# CHOICES

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# Tighter Teamwork for Challenging Times

The greatest resource of a vibrant and viable organization is its human resource. The creativity, dynamism and commitment of the people running it are the inexhaustible sources of energy to keep the organization functioning. Working together as a team, a diverse group of individuals can achieve great things and transform the world. Complementing each others' strengths and filling in gaps and weaknesses, teamwork divides the task and doubles the success.

Working together as one becomes all the more paramount given the mandate of UNFPA, to wit: "ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV and AIDS, and every woman is treated with dignity and respect."

At this point in time, we face key issues like *contraceptive security*, ensuring that the chosen family planning method is available to the user at the right time, at the right place to informed choice. In this context, we must work together to ensure that the benefits of the programme reach the poorest so that they can get out of this vicious cycle of poverty.

Poverty and reproductive health are closely related. In the words of former United Nations Secretary-General Kofi Annan, "The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And this means stronger efforts to promote women's rights and greater investments in education and health, including reproductive health and family planning."

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**Suneeta Mukherjee**
***Representative, UNFPA***

This is why – in the first place – we have focused on the 10 poorest provinces in the country in our Sixth Country Programme.

The right information and necessary life skills including those relevant to their reproductive health and rights is also essential for adolescents and young Filipinos.

Finally, we are also faced with the never-ending and arduous task of enabling Filipino women – young and adult alike – so that they will become more empowered in charting their lives. They must have the power to determine ***when*** they will become mothers, and ***how many*** children they will bear. They must also have full access to education and socio-economic opportunities. They must be free from gender-based violence in their lives – at home, in the workplace, in the community.

These complex, interrelated concerns beckon us to act as one mind and one heart, harnessing our individual strengths and talents toward the greater good.

According to Ken Blanchard, originator of the situational leadership theory, "None of us is as smart as all of us."

# PUTTING REPRODUCTIVE HEALTH and GENDER EQUALITY IN THE HANDS OF THE PEOPLE

The *Samahan ng Mamamayan* – Zone One Tondo Organization, SM-ZOTO

Tondo, one of the districts of the Philippines' capital city of Manila, is one of the most densely populated areas in the world. It is located in the northwest portion of the city and is primarily residential-industrial in nature.

Many of the city's slums are found in this area.Tondo's average residential population density is 64,796 persons per sq. km with Zones I and II registering 64,710 and 64,936 per sq. km, respectively.

The *Samahan ng Mamamayan* – Zone One Tondo Organization (SM-ZOTO) is a federation of 182 urban poor local organizations in 14 relocation sites in Metro Manila and nearby areas. The organization was founded in 1970 at the Tondo Foreshore Land when houses were to be demolished in favor of an international fish port funded by the World Bank and the International Monetary Fund.

## From Welfare Issues to Rights-Based Advocacy

SM-ZOTO advocates the right for decent and humane housing through in-city relocation. At present, SM-ZOTO members are divided among various communities in Metro Manila and nearby provinces like Cavite, Bulacan and Pampanga.

From single-focus issues, SM-ZOTO's advocacies expanded to encompass the whole gamut of political, civil, social and economic rights of the urban poor.

Initially, SM-ZOTO tackled unlawful demolitions and relocations of urban poor settlers. They got government to provide decent relocation sites for displaced settlers. The next phase of their struggle concerned high amortization fees and the lack of basic social services in most communities, especially that of proper health care, water and sanitation and waste disposal.

At present, its organizational efforts include building institutions and capacitating its members to manage their own communities, with its social services and governance structures. These initiatives include Day Care Centers and Children's Rights Program; Basic Health Services and Health Information Campaign, which includes education campaigns on reproductive health, drug abuse, and basic health services such as medical and dental check-ups; and Livelihood Projects, including livelihood and micro-financing schemes for their member communities.

