



# HEALTHbeat

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**Tobacco Control  
Sin Tax Bill  
goes to the Senate**

**Milk Code  
Don't Substitute  
Breastfeeding**

**Health Connection  
Flood, Love, Condom  
and the RH Bill**



**GIPFEL FELIPE REYES, RN**  
from Rizal Medical Center

# Ms. Hospital Health 2012



# **"Hindi lang ako basta Tatay. Ako'y kasama, kalaro, at kaibigan."**



## **Makibahagi sa responsibilidad.**

### **Dahil sa family planning:**

- Mas maginhawa ang inyong kabuhayan.
- May panahon ka para sa iyong pamilya.
- Nakaka-ipon ka para sa kanilang pag-aaral at mga pangangailangan.
- Nagagampanan mo ang iyong mga tungkulin.

***Para sa karagdagang impormasyon at serbisyo,  
pumunta sa pinakamalapit na health center***

***Planuhin ang Pamilya,  
Planuhin ang Kinabukasan***



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## Ghost Month

For the Chinese and for those who believe in feng shui, the “Hungry Ghost Month” happens every seventh lunar month of the year (August 17 - September 15, 2012). This is the time of the year when the “yin” (negative energy) is stronger than the “yang” (positive energy), and the gates of the spirit world, both heaven and hell, open to unleash hungry ghosts to roam the earth and cause misfortune by feeding on people’s energies and fears.

The Ghost Month, so it seems, came a week earlier in the Philippines when most parts of Luzon experienced several days of heavy rain sans typhoons and massive and high-rise flooding. And on the so-called Ghost Day (August 31), a magnitude 7.6 earthquake hit near the coast of Eastern Samar. Luckily, there were only minimal damage to some buildings. However, the real tragedy happened a day after the Ghost Month officially started, August 18, when Secretary of the Interior and Local Government Jesse M. Robredo went missing in a plane crash in the sea off Masbate, only for his body to be recovered three days later on August 21 – Ninoy Aquino Day.

Many Filipinos knew little about Sec. Robredo when he was alive. He lived a simple life but his accomplishments were outstanding. He was the youngest Mayor to be elected in Naga City where he gave thousands of families a land to call their own and made cleanliness and clean living a rule of thumb in order for investments to flow into the city. For his exemplary leadership, he won the Ramon Magsaysay Award for Good Governance in 2000. In his acceptance speech, he said, “We had many obstacles and pains when we experimented with a government system that veered away from the traditional. We, however, stood our ground and entrusted our faith in the people.”

At the Department of the Interior and Local Government, Robredo has been pushing for more effective ways to advance reforms in local governance and the interior sector. He was particularly focused on drumming up public support for the Full Disclosure Policy, an instrument that he hoped would advance transparency and accountability in local governance. He was tirelessly seen improving disaster risk reduction and mitigation capabilities of local government units across the country. He also gave instructions that illegal logging be stopped, and those involved be made accountable. In the interior sector, he battled for a vision that every Filipino can walk the streets unafraid 24/7. Crime rate went down and police visibility increased.

On the day Robredo went missing up to the fitting state funeral and onto the day of his cremation on August 28, only good things were heard about this man.

If the Ghost Month was true, then Sec. Robredo left us a ghost or a legacy that every citizen of this country can be unassuming and still become a great Filipino and that the Aquino government’s so-called “Matuwid na Daan” is not at all a political illusion.

— The Editors

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# DOH honors Sec. Jesse M. Robredo

In the afternoon of August 18, news broke out that the six seat plane carrying Secretary of the Interior and Local Government Jesse M. Robredo crashed off the coast of Masbate. According to news reports, his aide, Senior Inspector Jun Paolo Abrazado, escaped and was rescued by fishermen, but Robredo and his two pilots, Capt. Jessup Bahinting and Nepalese Kshitiz Chand, went missing. The plane took off from Cebu bound for Naga City. The Secretary represented President Benigno S. Aquino III in the groundbreaking ceremony of the regional training school of the Public Safety College in La Consolacion town. In the morning of August 21, after a grueling search, news swept the country confirming their passing.

Messages of sympathy and grief poured from all sectors of society. Health Secretary Enrique T. Ona expressed his condolences to the Robredo family. He said, "The Department of Health joins the nation in mourning the loss of Secretary Jesse M. Robredo. I was shocked of his tragic death. He was a very sincere, brilliant but humble and hardworking public servant that I was privileged to work with. I thought that he will be destined for a much higher position, snapped so early by this tragic incident."

Under Robredo's leadership, the Department of the Interior and Local Government (DILG) was an active partner of the Department of Health in pursuing **Kalusugan Pangkalahatan** or universal health care for all Filipinos.

"As DILG secretary, Sec. Jesse

was very supportive of the Aquino administration's anti-poverty initiatives, especially **Kalusugan Pangkalahatan** or universal health care as well as improving our local health systems," Ona added. He also extended his condolences to the family of the two pilots.

In his death, the people came to realize the greatness of Robredo. His service to the people started as Naga City Mayor from 1988 to 1998 and again from 2001 to 2010. As Mayor, he was conferred the Ramon Magsaysay award for government service on August 30, 2000. The first Filipino Mayor to earn the award, Robredo was credited for revitalizing the city of Naga, which earned it a spot in Asiaweek Magazine's Asia's Most Improved Cities. In his acceptance speech Robredo said "Public servants are servant leaders. Their mission is 'to serve and not to be served.'"

On August 28, on the day of his interment in Naga City, President Aquino bestowed the rank of Chief Commander of the Philippine Legion of Honor to Robredo. It is the oldest of the three Senior Honors of the Republic, created by virtue of Army Circular No. 60 on July 3, 1947. It is also the highest honor that the President of the Philippines may grant an individual without the concurrence of Congress. The rank of Chief Commander (*Punong Komandante*) is conferred upon a civilian for life achievement in

public service.

In his eulogy, President Aquino described Robredo best when he said, *"Sino po ba si Jesse Robredo? Talaga pong huwarang lingkod-bayan si Jesse: nakatuon palagi sa kapwa at handang magsakripisyo. Sa lahat ng mga nakakausap ko, siya ang taong walang kapase-pasensya sa bola. Kay Jesse, what you see is what you get. Tahimik at masipag siyang nagtatrabaho. Hindi siya nagpapadala sa kapangyarihan. Sa kabila ng naabot niya, nanatiling simple ang kanyang pamumuhay, hindi nalalayo sa karaniwang taong napakalapit sa kanyang puso."*

Robredo, 54, is survived by his wife Lenny and daughters Aika, Patricia and Jillian Therese.



*DILG Secretary Jesse M. Robredo and DOH Secretary Enrique T. Ona as awardees of the University of the Philippines Alumni Association in July 2012. (Photo by Paking Repelente)*





*The government panel facing the Senate ways and means committee hearing on the sin tax bill. From left to right: Bureau of Internal Revenue Commissioner Kim Henares; Finance Secretary Cesar Purisima; Health Secretary Enrique Ona; and Health Undersecretary Teodoro Herbosa. (Photo by Paking Repelente)*

# Sin Tax Bill goes to the Senate

## Undermining Public Health

When the compromised version of House Bill 5727 authored by Cavite Representative Joseph Emilio Abaya on the restructuring of the excise tax on alcohol and tobacco products was approved on third reading on the last day of the House of Representatives Second Regular Session in June, Senate President Juan Ponce Enrile was already hinting in media that this “sin tax” measure would undergo a difficult Senate process. After four Senate ways and

means committee hearings, public health is once again undermined over profits.

The sin tax measure seeks to help fund public healthcare which is a key thrust in the Aquino administration’s drive for inclusive growth. It also seeks to improve the efficiency of tobacco farmers, strengthen the current tax structure, and sustain revenue growth. As Presidential Spokesperson Edwin Lacierda put it, “The initiatives to reform the excise tax system started 15 years ago and it is only under this administration, with the President’s firm leadership, that such a

legislative measure has been approved.”

Sen. Ralph Recto, chairman of the Senate ways and means committee, told the media that the Senate would pass its version of the controversial House of Representatives-approved sin tax bill before both legislative chambers go on a month-long Christmas break. But tobacco control advocates wonder if it would favor health over profits.

Sen. Ferdinand R. Marcos Jr. was already quoted in news reports as saying “Malacañang is masking the sin tax bill as



a health measure but is really a revenue measure." On the other hand, Sen. Recto kept on saying that he would strive "to come up with a tax structure that would benefit all players equally."

### **Sin Tax is Anti-Cancer Tax**

"This is not just a sin tax. This is an anti-cancer tax," Health Undersecretary Teodoro "Ted" Herbosa said in a press statement as he urged the Senate to look at the proposed sin tax measure on tobacco as a health bill more than the amount of revenues that it would generate the government.

He said legislators must realize that an approval of the sin tax bill would eventually push the prices of tobacco products high enough to reduce consumption and discourage the youth from smoking.

"What we are asking our good Senators is to put the health of our people as the primary concern in approving this tax measure. It is just right and responsible to tax the tobacco industry considering the billions of pesos that our healthcare is forced to carry because of the disease burden from smoking," said Herbosa.

The World Health Organization (WHO) estimates that a fourth of all types of cancers can be attributed to smoking. Tobacco is responsible for 71 percent of lung cancer deaths in the world. Lung cancer is the leading form of cancer in the Philippines and this is attributed to high smoking rates, particularly among men.

About half of all men in the Philippines are currently smoking. It will not be surprising to see an epidemic of lung cancer among the workforce within the next 10 to 15 years. This will leave many children orphaned early and will have a negative effect on our economic development. This will also cost the Philippines, billions of

pesos for health care, chemotherapy and palliative care. A major lung cancer epidemic could also deplete resources for universal health care, and so the country needs to focus on prevention.

A study in 2008 showed that 11 percent of all deaths in the Philippines were attributed to cancer. Cigarette products contain 7,000 chemicals with every cigarette stick having 70 carcinogens or cancer-causing ingredients. Smoking is a leading cause of lung cancer but it can also increase the risks of other types such as cancer of the larynx, esophagus, stomach, pancreas and the colon, and anus.

Meanwhile, according to the DOH National Epidemiology Center, the number of lung cancer cases in the Philippines rose from 7,215 in 2005 to 8,243 in 2010 with most patients coming from the National Capital Region and in Ilocos, Central Luzon and CaLaBaRZon.

Herbosa warned, "This is a 14 percent rise during a five-year period. If we don't do anything to reduce the number of smokers and discourage our youth from

taking up this deadly habit, we will see a lung cancer epidemic a few years from now," warned Herbosa.

The top cancer killers in the Philippines, are those of the lung, breast, cervix, liver, colon and rectum, prostate, stomach, oral cavity, ovary and leukemia. The survival rate of cancer cases in the country is also low. Smokers are not the only ones at risk of cancer. The International Agency on Cancer Research classifies second hand smoke as a carcinogen. This means that those who do not consume tobacco but are exposed to smoking are equally at risk of cancer. According to the WHO, half of all Filipino women and children are exposed to second hand smoke. Many women develop cancer not because they smoke but because they live with smokers. Aside from cancer, the three other major causes of deaths in the Philippines are heart attack, stroke, and chronic obstructive pulmonary disease - also due to tobacco consumption.

"The annual cost of these four leading smoking-related diseases is a staggering P177 billion. Even if the sin tax



*The voice of the tobacco victims was clearly heard as Emer Rojas, Global Cancer Ambassador and the president of New Vois Association of the Philippines, spoke of the difficulties encountered by victims of smoking during the third Senate committee on ways and means hearing on August 30. "Cancer is the third leading cause of death in the Philippines and more people will die if cigarettes will be affordable to the youth and the poor. Let us save lives by raising tobacco taxes," he said.*



bill is approved, the government is expected to only generate an estimated P33 billion from the first year of its implementation. This is not even enough to compensate for the burden that these diseases bring to our healthcare system not to mention the precious lives lost because of our high

smoking prevalence," said Herbosa. "We have a win-win solution here. By taxing tobacco we can generate revenue for universal health care. At the same time, by increasing the price of tobacco to a point where youth and children cannot afford it, we are preventing young people from taking

up this deadly habit," he explained.

The DOH estimates that a 10 percent increase in tobacco taxes would reduce by two million the number of smokers by 2016. Likewise, raising the sin tax is also expected to reduce by 20 percent the number of yearly deaths due to smoking-related diseases.

The Philippines now stands as having the most number of smokers in Southeast Asia with an estimated 17.3 million tobacco consumers. On the average, Filipino smokers puff 1,073 cigarette sticks annually while the rest of smokers in the region consume less than a thousand sticks yearly. Ten Filipinos die every hour because of smoking – representing a clear picture of the extent of the tobacco epidemic in the country.

### Sin Tax Won't Kill the Industry

During the first Senate hearing, Health Secretary Enrique T. Ona reiterated that higher taxes will not kill the tobacco industry, much less the alcohol or spirit industry, but every centavo removed from this bill is a life placed in jeopardy and lesser funds for the healthcare of our people.

In his presentation, Ona explained the experience in Thailand, a country with similar economic level as the Philippines. From 1991 to 2007, Thailand increased the tax rate on tobacco in a series of eight steps, which increased the retail price of the most popular brand by nearly 400% and nearly tripled Thailand's annual tobacco tax revenues. The increase in cigarette excise taxes was more rapid than the inflation rate, decreasing the relative affordability of cigarettes. Adult smoking rates have decreased from 30% in 1992 to 18% in 2007, a period of 17 years. This gradual decrease in smoking rates proves that the increase in tobacco excise tax will not kill the industry.

## Myths vs. Facts on SIN TAX

### MYTH:

Higher taxes will hurt the economy because employment will be reduced significantly.

### FACT:

The industry employs less than 1% of the Filipino workforce. The decline in tobacco demand will be gradual and will afford the government enough time to develop programs on alternative livelihood for tobacco farmers and even a shift to high value crops.

### MYTH:

Higher taxes will increase smuggling.

### FACT:

Changes in tax and prices may contribute to smuggling but such tax and price changes are not really the cause of smuggling. Other significant factors contribute to smuggling, such as corruption and the presence of informal distribution networks. Smuggling is even generally higher in countries where taxes and prices are low.

### MYTH:

Higher taxes will hurt the poor.

### FACT:

It is the use of tobacco that hurts the poor in terms of health and economy. Increasing taxes will help the poor quit smoking. Higher taxes make cigarettes less affordable. This would help the poor quit smoking and avoid catastrophic hospitalization from smoking-related diseases.

### MYTH:

Government interferes with consumers' freedom of choice when it taxes tobacco and discourages use.

### FACT:

Freedom of choice is hampered by addiction. Freedom of choice is anchored on complete information. In the case of tobacco, choice is disabled by the addiction and information is distorted by the industry's marketing tactics.

Source: *Taxing Health Risks*, UP College of Law and HealthJustice, 2010



What is significant is the number of lives saved. It is estimated that in 2006, there were 31,867 fewer smoking attributable deaths that resulted from this policy. It is projected that a total of 319,456 fewer deaths will result by 2026.

"In a period of 10 years, using a simulation model predicting the fiscal and public health impact of a change in cigarette taxes, a higher increase in excise tax will result to a larger number of deaths averted and lesser smoking prevalence – translating to more lives saved," Ona said.

On the other hand, he said, the effects of alcohol are dose related. Intake of more than 40 grams per day in men (3 bottles of beer, or 2 glasses of wine or 1-2 shots of distilled spirits) and more than 20 grams per day in women is a risk factor for diseases such as liver cirrhosis, dilated cardiomyopathy, neurological and psychiatric disorders.

"There is therefore moderate drinking but there is no such thing as moderate smoking. Smoking causes early deaths, regardless of consumption. Moderate drinking, on the other hand, can actually decrease one's risk of dying," Ona concluded.

### **Pushing for Senate Bill No. 3249**

In the Senate, several bills seeking to reform and restructure the excise tax on tobacco and alcohol products were filed, but the DOH believes that Senate Bill (SB) No. 3249 entitled An Act Restructuring the Excise Tax on Alcohol and Tobacco Products authored by Sen. Miriam Defensor Santiago best supports the twin goals of (1) deterring our countrymen especially the youth and the poor from smoking and drinking alcohol, thus protecting them from the lifetime consequences of smoking and alcohol abuse; and (2) financing a universal health care program to improve accessibility to quality

health care.

In a position paper signed by Secretary Ona stated that SB No. 3249 upholds the essential features of the original Abaya Bill (House Bill No. 5727) of a unitary tax for all cigarette and liquor products, automatic indexation and the removal of the price classification freeze on cigarettes since the current classification is based on a net retail price survey done in 1996.

