air sampling of vapor-phase nicotine was done using a filter badge treated with sodium bisulfate

$PM_{2.5}$  monitoring was conducted in a building for several hours (30 minutes in cafeterias, lobbies, restaurants, and entertainment venues and 5 minutes in stairways, hallways, toilets, lounges, patient floors and offices), while air nicotine monitoring occurred over a 5 to 7 day period (5 days for office and school environments). On the other hand, simple observational monitoring of public places was made using a questionnaire for recording the number of people and smokers present, presence of cigarette butts, tobacco industry advertisements, and no smoking signs. In addition, the room dimensions and characteristics as well as the presence of ventilation systems were recorded.

The data gathered from the SidePak and samples collected by the air nicotine monitors were sent to the Johns Hopkins Bloomberg School of Public Health (JHSPH) for analysis.

As of this writing, only the  $PM_{2.5}$  data were analyzed. The air nicotine data are still being processed by the Exposure Assessment Facility at JHSPH. After all data have been completed, the cross-country comparison that will examine the similarities/differences and strengths/weakness between  $PM_{2.5}$  and air nicotine monitoring will be published.



*Late stage breast cancer where survival is nil. This photo, courtesy of Dr. Maricar Limpin of the Framework Convention for Tobacco Control Alliance Philippines (FCAP), is one of the proposed Graphic Health Information photos to be placed on cigarette packs in the country.*

# Piloting the Patient Navigation Program

## *Patient Support and Free Medicines for Indigent Patients with Early Stage Breast Cancer*

On October 29, the last working day of the Breast Cancer Awareness Month, the Department of Health, Philippine Cancer Society, Inc. (PCSI) and four Metro Manila government hospitals forged an agreement to pilot the Patient Navigation Program that

will promote early breast cancer detection through pledge of patient support and access to free medicines in order to improve breast cancer survival rates of women in the lower economic status. The program provides a multidisciplinary approach model for cancer

care in government hospitals that is cost-effective, humane and patient-centered.

The four government hospitals in the pilot project include the East Avenue Medical Center (EAMC), Jose R. Reyes Memorial Medical Center (JRRMMC), the

Philippine General Hospital (PGH) and the Rizal Medical Center (RMC)— all having the capacity, support facilities and a multidisciplinary team of experts for managing breast cancer. These hospitals also cover the catchment areas of the Metro Manila Cancer Registry and the Rizal Cancer Registry which are the main sources of data for cancer incidence in the country.

Dr. Rachel Marie Rosario, PCSI executive director, said, “Cancer is an expensive disease and can really drive patients to poverty because of the huge out-of-pocket expenses it requires. We can never really stop women from dying until our efforts at early detection are linked to cost-effective care and treatment.”

Health Secretary Enrique T. Ona also expressed full support to the new partnership adding that providing medicine entitlements to poor and vulnerable sectors for priority diseases like cancer is a move that will be pursued by the DOH within the next five years.

The new venture between the DOH and PCSI, which have been partners for almost three decades in combating cancer in the Philippines, is in line with the Aquino administration’s Public-Private Partnership initiative towards Universal Health Care.

Under the partnership, the DOH will provide financial and logistics support for the Patient Navigation Program and coordinate with the local government units and participating hospitals within Metro Manila and Rizal province. The PCSI will implement the patient navigation scheme using the standardized breast cancer treatment protocol, train or hire patient navigators to be deployed in access sites, conduct patient follow-up and monitoring, and conduct research to improve breast cancer treatment in the country.

Under the pilot project, a total of 795 targeted indigent patients at the early stages (Stage I – IIIa) has been identified and divided into the four hospitals as follows: 115 patients for EAMC; 220 for JRRMMC; 400 for PGH, and 60 for RMC.

An expert committee was also formed to help the DOH craft a resource-appropriate and cost-effective treatment protocol for early stage breast cancer that can be implemented in government hospitals. Aside from medical specialists from the PCSI and the four pilot hospitals, the committee also involves experts from the Philippine College of Surgeons and the Philippine Society of Medical Oncologists.

According to Dr. Robert Louie P. So,

program director of the DOH National Center for Pharmaceutical Access and Management, the Patient Navigation Program is not a new concept and has already been proven as a successful model of cancer care in US minority populations which began in the 1990s. Locally, patient navigation services are already being provided for indigent breast cancer patients at EAMC.

Moreover, So said that medicines access program is incorporated in the working draft of the Philippine Medicines Policy wherein it is stated that “The DOH, PhilHealth (Philippine Health Insurance Corporation) and other relevant government agencies should strive to employ strategies that will provide free medicines to the poor



*The Pink Ribbon, a symbol for Breast Cancer Awareness. Photo source unknown, taken from a powerpoint presentation of Dr. Robert Louie P. So.*



or a population of patients that addresses priority diseases (e.g. TB, HIV, malaria, NCDs, cancers)."

The Patient Navigation Program reduces barriers to health care, prevents delays in diagnosis and treatment, and improves the quality of life of cancer patients undergoing treatment by providing psychosocial support.

### Early Diagnosis in Breast Cancer

According to the Philippine Cancer Facts and Estimates 2010 published by the PCSI, breast cancer is now the leading cancer site overtaking lung cancer for both sexes in the Philippines (i.e. 15% of all cancers). It is also the number one cause of cancer illness and death among Filipino women accounting for almost 30% of all female malignancies.

Breast cancer cases are projected to increase in the Philippines in the coming years with factors such as smoking, unhealthy lifestyles and decreasing fertility. It is estimated that there will be a total of 12,262 new breast cancer cases in 2010 with 4,371 deaths. Latest data also reveal that three out of every 100 Filipinas are likely to develop breast cancer in their lifetime and that one out of every 100 are likely to die from the disease before age 75.

In Asia, the Philippines is among the countries with the highest age standardized incidence rate for breast cancer. Survival rate for breast cancer in the Philippines is below 40%. In developed countries like US, Canada, Australia, survival rates (80-90%) have significantly improved in the last decades. Wealthy countries have made major strides in the fight against

## CLINICAL STAGE DIAGNOSIS OF BREAST CANCER IN THE PHILIPPINES

Stage	1993	1997	2002	Average
I	4.1 %	5.4%	5.0%	5.0%
IIa	13.0%	20.1%	18.2%	20.0%
IIb	19.9%	14.1%	27.7%	18.0%
IIIa	7.5%	6.0%	8.2%	9.0%
IIIb	11.0%	10.8%	6.3%	10.0%
IV	9.6%	11.4%	8.2%	11%
Unknown	34.9%	32.2%	26.4%	28%
Total	100	100	100	100
N	146	149	159	1,615



*The stage at which breast cancer is being diagnosed in the country has not changed. Most cases are diagnosed at stage II and above. While Stage II still has a good prognosis, it usually requires more expensive chemotherapy. SOURCE: Epidemiology and Clinicopathology of Breast Cancer in Metro Manila and Rizal Province, Philippines. Laudico, A., Redaniel, MT, Mirasol-Lumague, R., et al. Published in the Asian Pacific Journal of Cancer Prevention.*

certain cancers, particularly in the past three decades. In the USA, both cancer incidence and mortality have declined since peaks in the early 1990s because of heightened awareness, prevention, earlier detection, and the availability of new and more effective treatment regimes. While the DOH and other cancer prevention advocates are constantly harping on early screening, it is still a puzzle why women in the Philippines continue to be diagnosed relatively late into the disease. Studies show that many factors act as barriers for our women when they get breast cancer. Cancer is a devastating and disfiguring disease and thus a cancer diagnosis often elicit fear among women.

A significant barrier, particularly in the Philippines, is the high out-of-pocket cost for cancer treatment. There is also lack of health system infrastructure and expertise for breast cancer patients especially in the provinces.

A study done on the breast cancer incidence in Metro Manila and Rizal showed that the stage at which breast cancer is being diagnosed in the country has not

changed through the years and most cases are diagnosed at stage II and above, whereas detection at Stage I remains poor despite desperate calls for early screening and detection. (See Table in this page.) While Stage II still has a good prognosis, it usually requires more expensive chemotherapy.

So said that the Patient Navigation Program intends to see more and more patients to get diagnosed at stage I, the way it is happening in other countries. For example, among Filipinos in the US, up to 37% are being diagnosed at Stage I and 47% are diagnosed at Stage II. Thus, the much improved survival rates.

"There can be no cancer control without prevention and treatment," So said. And quoting an article "Expansion of cancer care and control in countries of low and middle income: a call to action" published in the Lancet (August 2010), he emphasized that "neglect of care leads to unnecessary death and suffering, and neglect of prevention leads to unaffordable treatment."

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# HIV

## "Si Heidi, si Ivy at si V"

### The HIV Indie Film

The Department of Health co-ventures with Exogain Productions in the newest trend of disseminating health messages to the public via an "indie film."

Indie or short for "independent" films are movies not made by the so-called mainstream or bigtime movie outfits or studios that tend to make big-budgeted films with formula and tested storylines and scenes, and capitalizing on big named and pricy stars to cash in big bucks in the

movie tills. Indie films are said to tackle more serious societal issues more freely and made more artistically. In fact, indie films become so prominent in the country that many believe that these films have salvaged the almost dying Philippine movie industry.

Almost all indie films are not shot and shown in the expensive 35-millimeter film but in digital video tape format. The emergence of digital cameras and their high-technology accessories in the market have spawn the growth of indie films. Thus, with a couple of millions pesos or even less,

someone can produce a movie in accordance with his/her own personal taste and style without the vested commercial interests and influences of mainstream movie studios.

Early this year, when HIV/AIDS (human immunodeficiency virus / acquired immune deficiency syndrome) resurfaced as a hot issue in news and media, Donna Sanchez and Maria Isabel Lopez proposed to then Health Secretary Esperanza I. Cabral to make a movie about HIV/AIDS. After several meetings and consultations with the staff of the National AIDS Prevention and Control Program under the DOH National Center for Disease Prevention and Control and the National Center for Health Promotion, the movie started reeling.

The movie is directed by Neal "Buboy" Tan from the screenplay of Wanggo Gallaga, the son of a critically acclaimed film director, Peque Gallaga. When Wanggo publicly announced in 2009 that he was HIV positive, it sent a powerful message that anyone can get HIV.

### Synopsis

HIV (Si Heidi, Si Ivy at Si V) is based on real stories and testimonials of people with HIV/

*Please turn to page 28...*



*Some of the major cast of HIV, The Movie. FRONT ROW from left: Maria Isabel Lopez, JP Mesde (partly hidden), Jake Cuenca, Isa Calsado and Candy Pangilinan. RBACK ROW from left: Mara Lopez, Jao Mapa, Abby Cruz and Will de Vaughn.*



si Heidi  
si Ivy at  
si V?







Photos courtesy of  
Exogain Productions

## HIV ALL STAR CAST

Jake Cuenca  
Maria Isabel Lopez  
Iza Calzado  
Candy Pangilinan  
IC Mendoza  
JP Mesde  
Precious Lara Quigaman  
Will de Vaughn  
Jao Mapa  
Abby Cruz  
Mara Lopez  
Azenith Briones  
Orestes Ojeda  
Liz Alindogan  
Jess Santos  
and  
Rustica Carpio

With Special Participation of:  
Dr. Esperanza I. Cabral  
Dr. Gerard Belimac  
Department of Health staff  
and  
Philippine National AIDS Council members



*SEATED from left: Jake Cuenca and Lara Precious Quigaman. STANDING from left: Neal "Buboy" Tan (director), Donna B. Sanchez (executive producer) and Wanggo Gallaga (scriptwriter).*

... Continued from page 25

AIDS. Gil Bustamante (Jake Cuenca), a visual designer and a young filmmaker launches into a story that fuses patients with HIV/AIDS cases. Using the San Lazaro Hospital as backdrop, you will find young adults, some men who have sex with men, people in prostitution, and intravenous drug users, among others.

