



MAINSTREAMING WOMEN'S HEALTH NEEDS IN LOCAL HEALTH ORDINANCES

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HIGHLIGHTS

- ✓ There are three problem areas in the formulation, enactment and implementation of health ordinances. These are (1) lack of adequate consultation, (2) budgetary constraints, and (3) absence of women in the legislation process.
- ✓ Most of the health ordinances deal with reproductive healthcare services that help women in their role as mothers. Programs and activities for women as workers are lacking.



INTRODUCTION

"The concept of democracy will only achieve true and dynamic significance when political policies and national legislation are decided jointly by men and women with equitable regard for the interests and aptitudes of both halves of the population (Gurirab & Cayetano, 2010)."

The Philippines was in 25th place in the Global Gender Gap report of 2024, nine places lower than its 16th rank in 2023. The last time the Philippines belonged to the top 10 countries worldwide with the least gender gap was in 2018. This indicates the worsening performance of our country in the four categories used to determine the gender gap: (1) educational attainment, (2) health and survival, (3) economic participation and opportunity, and (4) political empowerment. The United Nations Development Program (2010) commented that though the Philippines is a signatory to international human rights instruments and has successfully enacted policies and laws for the protection and promotion of women's rights, the implementation of these policies appears uneven and slow. The success of health legislation starts with the process and the persons involved in their formulation. There are no better persons to express and help address women's concerns than the women themselves. Their participation in the legislation process is therefore imperative. Moreover, there is a need to continuously study how legislations come into operation in the life of the Filipino people, particularly in the daily experiences of women who continue to be at a disadvantaged position when it comes to health care.



METHODOLOGY

Thirteen municipal health ordinances in the Municipality of La Trinidad, enacted from 2011 – 2012, were included in the study. To determine male/female involvement in health legislation and implementation, the municipal council membership as well as the organizational structure of the municipal health care delivery system were looked into to come up with sex-disaggregated data. The 13 health ordinances were read and analyzed in relation to what specific health service each offers or supports. This was enriched through interviews with some municipal and health personnel during the study. Interviews were also conducted with two municipal councilors and the Sangguniang Bayan Secretary.



FINDINGS

Problems in the Formulation, Enactment and Implementation of Health Ordinances

Lack of Adequate Consultation.

No surveys are conducted to determine the community's needs and priorities before a proposed health ordinance is formulated. Public consultations are conducted after an ordinance has already been formulated and proposed. An interviewee pointed out that the local government units' financial capacity renders it unrealistic to be always gender sensitive especially if a gender issue necessitates infrastructure or physical facilities. Another declared that the absence of women in the legislation process does not affect the performance of the municipal council and that women's presence does not guarantee quality legislation. This contradicts Ofei-Aboagye (2010) who argued that the issue is not the numbers of women alone, but their self-knowledge, confidence, clarity of purpose, priorities, commitment, and ability to skillfully present their perspectives. Hence, when more women are allowed to participate in decision-making, the greater the opportunity for women's "perspectives" to be voiced out, recognized, and more importantly, utilized in promoting development. Interestingly, women are at the forefront of healthcare service delivery.

Furthermore, many of the health services mentioned in the health ordinances are existing services provided by key offices of the municipal government. For instance, the MSWDO has been implementing several population programs irrespective of Ordinance No. 7-02002.

The MDO has been celebrating Dental Health Month even before the enactment of Ordinance No. 4-2012. Prevention of communicable diseases and provision of family planning and reproductive health care services have been an integral function of the MHC.

Budgetary Constraints.

The budget required for the implementation of the health ordinances is incorporated in the annual appropriations budget of key implementing offices. For instance, budget for the Social Hygiene Clinic, Health and Wellness Program, Dental Health Month, Dengue Awareness and Prevention Month, Women's Health and Safe Motherhood Programs are incorporated in the annual appropriations budget for the MHSO.