The DOH likewise believes that SB No. 3249 is superior from the other bills for the following reasons:

1. Instead of indexing the tax rate to inflation, SB 3249 adopts the nominal GDP for index thereby keeping the tax rates real and ensuring that tobacco and alcohol products will not become more affordable as income increases over time;
2. There is a periodic review (every five years) to modify tax rates to achieve the health and revenue objectives of the government as well as to comply with binding commitments to the WHO Framework Convention on Tobacco Control;
3. Earmarking of funds (15%) from excise tax on tobacco products under Republic Act 8240, to be allocated to programs to help tobacco farmers (including financing of credit guarantee and crop insurance programs) shift to alternative crops other than tobacco and other alternative livelihood; and adjustment measures program for prevention of job losses and assistance to displaced workers; and
4. Earmarking of incremental revenues to Universal Health Care (UHC) to be allocated to the following, thus making clearer what UHC stands for: a) expansion of the National Health Insurance Program (NHIP) enrolment and benefit delivery, b) upgrading of

health-care facilities, thus improving access to quality health care services, and c) public health programs to include research and development to achieve Millennium Development Goals, including addressing non-communicable diseases and lifestyle diseases.

Ona, therefore, urged for the approval of SB No. 3249.

### **Education To Reduce Tobacco Use?**

Senator Enrile hinted in one of the committee hearings that education could address the smoking problem especially among the youth. While it is true that school-based education program and sufficiently funded anti-tobacco media campaigns on the hazards of smoking may reduce tobacco use, relying on education alone will not work. What is learned in school or in expensive media campaigns would redound to the creation of a supportive environment for people to quit or not to pick up the bad habit of smoking.

Based on experiences around the globe, the four proven ways to reverse the tobacco epidemic and bring down the prevalence of smoking are: 1) strictly enforcing smokefree public places for the protection of the public from exposure to secondhand smoke; 2) enforcing a comprehensive ban on advertising, promotion and sponsorship of tobacco products; 3) putting graphic health warnings on cigarette packs to encourage smokers to quit; and 4) raising tobacco taxes.

Taxation is the single most effective way to reduce tobacco consumption. Raising taxes in tobacco products will increase their prices in the market, and in turn discourage the public, particularly the poor and the youth, from consuming them.

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# Don't Substitute BREASTFEEDING

by

**DONATO DENNIS B. MAGAT**

HEALTHbeat Staff

In August, while New York City announced that it would start implementing by September the "Latch

on NYC," an initiative that would restrict access to formula milk and encourage new mothers to breastfeed in more than a dozen

participating hospitals, here in Quezon City, certain moves to immediately pass a new legislation that threatens to overturn the existing law that protects people from milk companies' aggressive marketing, misleading advertisements, and unfounded claims was happening at the House of Representatives.

As more and more developed and developing countries are implementing stricter measures and regulations on issues regarding breastfeeding and use of infant milk formula, the Philippines is moving backwards by amending some important features of the Milk Code (Executive Order No. 51), the Expanded Breastfeeding Act of 2009 (Republic Act No. 10028), and the Revised Implementing Rules and Regulations of both laws.

Is the country losing its common sense? Are we, as a nation, going to the cows, i.e. that is paraphrasing the idiom "going to the dogs?" Filipino babies and children are not animals, so why do some people, in business and in government, deny them of the best nutrition – their mother's breast milk.

Obviously, the draft House Bill aims to support multinational companies while damaging the Filipino society – families, mothers and children. There were deliberate efforts to ignore or circumvent the law on breastfeeding substitutes, and the task of regulation has been repeatedly dwarfed by



the aggressive stance of multinational milk companies.

The draft consolidated House Bill (HB) is entitled, "An Act Promoting a Comprehensive Program on Breastfeeding Practices and regulating the Trade, Marketing and promotions of Certain Foods for Infants and Children." The draft bill is in substitution of HB Nos. 3525, 3527, 3396, and 3537 and was filed by Representatives M. Gunigundo, J. Lacson-Noel, R. Rodriguez, A. Bondoc, L. Mercado-Revilla, and L. Torres.

The salient features of the said bill are:

1. Narrowing the application of the Milk Code only to artificial feeding products, such as formula milk, for the 0 to 6 months instead of the current 0 to 36 months;
2. Lifting all restrictions on donations of breastmilk substitutes during disasters and emergencies, even on normal conditions;
3. Making lactation breaks for working mothers unpaid;
4. Allowing samples of breastmilk substitutes to be distributed in health care facilities;
5. Allowing access to health workers by sales and marketing staff of milk companies; and
6. Allowing these companies to conduct or be involved in breastfeeding, infant and young child healthcare and nutrition activities and materials.

In a joint press statement released on September 1, the Department of Health, World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) called on legislators and the public to understand how devastating the passage of the consolidated bill will be.

"New legislation should reduce gaps, not enlarge them. Do not allow industry profits to overpower the health of

children," the statement said.

### **Breastfeeding is Human Right**

Breastfeeding saves lives. An estimated 8,400 lives could be saved every year if every Philippine family with infants and small children would practice optimal breastfeeding.

Breastfeeding also prevents a growing list of illnesses such as neonatal sepsis (a blood infection of newborns), diarrhea, pneumonia, necrotizing enterocolitis (a life-threatening problem of the gut of pre-term babies' ear infections, skin allergies, sudden infant death syndrome, childhood asthma, diabetes (type 1), and childhood obesity.

The Philippines has committed to several international agreements to uphold the rights of its citizens, namely the: Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, International Covenant on Economic, Social and Cultural Rights, World Health Assembly Resolutions, and the International Code of Marketing of Breastmilk Substitutes (the Milk Code).

Infants have the right to the enjoyment of the highest attainable standard of health, adequate nutritious food, primary health care, and a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

Mothers also have the right to health care services and appropriate post-natal care, education and support in the use of basic knowledge on child health and nutrition, the advantages of breastfeeding, appropriate assistance in their child-rearing responsibilities, adequate nutrition during pregnancy and lactation, and paid maternity leave or other equivalent, including job protection.

On the other hand, the government is obliged to ensure that health centers, hospitals and other facilities for children are of an acceptable minimum standard, ensure to the maximum extent possible the survival and development of the child, take appropriate measures to diminish infant and child mortality, ensure the provision of necessary medical assistance and health care to all children especially primary health care.

Furthermore, the Philippine government is obliged to combat disease and malnutrition, take effective and appropriate measures for abolishing traditional practices prejudicial to the health of children, and take appropriate measures to assist parents and others responsible for the child to implement this right, including providing material assistance and support, particularly with regard to nutrition.

Despite all efforts and government encouragement towards securing the best health and nutrition of infants, the latest committee report of the Convention on the Rights of the Child reiterates its concern on the low practice of exclusive breastfeeding. The Committee also noted the insufficiency of maternity leave periods for mothers and the differences in the criteria for entitlement to maternity leave for workers in the public and private sectors.

With prevailing low breastfeeding practice, the 2011 Food and Nutrition Research Institute survey further dampened the situation by reporting that prevalence of malnourished children 0-5 years old from 2003-2011 remained unchanged for the underweight, while increase in stunting and wasting has been noted and the problem of obesity is starting to be seen.

### **Breastfeeding During Disasters**

An emergency such as a natural



disaster often comes with little warning and very little time to plan. In the confusion that surrounds emergencies, the first and most common items called for by socio-civic and media organizations and sent to affected areas are powdered formula or milk. These products are often distributed in an uncontrolled way and used by mothers who would otherwise breastfeed their babies. The indiscriminate use of donated milk results in unnecessary illness and death for infants.

The ability to transport and store water, food and other necessities is greatly diminished during and following disasters. Human milk is readily available and provides all the necessary nutrition needed by an infant. Breastfeeding helps reduce stress and is a comfort to both the mother and baby. Breastfeeding protects babies from the risks of a contaminated water supply. It provides protection against respiratory illnesses and diarrhea – diseases that can be fatal in people who are displaced by disaster.

On August 1, with the onset of the rainy season and at the start of the Breastfeeding Month, Senator Pia Cayetano called for local government units and relief workers to be mindful of the particular

needs of women and children coping in disaster situations.

Cayetano, the chairperson of the Senate committee on health and demography and committee on youth, women and family relations, said in a press statement, "Nursing mothers must be encouraged to breastfeed while staying in relief centers and even after they return to their homes when the risk has subsided. This is to ensure that their children will continue to receive proper nutrition and protection against disease outbreaks from nutrients that could only be supplied by mother's milk."

The Senator emphasized that once the mother stops breastfeeding, her infant loses that unique anti-infection property only breast milk can provide. She cautioned that mothers who become dependent on donated infant formula while staying in evacuation centers could eventually stop producing milk and face difficulties once they return to their own homes where they will not have access to free infant formula.

Meanwhile, on August 30, capping off the Breastfeeding month and amid fears that milk companies would be violating the Milk Code if they are allowed to make

donations to disaster victims, the DOH Food and Drug Administration (FDA) launched a website where violations of Executive Order 51 can be immediately reported. The website, <[www.milkcodephilippines.org](http://www.milkcodephilippines.org)>, allows anyone to report activities against the code, such as advertising and promotion of infant formula in media, in the healthcare system, and among lactating mothers, giving gifts to health personnel, and health and nutrition claims on labels.

Atty. Emil Polig, chief of the legal and information and compliance division of the DOH FDA, said the website aims to "crack down" on violators of the Milk Code, which took in effect during the administration of former President Corazon Aquino but was loosely implemented. It was only in 2007 that the law began to be strictly enforced after the DOH issued EO 51's revised rules and implementing regulations. It was highly challenged by the milk industry but the Supreme Court ruled in favor of the DOH.

## Breastfeeding Worldwide

The practice of breastfeeding in other cities of the world may vary in some degrees but the basic remains the same –

**MILK CODE**  
EXECUTIVE ORDER NO. 51

Home About EO 51 Report a Violation News Events References Partners

**EXECUTIVE ORDER NO. 51**

The aim of the Code is to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes and breastmilk supplements when there are necessary, on the basis of adequate information and through appropriate marketing and distribution.

**REPORT A VIOLATION**

Help us promote and protect breastfeeding and proper use of breastmilk substitutes by reporting milk code violations.

**REPORT NOW**

ABOUT THE MILK CODE REFERENCES CASES MILK CODE CHAMPIONS HELPFUL LINKS

*The Milk Code Website <[www.milkcodephilippines.org](http://www.milkcodephilippines.org)> allows anyone to report activities against the code, such as advertising and promotion of infant formula in media, in the healthcare system, and among lactating mothers, giving gifts to health personnel, and health and nutrition claims on labels. The website is administered by the DOH Food and Drug Administration.*

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breastfeeding is an essential part of child rearing and caring.

In California, USA, Section 43.3 of their Civil Code expressly states that "Notwithstanding any other provision of law, a mother may breastfeed her child in any location, public or private, except in private home or residence of another, where the mother and the child are otherwise authorized to be present."

With regards to breastfeeding at work, the Legislature encourages the State of California and all California employers to strongly support and encourage the practice of breastfeeding by striving to accommodate the needs of employees, and by ensuring that employees are provided adequate facilities for breastfeeding, or the expressing of milk for their children.

Also, under the 2002 Lactation Accommodation of Labor Code Chapter 3.3, it states that every employer, including the state and any political subdivision, shall provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child. The break time shall, if possible, run concurrently with any break time already provided to the employee.

In British Columbia and Ontario, on the provincial level, only two provinces have laws that protect a woman's right to breastfeed. British Columbia and Ontario are pioneers in breastfeeding rights. In these provinces, it is not only a woman's right to breastfeed anywhere at any time protected, it is also illegal to ask the mother to be discreet. The Ministry of the Attorney General of British Columbia states it this way, "Nursing mothers have the right to breastfeed their children in a public area, and it is discriminatory to ask them to cover up or breastfeed somewhere else."

In Southern Egypt, most women don't breastfeed in public (due to religion).

It is not breastfeeding that is frowned upon, but it is doing the act in public.

In Kenya, breastfeeding is normal. In fact, a woman who doesn't breastfeed is frowned upon. The only women who don't breastfeed are those under strict doctor's orders. A mother's breast, especially during breastfeeding, is not regarded as a sexual object.

In Nigeria, breastfeeding is encouraged for the first two years of life and exclusive breastfeeding for six months. However, among a lot of the working middle class, they supplement feeding with milk formula or choose not to breastfeed either due to work or ignorance. It is perfectly normal to see a woman breastfeeding anywhere anytime but should be discreet. In a church or office or any similar establishment, it is best to cover the breast when feeding the baby to maintain some degree of modesty.

Generally, breastfeeding is the only culturally acceptable mode of feeding babies in Africa and specifically in Nigeria for the first two years of life. It is encouraged at any point in time, be it in public or in isolation. Africans believe, specifically the Yorubas, that breastfeeding is an ingredient of promotion of closeness to mothers and a concept of bringing the mother and child closer to one another. Unfortunately, the sound and nutritionally unique concept was discarded secondary to cultural influences of western education and introduction of feeding formula.

In Uganda, a number of women especially in rural areas breastfeed in public and do not feed their babies milk formula. Working mothers in the urban areas breastfeed for a short time and give their babies formula as they have to go to work.

It is very normal to breastfeed in public. In fact, if a mother's baby cries in a public place, everyone requests her to breast

feed the child. People do not mind anyone breastfeeding in public.

In Bangladesh, breastfeeding in public places is common, especially among poor mothers. Mothers breastfeed whenever their babies cry for food, but they prefer covering the breasts if they are in buses or trains. Still, many mothers bottle-feed their babies, especially those belonging in the upper class but government and non-government institutions are encouraging mothers to practice exclusive breastfeeding for first six months of a baby's life.

Breastfeeding in India is common. However, it differs from region to region, and person to person. In Meghalaya, breastfeeding is essential and mothers of all ages do it in public without any inhibitions—be it in a family gathering, parties or doing their daily chores.

In Mumbai, only slum dwellers breastfeed their babies in public. Women from middle class status or those with higher educational background do not breastfeed in public.

In Pakistan, breastfeeding is quite normal. Women beggar on streets breastfeed their babies without any hesitation but any educated woman would never do it in public. At home, women are quite comfortable and breastfeeds when required. They try their best not to do it in front of other male family members, but they don't mind having children around when they do it.

These practices clearly show that most women regard breastfeeding as a normal and healthy way of feeding their babies. Amending our laws on the use of breast milk and milk formula will put the Philippines about 50 years behind other developing countries, including its neighboring countries in the region.

Please legislators, don't change the Milk Code. Don't substitute breastfeeding!

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# *Mother-Baby Friendly* **LANDBANK**

by  
**GLEN S. RAMOS**  
HEALTHbeat Staff

Landbank of the Philippines received the distinction as the first ever institution that applied for and awarded the Mother-Baby Friendly Workplace Certification for its compliance with Republic Act (RA) No. 10028 or the Expanded Breastfeeding Promotion Acts of 2009 which mandates that all health and non-health facilities, establishments, and institutions shall establish breastfeeding stations to protect and promote women and child health.

The certification was presented to Gilda E. Pico, the first woman President and Chief Executive Officer of Landbank, by the Department of Health Center for Health Development - National Capital Region (DOH CHD-NCR) on August 22. Landbank, one of the country's top five financial institutions, supported the DOH's workplace lactation program by establishing its own breastfeeding stations located inside the day care center.

According to Pico, the Landbank will also establish breastfeeding stations in all its branches nationwide gradually. She said, "Breastfeeding in the workplace is an important equal employment opportunity and also anti-discrimination consideration for employers because nowadays, the women's labor force are fast increasing and it is one of the biggest changes in recent years,

the rise in employment among women with young children."

Pico added that breastfeeding is very essential in the first stages of an infant's life. The parents of breastfed babies are also less likely to have absences from work to care for their sick child because babies who are exclusively breastfed are less likely to be excluded from childcare on account of illness.

Regional Director Eduardo C. Janairo of DOH CHD-NCR urged public and private institutions in Metro Manila to

participate in the promotion of mother-baby initiatives in their workplace. He said supporting breastfeeding by employers among their employees is generally a low cost intervention involving minimal disruption to the workplace.

Janairo cited a number of benefits for an employer with an established breastfeeding center in the workplace, including: early return to work by some new mothers; easier transition back to work after maternity leave; absenteeism will be



*Landbank President and CEO Gilda E. Pico (third from left) receives the Mother-Baby Friendly Workplace Certification from Dr. Ruben S. Siapno (fourth from left), chief of health operations division of the DOH Center for Health Development - National Capital Region.*

lessened on account of improved child health; higher employee productivity; reduced health care costs, and; an improved company image. The employee's morale and productivity will also be high which will lead to greater employer-employee relations.

Janairo also enumerated the importance of workplace support for breastfeeding, such as minimizing the incidence of mastitis (breast inflammation) and its pathological progression (infection and abscess), the mother's supply of breastfeed or express milk will not be diminished (such as often the result of early termination of breastfeeding).