## Journeying Together

Under the 6th Country Programme, UNFPA has assisted SM-ZOTO in its reproductive health programs for women, men and adolescents. Among the key program components are:

**Gender Equity Program [GEP].** The program helps women and men understand and appreciate women's basic rights and various gender issues and problems. It attends to women victims of abuse and other forms of domestic violence, provides temporary shelter, counseling and other necessary support mechanisms.

**Primary Health Care and Integrated Reproductive Health Program.** The project aims to increase the demand for, utilization of, and access to comprehensive RH information and services for women, men and adolescents, specifically in the areas of maternal and child health, violence against women, family planning, adolescent sexuality and reproductive health, RTIs, HIV and AIDS.

Activities under this program component include:

- House-to-house visits inviting expectant mothers and adolescents to avail of RH information and services.
- RH Classes / Buntis (Pregnant Mother) Parties, RH video Presentations, Youth RH Classes.
- Lobbying with local and national governments for pro-RH legislation and policies.
- Capacity building on integrated reproductive health (IRH) for service providers, monitoring of, and direct intervention for VAW cases; peer education and counseling; orientation on HIV/AIDS; operating community clinics, drugstores and Tambayan (Hang-Out) Youth Centers; setting up referral systems with government hospitals; and results-based management.

## RH for RH: Rhythm and Harmony for Reproductive Health

One particularly innovative approach SM-ZOTO has adopted was the use of music and youth culture to propagate its advocacy messages.

**SM-ZOTO Band**

Zone One is SM-ZOTO's in-house band, a group of young urban poor musicians from different relocation sites that are members of the organization. The group was founded in 2004 after two songwriting workshops conducted by the organization. From an original pool of 12 songwriters and singers, the group has expanded to 40 members including dancers and band players.

In 2003, Zone One launched its first album on CD, entitled Ooops, Teka! (Hey Wait!), featuring a collection of songs on topics as love, adolescent sexuality, substance abuse, teenage pregnancy and the struggles of their urban poor families. Songs in the album were written in a participatory way, through a songwriting workshop organized by SM-ZOTO.

UNFPA, together with the European Commission (EC), and the Philippine NGO Support Program (PHANSuP), funded the production of the album.

Since June 2006, Zone One has been conducting *barangay* (village) tours to popularize songs from their album in the different urban poor relocation sites in Metro Manila.

# THE KINDEST CUT OF ALL: SURGICAL OUTREACH IN FAR-FLUNG 6th CP COMMUNITIES

By Roy A. Dimayuga, UNFPA PPC-Ifugao

It was 11:30 in the morning last May when I slipped inside a female ward at the Tinoc District Hospital (TDH). There I found Arsenio, 32 year old father of four from *Barangay* Tukukan, who was watchfully sitting beside the bed of his still sedated wife, Remy. An hour earlier, Remy underwent a bilateral tubal ligation (BTL) procedure.

Arsenio said he was relieved that his wife's BTL was over and Remy was fully recuperating from the temporary pain of operation. He shared the many times he and his wife Remy discussed and unanimously agreed that they already reached their desired number of children. He also shared his fear for Remy's life. Another pregnancy would endanger her life because she was anemic.

Teary-eyed, he said that he cannot afford to lose his wife and raise their four children alone. Hence, they both decided that permanent sterilization is the best option for them. Arsenio also disclosed that he offered to undergo vasectomy himself, but his wife disagreed and instead volunteered that she go through the BTL at the first opportunity.

Arsenio and Remy are a typical rural couple. He earns enough income from the vegetable garden – planted with carrots, sweet peas, and cabbage – that he tends. His wife used to work as day care center teacher in their village. With the unexpected arrival of their fourth child, she was forced to stay home. They have three sons and one daughter aged 9, 8, 7 and 2 years old, respectively. Having four children at the age of 32, Arsenio said they have nothing to ask for except being able to raise them as responsible and God-fearing individuals.