The documentary focuses on three major characters namely Heidi, (Ma. Isabel Lopez) a plain housewife who contracted the virus from her philandering husband during

a time he worked as a contractual employee in Bahrain. Her husband died of AIDS three years previously, leaving behind a 9-year old son, Victor (JP Mesde) also an HIV patient. Ivy (Iza Calzado), a young call center agent, two years fresh from graduation, discovers she is HIV positive. It is about her life that is about to begin and she must now face the world – her work, family, and friends – with a mistake from her past. She is about to apply for work abroad when she learns she is HIV positive. And Vanessa (IC Mendoza), a

young cheery gay and a stand-up comedian who engages in different sexual pleasures.

Heidi struggles very hard to make ends meet by selling packed food in offices and nearby streets, until her condition becomes worse. Now waiting for her time, she decides to tell her story to give the AIDS awareness more substance, and hopes that by coming out, less people will contract the virus. But before completing her documentary, she dies.

Ivy tries to discover how she got





**TOP:** Health Secretary Enrique T. Ona (seated fronting the camera) films his message for the movie. Standing on the left is Maria Isabel Lopez. **BOTTOM:** Sec. Ona with Jake Cuenca (left), Iza Calzado (second from right) and DOH Director Enrique Tayag (extreme right) during the HIV movie's press conference. (Photos by Paking Repelente)

the virus since she never had sex with anyone except her ex-boyfriend, Arnel, who turned out to be HIV negative. She suspects she got the virus during their graduation party when everybody was intoxicated or drugged.

Vanessa, on the other hand, continues his stint as an entertainer. A gay who cruises around at night to have sex with different men, until finally he gets nabbed and is almost killed by a group of men he had sex with.

Gil's frustration in covering their stories becomes the next focus of the movie. He used to be an outgoing person, confident and friendly in social situations. Playboy and very romantic, he enjoyed drinking and partying. His advocacy on HIV/AIDS started when he was assigned by the DOH to make a documentary film on the lives of some of the patients. But only a few agree to come-out in the open with their stories. Like them, he is afraid.

In the end, with the support of his family, he goes public with the truth that he too is HIV positive. Gil is not gay, but he has had multiple sexual partners of both sexes. Coming out in the open is the most significant decision he has made in life, and telling the public that the fight against HIV/AIDS is not solely the responsibility of the government as it is a fight that demands action from every individual.

### **Spread the News, Not the Virus**

Health Secretary Enrique T. Ona, in his message before the movie starts emphasized that there is still no cure for HIV and AIDS, thus making it one of the major social and developmental issues faced by the world today. He said that the HIV movie is part of the government's effort to combat the HIV/AIDS and spread hope for a better understanding of the disease.

Ona said that the movie is "a story about the reality of HIV and AIDS, its effects on the individual, the family and the community. Providing adequate and appropriate information, education and health services to control HIV and AIDS is essential in giving persons living with HIV a free environment to share their experiences and to give the community a better view of how HIV transmission could be prevented and managed."

He called on the viewers to be responsible and stay safe. "Spread the news, not the virus," Ona concluded.

"HIV - Si Heidi, Si Ivy at si V" premiered on December 1, World AIDS Day at SM Cinema. Exogain Productions intends to show the movie on special screenings nationwide and even in some parts of the world. After a year, the DOH will use the indie movie as part of its health promotion and HIV/AIDS prevention and control advocacy activities.



# Vaginal Lock



## Is it Real and Is it Rare?

by

**DONATO DENNIS B. MAGAT**

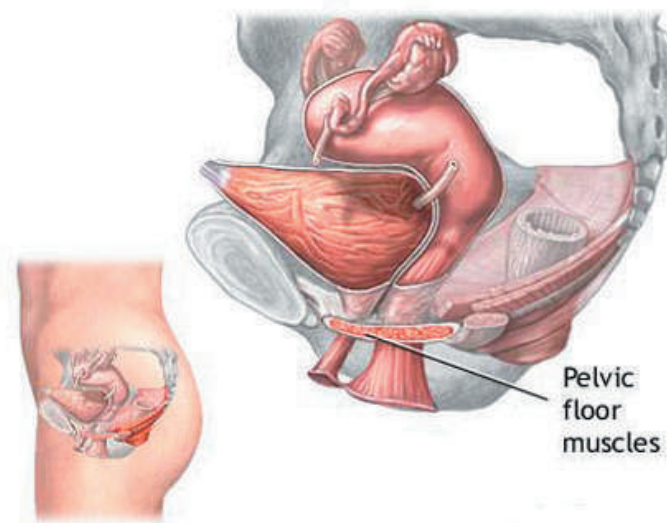
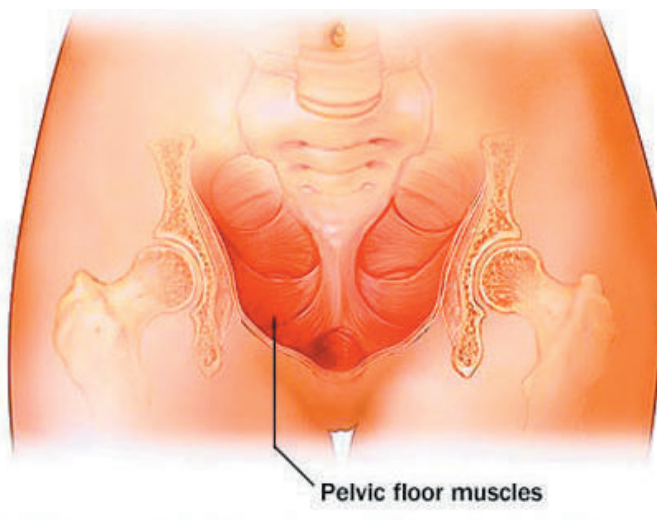
HEALTHbeat Staff

Vaginal lock during heterosexual intercourse – is it real and is it rare?

Vaginismus, or what is now also being termed as “vaginal lock” or “vaginal or penis captivus,” is a tightening of the vagina when a foreign object is inserted into it. The insertion of anything causes women discomfort, pain, penetration problems or complete inability to have a satisfying sexual intercourse.

Vaginismus is a condition where there is involuntary tightness of the vagina during attempted intercourse. The tightness is caused by the involuntary contractions of the pelvic floor muscles surrounding the vagina, specifically the pubococcygeus (PC) muscle group. It should be noted that the woman has no control on the tightness occurring on her pelvic muscles. Neither is she aware that her muscles' response is causing the tightness or penetration problem.

The pubococcygeus



*The pelvic floor muscles surrounding the vagina. SOURCE: (Top) Mayo Foundation for Medical Education and Research. (Bottom) A.D.A.M., an innovative online technology solutions for the health, benefits, and education.*

(PC) muscles group are the predominant pelvic floor muscles during bouts of vaginismus. This PC muscle group enables a woman to urinate, have sexual intercourse, reach orgasm, move bowels, and deliver babies.

Oftentimes, vaginismus is the culprit in unconsummated marriages/relationships because it makes penetration very difficult or impossible. Vaginal tightness can be so restrictive that the opening is ‘closed’ to allow penetration of the penis. The pain experienced by a woman ends when the sexual attempt ends.

The mystery of having the problem (vaginismus) can be very distressing and frustrating to both women and their partners. Women may feel ashamed to discuss their condition, not even with their husbands/partners, and may be forced to keep their suffering in private.

An article entitled “Critical Literature Review on Vaginismus,” copyrighted to the University of Melbourne,

Australia, Faculty of Medicine and posted on the Vaginismus Awareness Network, stated that, *"The term vaginismus is still not part of people's everyday vocabulary and seems absent from the media and from most material published on sexuality, some sufferers feel that it is 'an invisible handicap.' This silence may also contribute to the false impression that this is a rare condition."*

The article continued, *"Although a prevalence rate has not been assessed scientifically, estimates of vaginismus range from 5% to 47% of people presenting for sex therapy or complaining of sexual problems, with significant differences across cultures. Despite the lack of consensus on prevalence, what is agreed upon is that large numbers of women possibly do not ever come to clinical attention, yet reasons for this low presence have not been explored. Unlike other sexual dysfunctions or genital problems, vaginismus prevents both intercourse and the ability to conceive, it seems likely that society's expectations of women's sexuality may particularly impact on these sufferers."*

Vaginismus can be either primary or secondary. Primary vaginismus occurs when a woman has never experienced painless intercourse or any vaginal penetration. Usually, it is discovered when a woman attempts to have sex for the very first time. The spouse/partner is unable to penetrate and seems to bump into 'walls'. Women with this condition are also unable to wear tampons and/or complete pelvic exams. Many couples are unable to consummate their relationship because of this rare condition.

Some women can also develop vaginismus in later life, even after years of pleasurable, pain-free sexual intercourse. This condition is referred to as secondary vaginismus. This is precipitated by a medical condition,

traumatic event, childbirth, surgery or menopause.

In some occasions, women who experience pain or difficulty of being penetrated, difficulty inserting tampon, or even a doctor's speculum often mistakenly thinks that their vagina is too small. Health experts said that involuntary constriction of the vaginal muscles is the main cause of the problem. They added that no matter what the woman's physical height, size, or age, the vagina is physically able to accommodate a man's penis of any size. In extreme cases, the vagina can widen to accommodate delivery of a baby during childbirth.

There are several risk factors that may make a woman more prone to developing vaginismus. Some of these contributing factors are: pelvic pain due to a medical condition, infection, physical trauma, age-related changes, emotional distress, anxiety, fear, or other similar emotions that relate to sex, intimacy, past trauma or relationships.

If left untreated, the condition often worsens, because the experience of ongoing sexual pain further increases the duration and intensity of the involuntary PC muscle contraction. It can also impede a woman's ability to experience orgasm during intercourse, as sudden pangs of pain terminates the arousal buildup.

However, when the attempt to insert anything to the vagina ends, the vaginal wall begins to relax and normalize. For this reason, medical examinations often fail to reveal any apparent problems unless the tightness occurs and is noted during pelvic examination.

Depending on the intensity, vaginismus symptoms range from minor burning sensations with tightness to total closure of the vaginal opening making penetration impossible. Common symptoms of vaginismus include burning or stinging with tightness during sex, difficult or impossible penetration, uncomfortable insertion of penis, ongoing sexual discomfort/pain following childbirth, urinary infections, sexually-transmitted diseases, hysterectomy, rape, menopause, cancer, or other medical conditions, difficulty inserting tampons or undergoing pelvic/gynecological examination, spasms in other body groups such as legs and/or lower back.

Vaginismus can happen in both younger and older women, and those with no sexual experience or those with years of experience. Not all women experience the same degree of difficulty. Some women are unable to insert anything at all, some are unable to insert a tampon or complete a gynecological examination, others are able to partially insert a penis but with much difficulty and pain, some are able to fully insert a penis but tightness and discomfort interrupts arousal and orgasm, some may be able to tolerate years of discomfort during intercourse with gradually increasing pain.