The Mother-Baby Friendly Workplace Certification aims to promote and encourage breastfeeding in workplaces both in the private and public sector. Under the certification criteria, lactation stations should be adequately provided with necessary equipment: lavatory for hand washing, refrigeration or appropriate cooling facilities for breast milk expression and storage, electrical outlets for breast pumps, a small table, comfortable seats and other items that conform to the standards defined by the DOH.



**Landbank of the Philippines, one of the country's top five financial institutions, is the first ever institution that applied for and awarded the Mother-Baby Friendly Workplace Certification for its compliance with Republic Act (RA) No. 10028 or the Expanded Breastfeeding Promotion Acts of 2009 by establishing breastfeeding stations located inside the day care center.**

RA 10028 also provides tax incentives to public and private establishments maintaining lactation stations for lactating workers. Under the law, the expenses incurred by a private health and non-health facility, establishment or institution in complying with the law shall be deductible expenses for income tax

purposes up to twice the actual amount incurred.

All government agencies complying with RA 10028 shall receive additional appropriation or budget equivalent to the savings they may derive as a result of their compliance. After being certified by the DOH, they may file for a tax incentive with the Bureau of Internal Revenue. The certification is valid for two years and is subject to re-application and re-assessment.

Janairo disclosed that NCR has the highest number of workplaces and industries, where a lot of women workers spend most of their days at work. It is very important that a breastfeeding station be established for post-partum and lactating mothers for their well-being and that of their infants.

"With more commitment and active support, breastfeeding will work anytime, anyplace and anywhere. Breastfeeding mothers and their children will become more healthy and protected from illness. By supporting breastfeeding in the workplace, we will be facilitating the goal of raising healthy and productive citizens", Janairo concluded.

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## Vatican on Breastfeeding Virgin Mary

"The Virgin Mary who nurses her son Jesus is one of the most eloquent signs that the word of God truly and undoubtedly became flesh".

— **Father Enrico dal Covolo**  
Professor of Classic and Christian Literature  
Pontifical Salesian University





# Malaria-free by 2020

Philippines, malaria-free by 2020.

Health Secretary Enrique Ona revealed the possibility of the Philippines being malaria-free by 2020 as he cited data that showed an 80% decrease in malaria cases in 2011 as compared to 2003.

"This decrease is the lowest malaria level on record for the country in 42 years, with only 9,642 cases in 2011 as compared to 43,441 in 2003," Secretary Ona bared, adding that this means that the country's Millennium Development Goal No. 6 of halting and reversing the incidence of malaria by 2015 have already been met.

He also explained that of the 58 provinces which are currently listed as endemic, nine have actually reached elimination status (or do not have malaria cases for at least 3 years) and are in various stages of evaluation. Forty (40) are on the way to elimination status, reporting less than one case per 1,000 population-at-risk, and 10 provinces have their cases under control.

The nine provinces that have reached elimination status are: Abra, Batanes, Camarines Sur, Cavite, Dinagat, Laguna, Misamis Oriental, Quirino, and Romblon. Moreover, according to Department of Health records, only two provinces (Palawan and Tawi-Tawi) report more than 1,000 cases a year and only four have more than 100 cases but less than 500 cases a year

(Sulu, Maguindanao, Mindoro Occidental, and Zambales).

"Based on these data, the Philippines has a very high possibility of being declared malaria-free by 2020," Ona said.

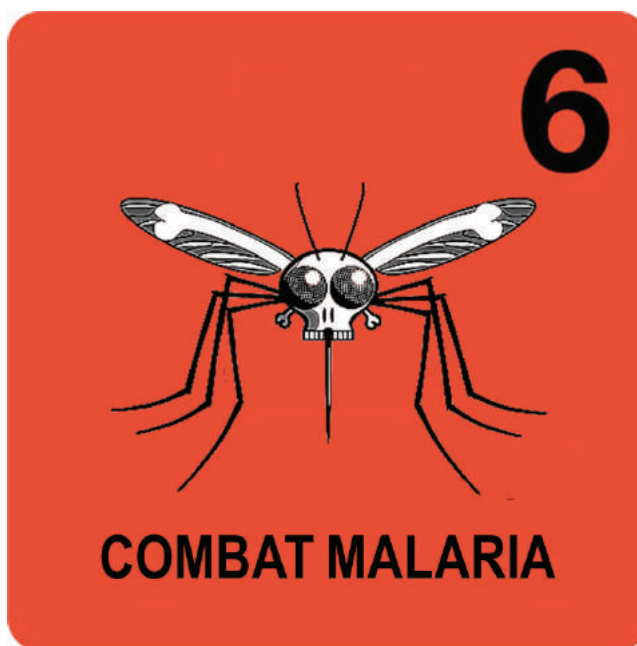
To achieve this, the DOH met with all the provincial governors of the malaria-endemic provinces, 10 mayors of cities affected by malaria, health officials from the regional, provincial, and city health offices, international partners, and its main implementing partner Pilipinas Shell Foundation, Inc on August 24. Highlighting the meet was the various partners' commitment to the "Byaheng Kulambo" initiative to symbolize the government's program, effort and struggle against

malaria by travelling to each province until all provinces have eliminated the disease. The mosquito net, also known as the Long-lasting Insecticide-treated Net, is the program's main defense against the mosquito that brings malaria.

Other strategies to ensure a malaria-free Philippines include: early diagnosis and prompt treatment; early management and disease surveillance; drug and insecticide resistance monitoring; quality assurance for microscopy, and Philippine Malaria Information System at the provincial level.

"The journey towards elimination status is more difficult than working for a reduction in cases and we will need more commitments and resolutions of the different sectors to be consolidated into a singular, comprehensive initiative so that the whole country, not just the 58 endemic provinces, will be declared malaria-free by 2020," Ona emphasized.

Malaria is a disease caused by a parasite called Plasmodium which is transmitted via the bites of infected Anopheles mosquitoes, or from mother to child in the womb, or blood transfusion. Its symptoms include high fevers, shaking chills, flu-like symptoms, anemia, bloody stools, nausea, and vomiting. While it can be treated with anti-malarials, it may also be fatal.



*Millennium Development Goal (MDG) 6 aims to combat three infectious diseases - HIV/AIDS, tuberculosis and malaria.*



# DON'T FALL DON'T LEAVE

Falls are considered a major public health concern around the globe especially among older people where it becomes a significant cause of illness, disability and death.

At the national level, the first week of October is Elderly Filipino Week. At the global level, the World Health Organization calls on countries this year to focus their attention to the growing older population and take steps to prevent non-communicable diseases and ensure that systems and services are in place to provide treatment and care when it is required.

Although there are many issues surrounding the health and welfare of the elderly in the country, let us not lose sight on one of their most basic and personal health concerns. We need to help the elderly protect themselves against their increased risk of falls and bone injuries, especially pelvic and hip fractures. If an elderly falls and is injured, his/her ability to live independently decreases.

The risk factors for falls among the elderly can be classified into either personal factors or environmental factors.

As you age, some muscles in your body may weaken that cause problems with

balance. Balance can also be affected by medicines that you take, the amount of sleep that you get, and other medical problems.

Some personal factors include: deteriorated health, mobility and strength; impaired balance and coordination; impaired cognition; medical conditions that affect vision, muscle strength and reflexes, such as Parkinson's disease, osteoporosis, cataracts, glaucoma, etc; medications that can cause unsteadiness and/or affect balance, vision and alertness, such as sedatives, blood pressure drugs; lack of physical activity, poor muscle tone and strength; fatigue; and inadequate nutrition and diet.

In June this year, the journal "Age and Ageing" published an Australian study that revealed people suffering from depression are more likely to fall, pointing to a complex relationship of mental health, a sense of balance, and falling. The study recommended that fall prevention strategies targeting older people need to also assess and treat depression.

On the other hand, the main causes of falls for physically healthy older persons are environmental factors that include: uneven, loose and slippery surfaces; unsecured carpets or rugs; loose cords and

wires; inadequate lighting; poor step and stairway design; chairs and beds that are too high or too low; inappropriate footwear; and inappropriate eyewear.

## Preventing Falls

Fortunately in the Philippines, like in most Asian countries, it is customary for the family elder to be cared for by his children or other relatives. Filipinos live in an extended type of family structure and all members must take advantage of this situation by making sure that the elderly can lower their chances of falling. It's as easy as 1-2-3.

### 1.

#### ***Consult a doctor or a trained healthcare professional***

Poor eyesight may lead to falls. It is important to have the eyes checked regularly. Glasses with the wrong prescription and medical conditions like glaucoma or cataracts affect vision and increase the risk of falling.

Medical conditions like problems with memory and thinking, Parkinson's



disease, arthritis, and blood pressure or heart problems may make you more likely to fall. A past injury may also increase this risk. If you fall often and do not know why, have a health professional examine you and try to find a reason for your falls.

Some medications or combination of medications can cause drowsiness and increase the risk of falling. Always consult your doctor before starting on any medications. When in doubt, have your doctor or pharmacist review your medicines.

## 2.

### **Engage in regular physical activity**

Physical activities and keeping active can make you stronger and lower

your chances of falling. Ask your doctor what types of physical activity would be best for you. Have a plan for regular physical activities that fits your interest and abilities. Consider balance and mobility exercises that are most effective at reducing falls risk. Also, exercising in water is gentle on the joints in your body. Joints are the places where two bones meet, such as your knee and your elbow. Water also acts as resistance, strengthening the muscles in your body.

## 3.

### **Make your home safer**

The home is the most common place where fall-related injuries occur. To make your home safer: remove floor rugs or

use a non-slip backing; put coil or extension cords and wires next to the wall so that you don't trip over them; minimize cluttering of furniture; fix loose or uneven steps; install grab bars in the shower or toilet; and ensure that entrances, stairways, and rooms are well lit.

In the Philippines, the population of 60 years or older was 3.7 million in 1995 or 5.4% of the total population. In the 2000 census, according to the National Statistical Coordination Board, this increased to about 4.8 million or almost 6%. At present, there are 7 million senior citizens (6.9% of the total population), 1.3 million of which are indigents. Let us create physical and social environments that foster the health and participation of older people.

**KALAbeat**

# Love is Sharing

*Si Lolo Jun at si Lola Lita sa burger chain... Pagkaupo, hinati ni Lolo Jun ang burger, ibinigay kay Lola Lita. Binilang ang fries at hinati din. Ininom ang kalahati ng drinks. Nakaramdam ng awa ang isang customer at lumapit ito...*

TONY: Gusto po ninyo ibili ko kayo ng isa pang order para hindi na kayo maghati?

LOLA LITA: Naku apo, huwag na at sanay kaming pinagsasaluhan ang lahat ng bagay.

*Maya-maya napansin ng customer na si Lolo Jun lang ang kumakain at nakatingin si Lola Lita na uminom ng drinks...*

TONY: Lola, bakit 'di pa po kayo kumakain?

LOLA LITA: Ah, yung pustiso, inaatay kong matapos!



*Photo floats in the Internet*

## **1 out of every 3 Filipinos wears dentures**

*(An estimated 21 million Filipinos above the age of 15 are denture wearers.)*

*- Glaxo Smith Kline Survey presented in April 2012*

# health alert

## Pick-Up Line

FRED: Ah, Miss... photographer ako. I've been looking for a face like yours.

JOYCE: Ganoon ba? Plastic surgeon naman ako... I've been looking for a face like yours too.

## Eye Exam

RIA: Bakit ninyo ine-eksamin ang mga mata ko samantalang ang paa ko ang nadisgrasya?

DOK: Gusto ko lang malaman kung ano ang nangyari sa mata mo at hindi mo nakita 'yung kanal.

## Basa

FRANK: Dok, makakapagbasa na po ba ako kapag ginamit ko itong nireseta ninyong eyeglasses?

DOK: Oo, makakapagbasa ka na.

FRANK: Naku, salamat po, Dok! No read, no write po kasi ako eh.

## Bisa

DENNIS: Dok, ako ang bagong Med Rep na na-assign sa inyo. Hetong nga po pala ang bagong gamot namin.

DOK: Meron na ba ito sa botika d'yan sa tapat.

DENNIS: Meron na po, Dok!

DOK: Ano naman ang side effects nito?

DENNIS: Dok naman... Effect nga wala, side effects pa kaya?!?

## Sleeping Pills

DOK: Kailangan ng Mister mo ng sapat na pahinga. Hetong ilang sleeping pills.

CECILE: Kailan po ba dapat na inumin ng Mister ko ang mga ito?

DOK: Para sa iyo 'yan at hindi sa Mister mo.

## Drug Test

IAN: Pssst... Sarren. Lagyan mo nga ng ihi itong bote.

SARREN: Bakit kuya?

IAN: Magpapa-urine test ako para makakuha ng license. Baka matuklasang gumagamit ako ng bawal na gamot. 'Yung ihi mo nalang ibibigay ko. *(Pagkatapos ng ilang minuto, tinawag si adik ng Med Tech.)*

MED TECH: Sir, sorry po... lumilitaw po kasi sa test na POSITIVE kayo.

IAN: *(Kabado)* Eh, boss... paano naman ako naging positive?

MED TECH: Sir, buntis po kayo.

## AIDS Test

DOK: Iho, bakit mo naman sinapak 'yung lalaking kasunod mo sa pila kanina?

GERALD: Eh Dok, nakita na niyang ninenerbyos ako ako sa magiging resulta ng AIDS Test ko, tapos sasabihin pa niya na THINK POSITIVE!

## Medical Library

GRACE: Gusto ko sanang hiram yung librong "Psycho the rapist"

LIBRARIAN: *(Naghanap ng halos isang oras at nang bumalik ay hinagis ang libro kay Grace na ikinagulat nito.)* Engot ka, ang title ng libro ay "Psychotherapist!"

## Patient Education

DOK: Alam mo iho, mahigit sa 500 ang buto natin sa katawan.

BORGY: Dok, hinaan mo ang boses mo at mahigit sa 5 aso ang nakaabang sa labas ng klinika ninyo.

## Cardiologist

IVAN: Seryoso po ba ang lagay ng puso ko, Dok?

DOK: Medyo nga, pero kung hindi kita matulungan, sigurado akong matutulungan ka ng Kuya ko.

IVAN: Cardiologist din ang Kuya mo?!?

DOK: Hindi. Pari siya.

## Taning

DOK: Sorry, pero tatangingan ko na ang buhay mo ng tatlong buwan.

BECCA: Paano 'yan, Dok? Hindi ko na mababayaran ang utang ko sa pagpapagamot sa inyo!

DOK: Ah, ganun ba? Sige, anim na buwan na ang taning ng iyong buhay.



## *The National Hospital Week recognizes* **Dr. Sixto Y. Orosa**

The National Hospital Week celebration this year opened with a fitting recognition to Dr. Sixto Y. Orosa who pioneered what is now the national hospital system.

In his opening statement at the start of the celebration, Health Secretary Enrique T. Ona said, "Dr. Orosa, in crafting Act 3168 of the then Philippine Legislature, pioneered the creation of provincial hospitals throughout the country. And since 1993, by virtue of Presidential Proclamation 181, we start our National Hospital Week celebration every year on August 6, the birth anniversary of Dr. Orosa."

At 33, Orosa became known as the "Father of the Provincial Hospital Law" having authored and lobbied for it as head of the Division of Hospitals. The result of the law was the construction of 17 hospitals which are still in existence throughout the country. Two million pesos had been earmarked for their construction, and Dr. Orosa accounted for every single centavo of the amount.

Further, the rules and regulations he had authored over 70 years ago governing hospital equipment and administration, are still generally in force today.

Orosa and his wife Dr. Severina Luna Orosa were the pioneer Christian doctors in Jolo, Sulu, where they introduced scientific medical practice among the Muslims from 1916 to 1926. The Sulu Public Hospital, officially rated by Governor General Leonard Wood as "the best administered and the most successful in the entire

archipelago."

As first head of the Occidental Negros Provincial Hospital, Dr. Orosa operated, on record, 5,000 appendectomy cases without a single fatality, way before the use of antibiotics. He discovered rhinosporidiosis, a parasitic nasal infection.

During the Japanese occupation, Orosa organized Red Cross Hospitals as he ministered to casualties, American prisoners, internees and foreign diplomats.

Today, public hospitals are challenged with the operational costs of maintaining the quality of their facilities and services. With collaboration and collective efforts, the Department of Health has been able to find creative ways of meeting these challenges.



**TOP:** Dr. Sixto Y. Orosa, the young physician taken in the early 1910's. **BOTTOM,** From left to right: Dr. Edgardo Javillonar (chairman of the National Hospital Week 2012 celebration) poses with three family members of Dr. Orosa, Health Secretary Enrique T. Ona, Atty. Bu Castro, MD, Dr. Ruben Flores, House Representative Zenaida Angping and Health Undersecretary Teodoro Herbosa.