Absence of Women in the Legislation Process

The absence of women in the formulation and enactment of health ordinances is apparent. Interestingly, women are at the forefront of healthcare service delivery.

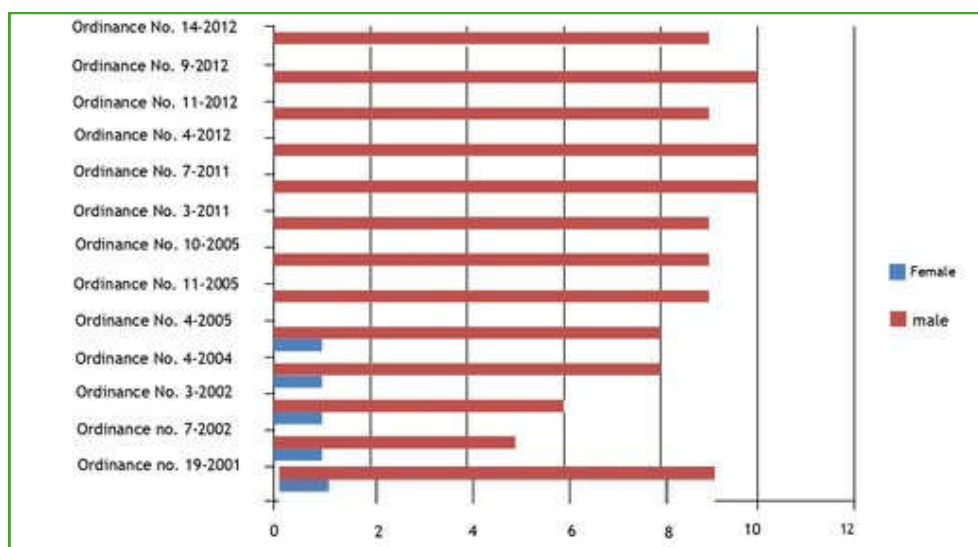


Table 1. Municipal Council
Membership Sex
Disaggregated Data

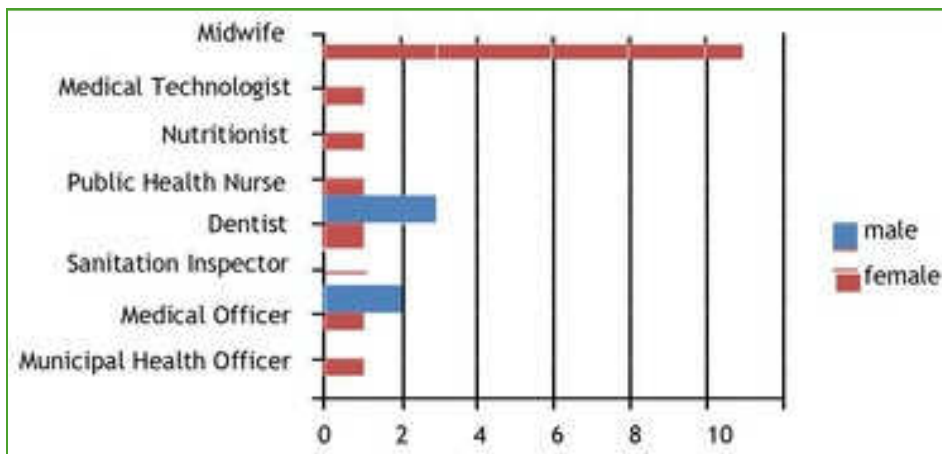


Table 2. Sex Disaggregated Data
in the Municipal Health Care
Delivery Unit

Visibility of Women's Issues/Concerns in the Local Health Legislation

According to the MGPF, one of the most important purposes of policies should be the promotion of women's welfare to make them better mothers (Saulnier et al., 1999). Reproductive health issues therefore should be a topmost priority of health legislation. In the case of the Municipality of La Trinidad, most of its health ordinances, particularly Ordinance No. 32002- on Institutionalizing Women's Health and Safe Motherhood Program, deal directly with family planning and other reproductive health services. Nonetheless, family planning and other reproductive health services are part of the basic services being provided by the MHC and the Barangay Health Centers irrespective of the existence of the health ordinance to such effect.