With vaginismus, the mind and body have developed a conditioned response against any form of penetration. The body has learned to anticipate pain upon penetration, so that the PC muscle



group contracts to protect against the potential/expected pain from intercourse or any penetration.

Examples of non-physical causes of vaginismus are fear of pain from intercourse, fear of not being completely physically healed following pelvic trauma, fear of tissue damage, fear of getting pregnant, performance pressures, previous unpleasant sexual experiences, negativity toward sex, partner abuse, fear of commitment, distrust, past emotional sexual abuse, unbalanced religious teaching like sex is bad, and inadequate sex education.

Life experiences vary from person-to-person and these experiences play a big part in triggering vaginismus condition. Sometimes women with happy childhood memories, great relationships, good education and fewer anxieties also find trouble having a gratifying sex life.

Some physical causes of vaginismus include urinary tract infections, sexually transmitted-disease, genital/pelvic tumors, cysts, cancer, eczema, psoriasis,

pain from difficult vaginal deliveries, miscarriages, menopause and hormonal changes, vaginal dryness/inadequate lubrication, vaginal atrophy, discomfort from insufficient foreplay, sexual/physical abuse, or rape.

Vaginismus is considered one of the most successfully treatable female sexual disorder. Successful treatment of vaginismus does not require drugs, surgery, hypnosis or any other complex, invasive technique. Effective treatment approaches combine pelvic floor exercises, insertion or dilation training, pain elimination techniques, transition steps, and exercises designed to help women identify, express and resolve contributing emotional components of the problem.

One effective treatment for vaginismus is focused on retraining the pelvic muscles to eliminate involuntary muscle reactions that produce pain or tightness in the vaginal opening. Learning how to exercise and retrain the pelvic muscles is an important step in eliminating tightness and

difficulty during sexual encounter.

For women with penetration difficulties, techniques must be learned to allow initial entry without experiencing pain. In this technique, women may allow the entry of small object like cotton swab, tampon or finger into their vagina, working completely under their control and pace. Women should learn to take full control of their pelvic muscle group and learn how to flex and relax at their own will.

Another form of treatment is by using a dilator. It should be noted that dilators are typically ineffective when used without guidance. Dilators are only one aspect of treatment, and should be combined with proper pelvic control techniques. The main focus of the dilator is in retraining the pelvic floor, but not stretching the vaginal opening.

With proper guidance and techniques, this female disorder can be addressed. Moreover it needs the help, patience and understanding of the spouse/partner in dealing with this condition.

## HEALTH advisory

# KALUSUGAN SA KAPASKUHAN

- Plan your Christmas activities. Don't spend beyond your means. Manage your stress.
- Take care of your health against the sudden changes in temperature. Cough, colds, fever and flu are frequent this holiday season. Consult your doctor if symptoms persists in more than five days.
- Eat right, eat healthy. Limit your intake of salt, sugar and fats. Add more fruits and vegetables in your Noche Buena and Media Noche meals.
- Limit alcoholic drinks or better yet don't drink at all, especially when you are driving.
- Don't forget your daily dose of physical activity and exercise.
- Get enough sleep.
- Choose your Christmas lights and decors well. Don't overload your electrical outlets and extension cords to prevent fire.
- Give age-appropriate toys to children. Avoid toys with pointed or sharp edges or toys that have small parts that can choke.
- Make some noise without using firecrackers, fireworks and guns.

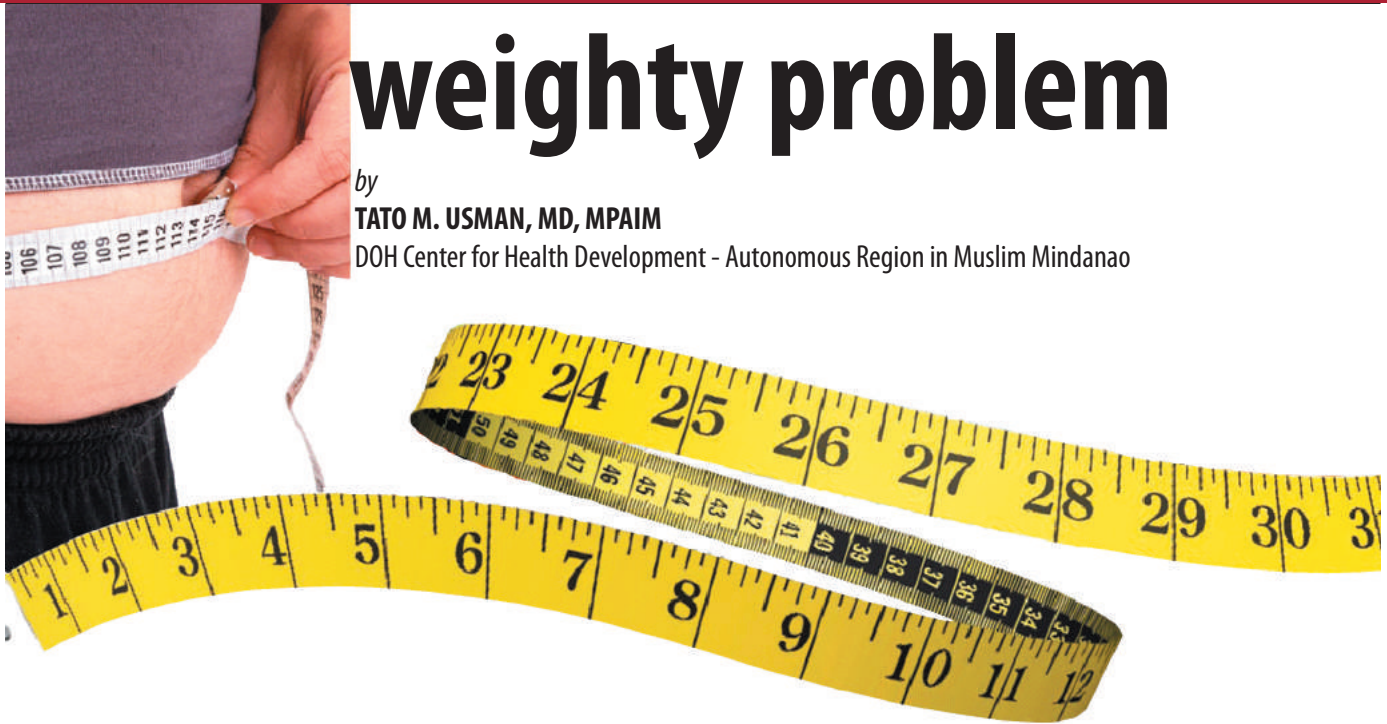


# weighty problem

by

**TATO M. USMAN, MD, MPAIM**

DOH Center for Health Development - Autonomous Region in Muslim Mindanao



Obesity has reached epidemic proportions globally, with more than 1 billion adults overweight - at least 300 million of them clinically obese - and is a major contributor to the global burden of chronic disease and disability, according to the World Health Organization (WHO).

In the Philippines, the 2003 National Nutrition and Health Survey of the Food and Nutrition Research Institute (FNRI) revealed that 90% of Filipinos have one or more of the six prevalent risk factors for chronic disease, particularly overweight (20%) and obesity (4.9%).

Meanwhile, the 7th National Nutrition Survey (2008) recorded a significant increase in the prevalence rate of Filipinos who are overweight and obese from 2003 to 2008. The overweight prevalence rose from 15.2% to 21.4% while obese prevalence stepped-up from 3.4% to 5.2%.

Overweight and obesity pose major risks for chronic diseases, including type 2 diabetes, cardiovascular diseases, hypertension and stroke, and certain forms of cancer such as breast, endometrial and colon cancer.

For type 2 diabetes alone, the American Journal of Epidemiology revealed:

- Each unit increase in Body Mass Index about 2.7 – 3.6 kg) increases type 2 diabetes risk by 121%;
- 68 – 72% of diabetes risk in the U.S. is attributable to or associated with excess weight; and
- For every kilogram increase in weight over 10 years type 2 diabetes risk increases 4.5%.

Likewise, WHO states that obesity reduces life expectancy by 5 years.

The key causes are increased consumption of energy-dense foods high in saturated fats and sugar, and reduced physical activity.

In Islam, Muslims are encouraged to eat moderately and avoid excess. Allah Almighty said in the Noble Qur'an: "Eat and drink, but avoid excess..." (Chapter Taha: Verse 81).

Obviously, if you take excess amount of energy more than the needs of your body, you will gain weight (energy is supplied from macronutrients such as

protein, fat and carbohydrate).

Additionally, Allah Almighty has established in all matters including balance diet: "And He enforced the balance. That you exceed not the bounds; but observe the balance strictly, and fall not short thereof" (Chapter Ar-Rahman: Verse 7-9).

Meaning, you need to balance your energy intake and expenditures in order to maintain your ideal healthy weight. Your estimated energy requirement is calculated by multiplying your basal metabolic rate by your physical activity coefficient.

The Prophet, peace and blessings be upon him, is reported to have said: "When filled with food, the belly becomes the worst container for the son of Adam. It is sufficient for a human being to have a few bites to keep himself fit. If one must eat, then let him use one-third for food, one-third for drink and one-third for breathing".

When the Prophet, peace and blessings be upon him, met a very fat person with a very big belly, He pointed to the man's belly and said: "If this was not there it would have been better for you".



# How do you COUGH & SNEEZE ?

Many of us were told by our parents and teachers to cover our nose and mouth when we cough or sneeze, especially when we're out in public. This is a sure way to prevent the spread of airborne diseases, but how we do it is what matters. It's the flu season and this is the right time to re-learn the basics of coughing and sneezing.

**DON'T USE YOUR HANDS.** Most people put their hands in front of their mouths and noses to stop germs from getting into the air. Unfortunately, this technique puts the germs on their hands. The germs are then spread to doorknobs, telephones and many other objects from which they are then picked up by the next user. This is how colds spread quickly through schools and workplaces, and how the flu spreads quickly through entire communities.

If you are caught by a sudden burst of cough or sneeze and you cannot do anything but use your hands to cover them, wash your hands immediately before touching any objects. Alcohol-based hand sanitizers are also effective. But just a note,

evidence-based research says that nothing beats good old soap and water for washing hands; however, sanitizing gels have their place when access to a restroom is limited.

**USE A TISSUE, BUT...** If a tissue is used, it should only be used once and followed immediately with hand washing. Throw the tissue in a trash after you use it. Don't think of reusing a used tissue because once your hands touch it again, germs begin to spread.

Using a handkerchief is another option, though regular cleaning would be essential, otherwise you would just be carrying around a germ rag in your pocket or purse.

**USE YOUR SHIRT SLEEVE.** The US Centers for Disease Control (CDC) recommends to turn your head to your shirt sleeve to cover your nose and mouth when you cough or sneeze. This is also called the "Dracula Approach" which is to sneeze and cough into your elbow, as if you are drawing up your arm in a cape. The fabric will absorb the germs from your cough or sneeze.

Don't cough onto your bare arms or hands or you'll continue to spread germs. You must cough into fabric. We just hope that in this season of cold weather you wear at least a short sleeved shirt in order for you to cough and sneeze this way.

**OTHER ADVICE THIS FLU SEASON.** If you can afford it or if it is available for free in your area, take the time to get your flu shot. If you're already healthy, it can reduce your chance of illness by 70-90%. We just cannot over emphasize to wash your hands often or use hand sanitizer after touching surfaces others may have touched. Avoid touching your eyes, nose or mouth with unclean hands. Germs spread this way.