# Hospital Reforms

*Excerpts from the Keynote Address of  
Health Secretary ENRIQUE T. ONA*

*during the Opening Ceremonies of the National Hospital Week on August 6, 2012*

I always believe that the face of our public health system is the state of our hospitals. And that state, when we started two years ago, was far from acceptable. We have rusting beds and IV (intravenous) poles, two to three babies sharing one bassinet, rundown and antiquated diagnostic equipment, congested and smelly wards – these come to mind whenever government hospitals are mentioned.

Data have shown that the poorest of the population are the main users of government facilities. The deterioration and poor quality of government facilities, therefore, is particularly disadvantageous to the poor. Yet, these facilities have suffered neglect in previous years. Inadequate support for upgrading or expansion of facility capacity, and weaknesses in the management and administration have compounded this problem. In 2011, last year, only 6 or less than 1% of government hospitals were so-called PhilHealth Centers of Excellence compared to 50 or 3% of private hospitals. Only 73 or 10% of government hospitals were centers of quality compared to 191 or 18% of private hospitals.

More startling than this, however, is the finding that out of 368 Level 1 hospitals, 173 hospitals do not even have an operating room. Since then we have mandated that all Level 1 hospitals should have a functional operating room.

The Aquino administration recognizes that improving human development through investments in health and education is a critical pillar for achieving



inclusive growth. Inclusive growth is rapid and sustainable that creates jobs, draws the majority of our people into the economic and social mainstream, and continuously reduces mass poverty.

**Kalusugan Pangkalahatan** or universal health care (UHC), is our answer to that challenge of providing accessible, affordable and quality health care for our people, especially the poor.

Under **Kalusugan Pangkalahatan**, rehabilitating and modernizing our hospitals, rural health units and barangay health stations is a major strategy, along with expanding PhilHealth enrollment and support value. We will also focus on the expansion and implementation of our public health services for the attainment of our health-related millennium development goals, specifically the reduction of maternal, infant and child mortality.

Let me share with you and expound on our vision for public hospitals and other health facilities. We are now rapidly strengthening our Service Delivery

Network by upgrading the quality of care in our health facilities. For 2012-2014, we are upgrading 2,243 rural health units and city health centers, 403 district hospitals, 100 provincial and city hospitals, and 37 of our DOH retained hospitals. The upgrading will make these facilities compliant with our UHC standards by ensuring that: a) rural health units (RHUs) meet accreditation for outpatient benefits, TB-DOTS (Tuberculosis-Directly Observed Treatment Short-course), and maternal and child health accreditation; b) district hospitals are able to do operations like cesarean sections and appendectomy; c) provincial and city hospitals are able to provide specialized services; and d) for our own DOH facilities to become modern medical centers.

Our national budget for the Health Facilities Enhancement Program (or HFEP) has increased by 920% from P 500 million in 2007 to P5.1 billion in 2012. In 2013, the National Expenditure Program proposes P13.5 billion for HFEP. Unfortunately, budget appropriations are still dependent on a year-to-year appropriation as against a longer-term national plan for the development of hospital infrastructure to achieve our goals of accessible, affordable, modern and quality health services.

Beyond the need for financial resources, our public hospital system is beset with operational inefficiencies, inadequate accountability of hospital management to its stakeholders and the lack of fiscal discipline resulting in some poor financial management.



One proof of the operational inefficiencies plaguing our hospitals is the length of stay of an inpatient in the hospital. For example, in the Philippine Orthopedic Center, a patient stays for an average of 22 days. Compare this with five days in one of our specialty hospitals. Apart from this, we have the all-too-familiar stories of inadequate provision of medicines and supplies, lack of modern equipment and inadequate staff due to difficulty in attracting or retaining competent specialists.

The present set-up has limited means to involve the hospital stakeholders in the operations of our public hospitals. For example, a good number of our hospital directors, when they were appointed, they have an appointment until their retirement in their hospitals.

The almost complete reliance of our public hospitals on funds from the yearly General Appropriations Act did not foster an atmosphere of fiscal discipline or enhance financial innovativeness. Not surprisingly,

hospital rates are often calculated inaccurately due to poor hospital costing activities and unfortunately, there are some financial reports that lack credibility.

The National Hospital Development Plan, we propose, shall define the directions we will take to revitalize our national hospital system and rid it of the problems that bedeviled it in the past.

We are reforming hospital governance by instituting corporatization in an initial 26 DOH retained hospitals. Bills in both the House of Representatives and the Senate have been filled to this effect.

Let me however stress that corporatization is NOT privatization. It is a governance reform that will foster accountability in hospital management, fiscal discipline, and encourage as well an operational efficiency.

A board of trustees with stakeholder representation from both the public and private sectors shall oversee the operations of every hospital. The hospital

director shall be accountable to the Board and thus will be evaluated based on performance.

Income retention and fiscal autonomy will encourage fiscal discipline, reflecting in improved financial reports and accurate costing of hospital operations. This discipline will foster a climate of financial sustainability. I assure you that funds from the national government for hospital operations is sustained, will not be cut-off even with improvements in fiscal operations. Also, the income generated will be ploughed back to the hospitals, for improving services and equipment, as well as benefits for our workers.

Accountability and fiscal discipline will lead to operational efficiency, translating into improved hospital services.

In the spirit of local autonomy as envisioned by the Local Government Code, we will partner with the local government in the eventual phased devolution of some of our smaller DOH-retained hospitals. These hospitals will be financially assisted by the DOH in the process of being reverted to the provinces or the LGUs. Eventually we will have a clustered health system centered in a regional hospital capable of rendering specialized services with referrals from each cluster provincial and district hospitals and rural health units.

This administration recognizes the resources, expertise and new services that the private sector can offer. Public Private Partnership is one of our strategies for modernizing our hospitals. But then again, let me assure you that this is not privatization, as often misunderstood.

Last year, the DOH, working with the United Nations Economic Commission for Europe, established the DOH Center of Excellence on Public-Private Partnerships for Health. For 2012, we have allocated P3 billion PPP Strategic Support Fund to



**Health Secretary Enrique T. Ona in one of his numerous monitoring and assessment visits to public hospitals nationwide. He vows for the upgrading of hospital facilities to better serve the populace and attend to the special needs of every Filipino. He said, "I always believe that the face of our public health system is the state of our hospitals." (Photo by Paking Repelente)**



*The modernization of the Philippine Orthopedic Center (POC) as the only bone and joint disease center in the country is one of the frontrunners in the DOH Center of Excellence on Public-Private Partnerships for Health program. (Photo courtesy of the POC)*

upgrade selected DOH hospitals, which is a counterpart fund to execute our PPP initiatives.

At the forefront of this cornerstone program are our proposals for the Modernization of the Philippine Orthopedic Center (POC) and the Research Institute for Tropical Medicine (RITM), both of which are awaiting approval at the NEDA Board. With the POC Modernization, it will be the only bone and joint disease center in the country catering to 700 patients that they admit at any one time.

Of course, we have encountered negative reactions and perceptions about corporatization and PPPs that I just described. There is the great fear of partnering with the “for profit sector.” There is this baseless fear that that the private groups will replace

government in providing health services that would cause the increase in fees to have more profits for the private sector partner. And there is this anxiety that when you are dealing with private “for Profit” entities, the poor will be marginalized.

These things, I assure you, we are addressing head-on. I would really want you, our hospital chiefs to be able to disseminate the following:

1. The health sector is composed of public and private entities and it would do well if government can share with the private groups our expertise, clout and strategic position. In the same way, the private sector can share with us their financial resources and new technologies and services.
2. Public-Private Partnership does not

translate to increased health care costs. Private sector infusion will actually improve hospital operations and;

3. Investment by the private sector will not be at the expense of poor patients, especially with PhilHealth now paying for the health care costs of the Sponsored Program that members the poorest 5.3 million households

The National Hospital Development Plan, when implemented, will be the proverbial shot in the arm our ailing public hospitals sorely need. Under the banner of **Kalusugan Pangkalahatan**, let us seize the moment and work together to transform our dream of a modern national hospital system delivering efficient, affordable and accessible health services into reality.

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# Hospitals Unite

Words by **JACINTA C. GARCIA, RN, MAN, MGM** | Photos including Cover by **LIAM B. RABANILLO**

Dr. Jose N. Rodriguez Memorial Hospital

The National Hospital Week 2012 turns into a month-long celebration showcasing professional development, service capabilities and other fun-filled health activities to promote the role of hospitals in nation building, with the theme “*Makabagong Ospital Para Sa Kalusugan Pangkalahatan.*” Dr. Edgardo S. A. Javillonar

of the Dr. Jose N. Rodriguez Memorial Hospital and Dr. Luisito R. Maaño of Philippine Orthopedic Center are chairman and vice chairman, respectively.

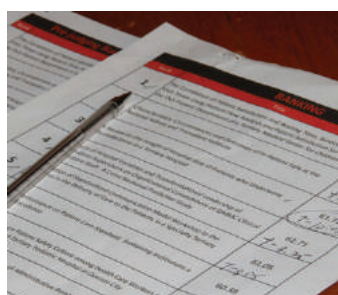
Presidential Proclamation No. 181 issued by President Fidel Ramos in 1993 declared August 6-12 of every year as the National Hospital Week. This year’s

celebration opened on August 6 at the Department of Health Convention Hall with an encouraging address from Health Secretary Enrique T. Ona who emphasized the Aquino government’s vision to upgrade the quality of care in public hospitals as well as other health facilities.

The occasion was also graced



**LARONG PINOY - HOSPITAL OLYMPICS CHALLENGE** at the Ynares Sports Complex where the Yellow Team – composed of players from the San Lázaro Hospital, Dr. Jose Fabella Memorial Hospital and Tondo Medical Center – is declared as the champion.



**1st SCIENTIFIC RESEARCH PAPER CONTEST at the National Kidney and Transplant Institute.**

by the family members of Dr. Sixto Y. Orosa who is considered the founder of the national health system in the country. August 6, Orosa's birth anniversary, has been commemorated as the start of the National Hospital Week. Capping the opening ceremonies was the awarding of a marker of recognition to the San Lazaro Hospital for being the oldest government hospital, but

is now in the process of facility renovation and service improvement, just like other government hospitals in the country.

The week's celebration was halted the following day when Metro Manila and nearby provinces suffered massive flooding due to the south monsoon rains (Habagat). The "Larong Pinoy - Hospital Olympics Challenge" scheduled at Marikina Sports

Complex was moved to the Ynares Sports Complex on August 17. This Olympics aimed at developing camaraderie, discipline, and sportsmanship as well as advocating Healthy Lifestyle among the participants. The parade of athletes and the presentation of the Ms. Hospital Health 2012 became highlights of the affair. The Yellow Team – composed of players from the San Lazaro Hospital, Dr. Jose Fabella Memorial Hospital and Tondo Medical Center – was declared as the champion

On August 15, the "1st Scientific Research Paper Contest" was held at the National Kidney and Transplant Institute. The contest was opened for both government and private hospitals, and the categories were on Clinical (Retrospective and Prospective), and Operation and Management researches. This was the first attempt in encouraging hospital staff to engage in medical/clinical research and gather evidence-based data to battle against disease, foster general improvements in health, and guide decisions to improve hospital services.

The winners for retrospective clinical research were: First Place - Roger de Venecia of the Capitol Medical Center; Second Place - Sheryll J. Magdayao, MD of the Research Institute for Tropical Medicine; and Third Place - Sarah Jane Lampa, MD of the National Kidney and Transplant Institute.

The winners for prospective clinical research were: First Place - Thelma C. Martinez-Lee, MD of the Quirino Memorial Medical Center; Second Place - Ferdinand Z. Guintu, MD of the Philippine Children Medical Center; and Third Place - Abigail Ramirez, MD of the East Avenue Medical Center.

The winners for operation and management were: Renee Joy P. Neri, MD of the Philippine Children Medical Center; Second Place - Haidee Michelle G. Lim, MD of the National Kidney and Transplant Institute.



The third place went to Harriet D. Roxas, RN of the National Kidney and Transplant Institute.

On August 23, the exciting “Hospital Got Talent” contest which presented the hospital staff’s talents in singing and dancing was held at the Ynares Sports Complex. For the dancing competition, the prizes went to the Dr. Jose N. Rodriguez Memorial Hospital (first), Philippine Orthopedic Center (second) and Philippine Children Medical Center (third). And for the singing competition, the prizes went to Dr. Jose Fabella Memorial Hospital (first), Tondo Medical Center (second), and National Center for Geriatric Health (third).

On August 28 – 29, a public exhibit on the modernization and expansion of service capabilities of government hospitals was held at the SM Mall of Asia (MOA). Basic hospital services like consultation, bone scanning, HGT (blood glucose test), blood typing, among others, were offered free for the public. Demonstration for Basic Life Support and distribution of educational materials were also conducted. PhilHealth joined the activity by offering membership registration. The best booth was awarded to the Dr. Jose N. Rodriguez Memorial Hospital.

And finally, on August 28, the Grand Coronation Night of Ms. Hospital Health 2012 was held at the Music Hall of the SM MOA. The winners were named after the presentation of beauty, talent, and intelligence through the question and answer portion. Best in Gown went to Ms. National Children’s Hospital and Best in Talent went to Ms. Research Institute for Tropical Medicine. The Second Runner Up went to the Ms. Philippine Orthopedic Center and the First Runner Up went to Ms. National Center for Mental Health. Ms. Hospital Health 2012 went to Ms. Rizal Medical Center – Gipfel Felipe Reyes, RN.

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*Chairman and Vice Chairman of the National Hospital Week 2012: Dr. Edgardo S.A. Javillonar of the Dr. Jose N. Rodriguez Memorial Hospital (in black jacket) and Dr. Luisito R. Maaño of the Philippine Orthopedic Center (right).*



*PUBLIC EXHIBIT on the modernization of service capabilities of government hospitals. The best booth was awarded to Dr. Jose N. Rodriguez Memorial Hospital.*





**MIDDLE PHOTOS:** (Left) Best in Gown - Ms. National Children's Hospital; (Right) Best in Talent - Ms. Research Institute for Tropical Medicine. **BOTTOM PHOTOS:** (Left) 2nd Runner Up - Ms. Philippine Orthopedic Center, Ms. Hospital Health 2012 - Ms. Rizal Medical Center; (Right) 1st Runner Up - Ms. National Center for Mental Health.

*Gipfel Felipe Reyes, a 23-year old RNheals Program nurse assigned at the Pedia Ward of the Rizal Medical Center, is crowned Ms. Hospital Health 2012.*



## sa ilalim ng tulay

### Milyones

ARIEL: Alam n'yo ang lolo ko nagpagawa ng bahay at bubong pa lang 1 milyon na...

ROMY: Ang yaman naman, pero wala 'yan sa lolo ko nagpagawa ng bahay at may swimming pool pa sa bubong, 10 million ang inabot...

EVELYN: Wala naman palang kwenta ang mga lolo n'yo eh. Ang lolo ko bubong palang 200 milyon na.

ARIEL: Weeeh, hindi nga?

ROMY: Bakit saan ba nakatira lolo mo?

EVELYN: Sa ilalim ng tulay sa Quiapo.

### Balita

REPORTER: Bakit po ninyo pinili na manirahan sa ilalim ng tulay?

EDWARD: Kasi po, masasagasaan ang pamilya ko kung sa ibabaw ng tulay kami titira.

### Panawagan

ERA: Sir, mananawagan po sana ako sa Mister ko kasi dinala niya ang limang anak ko.

HOST: Sige po, go ahead!

ERA: Nito, nakikiusap ako sa iyo... ibalik mo na ang mga bata. Isa lang naman ang sa iyo diyan!

### Multo

JOEREM: (*Lasing na lasing pero takot na takot*) Gumising ka. May multo sa banyo natin!

LEN: Ha? Bakit?

JOEREM: Kasi bumubukas yung ilaw pag papasok ako ng banyo, eh.

LEN: Buwisit ka! Ikaw pala ang umiihi sa ref!

### Baha

LUZ: Hello, anak?!? Bumabaha daw sa lugar natin ngayon. Kamusta d'yan sa bahay? Hanggang saan na ba ang tubig?

KRISTAL: Ay, 'Nay! Ang taas na ng tubig! Lagpas DAMDAMIN at abot na hanggang ISIPAN!

LUZ: Zaabbeeeeh?

### Tubig

JERIC: Manong, naiinom po ba ang tubig dito?

DANNY: Nasasaiyo 'yan, iho, kung gusto mong nguyain.

### Alak

EDGAR: Ang sabi nila, marami daw namamatay sa alak.

BRIAN: Hindi nga ba, 'Pre?!?

EDGAR: Pero hindi man lang ba nila naisip kung ilang tao din naman ang nabuo ng dahil dito?

BRIAN: Basta Alak, May Balak!

### Baril

DAISY: Baril ka ba?