In the Barangay Health Centers, family planning, prenatal checkups, immunizations and medical consultations are also provided. These free services are of great help to mothers. Some families even travel from the rural areas to avail themselves of these services in health centers. Accordingly, health centers in their communities are open for only a few days and supplies are not always available. Home visits conducted by health workers are likewise helpful, especially to housewives who have more than one child to take care of and who are busy with household chores.

For the family planning services, counseling and family planning supplies such as contraceptive pills, hormonal injectables, and intrauterine devices are provided. For the prenatal check-up, basic services like weight and blood pressure monitoring, injection of anti-tetanus toxoid and ferrous sulfate supplies are included. Ultrasound monitoring which is an important part of prenatal care, however, is not available.

Commonly observed in both municipal and barangay health centers are wives who often avail themselves of family planning services. It is very rare for both spouses to go to the center together. Sometimes, husbands go to the center not for family planning counseling but simply to get family planning supplies like condoms or pills for their wives. Among the supplies for family planning, injectable and contraceptive pills are often readily available. For the immunization services, basic immunization requirements for infants are free except for certain vaccines when the supply is not regular.

Issues or concerns resulting from the multiple roles of women as mothers, housewives, and workers must be fully recognized, outlined, and addressed in the health ordinances. The MGPF highlighted these are essential in attaining gender equity through health policies and programs (Saulnier et al., 1999). It must be noted as well that the recognition of women's multiple roles is likewise essential for health policies to be efficient. In the case of La Trinidad, the importance of responding to the reproductive health needs of women to help uplift their social and economic status is apparent with the enactment of Ordinance No. 3-2002.

Despite these, issues and concerns arising from the role of women as workers seem to have been overlooked. Nonetheless, health centers cater to walk-in clients for medical consultations. Referrals are then made when appropriate and necessary. Still, it would be more helpful if health legislators looked into the possible health concerns of women workers for the creation of more specific and responsive health programs and services. It is worthy to note though that women employees of the local government unit benefited from the free medical examinations conducted annually as a direct result of Ordinance No. 92-12- on Institutionalizing the Annual Health and Wellness Program for all Officials, Employees, and Other Workers of the Local Government of La Trinidad, Benguet, including its 16 Barangays. Early detection of possible health problems is extremely helpful in disease prevention.

Also, equity within the context of gender mainstreaming recognizes differences between men and women and seeks to address these differences so that in the end no gender will be more disadvantaged or benefited than the other (Saulnier et al, 1999). An interview with health personnel indicates that most men who availed themselves of their free condoms do so for STI protection whereas women do so for family planning. Also, there are more men seeking services for STI management than women. Some of these men are even married. This apparent gender difference may not be the result of mere coincidence but of a long-entrenched gender dichotomy in society. Hence, gender research as part of the formulation of health ordinances can be of utmost significance in bringing out other gender issues thereby ensuring the efficiency of these ordinances.



CALL TO ACTION



The municipal council may consider studies on residents' health situations in determining and formulating health ordinances. This helps ensure that health ordinances are responsive to the community's existing health needs.



Nongovernment Organizations, and People's Organizations especially Women's organizations may be consulted for additional information and insights. This will compensate for the absence or limited number of women in the municipal council.



The municipal council may also consider consulting with personnel of key offices tasked to implement health ordinances. This way, the health ordinance may also help strengthen the capability of these offices to implement programs and activities.



The municipal government may look into the possibility of procuring ultrasound machines for Barangay Health Centers.



Concerned offices can conduct a more aggressive campaign highlighting the responsibility of both husband and wife in matters of family planning.



Health programs may also be designed and implemented for working women who may have difficulty accessing healthcare services.



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ABOUT THE MATERIAL

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