Try to avoid close contact with sick people. If you get sick with influenza, health experts recommend that you stay home from work or school and limit contact with others to keep from infecting them. If you are ill and need to go in public, consider wearing a face mask to prevent cough and sneeze droplets from spreading to others.

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# when **ALLERGY** gets in the way of **VANITY**

by  
**ANTHONY R. RODA, MaHeSoS**  
**HEALTHbeat Staff**



## **The Scare of My Life**

Yeah, my colleagues and closest friends know that I have a death wish at 50 years old. I always tell myself that I will not grow old despite my having the “ageing genes,” if there is such a thing. You see, majority of my relatives reached old age. Worse, I have a 50 percent chance of getting Alzheimer’s. That’s why I don’t want to get old, although I have the smoker’s skin and wrinkles, beer belly and balding hair. At 47, my friends – or should I call them such – say I’m already old. Huh?!?

I’m getting self-conscious with my age that’s why most of the time I think young to the point of being childish even. Hehehe. Adding to my sorrowful miseries is my graying thin hair.

It was only this year that I began dyeing my hair black every other month. The first two dyeing experiences boosted my morale, vanity-wise. The third time I dyed my hair in June was a different story. My scalp began to swell and itch. As per advise of a doctor-friend through short messaging

or text, I took antihistamine twice daily for less than a week and that relieved my condition. But in August, when I went to my barber to dye my hair once more, the swelling and itching came back with full gravity and lasted for more than two weeks. The anti-histamines I took were not working anymore.

And then the scare of my life happened! I felt a swollen and tender mass behind my ear down to the neck area which was very painful when touched. “My goodness, I have neck cancer,” I said to myself and I was blaming my years of smoking and nicotine addiction!

I thought it was the right moment to consult a doctor, but which doctor – an oncologist, an ENT (ear nose, throat) specialist or a dermatologist? I chose the lesser degree of illness, skin disease, and turned to the dermatology department of the Jose R. Reyes Memorial Medical Center (JRRMMC).

“It’s only an itch and not cancer,” I comforted myself. For someone who has a death wish at 50, I was not ready and was so

afraid to die.

## **Aging, Vanity and Allergy**

Finally I saw myself consulting with a doctor after almost a month of unsuccessful self-medication. I told the lady dermatologist of my situation, particularly the swelling behind my ear. She said that I am allergic to hair dyes and that the “mass” behind my ear was swollen lymph nodes or *kulani*.

I was both relieved and surprised. I was happy to find out that it was not (yet, anyway) neck cancer, but I was also surprised to know that there were lymph nodes behind the ears. I always thought that lymph nodes are only located in the underarms, inguinal area or in the groin, and under the chin. At my age and several years of working in the Department of Health, I’m still learning something!

And now the sad part. The dermatologist told me that I had contact dermatitis and advised me to refrain from using any kind of hair dyes. “Whaaaaat?!?”



I was screaming in silent protest. Then I reasoned that there are hypo-allergenic hair dyes or something. But the doctor who seemed to empathize with me, said that I cannot use all hair dyes, and politely added that gray hairs would still look nice on me, and pointing out to the wisdom that gray hairs symbolized.

"Yeah right, I would look more like a dirty old man than a wise man," I thought. Then I dreaded people asking for my senior citizen's card for discounts. My mind was flying off already and I could see myself having a Php 4 change from the Php 10 that I would give the jeepney driver for my fare. Ouch!

The dermatologist was already filling up her prescription pad, when I said again, "Are you really, really sure that I could not use hair dyes anymore?" I saw a faint smile before she said yes. And to end my persistence, I suppose, she recommended a

skin allergy patch test for me to find out for myself which substances that I am allergic to. Betting against all odds that her diagnosis was wrong, I readily agreed right then and there.

### Skin Patch Testing

Skin testing for allergies is used to identify substances that are causing allergy symptoms. The three main types of skin tests are the scratch test, intradermal test, and the patch test.

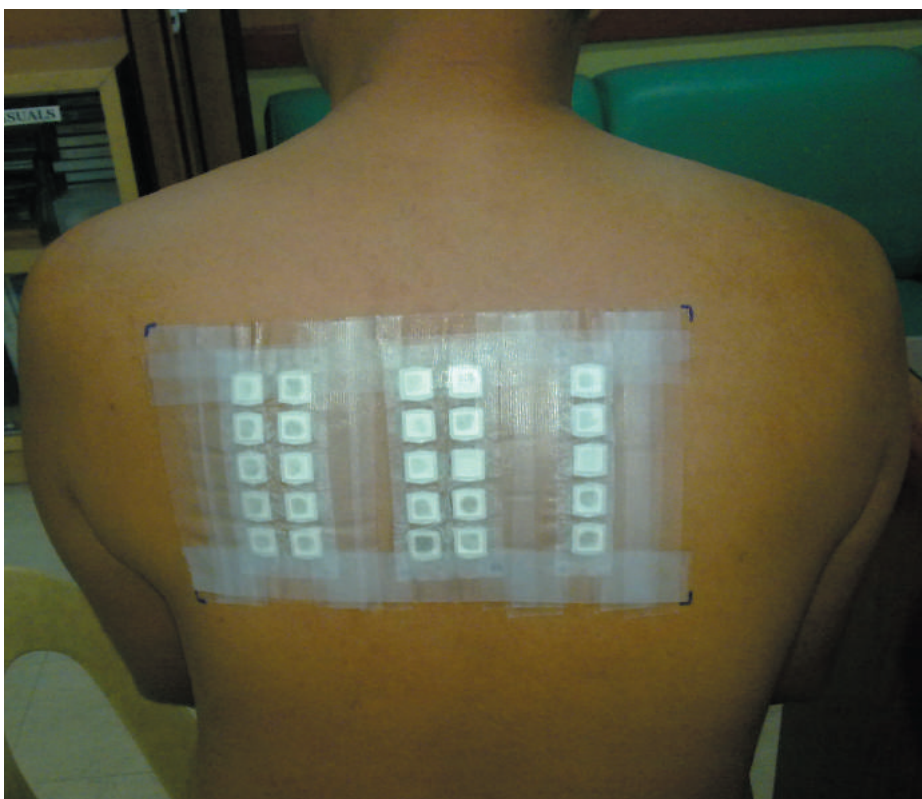
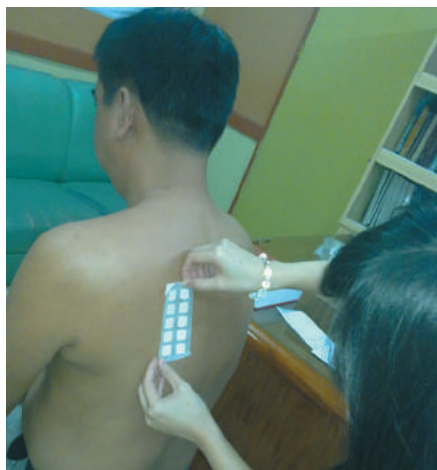
In **skin prick or scratch test**, a small amount of substance is pricked or scratched on the skin with a sterile needle. If the area becomes red, itchy, or swells, the allergy skin test is positive. If there is no reaction, the test is negative. This test is usually used to test for allergies to pollen, mould, pet dander, dust mites, and foods.

In **intradermal test**, a small

amount of substance is injected into the skin. The intradermal test may be done when the skin prick test is negative but the person is still thought to be allergic to that substance. This test is usually used to identify allergies to bee stings and other insect venom, or penicillin.

Then, there is the **patch test** that I underwent. The substance is placed on a patch and the patch is placed on the skin for up to two days. This test shows whether a person develops contact dermatitis (rash), which is an allergic reaction on the skin due to direct contact with an allergen such as latex, medications, or fragrances.

Patch test is done every Monday to Wednesday at the JRRMMC, and the cost amounts to Php 800. Before performing the actual test, I went through an extensive interview with a medical staff. I was asked about my work and my work environment. Then, and she made a run through of a list



**Patch Testing at Dr. Jose R. Reyes Memorial Medical Center. It involves the placement of various chemicals into small metal cups affixed to paper tape. The tape is then placed onto the skin of the back. (Photos by Weng Bunoan)**

of substances and chemicals that may have caused me allergies in the past. I told her of few incidents where I got allergies: using metal frames in my eyeglasses, wearing locally-made leather strap on my watch, and spraying certain brands of cologne. Other than those items, I was just fine with her list of allergens. Then, she told me to stop taking antihistamines while on a patch test as this could interfere with the results.

The patch testing that was made on me involved a kit of 25 various test substances placed to my skin under adhesive tape. The purpose of the patch test is to help identify which substances may be causing my allergic reaction. It is intended to produce a local allergic reaction on a small area of the back where the diluted chemicals were planted. The chemicals included in the patch test kit are the offenders in approximately 85-90 percent of contact dermatitis, like chemicals present in metals (e.g. nickel), rubber, leather, hair dyes, formaldehyde, lanolin, fragrance, preservative and other additives.

The adhesive tape that was used had small metal cups in which the substances were contained, and this was attached on my back. The patch test remained on my skin for 48 hours, and during this time, I was not supposed to get the tape wet. Therefore, I only took a sponge bath on the upper portion of my body. I felt some kind of a "*manananggal*" (or a half-body creature of the dark in Philippine folklore) while bathing. I should not also get the tape wet by excessive sweating, and so I took a sick leave at work the following day.

After two days, the patch test was removed and an initial reading of the test was performed by the medical staff. A permanent marker was used to mark on my back where the tests were prior to removal, for an additional reading of the results at 72 hours (or on the third day) after the initial

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placement. This was another day without bathing for me. I was also told not to touch or scratch my back, and to have somebody mark my back again in case the ink was erased in time of my next consultation.

After three days, the final reading came and this was referred to my attending dermatologist. I was not DYING (yet), but the verdict was more of a death sentence to me because I was told that "I'm not DYEING (my hair) anymore!"

### What's My Itch?

There are two types of contact dermatitis: irritant contact dermatitis and allergic contact dermatitis.

Irritant contact dermatitis is more common and results from repeated contact with a substance, such as soap, cosmetics or skin products, including deodorant, that irritates the skin. The exposure produces red, dry itchy patches usually on the hands, fingers and face. Some substances, such as bleach or strong acids, can cause irritant contact dermatitis after just one exposure. These substances typically remove oil and the protective barriers from the skin.

On the other hand, allergic contact dermatitis is caused by a reaction to substances called allergens. The resulting reaction is your body's response to the sensitive agent. It produces a red rash, bumps and sometimes blisters when severe.

Common allergens include rubber, metals such as nickel, costume jewelry, perfume, cosmetics, hair dyes and weeds, including poison ivy. It may take several years for an allergy to develop. Once an allergy has developed to a specific substance, however, it remains for life. Exposure to even a small amount of the allergen will reliably result in skin eruption.

My final diagnosis is "chronic allergic contact dermatitis" and my allergens are paraphenylenediamine (PPD), Nickle, and Quinoline. What are those?

PPD is a chemical found in hair dye that is very frequently used in hair salons and at home. Dyed hair cannot cause an allergy but the dye may do during application. It is also found in skin paints and occasionally in fur and leather dyes. It is also found in printing inks and oils as well as in photocopying powders.