MIGZ: Alam ko na yan, kasi mukhang tinamaan ka sa akin?!?

DAISY: Ang kapal ng mukha mo! Ang lakas kasi ng putok mo, noh?!?

### Holdap!

ALELI: Ikaw na naman? Aba, tatlong beses mo na kong naho-holdap ngayong taon na ito, ah!

HOLDAPER: Miss, ganyan talaga ang business, inaalagaan ang good customer!

### Tipid

FRANCIS: Kung marunong ka lang sanang maglaba, eh di nakakatipid sana tayo ng P3,000 sa maid.

CHICHI: Hmp!!! Kung ikaw ay magling sa kama, eh di nakakatipid tayo ng P8,000 sa driver!

### Hiwalay

ERNEST: Attorney, gusto ko nang hiwalayan ang Misis ko. May tatlong buwan na rin kasing hindi niya ako kinakausap sa bahay, eh.

ATTORNEY: Sigurado ka ba d'yan sa desisyon mo? Mag-isip-isip ka na muna at mahirap makakita ng Misis na ganyan.

### Rape

GLENDA: Atcheng, na-rape ako... Ano ang gagawin ko?!?

DENISE: Heto ang kalamansi!

GLENDA: Maiibsan ba nito ang kirot?

DENISE: Sipsipin mo nang mawala ang ngiti sa mukha mo! Baklang 'toh!



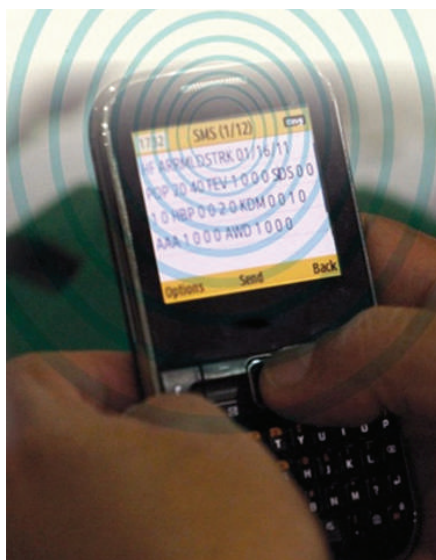
# *SPEED bags the Galing Likha Kalusugan Award for* Health Innovation

Taking the lead in improving the health information management in the Philippines, the Department of Health's Health Emergency Management Staff (DOH HEMS) in partnership with the World Health Organization (WHO), was conferred the Galing Likha Kalusugan (GLK) award for SPEED or Surveillance in Post Extreme Emergencies and Disasters, as one of "the best examples of the highest level of innovation in the country's health marketplace."

Besting more than 50 other innovations in the country, SPEED garnered the Award of Merit which commends the trailblazing web-based innovation as the world's first early warning disease surveillance system that responds to disasters and emergencies. The award was given to SPEED along with PhilHealth LINK and Mother Bles Birthing Clinics as top three winners this year.

GLK is the first and only award that specifically honors ground breaking health programs and initiatives that have made considerable impact on the country's health system. It is a culmination of a year-long search for the best health system innovations in the Philippines. GLK is a joint initiative of the Philippine Institute for Development Studies and the Center for Health Market Innovations, an international organization devoted to identifying and replicating innovative health programs around the world funded by the Rockefeller Foundation.

SPEED is recognized for its significant contribution to health in times



of catastrophe, specifically for its timely and relevant reporting of health conditions in the evacuation centers and hospitals to prevent secondary disaster like disease outbreaks. It embodies the Filipino's creative and inventive approach to mitigate impact of calamities to health through the use of short messaging system (SMS) and tight coordination between central, regional and local offices. It is the world's FIRST post extreme emergency syndromic disease surveillance system that has been rolled out nationwide and included in health emergency preparedness activities of the DOH.

SPEED was conceptualized after three major disasters – Ondoy, Pepeng and Santi-flooded the country in 2009. The floodings also caused the biggest Leptospirosis outbreak in the country. This prompted an investigation by the Global Outbreak Alert Response Network (GOARN), which later reiterated the need for an

information system after a disaster to report on health conditions.

"What happened in 2009 was a wake up call for us. It caught many health workers off-guard, because they too were victims of the flood," said Dr. Carmencita Banatin, director of the DOH HEMS, "we decided to do something and improve monitoring health conditions post disaster and asked the WHO to help us put in place a surveillance system through SMS or texting."

Dr. Soe Nyunt-U, WHO Representative in the Philippines, also recognizes the need for an efficient information system on the ground. "Health managers need to act quickly based on reliable data to prevent a secondary disaster from happening."

Now two years later, SPEED has been activated during major disasters in the country and is currently being used in evacuation centers, health centers, hospitals in National Capital Region, Central Luzon and CaLaBaRZon to report on the health conditions of populations affected by the floods brought about by the enhancement of the southwest monsoon.

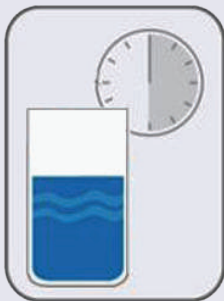
SPEED is one innovation that will not only empower the health managers but already it has brought information system to the next level: harnessing technology for a noble cause. SPEED is a collaboration between the DOH and the WHO with major funding support from Australian Agency for International Development (AusAID). Other donors during the development phase were Government of Finland and USAID.



## Gawing Ligtas ang Inuming Tubig



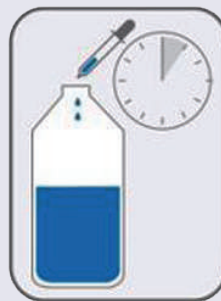
*Salain gamit ang malinis na tela o coffee filter upang maalis ang butil ng dumi sa tubig.*



*Kung malabo ang tubig, hayaan munang manatili ito sa lalagyan nang kalahating araw. Pagkatapos, maingat na salukin ang tubig at salain.*



*Pakuluan ang tubig sa loob ng dalawang minuto at hayaang lumamig bago inumin.*



*Isang paraan ng pagpatay sa mikrobyo sa tubig ay ang paghalo ng dalawang patak ng 5% chlorine solution (unscented clorox) sa bawat litro ng tubig. Iwan ito ng isang oras upang mapatay ng chlorine ang mikrobyo sa tubig.*



*Kung may mahinang amoy ng chlorine sa tubig, ligtas na itong inumin. Kung walang pang amoy ng chlorine ulitin ang proseso. Kung wala pa rin amoy ng chlorine matapos ang pangalawang subok, ang ibig sabihin ay masyadong maraming mikrobyo ang tubig, kaya huwag na itong gamitin.*

Illustrations from the Presidential Communications Development and Strategic Planning Office.

# SAFE DRINKING WATER in short-term emergencies

In extremely serious short-term emergency situations, like in strong typhoons and other natural or manmade disasters, it may take several hours to a couple of days before life returns to normal. For others whose areas were demolished, most services will be restored in several days, weeks or sometimes a little longer.

In cases like these, the public should be aware of the "Rule of Threes" for survival. The three basic necessities to

remember to sustain life, are: air; water; and food. And the three situations that a person can live for, are: three minutes without air; three days without water; and three weeks without food.

Without water or any other fluids, a person will die in about three days. An individual can consume as much as two to three liters of water every day. In the recently-experienced days of continuous heavy rainfall brought about by the

southwest monsoon (Habagat) and massive flooding in most parts of Metro Manila and nearby provinces, water was found almost everywhere but drinking water became unsafe because of possible contamination of water sources.

During this time, Health Secretary Enrique T. Ona urged the public to take precautions to make drinking water safe. He said, "Water must be purified to ensure that it is clean and fit for human consumption.

Water that is not safe to drink can make you sick from a few hours or up to several weeks after taking it."

Clean and safe water is a must in drinking, cooking, preparing beverages, brushing teeth, washing hands and face, and washing eating and cooking utensils to avoid outbreaks of diseases, especially diarrhea. Ona reiterated, "Clear water is not necessarily safe to drink. Purifying it by boiling or disinfection will make it potable."

Begin purifying water by pouring it through a clean piece of cloth or standard paper coffee filter into a clean container. This will trap and remove large impurities in the water.

If the water is cloudy or muddy (high turbidity), then allow it to stand in a large container for 12 hours for foreign particles to settle to the bottom of the container. Then slowly and carefully scoop the water out of the top of the container without disturbing the sediment on the bottom.

After this filtering process, boil the water. Boiling is still the best method for killing all pathogens in the water, like protozoa, bacteria and viruses. Bring the water to a boil and let it hard boil for two minutes. Boiling water for more time will only result in losing more water because of evaporation, and it makes the water taste flatter. All pathogens are already dead by the time the water reaches its boiling point.

Wait for the water to gradually cool to a comfortable drinking temperature. To improve the taste of boiled water, stir the water to add oxygen back into it or pour the water from one clean container to another several times. A little salt can also be added to the water to improve taste.

Boiling is best if water is to be consumed in the next 24 hours or so. However, to store water for an extended period of time, disinfection is already needed.

Water can be disinfected by adding 2 drops of 5% chlorine solution

(unscented bleach) for every one (1) liter of unrefrigerated water. Allow it to stand for an hour for the bleach to kill all the tiny organisms. If a faint chlorine smell is detected after an hour, then it is safe to drink. Repeat the procedure if the smell cannot be detected after the first try. If it does not have the faint chlorine smell on the third try then the water must be discarded since it may contain many germs. To improve taste, allow it to air some more or transfer it from one clean container to another several times.

Always start with the minimum recommended amount of bleach and add a little more if necessary. Remember that too much chlorine is harmful to the body.

There are other ways to make water safe to drink, like the use of opt to use commercial chlorine tablets. Chlorine solutions are also available in most health centers or evacuation centers. Just follow the instructions provided.

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Photo by Liam B. Rabanillo





Health Secretary Enrique T. Ona (center) joins officials of the Philippine Medical Association on a Doctors on Boats Mercy Mission in the flood-stricken Malabon City.

# LEPTOSPIROSIS

## Of Drug Prices & Surge of Cases

### Raising Drug Prices?

On August 8, in one of the President Benigno S. Aquino III's relief operation visits to evacuation centers at the height of the massive flooding brought about by several days of torrential rains, he announced an unidentified pharmaceutical company that allegedly raised the price of its leptospirosis medicine, doxycycline, by up to 750 percent amid the heavy flooding in many parts of Luzon. The company was allegedly selling its leptospirosis medication between P50-75 from its previous price of P10.

The President lamented, "*Hindi*

*ho makatao, hindi maka-Pilipino.* (This is inhuman and anti-Filipino.)" He continued, "*Hindi ho pwedeng pagsamantalahan ang Pilipino. Kung kakailanganin na mag-direct import po tayo nitong gamot na kailangan para ilagay sa tama 'yung presyo at mawala 'yung merkado niya, gagawin po natin 'yan.* (Filipinos should not suffer from this kind of abuse. If necessary, the government will directly import this medicine just to put in place the right price and take away the market for high-priced drugs.)"

On August 12, Health Secretary Enrique T. Ona provided some pointers for the general public in purchasing doxycycline

and other drugs and medicines, in the light of the expected surge in leptospirosis and other diseases due to flooding. "We want the public to be able to make informed decisions and get the best prices on doxycycline and other drugs and medicines," he said.

Doxycycline is an antibiotic that is currently recommended to prevent leptospirosis among those with increased risk of exposure. The Department of Health has already distributed free doxycycline for rescue and relief teams and residents in evacuation centers. Individuals with similar risk should consult a physician prior to intake.

However, doxycycline does not totally protect against leptospirosis. "Those who will develop fever even after taking doxycycline should go to their doctor for examination. Doxycycline is NOT recommended for pregnant women and children below eight years of age," Ona explained.

Some of the pointers in purchasing drugs and medicines are the following: **A**sk your doctor to prescribe generic drugs as much as possible; **B**e sure to tell the pharmacist that you want generics and/or the lowest priced medicine; and **C**ompare drug prices. Drug prices vary and in general, you can save on generics and sometimes on brand-name drugs. Prices also vary on which drugstore you will buy.

The price of generic doxycycline 100 mg capsules varies from P2.00 to P15.00 depending on the manufacturer. Generic doxycycline 100 mg capsules are available in government hospital drugstores and commercial drugstores.

The DOH assured the public of access to affordable drugs and medicines. Drug prices are also continuously being monitored to prevent overpricing. Drug overpricing should be reported to the DOH at 711-1001.

Ona also appealed to drug manufacturers, distributors and pharmacies throughout the country to keep, if not reduce, the prices of drugs and medicines, particularly antibiotics at affordable or reduced prices. He also extended his gratitude to those who have donated drugs and medicines in this time of need. "All

donated drugs and medicines should be coursed through the DOH or recognized private medical missions to ensure proper distribution and use," he concluded.

### **Sounding the Alarm**

When the Habagat rains stopped, the worse was far from over. Many areas were still submerged in flood waters for days and in some areas floods did not subside for several weeks. The DOH placed government hospitals in the flood-affected areas under "Code Blue" to prepare for the inpouring of leptospirosis patients. Code Blue puts all medical personnel on 24-hour duty to accept and treat the incoming patients.

The DOH also released public advisories to seek medical consultation if the following signs and symptoms are experienced after wading in the flood: fever, muscle pains, headache, and calf-muscle pain and reddish eyes for some cases. In severe cases, the liver, kidney or brain may be affected. Thus, some cases may have yellowish body discoloration, dark-colored urine and light stools, low urine output, severe headache.

The treatment involves antibiotics duly prescribed by a physician. Early recognition and consultation within two days of illness is important to prevent complications of leptospirosis.

A quick count of admissions of leptospirosis in 14 DOH and local government hospitals in Metro Manila alone from August 5-22 already included 783 cases and 34 deaths.

Health Assistant Secretary and Director of the National Epidemiology Center Enrique A. Tayag explained that there were only 176 cases from August 5 to 15. But the numbers rose to 564 from Aug. 16 to 22, when the monsoon floods occurred.

Meanwhile, the Philippine Health Insurance Corporation (PhilHealth) said it would reimburse the expenses of its members who were admitted for uncomplicated leptospirosis. Non-members who were also diagnosed with uncomplicated leptospirosis in areas affected by Habagat's flooding are automatically enrolled to PhilHealth and would be able to avail of the benefit. PhilHealth would reimburse all types of members up to P11,000 per case.

Leptospirosis is a bacterial disease that may be contracted by wading in floodwaters contaminated with the urine of infected animals, particularly rats. The onset of signs and symptoms after being infected by the bacteria (incubation period) may take from 7 to 10 days.

Prevention and control measures include:

- Avoid swimming or wading in potentially contaminated water or flood water.
- Use of proper protection like boots and gloves when work requires exposure to contaminated water.
- Drain potentially contaminated water when possible.
- Control rats in the household by using rat traps or rat poison, maintaining cleanliness in the house.

# **SECRET**

'Yang ganda mo, parang password mo.  
Ikaw lang ang nakakaalam.





# Flood, Love, Condom and the RH Bill

by

ANTHONY R. RODA, MaHeSoS

HEALTHbeat Staff

## All Things Are Related

"Everything is relative." This maxim may have evolved from Albert Einstein's Theory of Relativity in Physics or even the "Theory of Relativism" which has roots in Buddhism. People came to believe that the world is in the eye of the beholder and it all depends on how one looks at things. All people look at things from a different perspective and have differing opinions or views about someone or something. At present, many people not only think that everything is relative, but all things are related as well.

Case in point. When Filipino

comedian Dolphy died on July 10, media organizations tried to look at every angle of his life. Some reports claimed that smoking is the main cause of the chronic obstructive pulmonary disease (COPD) which he battled for six to eight years. COPD is a progressive disease that makes it hard to breathe. "Progressive" means the disease gets worse over time. His son, Eric Quizon, admitted in an interview that his father used to smoke.

Tobacco control advocates had the chance to ride on the headlines and advance their cause. However, some people argued that Dolphy's COPD was mainly from his asthma and not just smoking. Moreover, Dolphy died at 83, and any death

from whatever cause would have physical, emotional and financial burden.

Almost a month later, another big issue hit the headlines – the massive flooding caused by days of torrential rains in Metro Manila and nearby provinces. Two controversial health issues that were connected with this issue would not even cross the minds of many people – condom use and the pending Reproductive Health Bill in Congress.

## The RH Bill

Habagat (southwest monsoon in the northern hemisphere) enhanced by Typhoon Haikui passing outside the Philippine area of responsibility started pouring its heavy rains in Metro Manila and nearby provinces in the late afternoon of August 6. This was also the time when the House of Representatives voted to end the debates on the controversial Reproductive Health (RH) Bill and allowed the process to tackle the amendments to be proposed to the bill.