## Bringing RH Services to the Grassroots

A few days earlier, the couple heard news from local *barangay* officials that there will be a surgical outreach mission at the TDH at the end of May, with BTL as one of the services to be offered. Remy pointed out to Arsenio that this is the opportunity that they were waiting for. The surgical mission is an activity of the Provincial Health Office and part of the UNFPA 6th Country Programme.

Although TDH is four and a half hours' hike from their home, Remy decided to go to Tinoc a day before the scheduled surgical mission so she can avail of the services early. Together with other neighbors, Remy traveled and slept

overnight in *Barangay* Eheb. They immediately proceeded to TDH the next day.

Arsenio, on the other hand, stayed behind to watch over their children but promised to follow to TDH the next day. Remy, for her part, was waitlisted for BTL as early as 8:30 a.m. She was operated on by 10:30 a.m.

## Papa as Caregiver

Back in Tukukan, Arsenio got up early the following day, making sure their children had food to eat when they woke up. He had to reach TDH by 10:00 a.m..He asked his mother-in-law to watch over their four children while he and his wife are away. Given the tricky weather, he also informed that he might persuade Remy to spend the night at the hospital and travel back home the next morning.

Remy's operation went well. It took less than 30 minutes. The surgical outreach team was composed of Drs. Viviana Pasigon-Bulong (surgeon), May Diaz (obstetrician - gynecologist), Milagros Inhumang (anesthesiologist), William Talanay (dentist, courtesy of the Department of Education), Chief Nurse Dothy Marquez, Operating Room Nurse Lourdes Cuntapay, and Provincial Health Office Administrative Officer Peter Pinalgan. Assisting them were Drs. Maryjo Dulawan (PHO II), Rodrigo Cagadas (TDH Chief of Hospital), and the rest of the TDH and RHU personnel.

Drs. Dulawan and Cagadas were very were satisfied with the outcome of the surgical outreach. Despite the short notice, many people came to avail of the different medical services like BTL, circumcision, and dental care.

It was the fifth time that the surgical outreach was re-scheduled due to bad weather. The rugged roads connect-

ing Tinoc to Lagawe often become impassable with the slightest rain. According to Dr. Dulawan, "My team of doctors could not believe that we would be able to reach Tinoc. The steep ravines and stockpiles of soil displaced by landslides on the roadside were the stuff of nightmares," she confessed.

Despite this, Dr. Dulawan marveled at the people's determination to avail of the medical services. "People hiked to TDH for as long as eight hours just to avail of the surgical services, including most of our BTL clients."

# MASBATE: SEETHING WITH PASSION

By Joni Dichosa, UNFPA PPC-Masbate

## A Silent Challenge and a Glimpse of Heaven

Traveling in the early morning hours on a half-empty stomach and half-open eyelids to the project area of Dimasalang, Masbate, is a silent challenge. Our team was on a monitoring trip to various UNFPA – assisted projects in the province. The group was composed of Anne Leal, UNFPA Programme Associate, Dr. Julio Lasset and his community organizers Jay-R, Ryan and Carlo – all from the Family Planning Organization of the Philippines, and Dr. Adolfo Almanzor, Provincial Health Officer.

We reached the Rural Health Unit, where one of the best facility based RH-IEC corners was established for interactive sharing and fun-learning activities with clients. Next stop of the monitoring team was the nearby newly installed center for survivors of violence against women and their children (VAWC), which was a satisfying replica of the Pink Room of Capiz Province, Region VI's best practice showcase. The team witnessed how the one-stop-shop concept was operationalized in this particular center.

Mayor Henry Naga of Dimasalang proudly showed us a stretch of beach with nearly white sand, accessible only by 15 minutes pump boat ride. After a refreshing meal of seafood and fresh fish, there were discussions on advocacy efforts stemming from the project. The group complimented the mayor and his wife on their solid leadership and support for the project initiatives and encouraged them to enhance their existing Women's Groups.