Nickle is found in jewellery, keys, coins, zippers and buckles, pacemakers, batteries and metal eyeglasses. It is released from metals such as alloys or electroplated items. About 10 percent of women and at least 1 percent of men are affected by nickel allergy, and I am one of them. Tough luck.

And quinoline is an oily colourless compound used as a food preservative and in the manufacture of antiseptics, creams, ointments, lotions, and you guessed it, hair dyes.

Aside from giving me the detailed information about sources of my allergen, the dermatologist also advised me to scrupulously avoid any further contact with the allergens. She also said to carefully read ingredients of new products, especially cosmetics.

Finally, I was also told with great conviction now, "NO HAIR DYES!" Yeah right, you want me to look very old," I said to myself. And then she added, "Use baby soap." Is that adding insult to injury already?

# batambata ka pa



Paulo Caguioa, first self-portrait.

## Mathematics

- IGGY: Daddy, patulong naman sa assignment ko, o! Find the least common denominator daw.
- BENJIE: Ha? Elementary pa lang ako eh hinahanap na nila yan ah! Aba'y hindi pa pala nila nakikita!

## Layas!

- LEVY: Layas! 'Wag ka nang babalik! Simula ngayon, 'wag mo na kong tawaging Nanay at hindi na rin kita tatawaging anak, naintindihan mo ba 'yun?
- MARVIN: Sige dude, alis na 'ko.

## Assignment

- MARK: 'Nay, ako lang po ang nakasagot sa tanong ng teacher namin!
- BETH: Wow, ang galing mo naman, anak! Ano ba ang tanong?
- MARK: Sino ang walang assignment?

## Exams

- ROMY: Ang ganda ng ngipin mo, parang exams!
- ARIEL: Ha? Bakit mo naman nasabi yan?
- ROMY: Tingnan mo 'yang ngipin mo one seat apart!!!

## Lakwatsa

- TITSER: Kaya mga bata, gayahin ninyo ang langgam. Masipag, nagsusumikap at hindi naglalakwatsa.
- LANCE: Kalokohan 'yan Ma'am! Kanina lang ay nasa Luneta kami, nandun din sila!

## Emergency

*Isang binatilyo ang naputulan ng parehong braso, pagdating niya sa ospital...*

- KEN: (Pasigaw) Duktur! Gamutin n'yo po ako! Naputol ang dalawa kong braso!
- DOK: Mga anong oras ka ba naputulan?
- KEN: Mga 6 na oras na po.
- DOK: Anim na oras? Eh bakit ngayon ka lang pumunta dito?
- KEN: HALLER! Mahirap kaya pumara ng jeep!!!

## Nagloko

- TOPE: Nay, nagloko ba si lolo noong buhay pa sya?
- LUZ: Pag namatay ako, tatangungin ko slya sa langit.
- TOPE: Eh kung nasa hell po si lolo?
- LUZ: Tatay mo ang magtatanong!

## Surprise!

*Naghihingalo na ang Itay dahil sa malubhang karamdaman...*

- ENTENG: Itay, ano po ba ang gusto n'yo, magpalibing o magpa-cremate?
- EDONG: Ikaw na ang bahala, anak. I-surprise mo na lang ako!

## Cremation

*Sa paligid ng crematorium, nakatayo ang lahat sa gitna ng nakakabinging katahimikan. Hanggang magsalita ang isang bata...*

- PAENG: 'Nay, hindi pa ba luto?

## Libing

- PARI: (Sa huling bendisyon bago ilibing) Siya ay isang tapat at mabait na asawa at responsableng ama!
- JOSIE: (Bumulong sa anak) Anak, silipin mo nga ang kabaong. Baka hindi Tatay mo ang nandiyan.

(-: Jokes and photo from the Internet :-)



# Health News: Top 10 in 2010

It's the time of year when the events that transpired in the recent past is recalled hoping lessons could be learned from them. This is **Healthbeat's** year-end countdown of the Top 10 stories that rocked the Department of Health in 2010, based on media monitoring of health news coupled with the opinions of the editorial staff.

## 10 BAD "Locked"

Showbiz and health news crossed paths again this year, making it in our Top 10 list. Last year it was Dr. Hayden Kho, Jr's sex videos in our countdown, now it is the nasty rumor in August about a showbiz couple allegedly being "stuck" together and rushed to one of the country's premiere hospitals.

It started out as a blind item and

later the names of the couple and the hospital were revealed. According to reports, Shaina Magdayao suffered from vaginal captivity, an occurrence wherein the vaginal opening of a woman closes. Anonymous people claimed that John Lloyd Cruz and Shaina were having sex in the latter's house. At the climax of their tryst, Shaina's vaginal opening apparently locked while John Lloyd's genital was inside it. The two allegedly tried to remedy the situation but to no avail. What they did was to cover themselves with a blanket and rush to the St. Luke's Medical Center. As the story spread, it grew. One comment alleged that his/her friend's doctor friend at the said hospital confirmed that it indeed happened.

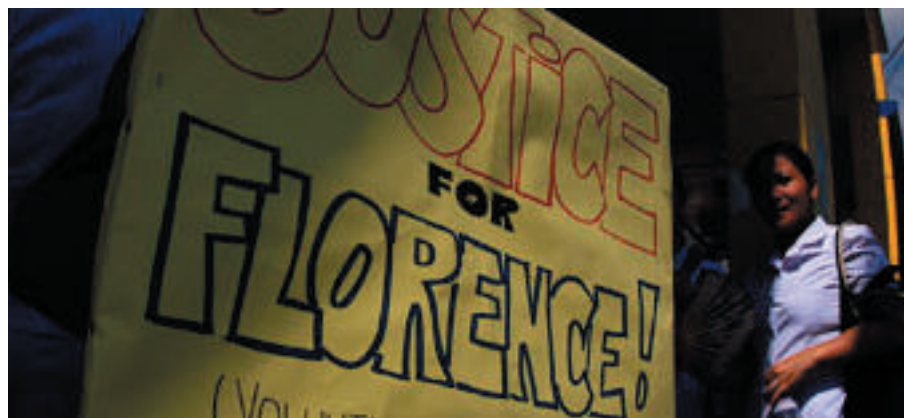
ABS-CBN and Star Magic, the couple's home network and manager, refuted the rumor several times, calling it "a hoax and the work of the sick minds."

For the health and medical field, this rumor is not just sick, it is also damaging

to their profession because it drags the issue of patient's confidentiality and borders on medical ethics. Those in the medical and health care know that they are not allowed to divulge information about patients' conditions. The rumor is putting in a bad light the country's hospitals, doctors and others in the field.

## 9 Justice for "FLORENCE"

It is not easy for government to attract medical and health workers to serve the rural and far-flung communities, and when something bad happens to one of the very few volunteers who heeded the call, the more it becomes problematic to sustain the efforts on health service delivery in many parts of the country where people are



**LEFT:** Shaina Magdayao and John Lloyd Cruz caught in a nasty showbiz rumor this year. (Photo grabbed from <getitfromboy.net>) **RIGHT:** A protest placard shouting "Justice for Florence" to show support for a volunteer nurse who was allegedly gang raped in Maguindanao on September 25. (Photo grabbed from Yahoo! Philippines.)

needing health care the most.

The rape of “Florence” near her work place in South Upi, Maguindanao on September 25 brought issues of safety over service. “Florence,” a 21-year old nurse is a volunteer nurse working under the government’s Nurses Assistance for Rural Services (NARS) Program. According to police reports she and her co-nurses had a night out at a local videoke bar before the sexual assault against her happened. At about 10 p.m., the group called it a night and parted ways. “Florence” was found barely conscious the next morning in a grassy area at the back of the hospital where she worked.

Police initially arrested the six suspects after witnesses reportedly saw them with the rape victim in a videoke bar before the alleged gang-rape. The six were also reportedly among those who found the volunteer nurse naked and unconscious in a cornfield and brought her to the hospital, while one of them reported the incident to the local police.

South Upi Vice Mayor Jordan Ibrahim was also invited for questioning by the police for his alleged involvement in the crime, because he came to the police station asking about the rape incident. He was asked to give a specimen sample for forensic investigation, but he refused and reasoned that he was not a suspect. Then, Melchor Fulgencio, a former member of the Citizen Armed Forces Geographical Unit (CAFGU) came out and signed a sworn statement that he and a certain Edwin committed the crime. He recanted his statement later, saying he was tortured by his neighbors into admitting to the crime.

Meanwhile, the Maguindanao prosecutor’s office cleared the six men of involvement in the crime citing lack of sufficient evidence against them. On the other hand, the prosecutor’s office recommended the filing of charges against

Fulgencio.

As the story developed, the Philippine Nurses Association (PNA) remained vigilant in the progress of the case and it coordinated with the Justice Department in fine-tuning the group’s legal moves on the matter. Teresita Barcelo, PNA president, expressed fears that in the end, no one will be jailed because there is an unseen hand muddling the case and confusing the facts.

“Florence” suffered trauma and partial paralysis, but is now in stable condition and recovering.

8

## FREE Morong 43

Community health service took

*Gary Liberal (right) is one of the 43 health workers arrested by the military on February 6, 2010 on suspicion of being New People’s Army rebels. Liberal is an operating room head nurse and Union president of the Dr. Jose R. Reyes Memorial Medical Center. He is also a member of the Alliance of Health Workers. (Photo grabbed from [freethehealthworkers.blogspot.com](http://freethehealthworkers.blogspot.com))*



the angle of rebellion with the arrest of 43 health workers (17 men and 26 women) believed to be members of the New People’s Army, while holding an assembly at a house in Maybancal Village in Morong, Rizal.

An Army spokesperson said the 43 health workers (which is now known as the Morong 43) were arrested by a combined team of local police and Army troops for allegedly conducting explosives training in a private residence owned by Dr. Melecio Velmonte.

Immediately after the arrest, health workers from the Health Alliance for Democracy (HEAD) condemned the raid and said that those arrested were community health workers conducting a health skills training in Velmonte’s residence. HEAD added that Velmonte is a “renowned and respected infectious disease specialist and her farmhouse is the regular venue of health training, with participants coming from both the communities and the academe.”

The health workers are facing charges of illegal possession of firearms and explosives. Five of them have been placed under separate military custody at Camp Capinpin in Tanay, Rizal after they allegedly admitted they were NPA supporters, while the remaining 38 were transferred last May to the Philippine National Police (PNP) Custodial Center in Camp Crame in Quezon City.

In October, an open letter to the President, signed by officers of international and local organizations coming from various sectors, urged President Benigno S. Aquino III to release the 43 health workers, put an end to their persecution, and to continue the struggle for the people’s right to health.

The open letter stated, “Two doctors, a nurse and two midwives together with 38 community health workers were undergoing a First Responders’ Health training when they were arrested by the

military through the use of a defective search warrant. They were held incommunicado for several days, tortured and deprived of their right to counsel. They were falsely accused of undergoing a “bomb-making” training.”

“The arrest of the 43 puts to risks health professionals and volunteer community health workers who serve the poor especially in far-flung areas of the country,” the letter continued. “For health professionals who may be considering the option of public service in the countryside, the incident is terrifying. For it is not only material comfort that one will be giving up when one chooses the selfless path of service to the poor, but possibly one’s life, as well.”

On October 14, President Aquino said he will leave the Morong 43’s release up to the courts, in effect rejecting calls for him to grant freedom to the detained health workers as he recently did to some 300 soldiers accused of various rebellious acts. *“Hindi naman puwede iutos ng executive na lumaya sila without the court’s sanction* (The executive cannot just order their release without the court’s sanction),” said the President.