The next day, people were awakened to a real disaster – heavy downpour, landslides and massive flooding. Doomsayers linked the date August 7, 2012 (8-7-12) to a passage in the Bible, particularly Genesis 8:7-12 on Noah's Ark. Easily, it became a top trending Twitter topic. But the verse depicted the end of the flood



*Aerial shot of the massive flooding brought about by days of torrential rains ("Habagat," which some creative netizens termed as "bahagat" or baha na parang dagat) in Metro Manila and nearby provinces in early August. (Photo by the Department of National Defense)*

with Noah sending birds to check for dry land.

And speaking of birds, a major newspaper quoted a tweet made by Zambales Representative Milagros "Mitos" Magsaysay – an identified anti-RH lawmaker – that said, "Heaven must be crying, we should undo what has been done." The report noted that Magsaysay was referring to the fact that "the majority of the lawmakers shouted on Monday to end debate on the RH bill and move it to the next stage of the legislative process, the period of amendments, and then vote on the floor."

The following day, again via Twitter, Magsaysay said, "I strongly detest the article... my tweet had nothing to do with the RH bill nor the vote the night before. It was about the environment."

The following week, on August 13, the rains turned into tears as Senator Vicente Sotto III delivered a tearful speech against the RH Bill, saying he is against the proposed law because of his own family's experience with contraceptives. It turned out that 37 years ago on this date, his five-month old first son, Vincent Paul, died of a weak heart. His wife, actress Helen Gamboa, allegedly conceived their son while she was using contraceptive pills.

Almost instantly, the Senator was stormed by several comments and criticisms from netizens and pro-RH bill advocates. Aside from being "theatrical," Sotto's speech was allegedly copied from an American blog, *The Healthy Home Economist*, by Sarah Pope. But that would be another story. All said and done, the discussions on amendments to the RH Bill were really getting to be very difficult.

## Marketing Condom Use

'Twas the first day of August when the World Health Organization in



***Put your mobile phone or other gadgets in a condom to protect them from rain and flood. Who said condoms have pores that leak? Does the photo reflect the Facebook post that says, "We live in an era of smart phones and stupid people"?***

Geneva published in its bulletin a study that said marketing campaigns can double the likelihood of condom use. The first of its kind research was based on all available evidence contained in six studies carried out in India and sub-Saharan Africa between 1990 and 2010, and involving more than 23,000 people.

The study showed that people were twice as likely to use condoms, on average, if they were exposed to marketing methods, such as an effective supply of locally-branded condoms, compared to those who had not come across marketing campaigns. Similar results were also found

when analysing condom use in the most recent sexual encounters. Condom use again increased significantly, with rates almost twice as high on average, after they had been targeted at consumers in a marketing drive.

However, at the height of the rescue operations during the Habagat surge in the country, a different approach to condom use was introduced (*or was that marketed?*) by certain news organizations in the country.

In an online news report entitled, "Condoms and Other Survival Tools, Filipino Style" by Kristine L. Alave and Nina Calleja from the Philippine Daily Inquirer and Asia News Network, rescuers from the Philippine National Police Maritime Group and from the Air Force-trained group Search and Rescue Auxiliary Group Inc. (Saragi) were reported to be using condoms to keep their small gadgets like cellphones and cameras dry.

A volunteer from Saragi was even quoted in the news report as saying, "*Hindi lang pang pamilya, pang gadgets pa.* (Not only for family planning but also for gadget protection.)"

Will that disprove now the claims of some groups that condoms have pores that leak?

## Serendipity for Ex-Lovers

What's love got to do with the flood? Serendipity, of course! It is the act of finding something (or someone) valuable or delightful when you are not looking for it.

Amidst the disaster, flood victims momentarily forgot their situation and were tickled by the reunion of President Benigno S. Aquino III and ex-girlfriend Valenzuela City Counselor Shalani Soledad during a relief operation in an evacuation center on August 9. The crowd cheered "Yihheeeee!" when the President acknowledged the name



of Soledad and thanked her. The counselor responded with a smile.

According to reports, Soledad distanced herself from the President. She is now married to Pasig City Representative Roman Romulo. The President did not attend their wedding but would send a gift "bought by his staff." He had wished the couple a happy life together.

Where now is the connection of this issue on health? There are evidences that married people are generally healthier than unmarried people. A synthesis of recent research evidence on the effects of marriage on health by the US Department of Health

and Human Services (2007) revealed that marriage produces positive health outcomes. It improves mental health by tremendously cutting on stress because it provides security and courage to face life's problems. Marriage also reduces the use of high-cost health services like nursing homes, and it increases the likelihood of being covered by health insurance. In addition, an emerging literature suggests that growing up with married parents is associated with better health as an adult. However, marriage has mixed effects on health behaviors, leading to healthier behaviors in some cases (reduced heavy drinking) and less healthy behaviors

in others (weight gain).

Should it be wise for the President to be marrying someone soon too?

### Enough is Enough

All these interconnection of issues happened before, during and immediately after the Habagat's fury. When Filipinos become obsessed with relating everything with a single issue, the nation's problems will not only be very difficult to address, they most probably will not go away.

God save the Philippines!

-o O o -

## beatBOX



"GMA News on Tweet" and "Kapuso Mo, Jessica Soho" featured this unique wedding photo that spread fast in social networking sites at the height of the Habagat surge. The tweet said, "As the water rose in Manila on Wednesday (August 8), Hernelie Ruazol and Ram Ocampo didn't realize that their vow 'for better or worse' would be tested so early. They were married inside a church but exited to a deluge. 'I only wished to have a simple wedding but we had an extraordinary one!' said Hernelie, an elementary school teacher."

# Exclusive Version of the RH Bill Up in ARMM

by

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## **RH Bill: The ARMM**

The Regional Legislative Assembly (RLA) moved swiftly in crafting the Autonomous Region in Muslim Mindanao (ARMM) version of Reproductive Health (RH) Care Bill as the other RH Bill is still being in the Senate. The ARMM version is spearheaded and authored by Assemblywoman (of 2nd District of Sulu) and Assistant Majority Floor Leader Irene Tillah, MN – the Committee Chair on Health and other Social Services. This is co-authored by 20 assembly members of the RLA.

The RLA conducted two public hearings and consultations in Cotabato City for the Maguindanao residents and in Marawi City for the Maranaos. The third, and probably the last, is set in Zamboanga City for the island provinces (of Basilan, Sulu and Tawi-Tawi). These processes are in consonance to the teaching of Islam that Muslim should conduct consultations pertaining to their affairs. Allah (*s.w.t.*) says, "And consult them in the affairs. Then when you have taken a decision, put your trust in Allah, certainly, Allah loves those who put their trust (in Him)".

If the RLA RH Bill will become a law, then ARMM shall be governed by its RH Bill version and not the national RH Bill. Likewise, the ARMM Department of Health will play a big role in making RH services available and accessible to all Bangsamoro

people in ARMM.

In pursuance of this Bill, the Official Ruling (Fatwa) on Reproductive Health and Family Planning issued by the Assembly of Darul-Iftah of the Philippines on November 22, 2003 was taken into account considering that nearly 90% of ARMM is populated by Muslims.

Recently, the Supreme Council of Darul Ifta of the Philippines issued anew the following Fatwa to shed more light on Family Planning which is now the most controversial issue among the 10 elements of reproductive health:

### **Fatwa (Islamic Ruling) on Birth Spacing and Contraception**

In the Name of Allah, Most Gracious, Most Merciful.

All praises and thanks be unto Allah, and peace and blessings be upon His Messenger.

First of all, Islam encourages Muslim couple to procreate in multitudes. The Messenger of Allah (*s.a.w.*) said: "Marry the affectionate and child-bearing woman for I shall be proud of your numbers before other nations in the Hereafter" (Reported by Ahmad, Abu Dawud et al).

However, Islam emphasizes the importance of rearing and nurturing children being one of the five kulliyaat (holistic principles) in Islamic jurisprudence. The

Messenger of Allah (*s.a.w.*) said: "A strong believer is superior to a weak believer".

In response to the first query regarding birth spacing, the best way to define the interval between pregnancies can be deduced by harmonizing the three verses in the Qur'an in reference to lactation. Allah (*s.w.t.*) says:

The mothers shall suckle their children for two whole years; (that is) for those who desire to complete the term of suckling... (Qur'an, 2:233).

And his weaning (i.e. stop feeding the baby with mother's milk) is in two years..." (Qur'an, 31:14).

And the bearing of him (i.e. pregnancy) and the weaning of him (i.e. stop feeding the baby with mother's milk) is thirty months... (Qur'an, 46:15).

Based on the aforecited verses, Ibn Abbas construed that "if the mother gave birth on the ninth month, it is enough for her to suckle her child for twenty-one months, if she gave birth on the tenth month, it is enough for her to suckle her child in twenty months, and if she gave birth on the sixth month then it is enough for her to suckle her child in two whole years".

In furtherance of the aforestated lactation, it is desirable not to have subsequent pregnancy while the mother is still in the period of suckling her child. This can be enlightened by examining the hadiths (or ahadith) pertaining to gheelah.





**Regional Legislative Assemblywoman and Assistant Majority Floor Leader Irene Tillah, MN (seated center) in one of the public hearings of the ARMM version of the RH Bill which she authored.**

The Messenger of Allah (s.a.w.) termed intercourse resulting to pregnancy while the mother is still in the period of nursing her baby as gheelah, emphasizing the fact that pregnancy could affect the composition of breastmilk and might cause great harm to the suckling infant.

Among the Messenger of Allah (s.a.w.) remarks in this regard is "Do not kill your children secretly, for gheelah overtakes the rider and throws him from the horse" (Reported by Abu Dawud).

The Messenger of Allah (s.a.w.) did not, however, go so far as to prohibit intercourse with a nursing mother, as he noted that the Persians and Greeks, the two most powerful nations during his time, practiced it without any resulting injury to their children. Besides, he feared that it would be a great hardship for husbands to abstain from their wives during the period of suckling, which may last up to two years. He said, "I intended to prohibit gheelah, if not for the fact I noticed that the Persians and the Greeks suckled their children during pregnancy without any injury being caused

to their children as a result" (Reported by Muslim).

Ibn Al-Qayyim, in comparing this hadith to the quoted just before it "Do not kill your children secretly..." says, "The Messenger of Allah (s.a.w.) saw that pregnancy harms the suckling infant in the same way as being thrown off a horse harms a rider: it is injurious, but not to the extent of killing the baby. He advised them to avoid intercourse leading to pregnancy while the woman is nursing an infant, but he did not prohibit it. He then intended to prohibit it in order to save the health of the suckling child if not that he considered the gravity of the danger this would cause the husband, especially the young ones, and the effect of that on society.

Ibn Al-Qayyim added that on balancing these matters, he preferred not to prohibit it. Moreover, he saw that in the two most powerful and populous nations of his time, (women) suckled their children during pregnancy without any negative effect on their strength or numbers, and accordingly he refrained from prohibiting it.

Nowadays, new methods of contraception are available that will interface and realize the objective intended by the Messenger of Allah (s.a.w.) that of protecting the suckling infant from any possible harm which may occur due to the pregnancy of his mother while at the same time avoiding the hardship to the husband in abstaining from sexual relations with his nursing wife. Meritoriously, the Messenger of Allah (s.a.w.) said, "You merit rewards of charity in your sexual union with your spouses!" His companions asked in surprise, "How shall we get rewards for fulfilling our natural instincts?" He asked, "What if someone will fulfill his desire unlawfully; would he be punished for doing so?" They replied, "Certainly." Then he said, "Likewise, when one does it within the framework of marriage, he will be rewarded for it!"

To sum up, the birth spacing interval depends on the age of gestation. In preterm pregnancy, the birth spacing interval is longer while in post-term pregnancy, the birth spacing interval is shorter. Obviously, if the period of suckling is twenty-one months, and it will take an average of nine months to have term pregnancy, then the birth spacing interval in this case is early as thirty months!

In reply to the second query on contraceptives, it can be recalled that there were several occasions where delaying the succeeding pregnancies were being practiced during the time of Allah's Messenger (s.a.w.). Evidently, Jabir (r.a.) narrated: "We used to practice az'l (coitus interruptus) during the time of Allah's Messenger (s.a.w.) while the Qur'an was being revealed" (Reported by Al-Bukhari and Muslim). Another version of this hadith, narrated by Muslim, reads, "We practiced az'l (coitus interruptus) during the time of Allah's Messenger (s.a.w.). He came to know about it, but he did not prohibit it."

In another Hadith, it was narrated that a man approached the Messenger of

Allah (*s.a.w.*) and said: "Oh! Messenger of Allah (*s.a.w.*), I distance from my wife". The Messenger of Allah (*s.a.w.*) said: "Why do you do that?" The man said: "I fear for her getting pregnant". The Messenger of Allah (*s.a.w.*) said: "If it is dreadful it will harm the Persians and the Romans" (Reported by Muslim).

The aforementioned hadiths (or ahadith) regarding az'l (coitus interruptus) and sexual abstinence of husband from his wife are enough proof that delaying the subsequent pregnancy is permissible as far as the Islamic jurisprudence is concerned. However, it should be clarified that az'l (coitus interruptus) is neither form of killing a child nor infanticide directly or indirectly.

In a gathering wherein 'Umar (*r.a.*), the second caliph, was present, someone remarked, "Some say that az'l (coitus interruptus) is a minor form of burying a child alive (or infanticide)". Ali (*r.a.*), the fourth caliph, replied, "This is not so before the completion of seven stages (of procreation): being a product of the earth, then a drop of semen, then a clot, then a little lump of tissue, then bones clothed with flesh, which then become another creation". Caliph Umar (*r.a.*) said, "You are right". "May Allah (*s.w.t.*) prolong your life".

Similarly, the Messenger of Allah (*s.a.w.*) said: "Each of you is procreated in your mother's womb in forty days as a nutfah (a mingled fluid-drop), then it becomes 'alaqa (a leech-like clot), then it becomes mudgha (a chewed-like lump) for another period, thereafter an angel will be sent to write four things (i.e. his life span, sustenance, deeds and morals), then he breathes the soul into it" (Sahih Muslim).

Corollary to the aforecited hadiths (or ahadith) pertaining to az'l (coitus interruptus) or sexual abstinence or any methods of contraception which are allowed by Islamic jurisprudence are neither

terminating life of the fetus nor infanticide because life begins at 120 days. In essence, it will take for the nutfah to form in first 40 days, then another 40 days for the 'alaqa, then 40 days for the mudgha. Overall, the ensoulment will take place on the 120th day of procreation which usually corresponds to quickening on the fourth month of pregnancy.

Shedding more light on the permissibility of contraceptives, it is obvious that the first valid reason for contraception is the fear that the new pregnancy or a new baby might harm a suckling child as described earlier.

Second, it is permissible to use temporary means of contraception in order to give chance to the mother to recuperate from puerperium, repose in between pregnancies and prepare her health for the subsequent pregnancies. Allah (*s.w.t.*) says:

His mother bears him (i.e. during pregnancy) with hardship. And she brings him forth (birthing) with hardship... (Qur'an, 46:15).

Third, contraception is permissible when it is done through consensual agreement by the couple. The only exception to this rule is when the pregnancy is determined to be a high-risk to the wife's life by reliable physician. In this case, she does not need permission from her husband to resort to long-term or permanent contraception especially in emergency obstetrical cases. Allah (*s.w.t.*) says: "And do not be cast into ruin by your own hands..." (Qur'an, 2:195).

On the contrary, it is prohibited to use any contraceptive methods which would harm the body, as the Messenger of Allah (*s.a.w.*) said: "Do not (impose) harm, nor (inflect) harm".

It is likewise prohibited to remove the ability of men to have children, which is known as male sterilization based on the principle of Islamic jurisprudence.

Evidently, the Messenger of Allah (*s.a.w.*) said to a man who sought his permission to be emasculated: "Instead of castration, you can observe fasting and prayer (as a kind of protection against unlawful actions)" (Reported by At-Tabarani and Ahmad). Also, in a hadith narrated by Imam Ahmad, "the Messenger of Allah (*s.a.w.*) forbade fighters in the cause of Allah, who left their wives at home, from getting castrated". By analogy, therefore, male sterilization (i.e. vasectomy and the likes) is not permissible whether it is done temporarily or permanently. Similarly, temporary and artificial contraceptives will not be permissible if it would affect the fecundity of the couple in the future as it will contradict the Islamic principle of procreation in multitudes.

Additionally, it is also prohibited to use or practice contraceptives if it is resorted for fear of poverty since it implies weakness of faith and trust in Allah (*s.w.t.*) as the Provider and Sustainer of all beings. Allah (*s.w.t.*) says:

And kill not your children for fear of poverty. We shall provide sustenance for them as well as for you. Surely, the killing of them is a great sin! (Qur'an, 17:31).