## Back to Community Monitoring

After the one hour stay at the first couple's resting haven, the monitoring team went by pump boat to another project islet close to the mainland, *Barangay* Suba. The *barangay* captain accompanied us to the *Barangay* Health Station (BHS). The group noted that community leaders and members of the women's group have improved the set up of the health facility. An indigenous and locally contextualized RH-IEC Corner was improvised for interactive discussions on integrated as well as gender-responsive RH information and services.

The group interviewed *Barangay* Health Workers (BHWs) who conveyed their enthusiasm to learn more on RH, gender, and population and development so that they can catalyze gradual behavior change among community residents and advocate for support. The men and adolescents present were also interviewed.

They openly responded to questions and in the process opened up on their need for education on responsible sexuality and sexual health. Men wanted to know more about gender equality. All men, women and adolescent groups in the area said that they believe organizing the community will be a potent medium to empower them in adopting RH as a way of life.

Next stop was the Palanas Municipal Project Monitoring Unit (MPMU). The team went to see the project unit office that won the Best MPMU set-up. The local government unit provided basic office equipment like new tables and office chairs. Discussions with the MPMU staff centered on the coordination and partnership of LGU focal persons with the FPOP. It was good to note that the working relationship is excellent and baseline data had been gathered for educational and planning interventions. Likewise, the array of locally innovated IEC interactive materials and gadgets utilized for RH and gender equality promotion were displayed in the RHU.

Last stop was Placer municipality. We were greeted by the sight of a billboard pushing for support on RH, Gender and Population programs. The group visited the VAWC Center in the area where Ms. Leal shared some inputs for improvement based on the Pink Room concept from Capiz Province. Along the way, the Barangay Pasiagon BHS was visited, where clients mentioned that IEC materials and condoms were their primary needs. Ms. Leal also suggested that FPOP come up with a strategic mechanism to make condoms valuable in the BHS and within easy access of male users.

Finally, the group visited the Barangay Matagangtang BHS and Birthing Clinic. It was impressive to note that the midwife, along with her *barangay* health workers continually maintained the client-friendly environment and sustained the client-oriented, provider-efficient (COPE) set-up and services.

Finally, the group visited the *Barangay* Matagangtang BHS and Birthing Clinic. It is heartwarming to note that the midwife, along with her BHWs, managed to maintain the client-friendly environment and sustain the client-oriented, provider-efficient (COPE) set-up and services.

### The Challenge

Barely a year has passed. There is still much to be done to improve the delivery of integrated, gender-sensitive and responsive reproductive health information and services.

With the high incidence of maternal deaths in Masbate in 2005, it is urgent that maternal death review and viable actions at the community-level be done to prepare women and their families in dealing with such a situation. Improving the communities' knowledge, attitudes and practices on family planning remains a continuing challenge for community organizers and service providers. Empowering and equipping adolescents in the different *barangays* with life skills to enable them to make responsible decisions regarding their sexuality and sexual health is also an important concern, in the face of growing cases of pre-marital sex, early pregnancies and marriages, sexually transmitted infections, and substance abuse in the project areas.

Plans and activities are in the pipeline to strengthen the integrated approach to program management and execution, e.g. empowering midwives through capacity building and interactive/creative facilitation; progressive provision of local incentives; passing a resolution for the VAWC center to be permanently located in Dimasalang; recruiting more BHWs to attain the desired ratio of 1 BHW to 20 households; and keeping health facilities in the field open seven days a week and managed by BHWs, among others.

Throughout the group's visit, intense enthusiasm and volunteerism were unmistakably overflowing. As it were, the areas we visited were *seething with passion*.

# Lifelong Learning
# REPRODUCTIVE HEALTH THROUGHOUT THE LIFE CYCLE

[Editor's Note: For this issue, Lifelong Learning tracks the various expressions of reproductive health throughout the life cycles of women, men and young people. This article aims to familiarize and make the readers aware – layperson, trainer or advocate – of the scope of sexual and reproductive rights. The following are excerpts from The 'What' and 'Why' of Reproductive Health, which is part of UNFPA's Distance Learning Courses on Population Issues.