## 7 Rolling COFFINS

The biggest story in the country in 2010 might be the tourist bus hostage siege in which sacked Manila policeman Rolando Mendoza killed eight Hong Kong nationals on August 23. But that is more of a police and foreign affairs matter than a health concern. But it is just one of the many big stories involving buses that claimed lives and caused injuries to people that happened in succession in June to August. Because of these accidents, buses are already being coined as “rolling coffins.”



**Forty-one people, including five foreigners, were killed when a packed bus plunged into a deep ravine in Benguet Province on August 18. This is one of the many bus accidents that occurred this year. (Photo grabbed from Inquirer.net)**

The string of bus accidents started on June 13 when a bus carrying around 50 passengers, mostly Iranian nationals who were post-graduate students of Gullas College and Cebu Doctors Hospital, fell some 30 meters into a ravine at Trans Central Highway in Balamban, Cebu. The brakes apparently failed and 21 of the passengers were killed. Then on July 3, again in Cebu, 15 people were killed and 48 people were injured after the brakes on a speeding bus packed with passengers failed and the vehicle slammed into a concrete barrier in Toledo City.

On August 18, a family of four Americans of Filipino descent who were visiting their old hometown were among the 41 people killed after the vehicle’s brakes failed on a mountain road in Naguilian Road in Barangay Banangan, Sablan, Benguet. Four days later, on August 22, a Filipino-German beauty queen who represented the country in the Miss International 2009 and her two companions were killed after the van they were riding was struck by a passenger bus in Bula, Camarines Sur. The bus driver

immediately surrendered to the police and told investigators he lost control of the bus after it developed a mechanical problem.

And on August 28, four people were killed and 32 others were hurt when a Manila-bound passenger bus from Tacloban City accidentally fell into the Hamaw river 30 feet below the Maharlika highway in Pagbilao, Quezon. According to survivors, the bus had already lost its brakes when it was descending the zigzag road. This accident was not the last in the remaining months of 2010.

The Land Transportation Office (LTO) said that 57 percent of the over 20,000 vehicular accidents that occurred nationwide in 2009 was due to human error, thus, the need for a more aggressive driver and road safety education.

Out of the said percentage of accidents caused by human error, 45.8 percent of the vehicular accidents are due to bad turning, bad driving, and over speeding, 3.7 percent is due to drunk driving, 2.4 percent is caused by drivers using cellular phones, and 5.3 percent are hit-and-run incidents.



The 2009 figures for vehicular accidents is a 25 percent increase compared to the over 16,000 vehicular accidents recorded by various law enforcement agencies in 2008.

Meanwhile, the Metro Manila Development Authority said that in Metro Manila, where more than 6,000 passenger buses ply the roads, 10 bus accidents occurred every day in 2009 and at least one in 10 incidents resulted in deaths or injuries, while most resulted in damaged vehicles.

In an ANC public affairs program in September, Johnny Angeles, vice-president of the Automobile Association of the Philippines (AAP) and chairman of its Road Safety Committee, said the condition of the vehicle, the human factor and the environment—which includes the condition of the road and the weather—contribute to the risk. “We can’t do so much about the road, he said, “it’s government’s job to make the roads safe.”

Meanwhile, an in-depth report of Marya Salamat published in bulatlat.com in October, said that “The public and government officials, among them President Aquino, always blame drivers each time a deadly bus accident happens. What they don’t know — or chose to ignore—is that bus drivers and conductors are working under severe conditions imposed by greedy operators and ignored by government regulators, thus allowing these mishaps to happen in the first place.”

The World Health Organization, on the other hand, stated that loss and suffering associated with road traffic deaths and injuries are preventable. With firm political will and an integrated

approach that addresses vehicles, the people who use roads, and the road infrastructure, roads can be made safer.

6

## NO APPROVED Therapeutic Claim

In the Philippines, manufacturers of supplements do not need to seek approval from the Food and Drug Administration

in marketing of dietary supplements. In addition, companies can also claim that their product addresses a nutrient deficiency in the body. The use of the disclaimer “No Approved Therapeutic Claim” is also being abused by various owners, advertisers and agents of food/dietary supplements. Thus, there is a growing public concern due to the inaccurate, misleading and false claims on the efficacy of some of the supplements that are in the market today.

In March, the Department of Health issued Administrative Order (AO) 2010-0008 to provide directives specific to the change in the use of the message or phrase “NO APPROVED THERAPEUTIC CLAIM” in all advertisement, promotion and/or sponsorship activities or materials concerning Food/Dietary Supplements with the end view of promoting and protecting the consumers’ health and welfare and fostering their right to proper information and education to facilitate sound choice.

According to then Health Secretary Esperanza Cabral, the DOH is duty bound to protect the general public from any false information. She said that the use of the message or phrase “No Approved Therapeutic Claim” shall no longer be allowed; instead all food/dietary supplement owners, manufacturers, distributors, importers, exporters, advertisers and/or their agents are obligated to strictly enforce the standard message in Filipino which will be “MAHALAGANG PAALALA: ANG (name of product) AY HINDI GAMOT AT HINDI DAPAT GAMITING PANGGAMOT SA ANUMANG URI NG SAKIT. “This is an essential step in



**Gaganda?**  
**Puputi?**  
**Papayat?**  
**Lalakas?**  
**Gagaling?**

**MARAMING PRODUKTO  
ANG MAY GANITONG  
PANGAKO**

Gaganda kaya ako dito?

**MAHALAGANG PAALALA:**  
**ANG FOOD/DIETARY SUPPLEMENTS AY  
HINDI GAMOT**  
**AT HINDI DAPAT GAMITING PANGGAMOT  
SA ANUMANG URI NG SAKIT.**

**UPANG MAPANATILI ANG KALUSUGAN:**  
Kumain ng tama. Iwasan ang bisyo. Maging aktibo ang katawan.  
Kumonsulta sa lehitimong duktor kung may karamdaman at  
**HUWAG PALITAN ANG NIRESETANG GAMOT  
NG ANUMANG FOOD/DIETARY SUPPLEMENTS.**

Tungkulin ng  
**DEPARTMENT OF HEALTH**  
na alagaan ang kalusugan ng Pilipino.

DOH print advertisement published in June.



**President Noynoy Aquino and Health Secretary Enrique Ona distribute PhilHealth cards at the launching of PhilHealth Sabado in Baseco, Tondo, Manila on October 2. (Photo by Paking Replente)**

protecting our people who may erroneously mistake these products as medicines," she added.

Because of this strong and forceful translation in Filipino language, herbal companies, particularly the Chamber of Herbal Industries of the Philippines, Inc. (CHIPI), protested the implementation of the AO. They claimed that no consultation was made and that due process was not upheld in the implementation of the AO. They brought the case to court.

On May 28, Judge Lilia Purugganan of the Manila Regional Trial Court (MTC) Branch 30, issued a preliminary injunction granting the request of the CHIPI. According to Purugganan, the new mandatory label will condition the minds of the people that CHIPI's products are of no value at all. The court also stated that "there is the danger of erosion of confidence of the public towards food/dietary supplements on the account of the misconception or the misperception that the AO will produce." Is this another case of

the wealth of the multinationals prevailing over the health of the people?

## 5 UNIVERSAL Health Care

Consistent with President Benigno S. Aquino III's commitments on universal health care articulated in his inaugural speech, "*Serbisyong pangkalusugan, tulad ng PhilHealth para sa lahat sa loob ng tatlong taon,*" and his first State of the Nation Address, "*Para mabigyan ng PhilHealth ang limang milyong pinakamaralitang pamilyang Pilipino,*" the Department of Health led the conduct of a nationwide PhilHealth Registration Day on October 2.

Dubbed as "PhilHealth Sabado," the campaign aimed to increasing public awareness regarding PhilHealth entitlements and responsibilities, enjoin enrollment of the informal sector or those

who are self-employed individuals like farmers and fisherfolks and even the daily wage earners such as vendors and transport drivers and operators, and the self-practicing professionals, and enroll poor families identified by the Department of Social Welfare and Development through the National Household Targeting System.

During the SONA, P-Noy said that different data on PhilHealth coverage was available. He said, "*Sabi ng PhilHealth sa isang bibig, 87 porsyento na raw ang mayroong coverage. Sa kabilang bibig naman, 53 porsyento naman. Ayon naman sa National Statistics Office, 38 porsyento ang may coverage.*"

In response to the President's call to look at PhilHealth coverage, PhilHealth has organized an interagency technical working group (TWG) to identify and address issues related to differences in reports on PhilHealth membership coverage. In the absence of complete enumeration of PhilHealth beneficiaries (PhilHealth principal member plus dependents), one of the first tasks of the TWG was to identify the methodology that provided the best estimate of PhilHealth coverage.

However, enrollment of Filipinos is only the first step towards "financial risk protection" or the ultimate effect of health financing scheme that eliminates if not greatly reduces the out-of-pocket patients pay for health care. The PhilHealth benefit delivery review conducted by the Health Policy Development Project using PhilHealth data of 2008 estimates that the average benefit delivery rate nationwide of the National Health Insurance Program is around 8 percent. This means that the cumulative likelihood that any Filipino: a) is eligible to claim PhilHealth benefits; b) knows entitlements, able to access and avail health services from accredited providers; and c) whose total health care expenditures

are fully reimbursed by PhilHealth is only 8%.

Moreover, another study shows that even those who already have a PhilHealth card do not use it when they access health care. A recent study entitled "Review of Private Hospitals in the Philippines" by the Philippine Institute for Development Studies shows that among those who were confined to hospitals, only 51 percent of those admitted in private hospitals used their PhilHealth during their confinement while less than a quarter (24 percent) of those admitted in public facilities have used their PhilHealth.

Health Secretary Enrique T. Ona pointed out that "It is very important that we do not just enroll the poor families or enjoin the informal sector to enroll to PhilHealth, it is also very important that we tell them their entitlements and their responsibilities of being a PhilHealth member."

The path towards universal health care does not start or end with PhilHealth Sabado last October 2. This event instead provided an impetus that will propel the health sector in achieving its goal of providing equitable and sustainable financing for health care. In fact, for the P-

Noy administration, universal health care means the availability and accessibility of essential health services, basic necessities and appropriate quality health care for all Filipinos. This entails adequate resources, in terms of health human resources, healthcare facilities, medicines, and health financing.

## 4 Go Out & MULTIPLY DEBATES

Fetuses are dumped everywhere – in Church yards, creeks, bay areas, and dumpsites. A female overseas Filipino worker left her newborn baby in the toilet of an international plane on her flight back to the country. There are now over 92 million Filipinos, according to the National Statistics Office, making the Philippines the 12th most populous nation in the world. But trashing dead fetuses and leaving live newborns in airplanes are not means of curbing the population growth.

The Reproductive Health (RH) Bill which has languished in both houses of Congress for the past 14 years largely because

of the Catholic Church's strong opposition is again being made into a priority bill in the new Congress. In September during his visit to the US, President Noynoy Aquino may have inadvertently stirred the hornet's nest when he told a The Filipino Channel (TFC)-organized town hall meeting in San Francisco that "government might provide assistance to those without means if they want to employ a particular method." And the RH debates this year took epic, melodramatic, soap-operatic proportions wherein people are expected to "*abangan ang susunod na kabanata*" (watch out for the next episode).