As Muslims we ought to trust in Allah (*s.w.t.*) as the Provider while trying our best to seek a lawful source of living. Allah (*s.w.t.*) says:

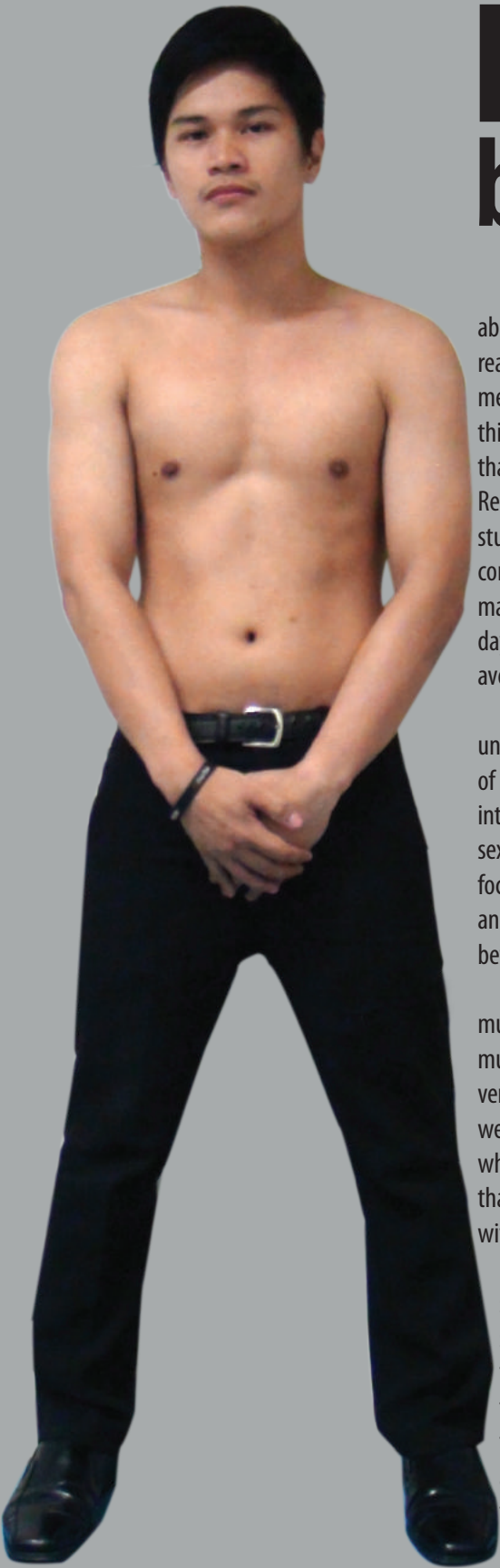
If they are poor, Allah of His bounty will enrich them. And Allah is All-Sufficient for His creatures' needs, All-Knowing (Qur'an, 24: 32).

Allah Almighty knows best.

This Fatwa was issued on August 13, 2012, the 25th day of Ramadan 1433 AH, during the special session of the Supreme Council of Darul Ifta of the Philippines in Cotabato City. It was signed by Sheikh Ahmad A. Mala, Modiyar (Director), by the authority of the Grand Mufti.



# HEALTH between your legs



Guys, you are probably thinking about sex right now just because you are reading this. There is an old adage that says men think about sex every six seconds, but this has been refuted by a scientific study that was published in the *Journal of Sex Research* in its January 2012 issue. The study was done in Ohio State University and concluded that the average heterosexual man thinks about sex around 19 times a day (as compared to 10 times a day for the average heterosexual woman).

Can these data be considered as universal or do Filipino men think more of sex in their everyday lives? It would be interesting to examine the Filipino psyche on sex too, but right now **Healthbeat** wants to focus on what is seemingly more important and that is about maintaining health between your legs – i.e., penis health.

Although it is called the "love muscle," the penis does not contain any muscles that is why you cannot move it very much when it is erect. The NHS Choices website has an interesting way to visualize what the penis is and how it works. It says that the penis is like a sponge that fills with blood when a man is sexually excited.

Blood builds up inside two cylinder-shaped chambers, causing the penis to swell and stiffen. The swelling blocks off the veins that normally take blood away from the penis. As an erection disappears, the arteries in the two chambers narrow again, allowing blood to drain away from the penis.

But penis health goes beyond

man's ability to get and keep an erection, ejaculate and reproduce. There are health issues affecting the penis that can impact on other areas of a man's life causing stress or relationship problems as well as harming his self-confidence.

## Protect Penis Health

The Mayo Clinic website outlines various factors, conditions and disease affecting penis health, including:

**Sexual behaviors.** Unprotected sex can lead to sexually transmitted infections like genital warts, gonorrhea, chlamydia, syphilis and genital herpes. The common signs and symptoms may include painful urination, penis discharge, and sores or blisters on the penis or in the genital area. Aggressive or acrobatic sex or masturbation may cause the penis to be bent suddenly or forcefully while erect and the trauma may lead to penis fracture, although this is very rare. On the other hand, piercing or having the flesh of the penis punctured for purpose of putting a piece of jewelry can cause skin infections and prolonged erections.

**Physical conditions.** Restricted blood flow caused by diabetes and atherosclerosis or the hardening of the arteries can cause erectile dysfunction. Hormone imbalances, such as testosterone deficiency or too much of the hormone prolactin, can also cause erectile dysfunction.

**Neurological conditions.** Stroke, spinal cord and back injuries, multiple sclerosis and dementia can affect the

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transfer of nerve impulses from the brain to the penis, causing erectile dysfunction.

**Psychological problems.** Depression can cause a loss of libido. Likewise, if a man has experienced an erection problem, he may be concerned that it will happen again and develop anxiety or depression. This can compound the problem and lead to impotence. Trauma — such as child abuse, relationship difficulties and body image issues — and guilt can lead to pain associated with sex.

**Getting older.** Testosterone levels decline normally as a man ages. This may lead to a decrease in sexual interest, a need for more stimulation to achieve and maintain an erection, a less forceful ejaculation and a need for more time before he can achieve another erection after ejaculation.

**Medications and treatments.** Certain medications and treatments affect penis health. For example, prolonged use of antibiotics increases the risk of a yeast infection which may cause a reddish rash and white patches on the penis. Surgical removal of the prostate gland (radical prostatectomy) and surrounding tissue as treatment for prostate cancer may cause urinary incontinence and erectile dysfunction.

**Smoking and drinking.** Smoking and excessive alcohol drinking double the risk of erectile dysfunction.

Some signs or symptoms to watch out in your penis are: dark bruising on the penis; warts, bumps, lesions or a rash on the penis or in the genital area that may or may not itch; a severely bent penis or curvature that causes pain or interferes with sexual activity; changes in the way you ejaculate; bleeding during urination or ejaculation; a burning sensation when urinating; discharge from the penis; and severe pain following trauma to the penis.

Then there is the problem with the foreskin for uncircumcised men. A condition

known as phimosis occurs when the foreskin cannot be retracted from the penis head. Paraphimosis occurs when the foreskin cannot be returned to its normal position after being retracted.

Other diseases and conditions include: inflammation of the head of the penis (balanitis) may cause pain and a foul discharge; Peyronie's disease, a chronic condition that involves the development of abnormal scar tissue in tissues inside the penis, may result in bent or painful erections; and penis cancer, which is a rare possibility, may begin as a blister on the foreskin, head or shaft of the penis and then become a wart-like growth that discharges watery pus.

Routinely examining your penis gives you greater awareness of the condition of your penis and help you detect changes when they occur. Do not panic if you notice something unusual. Be man enough to go see a doctor. Regular checkups can also help ensure that problems affecting your penis are diagnosed as soon as possible.

### Promote Penis Health

In this new age when men are maintaining their confidence and masculinity and at the same time becoming stylish, compassionate and unafraid of expressing romance and sensuality, what was supposed to be a simple personal hygiene has been transformed to genital grooming. This means not only washing of the genital area with soap and water, but also keeping the genitals hairless by shaving or waxing.

The penis is a sensitive organ and simple washing with water and a mild soap is more than satisfactory. Scrubbing it vigorously is not necessary. Uncircumcised men should pull the foreskin back and wash the head of the exposed penis. Remember,

both infrequent and too-frequent washing have been associated with balanitis. The genital area should also be kept dry.

Keeping genitals hairless may have some benefits erotically, but there are some drawbacks physically. Both shaving and waxing can cause irritation or folliculitis, and can spread viral infections, such as genital herpes. Meanwhile, bacterial infections, such as staphylococcus aureus, have been linked to the use of razors, more specifically, the sharing of razors among sports participants.

Aside from personal hygiene, some ways to protect penis health as well as your overall health, are:

- Be sexually responsible. Maintain a mutually monogamous relationship with a partner who is free of sexually transmitted infections or use condoms.
- Get vaccinated. Consider the human papillomavirus (HPV) vaccine to help prevent genital warts, which is now available for men aged 9 to 26 years old.
- Know your medications. Discuss medication use and possible side effects with your doctor.
- Pay attention to your mental health. Seek treatment for depression and other mental health conditions.
- Stay physically active. Daily moderate physical activity can significantly reduce your risk of erectile dysfunction.
- Stop smoking. If you smoke, take the first step and decide to quit, then ask your doctor for help.
- Limit the amount of alcohol you drink and do not use illegal drugs. If you are under the influence, you are more likely to take sexual risks.
- Regular use. Frequent sex or sexual activity may help you maintain erectile function.

Are you still thinking about sex now, guys?!!





**TEAM BUILDING.** One of the stress management techniques used by the staff nurses of the Philippine Orthopedic Center to manage stress. (Photo by Franco Maranan, Jr.)

# Stress and Nurses

by

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Philippine Orthopedic Center

Stress is a person's response to any situation that requires adjustment or change. It is a natural physical and emotional response to threatening situations and demands or what is termed as "stressors." The stress response is the body's way of coping with physical, mental and emotional strain.

The nursing profession has made a lot of progress in managing many of

the physical risks associated with work. Unfortunately, many nurses have not made the same level of progress where hazards to their mental health are concerned. There are some sources of stress and life's situations that one cannot or has limited ability to change, that may lead to the feeling of physical and emotional exhaustion or burn out.

Work-related stressors pertain

to stressors intrinsic to the job itself. This may have to do with the responsibilities associated with the work itself, or by conditions in the corporate culture or personality conflicts that negatively affect an individual's performance and/or overall well-being of his body and mind.

Stress management techniques are important to help promote awareness and understanding of mental health. These

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*\*This article is based on a study entitled "Stress Management Techniques of Nurses in a Government Hospital" by Rolsanna Rodriguez Ramos, Nurse I of the Philippine Orthopedic Center. Aside from being a Registered Nurse, she also holds degrees in Bachelor of Science Major in Food Technology (University of the Philippines-Diliman) and in Master of Arts Major in Nursing Administration and Management (Philippine Women's University). At present she is pursuing a Doctor of Philosophy, Major in Nursing (UP-Manila).*

are methods limiting the effects of stress while maintaining life's quality and vitality for the purpose of improving everyday functioning. These are employed by people who have to deal with situations that require a tremendous investment of their resources, such as time and effort. These techniques can produce positive changes physically, mentally, and emotionally.

At the Philippine Orthopedic Center, a survey was made to determine the work-related stressors that nurses consider and the stress management techniques that they use. The study also wanted to see if there is a significant relationship between the demographic profile of the respondents and the stress management techniques they use to deal with their stressors. A total of 100 staff nurses were selected through non-random convenience sampling, and the data gathering took place from November 12-15, 2011, during the 6 am - 2 pm shift. A four-part questionnaire checklist were administered and collected for analysis.

### Survey Says

Out of the 100 respondents, a big proportion (72) of staff nurse respondents were in the 25-30 years old age group, while 16 were within 31-35 years old, 12 within 36-40 years old, and none within 41 years old and above. The staff nurses involved in the survey are still dominated by the female population, 78 females and 22 males. Most respondents (63) has worked for 1-5 years in the hospital; 18 worked for 6-10 years, 9 worked 7-11 months, 7 worked for 6 months or less, and 3 with 11 years of service or longer. Majority (29) came from the pre-operative wards and special areas; 19 from the post-operative ward; 15 from the pay ward; 4 from the operating room; 2 from the out-patient department and emergency room; and none from nursing education and

training.

The stressors that the staff nurses have considered in their worked, arranged from highest to lowest in terms of number of responses, were: work hazards, ranging from bloodborne pathogens to hazardous chemicals and equipment hazards (98); high expectation of superiors and colleagues (96); lack of time for relaxation and leisure

activities (93); financial constraints (92); change in roles when transferring from one area to another (92); demanding job requirements (91); stagnation and unproductiveness (91); inability to attend different seminars, symposium, and other training programs (89); pressure and competition at work (89); monotony and boredom with work (84); lack of social



*Mentoring, Dancing, Santacruzan could beat work-related stress at the Philippine Orthopedic Center. (Photo by Franco Maranan, Jr.)*



support from family, friends and others (83); and conflicts in relationship with superiors and colleagues (80).

The results showed that work hazards and high expectation of superiors and colleagues were considered as the primary stressors of nurses, and conflicts in relationship with superiors and colleagues and lack of social support from family, friends and others were the least important.

On the other hand, the stress management techniques that the staff nurses said that they have been using, arranged from highest to lowest, were: hanging out with family and friends (100); shopping (98); religious activities (95); massage (91); avoidance (90); exercise (87); anger (80); denial (78); arts and crafts – drawing, painting, singing, dancing and others (76); community service (53); meditation (51); crying (51); procrastination (32); binge eating (30); drinking alcohol – red wine, beer, vodka and others (25); smoking (10); and use of drugs – sleeping pills, muscle relaxant, pain relievers and others (4).

The results identified that hanging out with family and friends, and shopping were the most highly-utilized stress-management techniques. On the other hand, smoking and the use of drugs were the least-utilized.

The extent of utilization of stress management techniques by the staff nurses were measured by getting their means with their descriptions using the 5-point Likert Scale. Likert (1932) developed the principle of measuring attitudes by asking people to respond to a series of statements about a topic, in terms of the extent to which they agree with them, and so tapping into the cognitive and affective components of attitudes. Likert-type or frequency scales use fixed choice response formats and are designed to measure attitudes or opinions.

In this survey, the range of scale used is: very high extent; high extent; moderate extent; low extent; and very low extent.

The results showed that among the “high extent” use of stress management techniques were: hanging out with family and friends (4.11) and shopping (3.52). Considered “moderate extent” were: avoidance (3.50), religious activities (3.33), massage (3.31), exercise (3.19), anger (3.04), arts and crafts (3.02), denial (2.89), and procrastination (2.81). In the “low extent” were: binge eating (2.47), meditation (2.47), crying (2.46), community service (2.44), drinking alcohol (2.27), and smoking (2.17). And in the “very low extent” is the use of drugs (1.36).

Moreover, the Chi-Square Test of Independence (that evaluates the relationship between two variables) was used to determine the relationship between the profile of the staff nurses involved in the survey and the stress management techniques they used. The computed values were all smaller than the critical values, and therefore there is no significant relationship between the demographic profile variables (age, gender, length of service in the hospital and area of assignment) with the stress management techniques that the nurses used in dealing with work-related stressors.

## Recommendation

Future research could be directed towards the measurement of the effect of stress using physiological measures. Nurse managers could also be a subject of the study. Qualitative research could be used to explore and describe the experiences of staff nurses in the work environment. The replication of the survey in other government hospitals, as well as different locations and levels of hospitals, could be made and compared to determine and evaluate the responses of

other nurses.

Efforts to ensure safety in work environment and practices should also be made since work hazards were considered as the highest work-related stressor of staff nurses.

Meanwhile, the stress levels of staff nurses could be minimized by adopting strategies in psychological counselling and therapy for troubled staff members and in organizing interest groups. Career advancement programs through continuing professional education are also important to put a solution to feelings of monotony and boredom with work. Part and parcel of these programs are staff development, job enrichment and promotion of good practices through equal opportunities, policy orientation, and culture of optimism. A job enrichment program that is matched to the individual's goals and desires could also promote development of self-worth.

Activities on socialization should be encouraged for it is an important component of stress reduction. Spending quality time with the family and friends and proper work schedules can keep nurses functional when under stress refreshing their minds and body, encourages teamwork, help nurses see problems in new ways, trigger creativity and innovation, increase energy and prevent burnout.

A mentoring system should be also be promoted primarily because it builds a stronger organization. This system should focus more about eliciting information, asking questions, and examining details. It should motivate nurses to want to learn and grow, as it exposes them to new learning opportunities and provides support for learning and growth. A successful workplace mentoring relationship assists in the development and future employability of youth; and, as a result, helps to create a highly skilled and educated workforce.

# Strengthening Health Information Systems

by

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DOH Information Management Service - Knowledge Management Division

Quality health information is essential for efficient and effective public health management. It is the basis for policy-making, planning, programming and health sector management. In short, it is a foundation for better health.