(a) <u>At birth</u>. Once the 'sex' of the baby is confirmed and, if everything else is normal, the baby is now considered as being born as a normal 'sexual person', 'will live as a sexual person' and will die as a 'sexual person'. Thus, as from birth, **<u>sexuality</u>** refers to a person in its 'totality' in terms of body, mind and personal / spiritual attributes and not merely to the 'sex organs'. Physical abuse and neglect occurs at this early stage and there is discrimination on the basis of sex, examples of which are selective abortions and infanticide.

(b) <u>1 to 9 years old.</u> This is a period of rapid physical growth in both males and females. Unfortunately, it is also a period where discriminations on the basis of sex tend to

start, these practices being deeply rooted in the socio-cultural fabric of society. “In a number of countries, the practice of prenatal sex selection, higher rates of mortality among very young girls, and lower rates of school enrolment for girls as compared with boys, suggest that ‘son preference’ is curtailing the access of ‘girl – children’ to food, education and health care”. (ICPD-PoA, para. 4.15).

(c) 10 to 19 years (adolescence). In terms of reproductive health, this is one of the most important periods in the human life cycle. The World Health Organization (WHO) defines adolescence as the period between 10 and 19 years of age. While the onset of adolescence is usually easy to identify because of its close association with the beginning of puberty, the end of this development phase is not well defined.

Nevertheless, adolescence is a distinct and dynamic phase of development in the human life cycle. It encompasses physical and emotional stages of transition from childhood to adulthood and involves the development of secondary sexual characteristics, such as:

**For boys:** wet dreams (nocturnal emission of semen); hoarseness of voice; enlargement of penis; growing of pubic and facial hair.

**For girls:** having her first menstrual cycle; increase in the size of the breasts; growing of pubic hair; fat distribution.

Adolescence can also be a period of emotional turbulence where young people seek to develop their own identity and achieve independence from their parents / guardians. It is, therefore, a critical phase in every person’s life, which is vital to the attainment of a state of complete physical, mental, and social well-being. It is also a phase where adolescents encounter emotional changes and are often too shy or find it difficult to discuss the related issues with anyone.

This is also when adolescents are exposed to peer influence and peer pressure to engage in sexual activity. Sexually active adolescents are at risk of pregnancy at a very young age with its high risk of morbidity and mortality; contracting sexually transmitted diseases (STDs), including HIV/AIDS (for both sexes); having cancer of the cervix later in life (especially for females who are sexually active at a very young age and with multiple partners); and unsafe abortion.

(d) 20 to 44 years. **For females**, this is the important period of child-bearing age where they may also be subject to complications and consequences of pregnancy and childbirth; menstrual disorders; cancer of the reproductive system; infertility; contracting sexually transmitted

diseases and reproductive tract infections, including HIV/AIDS; single parenting; divorce; commercial sex work (both sexes); and unsafe abortion.

**For males**, this is the period when they may be subject to being a single parent; divorce; contracting STDs including HIV/AIDS; drug and alcohol abuse; multiple sexual partners; infertility; sexual dysfunction; and injuries.

For both females and males, it is a period when they need an equal opportunity for employment and sharing the responsibility for the upkeep of the family and decision-making, especially as regards their health and children.

(e) 45 to 60 years. This is the vulnerable age group for diseases and other conditions like:

**For females:** Malnutrition; anemia; menopause; cancer of reproductive system; heart and lung diseases; osteoporosis (brittle bones); divorce; and other psycho-social conditions.

**For males:** Heart and lung diseases; cancer of the prostate.

The above information indicates that the human life cycle in RH is a complex issue. However, it is within this cycle that it is possible to identify the vulnerable groups in any society. Generally, the infants, girl-child (5-9 years), adolescents and those in the age group of 35 to 60 years are among the most vulnerable groups in terms of reproductive health issues.

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every woman is treated with dignity and respect.

**UNFPA - because everyone counts**

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