Just to give a sort of flashback: a retired Catholic bishop threatened civil disobedience by the public as well as excommunication or the very least voluntarily not receive Holy Communion to those who will support the bill; a popular tourist guide, clad in a national hero costume, protested in front of the main altar of the Manila Cathedral holding a placard with the word "Damaso," referring to the hated Spanish friar in Jose Rizal's novel *Noli Me Tangere*, and telling the Church to "stop involving yourselves in politics!"; and the exchanges of opinions of members of the "pro-life" and "pro-choice" organizations.

In October, there was a moment of ceasefire as the government and the Catholic Church held a dialogue. The Church opposed the RH Bill and the distribution of contraceptives. President Aquino, on the other hand, said the choice of family planning method is better left to parents, with the state ready to assist those who prefer artificial ways but has no means to avail of these. And the debate was brought back into the halls of Congress. House Minority Floor Leader and Albay Representative Edcel Lagman and Senator Miriam Defensor-Santiago are pushing RH in Congress and Senate, respectively. In the this kind of an issue, several legislators chose



Health Secretary Enrique T. Ona and House Minority Floor Leader and Albay Representative Edcel Lagman meet at the World Population Day event on July 12. (Photo by Paking Repelente)



to keep their silence and avoided their usual grandstanding.

A report by Ana Mae G. Roa of BusinessWorldOnline enumerated the salient features of the RH Bill other than the use of contraceptives which the Church has isolated in the discussions and debates. The bill also features the strengthening of the Population Commission, provision of skilled midwives in every city and municipality to achieve a minimum ratio of one midwife for every 150 deliveries per year, emergency obstetric care for each province and city, maternal death review based on guidelines to be issued by the Department of Health in consultation with the Population Commission, hospital-based family planning, mobile health care service per congressional district, and age-appropriate RH education.

Also provided for are certificate of compliance from the family planning office that couple has received adequate instruction and information on family planning, responsible parenthood, breastfeeding and infant nutrition before the local civil registrar issues a marriage license; capability building of community-based volunteer workers on delivery of RH services; attaining a non-mandatory, non-compulsory ideal family size; nondiscrimination on hiring, regularization and employment of women or selection for retrenchment; support of private and nongovernmental health care service provider; and sustained public awareness campaign on RH.

### 3 Pakita ang TOTOO sa Pakete

Tobacco control advocates have a reason to celebrate this year despite the



**ABOVE:** Former Health Secretary Esperanza Cabral (fourth from right) with tobacco control advocates from different organizations during the press conference on May 24 for the issuance of Administrative Order 2010-0013 on putting graphic health information on tobacco products. (Photo by Paking Repelente)

**BELOW:** Under the said Order, the cigarette pack would look this way.

many challenges occurring along the way. Tobacco control issues have made it to the Top 3 list of the most talked about health issues in the country, ranging from the call of various groups for President Noyon Aquino to quit his smoking habit to the Civil Service Commission's policy to restrict smoking in government offices, to the moves of the Land Transportation and Franchising Regulatory Board's order for a 100% smokefree public utility vehicles and land transportation terminals as well as the Department of Education and the Commission on Higher Education's memoranda for smokefree schools. More and more local government units nationwide are also passing smokefree ordinances in their areas.

On May 24, the then Health Secretary Esperanza Cabral issued Administrative Order (AO) 2010-0013 requiring graphic health information and the removal of misleading descriptors such as "mild," "light," "ultra-light" and "low tar"

on tobacco product packages.

The DOH is merely implementing Article 11 on Packaging and Labeling of the Framework Convention on Tobacco Control (FCTC), an international health treaty, that mandated all member parties to implement the same through "all legislative, executive, administrative or other issuances as would best carry out the treaty within a period of three years from the time a member Party has ratified or acceded to the Convention." The Philippines ratified the FCTC on September 4, 2005 and by September 4, 2008, the country should have complied with Article 11 minimum standards.

Before the 90-day grace period for the full implementation of the AO, tobacco companies have filed cases against the DOH in different courts — Fortune Tobacco in Marikina City; Philip Morris-Fortune Tobacco Corporation in Tanauan City, Batangas; Mighty Corporation in Malolos, Bulacan; La Suerte Cigar and Cigarette Factory in

Paranaque; and Japan Tobacco Corporation in Pasig City. Jose cited Fortune Tobacco Corporation which filed a case in Marikina City and Mighty Corporation Tobacco Company which filed a case in Bulacan.

One of the arguments of the tobacco industry is that the country's Tobacco Regulation Act of 2003 or Republic Act (RA) 7394 which was passed two years before the Philippines ratified the FCTC, only called for written warnings. Thus, they say, DOH has usurped the legislative function of Congress if it requires graphic health information as well.

Of the five courts, the one in Marikina City and another in Bulacan have issued preliminary injunctions stopping the DOH Order. A court in Parañaque City declared the Order null and void, while a Pasig City court has yet to rule on the matter. The biggest joint

venture corporation formed by Philip Morris Philippines Manufacturing, Inc. and Fortune Tobacco in Tanauan City lost its case where a court dismissed the petition against the DOH.

On September 7, the tobacco control advocates made their own offensive move. Over a hundred petitioners led by former senator and health secretary, Dr. Juan Flavio Velasco and running priest Fr. Robert Reyes want the Makati court to issue a "clarificatory judgment" on Section 13(g) of RA 7394 in relation to the DOH AO. The case was filed against the Philippine Tobacco Institute and six tobacco companies.

Section 13 (g) of the RA 7394 requires that no other printed warnings, except the health warning and the message required shall be placed on cigarette packs.



**DOH HIV/AIDS youth advocates in Pateros (top) conduct one of their community assemblies (bottom) to teach their peers about HIV/AIDS prevention and control. Their theme: "Sapat ba ang Sarap? Dapat Maingat!" (Photos courtesy of Vina Marie Cotin)**

Leo Battad and Jose Jose of the University of the Philippines Office of Legal Aid, counsel for the petitioners, argued that Section 13(g) of the law did not curtail the right and duty of the DOH to issue regulations protecting the right to health and health information.

For the DOH and other tobacco control advocates, tobacco smoking is an addiction and it contains over 40 carcinogens and thousands other chemicals affecting not only the smoker but those around them through secondhand and third-hand smoke. The tobacco industry cannot be treated like any other company or business because it is imbued with a public health risk that needs to be regulated strictly and specifically to prevent the youth and the poor from being exploited or initiated to smoking.

## 2 Rising HIV/AIDS

HIV/AIDS news have not reached this big in **HealthBeat's** countdown for quite some time, until the end of January when media reported the results of a study entitled "Lifestyle and Reproductive Health Issues of Young Professionals in Metro Manila and Metro Cebu" conducted by the University of the Philippines Population Institute and the Department of Health.

Call center agents were particularly cited by the media on the rise of HIV cases in the Philippines. This is bad considering that business process outsourcing (BPO) has contributed a lot to the economic progress of the country.

The study was conducted to examine the economic, social, and health status of young professionals less than 35 years old. It included 929 respondents from 35 BPO establishments, who have at least completed two years of college. However, the Philippine National AIDS Council clarified that the study was done among employees of BPO companies where a call center is just one of the many "business processes" that they carry.

The study showed that due to their environment and peer pressure, call center agents "tend to involve in risky sexual behaviors." The study also revealed there are more call center agents who have a regular non-romantic sexual partner.

The DOH said that call center agents may be at risk of HIV due to their high risk behavior for lifestyle diseases



due to cigarette smoking, substance abuse alcohol and illicit drugs, poor nutrition, and inadequate exercise and unsafe sexual practices. However, the DOH was quick to point out that it is not safe to conclude that the higher prevalence of sexual risk behavior among call center workers can be attributed to working in the call centers.

The study has opened a Pandora's box of issues surrounding HIV/AIDS, including the controversial DOH awareness campaign dubbed as "*Ingat Lagi, My Valentine*," in February when the giving out of condoms to adult customers at a popular flower market in Manila was held. Adults who bought flowers were given brochures on AIDS prevention and vouchers to be exchanged for condoms at designated booths. The condoms were given for free by the condom distributor, DKT International. Meanwhile, children were given lollipop candies.

The DOH insisted that the condom distribution was not intended to promote the use of contraceptives but rather to encourage couples to engage in safer sex. Church leaders, however, condemned the DOH drive as "immoral" and "vulgar". They said that instead of preventing the spread of HIV/AIDS, the DOH is in effect promoting the sex act. Education particularly on abstinence and not condom will help solve the problem on HIV/AIDS in the country, the Church leaders said.

In other related stories, during the summer vacation, the DOH deployed volunteer HIV/AIDS advocates, composed mainly of college students, who were assigned to communities in Metro Manila, Metro Cebu and Metro

Davao to educate their peers on HIV/AIDS prevention and control.

By the end of September, DOH data showed four to five people are reported with HIV daily in the Philippines. A total of 16% of reported HIV cases have AIDS, and nine out of 10 HIV cases are transmitted through sexual contact. Majority (76%) of cases are males. Moreover, overseas Filipino workers remain to be affected with HIV.

The youngest reported HIV case is two years old who contracted the virus through mother to child transmission. Some 52 children, aged two to less than 15 years old, were reported to be infected with HIV through mother to child transmission.

And in December, an indie

(independent) film entitled "*HIV - Si Heidi, Si Ivy at si V*" was premiered. It stars Jake Cuenca, Iza Calzado, Maria Isabel Lopez, IC Mendoza, among others. It is directed by Neal "Buboy" Ocampo from the script of Wanggo Gallaga - an HIV positive. The DOH co-produced the film together with Exogain Productions. (See related story on page 25.)

# 1 LIVING DENGUE -rously

2010 is the year of living "dengue-rously." Dengue did not make it in the Top 10 list of health news last year, but it came back this year and zoomed to No. 1 as cases have rose to an all-time high, peaking in August. The Department of Health reported 98,934 dengue cases with 644 deaths (case fatality rate of 0.65) from January 1 to September 25, 2010. This is a huge surge compared with 57,819 cases were reported for the entire year in 2009.

The World Health Organization considered dengue as one of the fastest-emerging infections in the world. Among the estimated 2.5 billion people at risk globally, more than 70% reside in the Asia Pacific countries, with the Lao People's Democratic Republic, Malaysia, Viet Nam and the Philippines among those particularly badly affected.

Dengue fever, a flu-like illness spread by mosquitoes, often emerges when the insects are able to breed in large numbers



**Children are most vulnerable to dengue, that is why many of the Department of Health's dengue prevention and control activities are held in schools. TOP: Aedes mosquito mascot hides her face from Secretary Enrique T. Ona and DOH-Metro Manila Director Irma Asuncion. BOTTOM: Sec. Ona with grade school children. (Photos by Paking Replente)**



in locations exposed to still water such as containers, improperly managed garbage, building sites and flower pots. The disease is particularly prevalent in substandard housing areas with poor sanitation. However, even the rich and famous are not exempted having the disease, just like Kris Aquino's sons, Joshua and Baby James, who got dengue in 2009. This year, Kris involved herself in dengue awareness activities, particularly in schools.

There is currently no treatment or vaccine for dengue. Early recognition and prompt supportive treatment can substantially lower the risk of developing the severe disease. The principal symptoms of dengue fever are high fever, severe headache, severe pain behind the eyes, joint pain, muscle and bone pain, rash, and mild bleeding (e.g., the nose or gums). However, in severe cases, death from dengue shock syndrome can occur in a minority of persons, especially if early treatment is not sought.