The Philippine Health Information Network (PHIN) was formed in September 2005 through a Memorandum of Agreement among the Department of Health, National Statistics Office, National Statistical Coordination Board, and Department of Science and Technology - Philippine Council

for Health Research to coordinate and harmonize health information management. It is a coordinated and coherent inter-agency mechanism that will establish and implement an integrated and harmonized system that ensures availability of health data, information, and knowledge towards more efficient health systems and achieving desired health outcomes.

Primarily, the PHIN is tasked to ensure effective, efficient, and ethical use of quality health information. Its objectives are to: strengthen the system which will facilitate

sharing and exchange of relevant, timely, and reliable health information among the stakeholders; develop policies and standards for health information generation, sharing, interoperability, confidentiality, and other concerns; advocate for the use of available health information and best practices; and recommend capability-building programs in support of the goals of the Network.

Later, the PHIN was reorganized and its membership expanded to other agencies that have a stake in health information such as the Department of



*The first sub-national Health Information System (HIS) Forum for the Visayas in May. (Photos courtesy of the DOH Information Management Service)*



Education, Department of Interior and Local Government, Department of Social Welfare and Development, Philippine Health Insurance Corporation (PhilHealth), and the World Health Organization (WHO), among others.

Last May, the PHIN convened the first sub-national Health Information System (HIS) Forum for the Visayas. Participants to the Forum come from different sectors including regional offices of PHIN member agencies, local government units, academe, private sectors, and development partners such as HealthPro and HealthGov.

The Forum intended to strengthen local health information systems and enhance their institutional capacity. It aimed to review the significance, current state, implementation and challenges of the region's health information system and make the stakeholders more engaged in contributing to the development of the PHIN by harmonizing and bridging gaps between the national and sub-national levels through interaction with colleagues from other sectors. It also intended to develop a shared awareness of the roles of various sectors in leadership towards strengthening HIS and work together to develop preliminary action plans to promote stakeholder engagement and commitment to HIS.

At this Forum, Assistant Secretary Paulyn Jean B. Rosell-Ubial presented a collective vision for HIS. She talked about the DOH health reform Kalusugan

Pangkalahatan vis-à-vis availability of good quality health information. The national HIS vision along with its four strategic goals were specified – 1) establishment of a health information legislative and governance policy framework; 2) adoption of an integrated and nationwide approach to the development of health information systems and resources; 3) establishment of processes and infrastructures; and 4) ensuring emerging technologies for health information, especially for hard-to-reach areas.

Other speakers of the Forum were: Mayor Michael L. Rama of Cebu City, Dr. Ramesh Krishnamurthy of WHO, Dr. Alvin B. Marcelo of PhilHealth, Dr. Ricardo P. Ramos of Tarlac Provincial Health Office, Dr. Emilia P. Monicimpo of the Center for Health Development in Western Visayas, and Director Crispinita A. Valdez and Engr. Jovita V. Aragona of the DOH Information Management.

Workshop sessions were shaped into three aspects: Ownership and Leadership of HIS, Regional HIS Analysis of Strengths and Gaps, and Multi-Sectoral Engagement and Coordination for HIS. This served as a thrust for the regional HIS stakeholders to recognize good collaborative mechanisms and to identify next steps to strengthen HIS. And in the final workshop, each region outlined preliminary steps and action plans to address the gaps and maximize HIS strengths and opportunities.

Common to the plans of the regions are the conduct of regional HIS forum, signing of Memorandum of Agreement, and creation of a regional technical working group.

Region VI's major priority is to build a regional data exchange hub to serve as a vehicle for all regional agencies to share data. They plan to organize a series of regional meetings of and workshops for the regional HIS stakeholders to improve quality of health information as well as to review and analyze existing HIS policies. Both Regions VI and VII are eyeing to hire or designate HIS personnel but unique to Region VII's plan is the development of a lighthouse project where agencies can interact. On the other hand, Region VIII is up to creating a "health informatics team" and continuously integrating new indicators in electronic field health service information system (eFHSIS). They are to review the vital registration policy on births and deaths.

The key outcome of the Forum for the Visayas was the creation of a collaborative working environment in the regions, where quality health data are shared and used to improve health policy decision-making and delivery of health services.

The PHIN intends to replicate the HIS Forum in Luzon and Mindanao within the year. Much is yet to be done to improve quality and use of data and information, and multi-sectoral coordination is just one of the first steps.

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## Panaginip

- LIZA: Kagabi, nanaginip ako. Naglalaro daw tayo sa gubat nang biglang kinuha ka ng isang malaking gorilya!
- ERIC: O, tapos?!?
- LIZA: Umiyak ako at sinabi ko sa gorilya, "Kunin mo na rin ako!"
- ERIC: Sumagot ba ang gorilya?
- LIZA: Oo at ang sabi niya, "Bakit, anak din ba kita?!?"



Grabbed from <<http://www.hello-world.com>>

*The search is on for the*

# Outstanding Healthy Lifestyle Advocacy Awards (OHLAA) 2013

Health statistics in the Philippines is going out of proportions. Seven (7) out of 10 leading causes of death in the country today are non-communicable diseases (NCDs) or chronic diseases. The major causes affecting the lives of the people are linked by the common and preventable biological risk factors – high blood pressure, high blood cholesterol, overweight; and by related major behavioral risk factors – unhealthy diet and nutrition, physical inactivity, tobacco, alcohol and drug use.

The Department of Health (DOH), in trying to reduce the burden of NCDs in the country, has prioritized prevention and control of NCDs as well as the promotion of healthy lifestyle in its Kalusugan Pangkalahatan (Universal Health Care) agenda. The DOH has teamed up with the Philippine Coalition for the Prevention and Control of Non-Communicable Diseases (PCPCNCD or popularly known as the NCD Coalition) to reduce NCD risk factors and create health-promoting environments and at the same time strengthen national policies and health systems. The prevention and control of NCDs now becomes an important part of Kalusugan Pangkalahatan. The DOH and the NCD Coalition want to cascade the promotion of healthy lifestyle to all sectors of society through concrete policies, programs and partnerships.

The Outstanding Healthy Lifestyle Advocacy Awards (OHLAA), which is held every two years, recognizes the works of the public and private sectors that have demonstrated exemplary efforts in the formulation and implementation of policies, programs and projects that promote healthy lifestyle.

In 2009, the OHLAA was conferred to four winners, namely: Marikina City Health Office ((local government unity or LGU - City Government category); Carmona Municipal Health Office (LGU - Municipal Government category); Barangay Cupang West, Balanga City, Bataan (LGU - Barangay category); and University of Santo Tomas Grade School Department and the Department of Sports Science's Hit Obesity through Prevention Education Programme or

HOPE (Academic Institution category). There were also three special awards that went to: Guimaras Province; Wenphil Corporation (Wendy's), and the Philippine Heart Association.

In 2011, the OHLAA was conferred to: Municipality of Carmona, Cavite and Municipality of Varuela, Agusan del Sur (LGU category); Davao City Health Office (Government Office category); Episcopal Diocese of Northern Philippines - Bontoc, Mountain Province (Non-Government Organization category); and Novartis Health Care Philippines (Commercial/Business Establishment category).

## Categories and Scope

1. The OHLAA 2013 is divided into six (6) categories for institutions or organizations effectively implementing policies, programs and projects for specific target population segments, namely:

### CATEGORIES

- a) LGU - Municipal Government
- b) LGU - City Government
- c) Workplace
- d) School/College/University
- e) Commercial Establishment
- f) NGO/Professional Organization

### TARGETS

- Community
- Community
- Workers/Employees
- Students
- Consumers
- Community

2. Policies and programs must be focused on all of following behaviour risk factors interventions:

- a) promotion of physical activity;
- b) promotion of healthy diet and nutrition;
- c) tobacco control; and
- d) control of harmful use of alcohol.

3. Evidences of successful implementation of policies, programs and projects in the LAST TWO YEARS (2011 and 2012) ONLY will be reviewed and evaluated for the awards. Accomplishments outside this timeframe will not be considered.



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## Mechanics

1. Interested parties should signify its intention to join by filling up the required OHLAA Application Form.
2. Interested parties should submit an Executive Summary (*not more than 5 pages, using 12 point size Arial or Times New Roman font*) of their policies, programs and projects using the following outline:
  - Title of the Program
  - Rationale/Background
  - Objectives (General/Specific)
  - Target Population/Coverage
  - Methodologies/Strategies
  - Resources/Budget
  - Results (for 2011 and 2012 only)
  - Conclusion/Recommendation
3. Relevant documents such as work plans, sustainability plans, health promotion materials, videos/photos and other evidences of successful implementation must also be submitted.
4. A one-page description about the organization is also required.
5. Written testimonials and recommendations from stakeholders and target population may also be attached but not required.
6. All these documents must be submitted to the:

OHLAA SECRETARIAT  
c/o DR. IVANHOE C. ESCARTIN  
OIC-Director IV  
National Center for Health Promotion  
Department of Health  
2/F, Bldg 18, Sta. Cruz, Manila 1003

6. Deadline of submission is March 31, 2013.

## Screening, Judging and Awarding

1. Member organizations of the PCPCNCD, that are not members of the Steering Committee, may join the search.
2. The criteria for evaluation and judging include the following:

### PROGRAM DESIGN (20%)

(Clarity of objectives, targets, strategies)

### IMPACT (40%)

(Achievement of objectives, reach, observed immediate impact of program)

### SUSTAINABILITY (25%)

(Adaption into policies, supportive environment in placed,

assured resources for the continuation of the program)

### INNOVATIVENESS (15%)

(Use of new approaches, cost effectiveness, partnerships, model for replicability)

3. Participants will be pre-screened by a Search and Awards Committee based on the completeness of documents submitted. They will be shortlisted for the validation visits.
4. The Search and Awards Committee will validate the information submitted through on-site visits where they will interview key players and beneficiaries of the program/project.
5. The Search and Awards Committee will recommend three finalists per category for final judging.
6. The finalists will be invited for a final presentation to, and interview with, the distinguished Board of Judges.
7. There will be one winner per category or as may be determined and decided by the Board of Judges.
8. The decision of the Board of Judges is final.

## Prizes

The Winners will receive a plaque of recognition and P250,000 each, while the rest of the finalists will get a plaque of recognition and P50,000 each. All participants will get a Certificate of Participation and Commendation.

## Important Dates

October 2012	Launch and Dissemination of Nomination Forms
March 31, 2013	Deadline of Submission
April - June 2013	Validation Visits
July-August 2012	Final Judging
September 2013	Awards Night

## Search and Awards Committee

The following members of the NCD Coalition who belong to the Search and Awards Committee are not eligible to join the OHLAA 2013: Department of Health; Diabetes Philippines; Framework Convention on Tobacco Control Alliance Philippines; National Nutrition Council; Nutritionist Dietician Association of the Philippines; Philippine Association of Diabetes Educators; Philippine Cancer Society; University of the Philippines-College of Human Kinetics; and the League of Municipalities of the Philippines.

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# Outstanding HEALTHY LIFESTYLE Advocacy Awards 2013

## Application Form



### I. POLICY/PROGRAM/PROJECT INFORMATION

TITLE OF HEALTHY LIFESTYLE POLICY/PROGRAM/PROJECT:

TARGET POPULATION SEGMENT/S (please be specific):

BEHAVIORAL RISK FACTOR/S BEING ADDRESSED (please check appropriate box)

- ☐ Promotion of Physical Activity
- ☐ Promotion of Healthy Diet and Nutrition
- ☐ Tobacco Control
- ☐ Control of Harmful Use of Alcohol
- ☐ All of the Above

### II. CONTACT DETAILS

NAME OF INSTITUTION/ORGANIZATION:

ADDRESS:

NAME/POSITION OF CONTACT PERSON:

TELEPHONE NUMBER/S (Landline or Mobile Phone):

FAX NUMBER/S:

EMAIL ADDRESS:

SIGNATURE:

ALL FIELDS MUST BE FILLED UP. Please enclose this Application Form together with the required documents listed in the previous pages and send to the OHLAA Secretariat. This form may be photocopied.



# bubuka

## Bulaklak

JOHN: Peter, bulaklak ka ba?  
PETER: Huh? Bakit?  
JOHN: Kasi BUBUKA, eh.

## Career Path

TITSER: Anong ang gusto ninyong maging sa buhay?  
JERRY: Ma'am, gusto ko pong maging seaman.  
TITSER: Mahusay ka bang lumangoy?  
JERRY: Hindi nga po ako marunong lumangoy.  
TITSER: Puwes, hindi ka pwedeng maging seaman.  
JERRY: Bakit Ma'am, ang mga piloto ba marunong lumipad?

## Crash

PRESCY: Bakit ba ipinapayo ng piloto na kapag magka-crash ang eroplano ay dapat yumuko at ilagay ang ulo sa pagitan ng mga hita?  
BAMBI: Ano ka ba? So you can kiss your ass goodbye!

## Grades

MARIVIC: Sir, kumusta po ang grades ko?!?  
PROF: Aba, iha! Kasing ganda ng buhok mo...  
MARIVIC: Talaga po? Wow naman!  
PROF: Oo. Bagsak na bagsak!

## Tawag

TITSER: Ano ang tawag sa karne na naka-stick?  
ERMA: Eh 'di BARBECUE!  
TITSER: Eh, ano naman yung saging na naka-stick?  
ELLEN: BANANA CUE, Ma'am.  
DELIA: Eh, Ma'am, ano naman ang tawag sa kabayong naka-stick?  
TITSER: Mayroon bang ganoon?!?  
DELIA: Opo, Ma'am. CAROUSEL 'yun!

## Kaibigan

TITSER: Class, ano ang kaibigan para sa inyo?  
CHRIS: Kasama po in good and bad times.  
AJIE: Sabihan po ng mga secrets.  
TITSER: Tama kayong lahat. Oh Philip, ano ang kaibigan para sa 'yo?  
PHILIP: Kaibigan?!? 'Yan ung pinaka-nakakainsultong tawag sa 'kin ng taong mahal ko.

## Pulot

JOJO: Tandaan mo anak, ang pera ay hindi pinupulot.  
JOSHUA: Isinasaisip ko nga po lagi ang mga bilin ninyo, 'Tay.  
JOJO: Good, anak.  
JOSHUA: Kaya po kaninang may nakita akong naiwang bag na may lamang maraming pera sa tapat ng bahay natin, hindi ko po pinulot!

## Baon

MAYA: Klasmayte, ano baon mo?  
BETCHA: Pasensya. Ikaw?  
MAYA: Kunsumisyon.

## Translation

TITSER: Gabriel, i-English mo ito, "Ang uwak ay hinang-hinang naglakad-lakad"  
GABRIEL: Ma'am, "The wak wak wik wik wok wok!"

## Biro

DODONG: 'Nay! 'Nay! Si kuya nagbigti sa CR! (At tumakbo si Nanay sa CR ngunit wala naman doon ang kuya.)  
JOSIE: Naku naman anak, huwag kang magbibiro ng ganyan!  
DODONG: Biro lang po, 'Nay. Ang totoo, sa kuwarto siya nagbigti.

## Patay!

EDWIN: 'Pre, namatayan kami ng kamag-anak, alam mo ba kung magkano magpa-cremate?  
ALLAN: P30,000 'tol... 'Dun kasi nagtatrabaho ang pinsan ko...  
EDWIN: Naku, paano ngayon 'yan?!? P15,000 lang ang budget namin para sa cremation...  
ALLAN: Pwede pa rin 'tol... Half Cook nga lang.

# Nagagamot ang TB

## GAMUTAN SA TB:

- Hindi dapat mahiya kung may TB. Bagamat nakahahawa, nagagamot ito.
- Ang Directly Observed Treatment Short course (DOTS) na tumatagal mula 6-8 buwan ang pinaka-epektibong paraan.
- Libre ang pagpapasuri at gamot. Pumunta sa pinakamalapit na health/DOTS center.



Magpatingin agad.  
Huwag basta-basta  
gamutin ang sarili.



Kumpletuhin ang  
gamutan. Huwag  
hihinto sa pag-inom  
ng gamot.



Ipasuri nang  
3 beses ang  
plema habang  
naggagamutan.

## HABANG NAGPAPAGALING:



Kumain  
nang sapat.



Makitungo sa iba  
gaya nang dati.



Huwag  
manigarilyo at  
huwag uminom  
ng alak.

## PARA MAPROTEKTAHAN ANG IYONG SARILI AT PAMILYA:



Panatiliing malinis  
ang iyong katawan  
at kapaligiran.



Magtakip parati  
ng ilong at bibig  
kung Inuubo o  
babahin.



Maghugas  
palagi ng  
kamay.

Pumunta agad sa health / DOTS center



# Mga Biktima ng Sigarilyo



Isabatas na!  
**SIN** tax is  
**ANTI-CANCER** tax