DOH Spokesperson, Dr. Eric Tayag said that the first episode of infection causes the body to develop antibodies to a particular type of strain. However, if infection occurs again, the antibodies may not be able to neutralize the new strain, which may cause the immune system to overreact resulting in more severe and more virulent dengue infection like dengue hemorrhagic fever or dengue shock syndrome. "The circulation of four dengue strains (DEN-1, DEN-2, DEN-3,

and DEN-4) made things worse for public health experts," Tayag further explained. He added that if a person becomes infected of DEN-1, he/she becomes immune to the DEN-1 strain but not to the three remaining strains.

Meanwhile, Health Secretary Enrique T. Ona issued an order to all DOH hospitals to activate their dengue express lanes to facilitate patient admission for severe dengue cases. He also announced the new D.E.N.G.U.E. strategy to educate the public on home treatment of mild dengue cases. This will aid in decongesting tertiary hospitals by assuring the public that not all dengue cases require hospital confinement but can be managed at home using the said strategy.

"Instead of confining patients in a hospital facility, parents and caregivers can practice the D.E.N.G.U.E. strategy. D.E.N.G.U.E. stands for D - daily monitoring of patient's status, E - encourage intake of oral fluids like oresol, water, juices, etc, N - note any dengue warning signs like persistent vomiting and bleeding, G - give paracetamol for fever and NOT aspirin, because aspirin induces bleeding, U - use mosquito nets and E - early consultation is advised for any warning signs include severe abdominal pain or persistent vomiting, red spots or patches on the skin, signs of bleeding, black stools, drowsiness or decreased consciousness, difficulty of breathing, and pale or cold clammy skin,"

Ona said.

And in the light of rumors of the medicinal value of the herb tawa-tawa, durian fruit and other plants as a cure against dengue, health professionals maintained that there is still no evidence confirming such.

The DOH reiterated that the most effective way to prevent and fight dengue is still by practicing the DOH's 4-S strategy consisting of Search and destroy, Self-protective measures, Seek early treatment and Say no to indiscriminate fogging. These strategies must be done throughout the year because dengue is no longer a seasonal (rainy season) disease in the country.

In a statement released in September, the WHO said that the increase in dengue cases can be attributed to a number of factors. These included higher temperatures and rainfall in many parts of the region this year, growing population densities, and greater international travel. Higher awareness levels and better surveillance systems were also probable factors in some countries.

Even though there was no firm evidence yet that the increase in cases was tied to global warming, climatic change plays an important role in the spatial and temporal distribution of dengue. Mosquitoes are now being found in areas where they were once not common, including the Republic of Korea and the highlands of Papua New Guinea.

**NOTE: Health news beyond November 10, 2010 are not included in this countdown.**

## ERRATUM



# major major mistake

In the **Healthbeat** July-October 2010's article on "Dealing with Dengue," we inadvertently interchanged the contents of pages 27 and 29. Sorry about that.

## Answers to “Hulaan Mo Nalang” on Page 3

1. **a) Dengue.** 2010 is the year of living “dengue-rously.” Dengue zoomed to No. 1 as cases have risen to an all-time high, peaking in August. The Department of Health reported 98,934 dengue cases with 644 deaths (case fatality rate of 0.65) from January 1 to September 25, 2010. This is a huge surge compared with 57,819 cases were reported for the entire year in 2009. (See “Health News: Top 10 in 2010” on page 39.)

2. **a) April and October.** Garantisadong Pambata (GP) is an institutionalized national health campaign conducted every day in health facilities, but with special events every April and October where essential package of health services and health information are delivered to protect children and promote positive behaviors to parents and caregivers. In October, GP is now expanded to cover not only children 0-5 years old but also the 6-14 years old. (See “Basta Kalusugan ng Bata, i-GP Mo!” on page 11.)

3. **a) Asia.** According to the June 2010 report of the Internet World Statistics, conducted by the Miniwatts Marketing Group, there are around 1,966,514,816 internet users worldwide. This is a 444.8% growth rate from the year 2000. Surprisingly, Asia has the biggest share of users among world regions. (See “Log on to Computer Addiction” on page 14.)

4. **b) Trans Fat.** Fats and oils are part of a healthy diet and major sources of energy and aid the body in absorbing vitamins, but not all fats are the same. Saturated and trans fats increase the risk of heart disease by increasing the total and LDL (“bad”) cholesterol. Saturated fats come from animal products and coconut, palm and other tropical oils. Trans fat comes from partially hydrogenated vegetable oils, commercial baked goods (such as crackers, cookies and cakes), fried foods (such as doughnuts and french fries), shortening and margarine. (See “Healthier Food Choices GOOD FOR YOU” on page 6.)

5. **b) Patch Test.** In patch test, various chemicals are placed into small metal cups affixed to paper tape and this is placed on the skin of the back for up to two days. This test shows whether a person develops contact dermatitis (rash), which is an allergic reaction on the skin due to direct contact with an allergen such as latex, medications, or fragrances. (See “When Allergy Gets In the Way of Vanity” on page 35.)

6. **a) Breast Cancer.** According to 2010 Philippine Cancer Facts and Estimates,

breast cancer is now the leading cancer site overtaking lung cancer for both sexes in the Philippines (i.e. 15% of all cancers). It is estimated that there will be a total of 12,262 new breast cancer cases in 2010 with 4,371 deaths. Data also reveal that three out of every 100 Filipinas are likely to develop breast cancer in their lifetime and that one out of every 100 are likely to die from the disease before age 75. (See “Piloting the Patient Navigation Program” on page 22.)

7. **c) Schools.** Republic Act 9211 or the Tobacco Regulation Act of 2003 does not allow smoking in centers of youth such as schools, playgrounds, health and social welfare facilities. However, smoking in designated areas is allowed in public places such as bars, restaurants and other entertainment venues. But evidence shows that separate smoking sections do not work. Simply separating smokers and non-smokers within the same air space does not eliminate nor reduce exposure to secondhand smoke. (See “Take Your Breath Away” on page 18.)

8. **c) shirt sleeve.** The US Centers for Disease Control (CDC) recommends to turn your head to your shirt sleeve to cover your nose and mouth when you cough or sneeze. This is also called the “Dracula Approach” which is to sneeze and cough into your elbow, as if you are drawing up your arm in a cape. The fabric will absorb the germs from your cough or sneeze. (See “How Do You Cough and Sneeze?” on page 34.)

9. **c) Vaginismus.** It is a condition where there is involuntary tightness of the vagina during attempted intercourse. Oftentimes, vaginismus is the culprit in unconsummated marriages/relationships because it makes penetration very difficult or impossible. Vaginal tightness can be so restrictive that the opening is ‘closed’ to allow penetration of the penis. For the meaning of the other choices: chlamydia is a sexually transmitted infection while dyspareunia is genital pain associated with sexual intercourse. (Vaginal Lock: Is it Real and Is it Rare? on page 31.)

10. **a) Wanggo Gallaga.** “HIV - Si Heidi, Si Ivy at si V” is the first Department of Health’s co-produced indie (independent) film directed by Neal “Buboy” Tan from the screenplay of Wanggo Gallaga, the son of a critically acclaimed film director, Peque Gallaga. When Wanggo publicly announced in 2009 that he was HIV positive, it sent a powerful message that anyone can get HIV. (See “HIV - Si Heidi, Si Ivy at si V” on page 25.)

## What Your Scores Mean

- 10** You don’t need this magazine. Give it to someone and read something else!
- 7 - 9** Aha, you’re getting new information. After reading this magazine, pass it to a friend so that our readership may increase too.
- 4 - 6** Keep this magazine as a reference. You might need to browse and read it again.
- 1 - 3** You have to be more concerned about health. Start now by reading this magazine from cover to cover. Don’t miss the inside pages, okay?
- 0** What have you been doing lately? How about getting some English Reading and Comprehension classes?

# New Year's Resolution

## Ngayong 2011

DANNY: Lima lang ang New Year's Resolution ko sa 2011...

1. Di na ko mangangako, PROMISE!
2. Di na ko mag-iingles, NEVER AGAIN!
3. Di na ko iinom, CHEERS!
4. Di na ako magsusugal, PUSTAHAN TAYO!
5. At di na ko magsasalita ng tapos, PERIOD.



## Talamak Sa Alak

*Sukdulan na ang galit ng Misis sa Mister niyang lasenggo...*

## Chinese Feng Shui

JENNY: Feng Shui Master, nagdadala po ba ng swerte ang paglalagay ng mirror?

MASTER: Ay oo, iha. If mirror at the stairs, may akyat na swelte at grasya...

JENNY: Eh, kung sa door po???

MASTER: If mirror at the door, may pasok na swelte at grasya! Pero, may isa pinakaswelte sa mirror...

JENNY: Talaga po, saan???

MASTER: If mirror sa ceiling, ikaw ay pinakaswelte dahil nasa loob ka motel!

## So What?!!

*Gumegewang-gewang sa daan ang isang lasing, at napahinto siya sa ilalim ng isang malaking billboard na nagsasabing: "ALCOHOL KILLS SLOWLY."*

JOEREM: (Sinisigawan ang billboard) "So what?!? Sino ba nagmamadali?"

## 10 Most Powerful Women

*Ayon sa Forbes Magazine, ang 10 MOST POWERFUL WOMEN ay sina:*

10. Oprah Winfrey
9. Queen Elizabeth
8. Gretchen Barreto
7. Kris Aquino
6. Nanay Mo
5. Sister Mo
4. Misis ng Brother Mo
3. Misis Mo
2. Biyenang Mo
1. Si Inday

## 3 Palatandaan ng Pagtanda

- Tuhod na lang ang tumitigas.
- Balahibo nalang ang tumatayo.
- Mukha nalang ang nagagalit.

## Harapin Ang Problema

MAU: Kapag tayo na, magkasama na nating haharapin ang mga problema.

DIANE: Pero wala naman akong problema.

MAU: Kasi nga, hindi pa tayo. 'Wag ka ngang excited dyan.

## Government Project

FRANCIS: Itay, ano po kayang magandang gawin ko, kasi yung panty ng asawa ko ay may tatak na NO ENTRY?

NITO: Easy lang anak, yung brief mo markahan mo ng GOVERNMENT PROJECT - DO NOT DELAY.

## Lulubog Ang Barko

JUSTIN: 'Tay! Nag-aalala po ako. Ang lakas ng bagyo at parang lulubog itong barko.

NONG: Bakit ka mag-aalala, eh hindi naman atin itong barko!



(-: Jokes and photo from the Internet :-)





Garantisadong  
**Pambata**

**Kalusugan ng bata,  
sigurado.**

# **BASTA i-GP MO!**

**Kahit saan, kahit kailan,  
kahit sino, kayang alagaan  
ang kalusugan ng  
kabataang Filipino.**

**Magpasuso**



**Magpabakuna**



**Mag-bitamina A**



**Magpurga**



**Maghugas  
ng kamay**



**Magsipilyo**



**Gumamit  
ng kubeta**



**Huwag  
manigarilyo  
sa bahay**



DOH





**ILAYO SA DISGRASYA ANG MGA BATA**

**WALANG BATANG  
MAGPAPAPUTOK**

**BAWAL**

**BUMILI, MAGBENTA AT GUMAMIT NG  
PAPUTOK AT PAILAW ANG KABATAAN**



**KAMPANYA KONTRA PAPUTOK**